Eight-year-old Salman enjoys drawing and playing with his friends at the UNICEF-supported Child Friendly Space in Torkham after returning to Afghanistan from Pakistan with his family. ©UNICEF/UNI1008421/Azizi

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Afghanistan

Humanitarian Situation Report
1 – 31 July 2026
Report #7

Reporting Period: 1 – 31 July 2026

Highlights

- **Flash floods affected 1,168 families** across 14 provinces, damaging or destroying 1,164 homes. In Parun, Nuristan, 23 people were killed and water services for around 1,000 families disrupted.
- **UNICEF supported essential health services** through 2,393 static and 16 mobile facilities and responded to 245 disease outbreaks. Some 183,000 children under five were vaccinated against measles.
- **During July, 96,300 people accessed safe drinking water**, 89,061 basic sanitation services and 180,814 received essential WASH supplies.
- **UNICEF and partners screened 1.1 million children for wasting**, with 104,602 children admitted for treatment. In addition, 10.3 million children aged 6–59 months received vitamin A supplementation.

Situation in Numbers

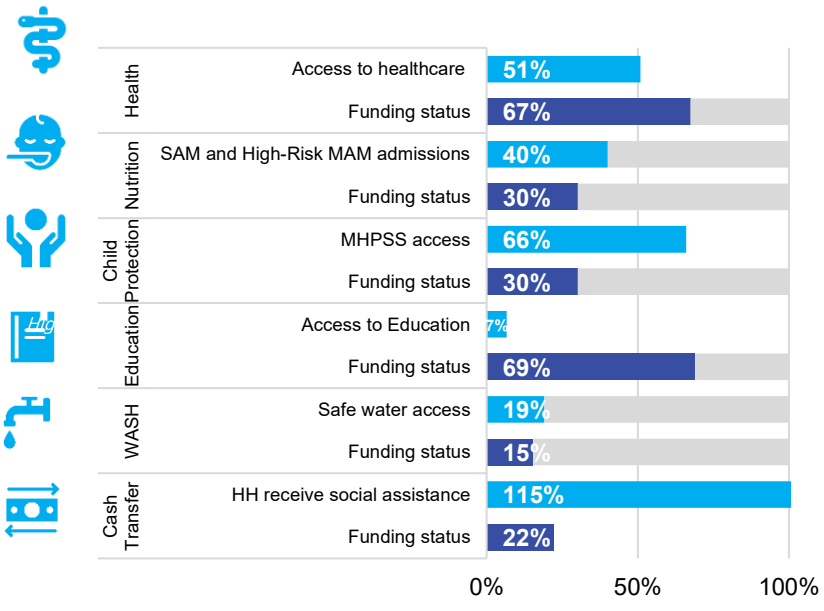
21.9 M
assistance (HNRP 2026)

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)

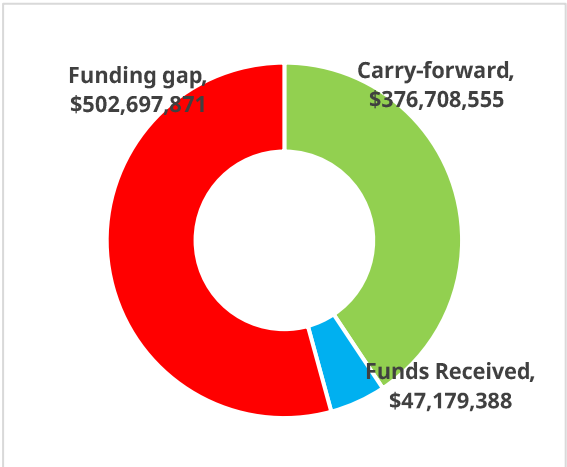
14.4 M
People in need of humanitarian health assistance (HNRP 2026).

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 July 2026, the Humanitarian Action for Children (HAC) appeal for 2026 requiring an overall budget of USD 949.1 million is 47 per cent funded. UNICEF is grateful to the European Union (Humanitarian Aid), the United Kingdom, as well as UNICEF's extensive family of National Committees for new contributions awarded in July.

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 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.

Moreover, UNICEF extends its special appreciation to Belgium, Denmark, Norway, Sweden, Switzerland, the United Kingdom, and the family of National Committees for UNICEF as well as private sector partners for contributing flexible resources, which continuously enable UNICEF to respond to sudden and underfunded needs.

UNICEF Afghanistan deeply appreciates the continued support by donors to the response in the country. Throughout 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 continued to face a severe and increasingly complex humanitarian situation in July 2026, driven by recurrent natural disasters, large-scale population returns, acute food insecurity and malnutrition, disease outbreaks, economic pressures and persistent constraints on access to basic services. An estimated 21.9 million people, including 11.6 million children, require humanitarian assistance in 2026. Women and girls remain particularly vulnerable due to restrictions affecting their access to education, employment, public life and essential services.

Heavy rainfall and flash floods further intensified needs across central, eastern, north-eastern and south-eastern Afghanistan. By 28 July, 1,168 families across 14 provinces had been affected, with at least 234 houses destroyed and 930 damaged. Nuristan was among the worst affected provinces: flooding in Parun following heavy rainfall on 20 July killed 23 people, injured or left others missing, and damaged roads, bridges, markets, agricultural land and water infrastructure. Damage to the local water network disrupted services for approximately 1,000 families and access constraints hampered

assessments and humanitarian assistance.[1] In neighbouring Laghman, three people were killed, four injured and 187 families affected. Since the beginning of 2026, natural disasters have affected more than 92,000 people across all 34 provinces and 202 districts, resulting in 97 reported deaths and nearly 12,000 houses damaged or destroyed.[2]

Large-scale returns from neighbouring countries continued to place significant pressure on border facilities, host communities and already strained basic services. Since 2023, more than 6.4 million Afghans (6,439,179) have crossed back into Afghanistan from Pakistan and Iran, underscoring the scale and prolonged nature of the returnee crisis. By 31 July only, approximately 1.08 million Afghans had returned in 2026, including 652,442 from Pakistan and 425,008 from Iran, with more than 413,000 deportations, predominantly from Iran. Women and children constitute more than half of returnees, many of whom have limited links to communities of origin and face heightened risks of poverty and secondary displacement.[3] During July alone, more than 120,660 returnees crossed through major border points: Torkham (81,840), Milak (25,969), Spin Boldak (12,265) and Bahramcha (586).

Food insecurity and malnutrition remained critical. Around 17.4 million people require urgent food assistance, while 4.9 million women and children are expected to require treatment for malnutrition in 2026, including 3.7 million children under five and 1.2 million pregnant and breastfeeding women projected to suffer from acute malnutrition. Twelve provinces are experiencing critical levels of acute child malnutrition.[4] Public health risks also remained elevated, with population movements, flooding, inadequate safe water and fragile health infrastructure increasing the risk of AWD and other communicable diseases, including Crimean-Congo Haemorrhagic Fever.

Public health risks also remained elevated amid population movements, flooding, inadequate access to safe water and fragile health infrastructure. AWD and other communicable diseases continued to require close surveillance and response, while Crimean-Congo Haemorrhagic Fever (CCHF) remained a concern during the summer livestock season.

These overlapping shocks are unfolding amid a severe funding shortfall. Of the US$1.71 billion required under the 2026 Afghanistan Humanitarian Needs and Response Plan, only US$293 million[5] - 17 per cent – had been received as of July. The shortfall is forcing humanitarian partners to prioritize the most urgent life-saving interventions and reduce programme scale and geographic coverage, underscoring the need for continued and flexible financing.

Summary Analysis of Programme Response

Health

During July, UNICEF supported essential health services for 6.6 million people across all 34 provinces through 2,393 static and 16 mobile health facilities, while scaling up assistance in areas affected by floods, cross-border tensions, population movements and previous earthquakes.

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[1] OCHA: Afghanistan: Flash Update #3: Flooding in Central, Eastern and Southeastern Afghanistan (as of 28 July 2026)
[2] OCHA: Afghanistan: Humanitarian Update, July 2026
[3] UNHCR: Operational Data Portal. https://data.unhcr.org/en/situations/afghanistan (July 2026)
[4] WFP: Afghanistan. https://www.wfp.org/emergencies/afghanistan
[5] OCHA, Afghanistan HNRP, Humanitarian Overview January – June 2026

Disease surveillance and outbreak response remained a priority. 245 outbreaks were detected and responded to, with more than 125,206 cases of epidemic-prone and communicable diseases reported, including AWD, measles, pertussis and Crimean-Congo Haemorrhagic Fever (CCHF). UNICEF pre-positioned emergency supplies and trained 360 health workers on AWD case management and outbreak response. UNICEF-supported facilities treated nearly 362,991 AWD patients, while prevention and response campaigns reached more than 467,791 people.

Through routine immunization services, 183,000 children under five years of age were vaccinated against measles, 176,000 children received the third dose of pentavalent vaccine, and more than 5,000 high-risk individuals were vaccinated against COVID-19.

The Electronic Logistics Management Information System (eLMIS), based on the open mSupply platform, continued to support digitization of the Expanded Programme on Immunization (EPI) supply chain and is now operational at national, regional and provincial vaccine stores and four health facilities. During July, 54 vaccinators were trained on eLMIS and 123 on vaccine management. Construction and rehabilitation of EPI infrastructure, including warehouses, management facilities and waste treatment sites, continued across several provinces, with the Jawzjan warehouse completed. In addition, 243 Solar Direct Drive (SDD) refrigerators were distributed to selected provinces and seven installed in health facilities.

UNICEF strengthened maternal and newborn health services through training, equipment and facility support. 1,235 health workers were trained in advanced newborn care, oxygen therapy, management of obstetric and neonatal complications, and Maternal and Neonatal Death Surveillance and Response (MNDSR). UNICEF also established eight maternal, newborn and child health skills laboratories, installed Continuous Positive Airway Pressure (CPAP) machines in five provincial hospitals, and established a Kangaroo Mother Care (KMC) unit in Paktia. A further 43 health facilities across 10 provinces were supported to implement high-impact interventions to reduce maternal and newborn mortality, while more than one million Maternal and Child Health Handbooks and newborn care supplies were distributed nationwide.

In border and earthquake-affected areas, the humanitarian health response continued to provide essential lifesaving services. During July, 9,053 primary health care (PHC) consultations were conducted, 129 trauma cases treated and 71 people provided with psychosocial counselling. Maternal and newborn services included 548 antenatal care (ANC) consultations, 121 postnatal care (PNC) visits and eight assisted deliveries. Preventive services included measles vaccination for 159 children, Pentavalent (Penta) vaccination for 208 children, and tetanus toxoid (TT) vaccination for 368 women of childbearing age.

In response to the ongoing AWD outbreak in the eastern region, UNICEF and partners strengthened risk communication and community engagement (RCCE) across hotspot areas, deploying 12 social mobilizers (six male-female pairs) for community outreach, awareness raising and behaviour change. Through interpersonal communication, community engagement and mass messaging, 366,588 people were reached with messages on safe water, hygiene and early care-seeking for AWD, while 682,580 people received AWD- and water, sanitation and hygiene (WASH)-related information.

Participatory community engagement reached 91,647 people, including 49,219 females, providing opportunities to raise concerns, seek information and engage in the response. A further 12,942

feedback cases were addressed through established feedback, referral and response mechanisms. U-Report messaging and polls assessed community practices, knowledge gaps, perceptions and barriers related to water safety and AWD prevention, informing adaptation of communication and community engagement strategies.

Nutrition

During July 2026, UNICEF delivered preventive and treatment nutrition services through 3,500 health facilities and 15,000 community health posts across Afghanistan.

UNICEF and partners screened 1.1 million children for wasting, with 104,602 children with severe wasting and high-risk moderate wasting admitted for treatment, including 59,246 with severe wasting and 45,356 with high-risk moderate wasting. Preventive nutrition services included Maternal, Infant and Young Child Nutrition (MIYCN) counselling for 180,589 caregivers, Multiple Micronutrient Supplements (MMS) for 135,229 pregnant women, micronutrient supplementation for 85,100 children under five, and Weekly Iron and Folic Acid Supplementation (WIFS) for 133,644 adolescent girls. Through National Immunization Days (NIDs), 10.3 million children aged 6–59 months received vitamin A supplementation.

UNICEF also strengthened national capacity through four Training of Trainers (ToT) sessions on the revised guidelines for the prevention and management of wasting. 130 Master Trainers from all 34 provinces were trained to cascade the training to health facility staff nationwide.

Emergency nutrition services continued for returnee families at border crossings, transit centres and areas of reintegration. During July, 5,961 returnee children were screened for wasting and more than 209 admitted for treatment. Children also received vitamin A and micronutrient supplementation, while more than 1,652 caregivers received nutrition counselling and related services. In earthquake-affected areas of eastern and northern Afghanistan, 3,631 children were screened for malnutrition, 73 received treatment for wasting, and more than 1,027 caregivers received Infant and Young Child Feeding in Emergencies (IYCF-E) counselling.

UNICEF further advanced the integration of Early Childhood Development (ECD) into nutrition services under its Child Nutrition and Development strategy. Early Childhood Development and Social and Behaviour Change (SBC) interventions were integrated into 131 service delivery points, and 233 frontline workers were trained on the integrated package. Integrated nutrition, nurturing care and early stimulation services continued through 50 Child Nutrition and Development Counselling Centres (CNDCCs) in Kabul, while 35 new centres were established across Kandahar, Helmand, Uruzgan and Zabul, expanding access for young children and 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 inform timely decision-making and response.

Education

During July 2026, UNICEF continued to support education services amid large-scale returnee movements, cross-border hostilities, flooding and persistent barriers to education. Building on the Education in Emergencies (EiE) response, UNICEF and partners sustained Temporary Learning Spaces

(TLSs) to ensure continuity of learning for crisis-affected children. Since the beginning of 2026, approximately 1,600 TLSs have been established for returnee and vulnerable children, while placement assessments and coordination with education authorities supported the transition of thousands of learners into formal public schools, particularly girls and children affected by displacement and emergencies.

Severe flooding in the Eastern and Central Regions further disrupted education during July. Preliminary assessments identified 164 schools damaged or affected, impacting approximately 51,618 children, including 18,202 girls. In Nuristan and other flood-affected areas, infrastructure damage and access constraints complicated the response. UNICEF and Education partners participated in joint rapid assessments to identify priority needs and plan for school rehabilitation, teaching and learning materials, and temporary learning arrangements for affected children.

UNICEF also strengthened preparedness and coordination with the Ministry of Education, Education Cluster partners and other actors, focusing on the rapid deployment of Temporary Learning Spaces, emergency learning supplies and school recovery interventions in newly affected areas. Education Help Desks at key border and transit points remained operational, providing returnee children and families with enrolment information, referrals and access to learning opportunities.

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

During the month of July 2026[6], UNICEF and implementing partners reached 259,191 people – 77,197 girls, 87,817 boys, 47,513 women and 46,664 men – through integrated child protection, gender-based violence prevention, risk mitigation and response interventions.

Nearly 14,877 children and caregivers – 5,490 girls, 6,288 boys, 521 women and 2,578 men accessed structured mental health and psychosocial support (MHPSS) services. A further 3,266 vulnerable children – 1,246 girls and 2,020 boys – including unaccompanied and separated children and survivors of, 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.

Gender-Based Violence (GBV) prevention, risk mitigation and response services reached 25,959 people – 5,433 girls, 1,336 boys, 5,442 women and 13,748 men – through access to information, community-based protection mechanisms and support to vulnerable women, girls and children affected by humanitarian crises.

Given the continued threat from landmines and explosive remnants of war, Explosive Ordnance Risk Education (EORE) reached 87,366 children and caregivers – 28,991 girls, 45,670 boys, 7,120 women and 5,585 men. In parallel, community awareness and Social and Behaviour Change (SBC) interventions reached 126,162 people – 35,750 girls, 31,972 boys, 34,209 women and 24,231 men – with messages on child protection, violence prevention, psychosocial well-being and positive caregiving.

[6] The difference between the monthly figures reported in the narrative and the "Change from Last Month" figure is due to the inclusion of beneficiary data from previous reporting periods that were not captured in earlier SitReps because of delayed partner reporting. These data have been incorporated into the cumulative figures during the current reporting period and do not represent individuals newly reached during the reporting month.

UNICEF also strengthened prevention, reporting and response mechanisms for Sexual Exploitation and Abuse (SEA), Sexual Harassment (SH) and safeguarding concerns through capacity building, integration of Protection from Sexual Exploitation and Abuse (PSEA) and safeguarding measures into programmes, strengthened reporting channels and case handling. Through the Child Protection programme, 16,957 community members – 7,161 women and 9,796 men – were reached with information on safe reporting mechanisms, PSEA and safeguarding principles.

Water, Sanitation and Hygiene (WASH)

During July 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, supporting access to safe drinking water, sanitation and improved hygiene practices.

Acute Watery Diarrhoea (AWD) cases and hotspot alerts continued to be reported, particularly in Bati Kot, Behsoud, Surkh Rod and Jalalabad districts of Nangarhar Province. In collaboration with de facto line departments and implementing partners, UNICEF supported preparedness and response through hygiene promotion and community engagement, water quality monitoring and testing, chlorination, environmental sanitation and distribution of emergency WASH supplies. Coordination and technical support also strengthened response capacity, although funding constraints limited the scale-up of interventions in some outbreak-affected areas.

Following the 20 July flash floods, UNICEF supported affected communities through hygiene promotion and distribution of essential WASH supplies, including hygiene kits, soap and AquaTabs. To restore access to safe drinking water, four water points were activated and water storage tanks installed as part of the partial rehabilitation of the damaged water supply network. Technical assessments and designs for full rehabilitation were completed, with works scheduled to begin in August 2026.

During the reporting month[7], 96,300 people accessed safe drinking water through the construction and rehabilitation of water supply systems, while 89,061 people accessed basic sanitation services through sanitation facilities and community-led initiatives. In addition, 180,814 people received essential WASH supplies, including hygiene and water kits and water treatment products, and 99,095 people were reached through hygiene promotion and behaviour change activities.

UNICEF maintained critical WASH services at key border locations for returnees and host communities, including safe drinking water, sanitation, hygiene promotion and solid waste management.

UNICEF also strengthened WASH services in public institutions, supporting the construction and rehabilitation of water and sanitation infrastructure in 23 health facilities, benefiting 98,374 people, including patients, health workers and surrounding communities. Improved water supply,

[7] The difference between the monthly figures reported in the narrative and the “Change from Last Month” figure is due to the exclusion of individuals who had already been reported as reached in previous months. While these individuals received services during the reporting month, they are not included in the monthly increase to avoid double counting in the cumulative beneficiary figures.

handwashing and sanitation facilities were also provided in nine schools, benefiting 4,990 students and teachers.

Despite funding constraints, gaps in groundwater data, recurring climate-related shocks and increasing humanitarian needs, UNICEF continued working with de facto government counterparts, partners and communities to sustain essential WASH services and strengthen the resilience of vulnerable communities.

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

In July 2026, UNICEF reached an additional 573,713 people, approximately 49 per cent women and girls, with lifesaving information on nutrition, exclusive breastfeeding, immunization, disease prevention, mental well-being, safe hygiene practices and AWD prevention. Through community structures and outreach, an additional 426,211 people, 55 per cent women and girls, participated in two-way communication on immunization, disease prevention and hygiene promotion.

UNICEF strengthened Accountability to Affected People (AAP) through its Community Feedback Management (CFM) System, which recorded 28,577 feedback cases, including 1,386 calls to the UNICEF Call Centre. Women accounted for 55 per cent of feedback. Key concerns included barriers to health care, safe drinking water, education, child protection and social support, while economic hardship, shortages of essential supplies for children and women, and requests for assistance accounted for nearly 69 per cent of feedback.

Through U-Report Afghanistan, UNICEF disseminated approximately 2.41 million messages and engaged adolescents and young people through interactive polls and campaigns. The platform has more than 2.17 million registered U-Reporters, 38 per cent of whom are women and girls. July initiatives focused on World Breastfeeding Week, an AWD assessment across seven central region provinces, water connections in 26 integrated service districts, teacher messaging and behavioural nudges on safe hygiene practices.

In response to flooding in Nuristan Province, UNICEF mobilized eight Qahramanan youth volunteers,[8] who reached 262 people with Risk Communication and Community Engagement (RCCE) messages on safe water, hygiene, handwashing and prevention of waterborne diseases. Volunteers also helped identify priority community concerns and supported coordination with local authorities.

Gender and Adolescent Development and Participation

In July 2026, UNICEF and implementing partners provided lifesaving services to 13,093 women and adolescent girls through Women and Girls Safe Spaces across the central and northern regions of Afghanistan. The spaces provide community-based access to essential services, including digital access, skills development, psychosocial support and other critical services.

During the reporting period, 1,697 adolescent girls received life skills training through Women and Girls Safe Spaces, strengthening practical skills, well-being and resilience.

[8] Qahramanan is a UNICEF-supported network of 27,000 adolescent and youth members, managed by a core team of 68 youth leaders (approximately 50% female). The network serves as a trusted platform for community mobilization, social and behaviour change, two-way communication, and youth participation and accountability across Afghanistan.

In addition, 10,990 men and boys participated in men and boys networks promoting positive gender norms, gender equality and supportive environments for women and girls. The networks address harmful gender norms and practices and promote social and behavioural change to improve women's and girls' access to essential services and opportunities.

Furthermore, 1,030 frontline workers were trained on gender integration, Protection from Sexual Exploitation and Abuse (PSEA), and adolescent-responsive service delivery across five regions, strengthening capacity to provide inclusive and responsive services to vulnerable populations.

Social Protection and Humanitarian Cash Transfers (HCT)[9]

During the first half of 2026, UNICEF completed the Mother and Child Cash Transfer (MCCT) programme, reaching over 65,000 vulnerable households across four provinces and supporting improved food security and uptake of maternal and child health services. UNICEF also provided one-off cash assistance to 9,343 households through the First Foods Initiative (FFI), supporting families with young children to meet immediate nutritional needs.

Building on these results, UNICEF plans to launch a second phase of the First Foods Initiative cash component, providing one-off cash assistance to 7,000 households with children aged 6–12 months across nine districts in Faryab, Ghor, Herat, Kabul, Logar, Nangarhar, Paktika and Zabul provinces. The intervention aims to reduce child food poverty and malnutrition by enabling vulnerable families to access diverse and nutritious foods through local markets, while strengthening resilience to seasonal shocks.

Humanitarian Leadership, Coordination and Strategy

UNICEF continued to lead the Nutrition, Water, Sanitation and Hygiene (WASH) and Education Clusters, as well as the Child Protection Workstream within the broader Protection Coordination Group, supporting coordinated humanitarian action across Afghanistan.

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

[9] Differences between the funding and achievement percentages are due to the reporting structure of CASH activities. Funding data combine Social Protection Cash Transfers and Emergency Cash Response under a single budget line, whereas results are reported through two separate indicators. The 115% achievement reflects progress against the Social Protection indicator only and is largely attributable to the implementation of *Cash for First Food*, which was not planned or budgeted at the beginning of the year (see Footnote 13). The Emergency Cash indicator remains at 0%. Given the larger budget allocation to Emergency Cash, overall funding coverage is 22% despite the overachievement of the Social Protection target

Regional Teams were operational in some regions, with transition processes continuing elsewhere. Through December 2026, priorities will include completing the transition, strengthening regional analysis and planning, improving information-sharing across coordination structures, and promoting greater participation and leadership of local partners.

Nutrition Cluster

By the end of July, Nutrition Cluster partners were providing treatment services through fixed and mobile nutrition facilities across the country. During the reporting period, 32,739 children with Severe Acute Malnutrition (SAM) received outpatient treatment, 2,954 children with SAM complications received inpatient care, and 29,897 children with high-risk Moderate Acute Malnutrition (MAM) were treated. In addition, 6,052 pregnant and breastfeeding women were reached through the Targeted Supplementary Feeding Programme (TSFP), while more than 317,847 caregivers and pregnant and breastfeeding women received Maternal, Infant and Young Child Nutrition (MIYCN) counselling.

Nutrition Cluster partners also supported returnees, internally displaced populations and communities affected by earthquakes and other shocks. In Kunar, as part of the earthquake response, 3,004 children were screened for malnutrition, with 62 Severe Acute Malnutrition, 162 Moderate Acute Malnutrition and 75 high-risk Moderate Acute Malnutrition cases treated, and four children referred for inpatient care. In addition, 1,057 pregnant and lactating women were screened, of whom 135 were identified as malnourished. Children and women also received vitamin A, deworming treatment, Infant and Young Child Feeding (IYCF) counselling, Multiple Micronutrient Supplements (MMS) and Multiple Micronutrient Powders (MNP), alongside Ready-to-Use Therapeutic Food (RUTF) for 100 children.

In Nangarhar, the returnee response screened 5,427 children, treating 162 Severe Acute Malnutrition, 266 Moderate Acute Malnutrition and 169 high-risk Moderate Acute Malnutrition cases, with eight children referred for inpatient care. A further 1,600 pregnant and lactating women were screened, of whom 281 were identified as malnourished. Complementary services included vitamin A supplementation, deworming, Infant and Young Child Feeding counselling, Multiple Micronutrient Supplements and Multiple Micronutrient Powders.

In preparation for the 2027 Integrated Food Security Phase Classification (IPC) Acute Malnutrition analysis, nationwide Mid-Upper Arm Circumference (MUAC) screening commenced for children and, for the first time, pregnant and breastfeeding women, providing a more comprehensive assessment of household nutrition status.

Education Cluster

By July 2026, Education Cluster partners had reached 203,670 children and adolescents, including 119,470 girls, through Temporary Learning Spaces (TLSs), Community-Based Education (CBE), learning support, literacy, skills development and other Education in Emergencies (EiE) interventions across Afghanistan.

During the reporting month, the Education Cluster continued to coordinate and support the response through regular coordination meetings, field monitoring and assistance to returnee children and vulnerable communities. Education Help Desks remained operational at key border and transit locations, supporting more than 2,000 returnee children with enrolment information, referrals and access to learning opportunities. Following severe flooding in the Eastern and Central regions, the Cluster and its partners participated in joint rapid assessments, which identified 164 schools as damaged or affected, disrupting education for approximately 51,618 children, including 18,202 girls. The assessments informed priority response planning, including school rehabilitation, provision of teaching and learning materials, and temporary learning arrangements for affected children.

Key challenges persisted, including restrictions on female teacher recruitment in Herat, resulting in the suspension of 160 Early Childhood Care and Development (ECCD) and Community-Based Schools (CBS) classes. Shortages of teaching and learning materials and textbooks, inadequate water, sanitation and hygiene (WASH) facilities in learning spaces, and increasing pressure on education services in areas affected by displacement, returns and natural disasters also continued to constrain the response. Continued advocacy and resource mobilization remain critical to sustain safe, inclusive and quality learning opportunities for affected children.

Child Protection Workstream (CPWS)

During July, CPWS partners provided services to 214,928 people (111,606 children and 99,706 caregivers) and 156 persons with disabilities across the five regions, 28 provinces and 114 districts within severity 3 and 4 scale.

Child Protection humanitarian services provided included structured Psychosocial support to 27,884 children of which 260 were referred for specialized mental health care. key awareness message on child protection to prevent and respond to violences were provided to 178,042 people (75,862 children). The Case management services were provided to 4,434 identified children (2,086 girls). In addition, 1,070 Unaccompanied & Separated children received family tracing and reunification services, while cash assistance was provided to 80 children. Furthermore, 375 boys received interim care services at border locations in the eastern, western and Southern regions experiencing an influx of cross-border returnees from Iran and Pakistan. Through the Child Protection Information Management System Plus (CPIMS+), more than 26,324 Child Protection cases have been cumulatively documented by 21 partner organizations.

As part of efforts to strengthen child protection service delivery, 930 humanitarian workers and community volunteers (343 female) from multiple sectors were trained on child protection standards across the 114 districts by 15 NGO partners.

WASH Cluster

During July 2026, Water, Sanitation and Hygiene (WASH) Cluster partners delivered life-saving services to populations affected by displacement, returnee movements, Acute Watery Diarrhoea (AWD) and other humanitarian crises across Afghanistan. A total of 252,841 people gained access to safe water for drinking, cooking and personal hygiene, while 60,792 people accessed gender-responsive and

disability-inclusive sanitation facilities. In addition, 203,444 people were reached with hygiene promotion and behaviour change messaging, 220,106 received essential WASH supplies, and 131,778 benefited from basic WASH services in schools, health facilities and nutrition centres.

During July, the WASH Cluster national leadership team conducted a field mission to Kandahar to assess the response to increasing returnee arrivals from Pakistan and AWD-related needs. Assessments at Spin Boldak and reception and transit centres found that critical WASH services remained operational despite the sharp increase in arrivals. Priorities included restoring the Enzargai Reception Centre water system to full capacity, repairing damaged water infrastructure at Spin Boldak, reducing reliance on water trucking, improving sanitation, drainage and solid waste management in informal settlements, and strengthening water quality monitoring.

The WASH Cluster continued to coordinate with government counterparts and humanitarian partners to strengthen preparedness and response to AWD outbreaks and increasing population movements, supporting information-sharing and timely delivery of assistance in areas of greatest need.

Significant funding gaps, rising operational costs, shortages of emergency WASH supplies and administrative constraints continued to limit partners' capacity to respond at the required scale. With continued cross-border returns, worsening drought conditions and the persistent risk of AWD and other waterborne diseases, demand for life-saving WASH assistance is expected to increase. In line with the 2026 Humanitarian Needs and Response Plan (HNRP), sustained funding, strengthened preparedness and climate-resilient WASH programming remain critical to meeting growing needs.

External Media, Statements & Human-Interest Stories

Highlights from 1 July – 31st July 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 published 15 social media posts and produced 1 social media video. Some highlights below:

Social Media posts:

Post: Reaching every person with vaccines in Afghanistan means navigating real challenges like a scattered population. Despite this, nearly 87% of the eligible population is fully vaccinated against COVID-19. Over half are women. With support from @gavi, we continue this work.

Post: Elyas and Raiqa wash their hands at a clinic. It looks simple. But clean water here means infection prevention, safer care and a healthier start for every child. With support from @EUinAfghanistan, more children are gaining access to safe water in health facilities.

Post: "Now, I'm learning how to sew clothes, and I even receive a small amount of money for my daily expenses. I feel very happy," says Salma, who is 15. With support from @EUinAfghanistan, girls like her are gaining the skills and confidence to create a secure future for themselves.

Post: 🚰 💧 "The water was bitter and made us sick. Now we have clean water here, and I am happy," says Tamana. With support from @ECHO_Asia, nearly 10,000 people in Nuristan now have access to safe water, helping protect children & families from waterborne diseases.

Post: Asma, a 7-month-old baby girl, was malnourished and weighed 5kg. After two weeks of therapeutic food, she gained 1kg. “I am grateful to UNICEF for helping the children of Afghanistan,” says her mother. With thanks to @EUinAfghanistan, more children recover, survive and thrive.

Post: “I learned new things in training and can answer many of my patients’ questions,” says midwife Bibi Gul, as she examines baby Taib and advises his mother on newborn care. With @ADB_HQ support, Skills Labs help midwives deliver quality care for mothers and newborns.

Post: Baby Mohra receives her measles vaccination. 💉 With support from @JapanGov through JICA, we procure vaccines and strengthen the cold chain to ensure every dose remains potent, helping protect children like her across Afghanistan.

Post: “One day, I want to become a doctor,” says 7-year-old Shagofa, who attends a community-driven learning class close to home in Bamyan. With support from @eu_echo, more children are gaining access to safe learning spaces where they can learn, dream, and build a brighter future. 📚

Post: On this #YouthSkillsDay, meet Ahmad in his tailoring class 🎀. “Learning tailoring has changed my life,” he says. “Now I can support my family and feel proud.” With @EUinAfghanistan support, young people gain vocational skills to earn an income for a better future.

Post: In Daikundi, Idris is recovering from malnutrition with the help of therapeutic food. “Before, he could not walk or understand me. Now he walks, understands, & repeats some words,” says his mother, Fatima. With support from @FCDOGovUK, more children recover, survive & thrive.

Post: Right from pregnancy, mothers and babies are connected. With support from the Bezos Family Foundation #ChildNutritionFund, @UNICEFAfg provide Multiple Micronutrient Supplements to pregnant women to ensure they and their babies receive the nutrients needed to survive and thrive.

Post: Every child deserves a healthy start. With support from @OCHAAfg and @OCHAFunds , UNICEF's Mother and Child Cash Transfer programme is helping vulnerable families in Afghanistan afford nutritious food and essential supplies while improving access to health and nutrition services.

Post: Satayesh was severely malnourished and weighed 5.5kg. After one week of ready-to-use therapeutic food (RUTF), she gained 0.5kg. “Now I can see she is getting better,” says her mother. With @eu_echo support, UNICEF provides RUTF for children to fight severe acute malnutrition.

Post: Safe water brings health, dignity, and hope. 💧 Amina can now wash dishes at home while her children stay healthy and safe. Thanks to @OCHAAfg and @OCHAFunds, a new water supply system is bringing life-saving safe water to drought-affected families and children.

Post: Polio has no cure, but it is preventable. Hania receives her 2 drops of polio vaccine, protecting her from lifelong paralysis. With @gatesfoundation support, UNICEF is strengthening community engagement, raising awareness, & supporting vaccine procurement to reach every child.

Video: When Roads Cut off, UNICEF Finds a Way to Reach Children! Recent floods have washed away roads and cut off communities in #Nuristan. Our teams are on the ground, reaching affected communities with emergency kits, health services, nutrition support, and safe drinking water.

Next Sitrep: 25 September 2026

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

Annex A: Summary of Programme Results

Sector / Indicator	Total Needs 2026	UNICEF and IPs Response			Cluster/Sector Response		
		2026 Target	Total Results (Jan – July 2026)	Change from last month ▲▼	2026 Target	Total Results (Jan – Jul 2026)	Change from last month ▲▼
Health							
Children aged 6-59 months vaccinated against measles, including in humanitarian situations	1,700,000	1,700,000	1,221,054	200,275			
Number of people accessing health care in priority provinces through UNICEF-supported health facilities	13,880,144	20,000,000	19,097,554	128,678			
Nutrition							
Number of children 6-59 months with Severe Wasting and High-Risk MAM admitted for treatment	1,649,427	1,304,000	522,233	158,423	1,290,435	438,654[10]	65,590
Number of primary caregivers of children aged 0 to 23 months who received IYCF counselling	3,304,503	2,625,000	1,265,973	34,130	2,278,785	1,130,060[11]	317,847
Child Protection, GBViE and PSEA							
Number of children and caregivers accessing structured Mental Health and Psychosocial Support (MHPSS)	703,971	150,000	99,067	30,117[6]	205,200	278,566	41,823
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	25,843	3,189[6]	53,200	25,504	4,434
mber of women, girls, boys and men accessing Gender Based Violence (GBV) response, risk mitigation and prevention interventions		220,000	192 582	26,376			
Number of children and caregivers accessing Explosive Ordnance Risk Education (EORE)		500,000	473 085	104,181[6]			
Number of people reached through UNICEF supported awareness activities and community mobilisation interventions on PSEA		1,500,000	254,466	135,760[6]			
Number of individuals (UNICEF & Implementing partners) trained on SEA prevention, risk mitigation and SEA reporting mechanisms		900	787	417			
Education							
Number of vulnerable school-aged children (girls and boys) provided with community-driven education initiatives	461,000	181,300	75,127	5,456	461,000	211,071	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	310,504	296,250	120,000	7,500	0

10 Nutrition cluster target only severity 3 and 4 provinces.
11 Nutrition cluster target only severity 4 and 5 provinces.

WASH							
Number of people accessing sufficient quantity of safe water for drinking, cooking and personal hygiene	14,215,579	2,900,000	555,476	62,016[7]	4,393,589	2,595,785	252,841
Number people who gained access to gender and disability-sensitive sanitation facilities	7,189,006	2,300,000	363,887	29,502[7]	2,432,861	1,220,229	60,792
Number of people reached with hygiene promotion programmes	14,215,579	6,200,000	888,423	78,362[7]	7,838,434	1,861,202	203,444
Number of people reached with critical WASH supplies	10,107,833	1,750,000	972,745	142,449[7]	2,887,935	1,619,121	220,106
Number of individuals accessing basic WASH services in schools, health and nutrition facilities	4,706,836	284[12]	214,298	105,025	297,047	908,931	131,778
HCT/Social Policy							
Number of households reached with UNICEF funded social assistance		65,000	74,505[13]	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	9,763,644	564,911			
Number of children, caregivers and community members engaged in participatory behaviour change interventions (disaggregated by gender and age)		2,450,000	2,654,764	332,327			
Number of people who shared their concerns and asked questions/clarifications to address their needs through established feedback mechanisms		210,000	142,437	28,776			
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	1,030[14]	683			
Number of knowledge products, tools and plans completed to inform evidence-based programming and advance gender equality and adolescent girls' programming.		12	6	1			
Emergency Preparedness and Response							
Number of households reached with UNICEF-funded humanitarian cash assistance		35,000	0	0[15]			

[12] This figure refers to the number of facilities, while the WASH cluster figures refer to targets and results.
[13] 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.
[14] 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.
[15] 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	2,597,892	198,401,999	1,547,808	97,987,783	33%
Nutrition	180,158,182	24,220,905	27,952,613	2,037,162	125,947,502	70%
Child protection, GBViE and PSEA	29,848,031	2,487,169	1,943,863	4,551,549	20,865,450	70%
Education	192,557,324	3,523,946	123,589,098	5,626,182	59,818,098	31%
Water, sanitation, and hygiene	179,563,554	10,681,353	14,767,943	2,169,697	151,944,561	85%
Social protection	37,658,295	1,261,692	5,435,932	1,708,669	29,252,001	78%
Cross-sectoral (HCT, SBC, RCCE and AAP)	24,024,911	2,406,430	4,617,107	4,824,510	12,176,864	51%
Gender, adolescents, and youth development	4,728,787		-	23,175	4,705,612	100%
Total	**949,074,566**	**47,179,388**	**376,708,555**	**22,488,752**	**502,697,871**	**53%**

*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.

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