



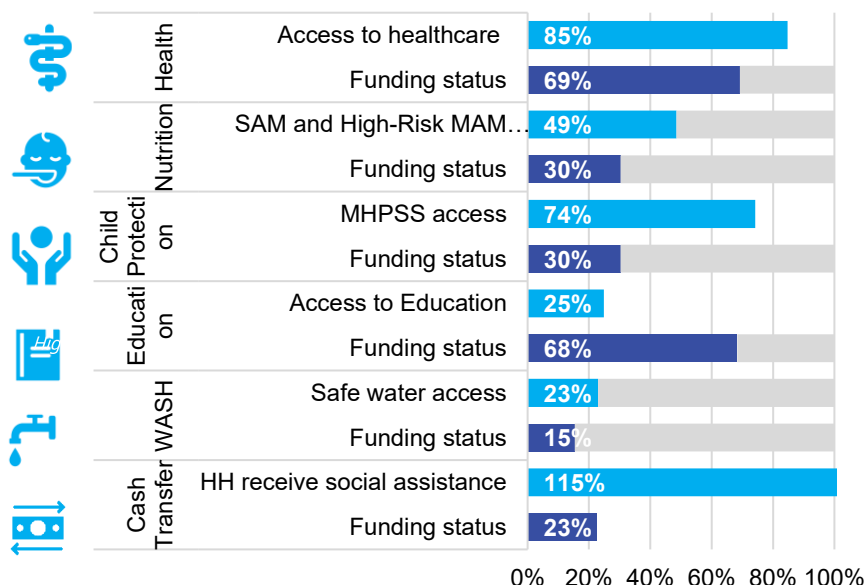
Eight-year-old Salman enjoys drawing and playing with his friends at the UNICEF-supported Child Friendly Space in Torkham after returning to Afghanistan from Pakistan with his family. ©UNICEF/UN1008421/Azizi

Reporting Period: 1 – 31 August 2026

Highlights

- **Afghanistan's nutrition crisis continued to worsen**, with 3.7 million children suffering from wasting, including around one million with severe acute malnutrition.
- **Flash floods continued to affect communities in August**, damaging homes, infrastructure, agricultural land, water systems and schools.
- **UNICEF supported essential health services for 6.6 million people** across all 34 provinces through 2,390 static and 16 mobile health facilities.
- **UNICEF supported 149,476 people with safe drinking water** and 135,164 people with basic sanitation services.
- **UNICEF reached 433,568 people with lifesaving information** on nutrition, immunization, disease prevention, mental well-being, hygiene and AWD prevention.

UNICEF's Response and Funding Status*



unicef

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برای هر طفل

Afghanistan

Humanitarian Situation Report
1 – 31 August 2026
Report #8

Situation in Numbers

21.9 M
People in need of assistance (HNRP 2026)

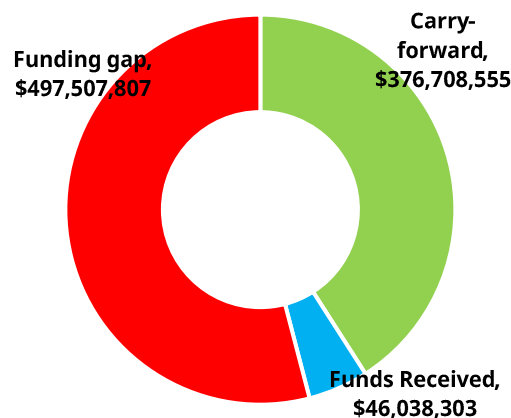
11.6 M
Children in need of humanitarian assistance (HNRP 2026)

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 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 August 2026, [Afghanistan Humanitarian Action for Children \(HAC\) 2026](#) requiring an overall budget of USD 949.1 million is 48 per cent funded. UNICEF is grateful to France as well as UNICEF's extensive family of National Committees for new contributions awarded in August.

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

In August 2026, Afghanistan continued to face severe humanitarian needs driven by acute malnutrition and food insecurity, climate-related shocks, large-scale returns from neighbouring countries and disease outbreaks. An estimated 21.9 million people, including 11.6 million children, require humanitarian assistance in 2026. These overlapping pressures are placing further strain on fragile basic services and household coping capacities, particularly among children, women, returnees and communities affected by recurrent natural disasters.

Severe funding constraints are increasingly translating into reduced humanitarian coverage and service availability. As of 26 August, US\$509.3 million, or 29.7 per cent, of the US\$1.71 billion required under the 2026 HNRP had been recorded as funded. Across sectors, funding shortfalls have already contributed to facility and service-point closures, suspended assistance, reduced geographic coverage and disrupted supply pipelines. The consequences extend beyond services not delivered today: reduced prevention and early intervention risk allowing needs to become more severe, costly and

difficult to reverse, particularly for remote communities, returnees and households affected by repeated shocks¹.

Floods and climate-related shocks: Flash floods continued to affect communities and essential infrastructure during August. In Nuristan Province, a second major flood struck Barg-e-Matal district on 3 August, affecting 191 houses and damaging roads, bridges, agricultural land, flood protection structures and water supply networks. Earlier flooding in Parun district resulted in 24 deaths and 125 injuries and damaged or destroyed 120 houses. Across nine provinces in the Central Region, floods affected 2,057 people and 316 houses, damaged approximately 1.6 million square meters of agricultural land and 17 schools and killed around 300 livestock. A separate flood incident in Paktia destroyed 11 houses and affected agricultural land. Damage to water systems, roads and other infrastructure further constrained access to safe water and essential services in affected communities.²

Nutrition: Afghanistan's nutrition crisis remained severe during August, with 3.7 million children at risk of suffering from wasting, including around one million with life-threatening severe acute malnutrition. Children under two account for approximately 83 per cent of severe acute malnutrition cases, while nearly 40 per cent of children hospitalized with severe wasting and medical complications are infants under six months. By July, admissions of children with severe acute malnutrition and medical complications had increased by around one third compared with the same period in 2025, placing growing pressure on hospitals and nutrition services.³ Food insecurity remained a major underlying driver, with 13.8 million people – 28 per cent of the population – projected to face Crisis-level or worse acute food insecurity (IPC Phase 3 or above) between April and September 2026, including 2.9 million people in Emergency (IPC Phase 4).⁴

Population returns: Large-scale returns from neighbouring countries continued to place additional pressure on already overstretched services and host communities. As of 22 August, approximately 1.15 million Afghans had returned in 2026, including around 686,200 from Pakistan and 465,800 from Iran.⁵ More than 452,000 returns were recorded as deportations, the majority from Iran. Since September 2023, nearly 6.6 million Afghans have returned, substantially increasing demand for health, nutrition, WASH, education, protection, housing and livelihood services in areas of return. The 2026 UN and NGO Partners' Response Plan for Afghan Returnees requires US\$529.2 million to address immediate needs at border points and support sustainable reintegration in priority areas.⁶

Disease outbreaks: Communicable diseases continued to pose significant risks, particularly among children and populations affected by displacement, return movements, malnutrition and inadequate access to safe water and sanitation. As of 31 August, 309 laboratory-confirmed cholera cases were reported, predominantly in the Eastern Region, with Nangarhar accounting for 289 cases. Afghanistan also remains one of only two countries where wild poliovirus transmission is endemic, with three WPV1 cases with onset in 2026 reported as of 25 August. The convergence of malnutrition, diarrhoeal disease

¹ OCHA Afghanistan: The Cost of Inaction (August 2026)

² [UNICEF: Flash Update No. 4; 20 August 2026](#)

³ UNICEF: Hospitals overwhelmed as child malnutrition surges across Afghanistan, 25 August 2026

⁴ [IPC Afghanistan – Acute Food Insecurity Analysis, September 2025–September 2026](#)

⁵ UNHCR: Operational Data Portal as of 22 August.

⁶ Durable Solutions: Afghanistan Returnees Overview, published 23 August

and other infections poses particularly serious risks for young children, as repeated illness can rapidly worsen the nutritional status of already vulnerable children.

Summary Analysis of Programme Response

Health

During August, UNICEF supported essential health services for 6.6 million people across all 34 provinces through 2,390 static and 16 mobile health facilities, while scaling up assistance in areas affected by floods, cross-border tensions, population movements and previous earthquakes.

Disease surveillance and outbreak response remained a priority. During August, 135 outbreaks were detected and responded to, with more than 75,454 cases of epidemic-prone and communicable diseases reported, including acute watery diarrhoea (AWD), measles, pertussis and Crimean-Congo Haemorrhagic Fever (CCHF). UNICEF-supported facilities treated nearly 332,870 AWD patients, while prevention and response campaigns reached more than 467,791 people.

As of 31 August, 309 laboratory-confirmed cholera cases had been reported, 55 per cent among females. The outbreak was heavily concentrated in the Eastern Region, particularly Nangarhar, which accounted for 289 cases, followed by Kunar (15), Laghman (3) and Kabul (2). Reviews of cholera case investigations in Nangarhar and Kunar identified unsafe and unprotected drinking water, inadequate sanitation and hygiene practices, flood-related contamination and barriers to health care as recurring transmission risks, underscoring the need for integrated health and WASH interventions in affected communities.

A review of 22 cholera case investigation reports from Nangarhar (15) and Kunar (7) identified recurring factors contributing to transmission. Affected communities commonly relied on unsafe and unprotected drinking water sources, including sources located close to septic wells, sewage systems or areas of open waste disposal. Poor sanitation coverage, open defecation, inadequate hygiene practices and limited access to safe water were consistently reported. Delayed case detection, barriers to health care in remote areas, flood-related contamination of water sources and damaged sanitation infrastructure further increased transmission risks, particularly in Kunar. These persistent WASH and access challenges continue to drive community transmission and the emergence of cholera hotspots in the Eastern Region.

Through routine immunization services, 99,911 children under five were vaccinated against measles, 81,640 received the third dose of the pentavalent vaccine, and more than 2,200 high-risk individuals were vaccinated against COVID-19. In addition, during the first round of the Multi-Antigen Accelerated Campaign conducted in 140 districts, 217,648 children under five were vaccinated against measles and 23,071 received the third dose of the pentavalent vaccine.

UNICEF continued to strengthen the Expanded Programme on Immunization (EPI) supply chain through the Electronic Logistics Management Information System (eLMIS), based on the open mSupply platform, which is now operational at national, regional and provincial vaccine stores and in 100 health facilities. During August, 50 vaccinators were trained on cold chain and vaccine management, while 49 EPI staff from NEPI, UNICEF, Acasus and NGO partners participated in an open mSupply learning and review workshop. Construction and rehabilitation of EPI infrastructure,

including warehouses, management facilities and waste treatment sites, continued across several provinces, with the Ghazni warehouse completed. In addition, 26 solar direct drive refrigerators were installed in selected health facilities.

In response to recurrent rabies outbreaks in Samangan Province, UNICEF provided 600 doses of anti-rabies vaccine and 50 vials of rabies immunoglobulin (RIG), enabling health facilities to provide timely post-exposure prophylaxis (PEP), including vaccination and RIG administration for eligible individuals exposed to suspected rabid animal bites. In addition, supplies previously delayed in Pakistan were transferred to Afghanistan and are being released and dispatched to their designated destinations.

UNICEF strengthened maternal and newborn health services through training, equipment and facility support. During August, 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 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 earthquake-affected areas of the Eastern Region, the humanitarian health response continued to provide essential lifesaving services. During August, 6,882 primary health care (PHC) consultations were conducted, 144 trauma cases were treated and 69 people received psychosocial counselling. Maternal and newborn services included 113 antenatal care (ANC) consultations, 121 postnatal care (PNC) visits and eight assisted deliveries. Preventive services included measles vaccination for 28 children and pentavalent vaccination for 65 children.

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 WASH-related information.

Participatory community engagement reached 91,647 people, including 49,219 females, providing opportunities for affected communities 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 the adaptation of communication and community engagement strategies.

Nutrition

During August 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 1.3 million children for wasting, with 111,099 children with severe wasting and high-risk moderate wasting admitted for treatment, including 58,891 children with severe

wasting and 42,915 with high-risk moderate wasting. Preventive nutrition services included Maternal, Infant and Young Child Nutrition (MIYCN) counselling for 198,350 caregivers and Multiple Micronutrient Supplements (MMS) for 121,714 pregnant women.

UNICEF also strengthened national capacity by training 80 health staff on the revised guidelines for the prevention and management of wasting, while an additional 103 staff were trained on Maternal, Infant and Young Child Nutrition (MIYCN).

Emergency nutrition services continued for returnee families at border crossings, transit centers and in areas of reintegration. During August, 22,617 returnee children were screened for wasting, of whom 781 were admitted for treatment. In addition, 8,034 children received vitamin A supplementation and 10,846 children under five received micronutrient supplementation. More than 8,573 caregivers benefited from nutrition counselling and related services, while 6,286 pregnant women received multiple micronutrient supplementation.

In earthquake-affected areas of eastern and northern Afghanistan, 2,703 children were screened for malnutrition, of whom 44 were admitted for wasting treatment. In addition, more than 890 caregivers received Infant and Young Child Feeding in Emergencies (IYCF-E) counselling.

UNICEF continued to advance the integration of Early Childhood Development (ECD) into nutrition programming under its Child Nutrition and Development strategy. During August, ECD and Social and Behaviour Change (SBC) interventions were integrated across 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 Centers (CNDCCs) in Kabul. In addition, 35 new centers were established in Kandahar, Helmand, Uruzgan and Zabul, expanding access to integrated services for young children and caregivers.

To strengthen nutrition monitoring and early warning, community-based nutrition surveillance continued across 465 sentinel sites in all 34 provinces. The system provides real-time information on malnutrition trends, supporting timely decision-making and response.

Education

During August 2026, UNICEF continued to support education services amid large-scale returnee movements, the impact of natural hazards and persistent barriers to education affecting vulnerable children across Afghanistan. As part of its Education in Emergencies (EiE) response, UNICEF and partners continued to operate Temporary Learning Spaces (TLSs) in high-return and crisis-affected areas to ensure continuity of learning for children affected by displacement and other emergencies. During the reporting period, approximately 2,205 TLSs were established for 61,887 returnee and vulnerable children, including 30,448 girls (49.2 per cent). Education partners worked closely with provincial and district education authorities to conduct placement assessments and facilitate the enrolment and reintegration of returnee children into public schools, with particular attention to girls and other vulnerable groups. Education Help Desks at key border crossing points and transit centers remained operational, providing returning families with information on school enrolment procedures, available learning opportunities and referral pathways to education services.

To address learning gaps among returnee children and support their integration into the formal education system, UNICEF developed a 12-week Bridge to Schooling (B2S) package for implementation in TLSs. Developed in Dari and Pashto, the package uses structured, age-appropriate activities to strengthen foundational literacy and numeracy among out-of-school and returnee children and prepare them for placement assessments and transition into public schools at the appropriate grade level.

Response efforts also continued in flood- and disaster-affected areas where damage to education infrastructure disrupted access to learning. UNICEF and partners supported assessments to identify priority needs for rehabilitation, temporary learning arrangements, teaching and learning materials and other essential education supplies. In response to flooding in Nuristan and Nangarhar Provinces, UNICEF provided 10 Recreation Kits and 13 High-Performance Tents (HPTs) to affected schools in Mandol and Barge Matal districts of Nuristan and Lalpura and Goshta districts of Nangarhar, supporting learning continuity and the establishment of safe temporary learning spaces. Additional contingency stocks remained available in UNICEF warehouses to respond to emerging needs while longer-term rehabilitation and recovery measures are planned.

UNICEF further strengthened coordination and preparedness with the Ministry of Education, Education Cluster partners and other humanitarian actors. Efforts focused on supporting the rapid deployment of TLSs, pre-positioning education supplies, monitoring population movements and strengthening referral mechanisms for newly arrived returnee children. Operational challenges persisted, including continued population movements, limited education infrastructure in high-return areas, shortages of qualified teachers and access constraints in remote and disaster-affected communities. These challenges continued to affect the pace of service expansion and underscore the need for sustained investment in both emergency education interventions and longer-term education system support.

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

During August 2026, UNICEF and partners reached 215,391 people, including 84,673 girls, 76,992 boys, 34,581 women and 19,145 men, with integrated child protection, gender-based violence prevention, risk mitigation and response services.

A total of 13,929 children and caregivers, including 5,721 girls, 5,812 boys, 537 women and 1,859 men, accessed structured mental health and psychosocial support (MHPSS) services. In addition, 3,263 vulnerable children (887 girls and 2,376 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 29,791 people, including 9,318 girls, 8,675 boys, 8,261 women and 3,537 men, through awareness-raising activities, community-based protection mechanisms and targeted support to vulnerable women, girls and children affected by humanitarian crises.

Given the continued threat posed by landmines and explosive remnants of war, Explosive Ordnance Risk Education (EORE) reached 55,326 children and caregivers, including 20,700 girls, 26,168 boys, 5,158 women and 3,300 men. In parallel, community awareness and Social and Behaviour Change

(SBC) interventions reached 110,007 people, including 46,976 girls, 32,944 boys, 20,253 women and 9,834 men, with messages on child protection, violence prevention, psychosocial well-being and positive caregiving.

UNICEF also strengthened prevention, reporting and response mechanisms related to Sexual Exploitation and Abuse (SEA), Sexual Harassment (SH) and safeguarding concerns through capacity-building initiatives, integration of PSEA and safeguarding measures across programmes, strengthened reporting channels and improved case management. Through the Child Protection programme, 22,481 community members, including 7,728 girls, 9,719 boys, 3,027 women and 2,007 men, were reached with information on safe reporting mechanisms, PSEA and safeguarding principles.

During the reporting period, UNICEF and partners provided lifesaving services to 2,039 women and adolescent girls through Women and Girls Safe Spaces across the Central and Northern Regions. These spaces provided access to essential community-based services, including digital access, skills development opportunities, psychosocial support and other critical services. In addition, 1,129 adolescent girls participated in life-skills training, strengthening their practical skills, well-being and resilience. To promote positive gender norms and gender equality, 639 men and boys participated in community networks that foster supportive environments for women and girls, 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, 1,449 frontline workers were trained on gender integration, PSEA and adolescent-responsive service delivery across five regions, strengthening capacity to provide inclusive and responsive services to vulnerable populations.

Water, Sanitation and Hygiene (WASH)

During August 2026, UNICEF delivered lifesaving WASH services to communities affected by natural disasters, disease outbreaks and large-scale population movements across Afghanistan, supporting access to safe drinking water, sanitation facilities and improved hygiene practices.

AWD cases and hotspot alerts continued to be reported, particularly in Bati Kot, Behsoud, Surkh Rod and Jalalabad districts of Nangarhar Province, while cases of bloody diarrhoea were also reported in Kabul City. In collaboration with local authorities and implementing partners, UNICEF supported preparedness and response efforts through hygiene promotion and community engagement, water quality monitoring and testing, chlorination, environmental sanitation, and distribution of emergency WASH supplies. Coordination and technical support further strengthened response capacity, although funding constraints limited the scale-up of interventions in some outbreak-affected areas. An AWD contingency plan was also drafted for Nuristan Province and is expected to be finalized in September 2026.

During the reporting period, 149,476 people gained access to safe drinking water through the construction and rehabilitation of water supply systems, while 135,164 people accessed basic sanitation services through sanitation facilities and community-led initiatives. In addition, 180,096 people received essential WASH supplies, including hygiene kits, water kits and water treatment products, while 424,906 people were reached through hygiene promotion and behaviour change

activities across Hilmand, Paktika, Farah, Kandahar, Kuner, Ghor, Badghis, Badakhshan, Balkh, Faryab, Herat, Kunduz, Nimroz, Nuristan, Sarepul and Urozgan provinces.

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

UNICEF also strengthened WASH services in public institutions through the construction and rehabilitation of water and sanitation infrastructure in 17 health facilities, benefiting 71,104 people, including patients, health workers and surrounding communities. Improved water supply, handwashing and sanitation facilities were also provided in three schools, benefiting 1,453 students and teachers in Kunduz, Paktika, Hilmand and Paktia provinces.

Amid funding constraints, gaps in groundwater-related information, recurrent climate-induced emergencies and rising humanitarian needs, UNICEF continued to work closely with local authorities, partners and communities to sustain essential WASH services and strengthen the resilience of vulnerable communities across Afghanistan.

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

In August 2026, UNICEF reached an additional 433,568 people nationwide, approximately 51 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 426,759 people, 54 per cent women and girls, engaged in two-way communication on immunization, disease prevention and hygiene promotion. UNICEF also trained and engaged 400 community structure members, including community health workers, community health supervisors, women and youth groups, and religious leaders, on SBC, AWD prevention and response, infection prevention and control, and community action planning.

Through the Community Feedback Management (CFM) System, UNICEF recorded 17,588 feedback cases in August, including 924 calls to the UNICEF Call Centre. Women accounted for 57 per cent of feedback. Around 94 per cent of feedback loops were closed, while Community Engagement and Feedback Centre (CEFC) facilitators, social mobilizers and call operators resolved approximately 71 per cent of cases immediately without requiring referral through the formal workflow. Key concerns raised by communities related to health care, safe drinking water, education, child protection and social support, as well as economic hardship, shortages of essential supplies for children and women, and early childhood development.

Through U-Report Afghanistan, UNICEF launched a targeted World Breastfeeding Week poll across all 34 provinces to assess breastfeeding practices, challenges and support needs. The poll engaged 11,394 respondents, achieving a 68 per cent response rate, and indicated encouraging awareness of early initiation of breastfeeding, exclusive breastfeeding and complementary feeding, while also identifying gaps in counselling, access to information, maternal nutrition and family support. During the reporting period, U-Report messages on the Multi-Antigen Accelerated Campaign (MAAC), World

Breastfeeding Week, head teacher outreach and MHPSS chatbot engagement were disseminated approximately 4.2 million times.

In response to flooding in Nuristan Province, UNICEF mobilized eight Qahramanan youth volunteers, 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. Across the Eastern Region, community mobilization and participatory action planning were conducted in 14 villages in Nangarhar and Nuristan Provinces to strengthen community ownership and collective action on AWD prevention, addressing key risk factors including unsafe drinking water, poor hand hygiene, open defecation and delayed care-seeking. During the month, community engagement sessions across the country also focused on breastfeeding practices.

Gender and Adolescent Development and Participation

During August 2026, UNICEF and partners continued to provide gender-responsive and adolescent-focused services to women, girls, men and boys across Afghanistan.

A total of 2,039 women and adolescent girls accessed lifesaving services through Women and Girls Safe Spaces across the Central and Northern Regions. These spaces provided essential community-based services, including digital access, skills development opportunities, psychosocial support and other critical services. In addition, 1,129 adolescent girls participated in life-skills training aimed at strengthening practical skills, well-being and resilience.

To promote positive gender norms and gender equality, 639 men and boys participated in community networks that foster supportive environments for women and girls, address harmful gender norms and practices, and promote social and behavioural change to improve women's and girls' access to essential services and opportunities.

UNICEF and partners also trained 424 frontline workers on gender integration, PSEA and adolescent-responsive service delivery across five regions, strengthening their capacity to provide inclusive and responsive services to vulnerable populations.

Social Protection and Humanitarian Cash Transfers (HCT)⁷

Nothing to report during the month of August.

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.

⁷ 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

Following 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). OCTs 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 linkages between humanitarian action, durable solutions and Basic Human Needs programming.

Regional Teams were operational in some regions, with transition processes continuing in others. Moving into the last quarter of the 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.

As part of the Humanitarian Programme Cycle (HPC) and preparations for the 2027 Humanitarian Needs and Response Plan (HNRP), humanitarian partners supported the implementation of the Whole of Afghanistan Assessment (WoAA) 2026, conducted from 19 July to 18 August 2026. A total of 32,522 interviews were completed across all 34 provinces. The findings, expected in September, are being closely followed by humanitarian actors and will provide a key evidence base for the analysis of humanitarian needs and response planning for 2027.

Nutrition Cluster

The nutrition situation in Afghanistan continued to deteriorate in August, driven by food insecurity, disease outbreaks, population movements and declining access to essential services. Acute malnutrition remained particularly severe among young children, with children under two accounting for approximately 83 per cent of severe acute malnutrition cases and infants under six months representing nearly 40 per cent of children hospitalized with severe wasting and medical complications. Admissions of children with severe acute malnutrition and medical complications had increased by around one third by July compared with the same period in 2025, placing additional pressure on already overstretched health and nutrition services.

The Nutrition Cluster continued to coordinate partners to sustain lifesaving prevention and treatment services across the country, including in areas affected by returns, displacement and emergencies. Particular attention was given to maintaining services in high-burden and underserved areas, strengthening referral pathways and ensuring continuity of care for children and women requiring nutrition services.

The Cluster also continued to support emergency preparedness and response through coordination with partners at national and subnational levels, monitoring of nutrition needs and service availability, and the pre-positioning and mobilization of nutrition supplies and response capacity where required.

Coordination with other sectors remained critical, particularly given the close links between acute malnutrition, food insecurity, disease, inadequate access to safe water and sanitation, and constraints in accessing health services.

Funding constraints continued to undermine the response. Despite US\$130.1 million secured for the 2026 nutrition response, the Afghanistan Nutrition Cluster still faces a 56 per cent funding gap. Significant supply shortfalls also remain, including a 17 per cent gap in Ready-to-Use Therapeutic Food (RUTF) requirements for 2026, equivalent to 210,000 cartons, and a 65 per cent gap in Ready-to-Use Supplementary Food (RUSF) supplies for the remainder of the year. These shortfalls threaten the continuity of treatment and prevention services for vulnerable children and women.

Education Cluster

By August 2026, Education Cluster partners continued to deliver Education in Emergencies (EiE) interventions across Afghanistan, including Temporary Learning Spaces (TLSs), Community-Based Education (CBE), catch-up classes, Early Childhood Care and Development (ECCD), learning support, teacher development, school feeding, and teaching and learning material (TLM) distribution. Partners also continued to support returnee children, vulnerable communities and public schools through coordinated response efforts, reaching 210,000 children (59 per cent girls) through community-based initiatives and more than 111,000 children with learning materials during the reporting period.

During the month, the Education Cluster strengthened coordination through regular national and sub-national meetings, field monitoring visits and engagement with education authorities. Partners monitored the implementation of key education interventions across multiple provinces and continued to support returnee children through Education Help Desks at border and transit locations. More than 1,000 returnee children received education awareness, referral and enrolment support in Kandahar and Nimroz, while services continued at Torkham and other transit points.

The Cluster also supported the transition of emergency education programmes into public schools, including the integration of 350 TLS classes serving more than 10,500 returnee learners in the Northern Region. Ongoing monitoring of TLM distributions and capacity-building initiatives helped strengthen programme quality and coordination across regions.

Key challenges persisted, including restrictions on female teacher recruitment in Herat, which delayed the implementation of 160 Community-Based School classes. Shortages of textbooks and teaching materials, inadequate school infrastructure and WASH facilities, and gaps in school feeding support continued to affect education access and quality. Sustained advocacy and resource mobilization remain critical to ensuring safe, inclusive and quality learning opportunities for crisis-affected children.

Child Protection Workstream (CPWS)

During August, CPWS partners provided services to 145,521 people, including 47,455 caregivers, 98,066 children and 1,014 persons with disabilities, across five regions, 30 provinces and 116 districts classified as severity 3 and 4, through 21 partners. Overall, the CPWS has reached 1.2 million people (46 per cent of the target), with US\$14.5 million in funding (47 per cent of requirements).

Child protection humanitarian services included structured psychosocial support for 36,322 children, of whom 2,047 were referred for specialized mental health care. Key child protection messages to prevent and respond to violence reached 68,666 people, including 30,822 children. Case management services were provided to 11,152 identified children, including 5,381 girls. In addition, 1,936 unaccompanied and separated children received family tracing and reunification services, while 508 children received cash assistance. A further 1,339 children received interim care services at border locations in the Eastern, Western and Southern Regions, which continued to experience an influx of cross-border returnees from Iran and Pakistan. Through the Child Protection Information Management System Plus (CPIMS+), more than 30,919 child protection cases have been cumulatively documented by 21 partner organizations.

To strengthen child protection service delivery, 96 humanitarian workers and 647 community volunteers, including 247 women, from multiple sectors were trained on child protection standards across the 116 districts by 15 NGO partners.

WASH Cluster

In August, WASH Cluster partners continued to deliver lifesaving assistance to populations affected by flooding, acute watery diarrhoea (AWD), drought, water scarcity and population returns. Partners provided safe drinking water to 157,783 people, sanitation services to 82,510 people, hygiene promotion activities to 376,313 people, and critical WASH supplies to 182,441 people. An additional 81,069 people accessed basic WASH services in schools, health facilities and nutrition centers through Cluster-supported interventions.

Response efforts focused on restoring and maintaining essential WASH services in flood-affected and return areas, while strengthening AWD prevention and response in affected and high-risk locations through water quality monitoring, chlorination, hygiene promotion and emergency supply distributions.

The Cluster supported coordination of the AWD response in the Eastern Region through joint engagement with the Ministry of Public Health, the Health Cluster and partners, helping to identify response gaps and strengthen coordination between WASH and health actors. Capacity strengthening and response monitoring remained priorities, including ActivityInfo training for partners to improve reporting quality and participation in Humanitarian Programme Cycle (HPC) preparedness activities.

At the coordination level, the Cluster contributed to inter-sectoral discussions on emerging humanitarian needs and continued engagement with government counterparts to address administrative bottlenecks affecting project implementation and the handover of completed WASH infrastructure.

Despite these efforts, the worsening funding environment continued to undermine partners' capacity to respond at the scale required. By the end of August, less than 30 per cent of the HNRP requirement for WASH had been funded. Funding reductions have forced several partners to downsize operations, reducing geographic coverage and limiting their ability to respond simultaneously to AWD outbreaks, climate-induced emergencies, water scarcity and the needs of returning populations. As a result, significant response gaps persist, particularly in hard-to-reach and underserved areas, where

vulnerable communities remain at heightened risk of WASH-related diseases and service disruptions. The Cluster continues to advocate for flexible and timely funding to sustain essential WASH services and emergency response capacity.

External Media, Statements & Human-Interest Stories

Highlights from 1 - 31st August 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 a total of 63 social media posts and published one human interest story. Social media and digital content were strategically aligned to balance advocacy messaging, awareness-raising on priority issues, donor visibility and programme impact.

Facebook:

1. Post: Breastfeeding is the first vaccine a child receives. This #WorldBreastfeedingWeek and every day, UNICEF is proud to stand with mothers and promote breastfeeding as the foundation of a healthier future.
2. Post: Recent floods have impacted several provinces in eastern Afghanistan, and access to safe drinking water is critical during emergencies.
3. Post: Asma, a 22-year-old mother, receives guidance from nutrition counsellor Fatima on the importance of taking Multiple Micronutrient Supplements (MMS) during pregnancy and after childbirth, as well as maintaining a healthy diet while breastfeeding.
4. Post: "I breastfeed my children for over two years, and they're healthier. Some neighbors do not breastfeed their children; that is why their children often get sick and are at risk of malnutrition," says the mother of Zahra, a 1-year-old baby.
5. Post: Breastfeeding is essential for a sustainable start in life. With support from UNICEF and its partners, moms receive nutrition counseling on when and how to breastfeed, giving every child the strongest start in life across Afghanistan.
6. Post: When mothers are healthy, their children are healthy, too! Female health workers play an essential role in helping mothers while breastfeeding.
7. Post: Breast milk is a child's first protection against illness and their first step towards healthy development. Female health workers are helping mothers stay healthy and breastfeed successfully by providing UNICEF-supported Multiple Micronutrient Supplements (MMS) during and after pregnancy.
8. Post: At just 8 months, Malika was suffering from severe acute malnutrition. "Since we started therapeutic food treatment, she is getting better," says her mother. With support from EU in Afghanistan, UNICEF provides life-saving treatment for children.
9. Post: This #YouthDay and every day, UNICEF supports Afghan youth through vocational and digital skills training programmes, from coding to tailoring and repair services.
10. Post: On #YouthDay in Afghanistan, UNICEF Representative Dr. Tajudeen Oyewale spoke for UN Afghanistan: young people are not asking for the impossible, just a fair chance to learn, build skills, find opportunities and contribute to their communities. Listening is not enough, we must act!

- 11.Video: Recent floods impacted over 2400 people in Afghanistan. Since the first day of the #Nuristan floods, UNICEF teams have provided safe water, established health clinics, and supported over 2,200 people through emergency response efforts.
- 12.Post: More than 2.6 million girls in Afghanistan have been denied a secondary education in the five years since the de facto authorities took power.
- 13.Post: Polio has no cure, but it can be prevented through vaccination. Five-year-old Zabida received her polio vaccine, helping protect her from lifelong paralysis and giving her a healthier future.
- 14.Post: Five years may be brief in a country's history, but it can shape the course of a child's entire life. And for the last five years, more than 2.6 million girls in Afghanistan have been denied access to secondary education.
- 15.Post: Wo Träume wachsen. Zwischen den Bergen Afghanistans besuchen Kinder eine Schule, die direkt in ihrer Gemeinde entstanden ist. So erhalten auch Mädchen und Jungen in abgelegenen Regionen die Chance, zu lernen und ihre Zukunft selbst in die Hand zu nehmen.
- 16.Post: Behind every child reached by UNICEF Afghanistan is a humanitarian working tirelessly to save lives, protect rights, and restore hope. This #WorldHumanitarianDay, we honour their dedication and reaffirm our commitment to reach every child, everywhere.
- 17.Post: UNICEF is deeply distressed by the injury of 42 children aged 9 to 14 in an explosion at a school in Shahrak-e-Mahdia in Kabul, Afghanistan. This alarming incident is yet another stark reminder of the need to protect children and the essential services they rely on at all times.
- 18.Post: Every child deserves a safe space to learn, play, and heal. Thanks to UNICEF Deutschland, children in Khas Kunar received psychosocial support from trained social workers and regained a sense of normalcy in UNICEF Afghanistan-supported child-friendly spaces.
- 19.Video: Young people like Abdul Basir are building practical skills for work and greater independence at the UNICEF Vocational Centre in Kandahar, with support from ADB. The right skills can create new opportunities, build confidence and give young people greater power to shape their own futures.
- 20.Video: When recent floods struck Parun District in Afghanistan Nuristan, Afghanistan, a UNICEF partner, Habib Rahman Rasoolzai, took action, crossing a fast-flowing river to reach a remote household. This way, he was able to gather critical information on the impact of the floods and the urgent assistance required.
- 21.Post: Flash #Floods across central and eastern Afghanistan have damaged homes, infrastructure and access to essential services. UNICEF and partners are on the ground delivering lifesaving support, including health care, safe water, hygiene supplies and child protection services to affected families and children.
- 22.Post: Seven-year-old Halima, a returnee, now spends her days playing, laughing, and learning at a UNICEF-supported Child Friendly Space. Once facing daily uncertainties and protection risks, she now has a safe environment where she can enjoy her childhood alongside other children.
- 23.Post: "Across Afghanistan, 3.7 million children are suffering from wasting, including around 1 million with life-threatening severe acute malnutrition," said Dr. Tajudeen

Oyewale, UNICEF Afghanistan Representative, at today's press briefing at the Palais des Nations in Geneva.

24. Post: 9-year-old Fatima is delighted with her new teaching and learning materials. "Now I can write and enjoy colouring," says Grade 3, Fatima. "I received notebooks, pencils, colour pencils other stationery.

Instagram:

1. Post: Breastfeeding is the first vaccine a child receives. This #WorldBreastfeedingWeek and every day, UNICEF is proud to stand with mothers and promote breastfeeding as the foundation of a healthier future.
2. Post: Recent floods have impacted several provinces in eastern Afghanistan, and access to safe drinking water is critical during emergencies.
3. Post: Asma, a 22-year-old mother, receives guidance from nutrition counsellor Fatima on the importance of taking Multiple Micronutrient Supplements (MMS) during pregnancy and after childbirth, as well as maintaining a healthy diet while breastfeeding.
4. Post: "I breastfeed my children for over two years, and they're healthier. Some neighbors do not breastfeed their children; that is why their children often get sick and are at risk of malnutrition," says the mother of Zahra, a 1-year-old baby.
5. Post: Breastfeeding is essential for a sustainable start in life. With support from UNICEF and its partners, moms receive nutrition counselling on when and how to breastfeed, giving every child the strongest start in life across Afghanistan.
6. Post: When mothers are healthy, their children are healthy, too! Female health workers play an essential role in helping mothers while breastfeeding. UNICEF supports breastfeeding education, breastfeeding support, and prioritizing women's nutrition and essential antenatal care.
7. Post: Breast milk is a child's first protection against illness and their first step towards healthy development. Female health workers are helping mothers stay healthy and breastfeed successfully by providing UNICEF-supported Multiple Micronutrient Supplements (MMS) during and after pregnancy.
8. Post: At just 8 months, Malika was suffering from severe acute malnutrition. Since we started therapeutic food treatment, she is getting better," says her mother.
9. Post: This #youthday and every day, UNICEF supports Afghan youth through digital and vocational skills training, from coding to embroidery, tailoring and repair services.
10. Post: Over 2,400 people have been affected by recent flash #floods in eastern & central Afghanistan. UNICEF & partners are delivering lifesaving support, including health, safe water, hygiene supplies & child protection services.
11. Post: On #YouthDay in Afghanistan, UNICEF Representative Dr. Tajudeen Oyewale spoke for UN Afghanistan: young people are not asking for the impossible, just a fair chance to learn, build skills, find opportunities and contribute to their communities. Listening is not enough, we must act!
12. Video: Recent floods impacted over 2400 people in Afghanistan. Since the first day of the #Nuristan floods, UNICEF teams have provided safe water, established health clinics, and supported over 2,200 people through emergency response efforts.
13. Post: En #Afghanistan AF, les crises s'ajoutent aux crises. Alors que les familles subissent déjà les conséquences de décennies de conflit et de la prise de Kaboul par les talibans en 2021, le changement climatique amplifie chaque difficulté.
14. Post: Polio has no cure, but it can be prevented through vaccination. Five-year-old Zabida received her polio vaccine, helping protect her from lifelong paralysis and giving her a healthier future.

15. Post: Impact at scale across #Afghanistan! With thanks to our donors, we reached millions of children and families across the country. From health to cash support, and from water, sanitation and hygiene to nutrition and education.
16. Post: Behind every child reached by @unicefghanistan is a humanitarian working tirelessly to save lives, protect rights, and restore hope. This #worldhumanitarianaday, we honour their dedication and reaffirm our commitment to reach every child, everywhere.
17. Post: Every child deserves a safe space to learn, play, and heal. Thanks to @unicef_deutschland, children in Khas Kunar received psychosocial support from trained social workers and regained a sense of normalcy in @unicefghanistan-supported child-friendly spaces.
18. Post: Flash #floods across central and eastern Afghanistan have damaged homes, infrastructure and access to essential services. UNICEF and partners are on the ground delivering lifesaving support, including health care, safe water, hygiene supplies and child protection services to affected families and children.
19. Post: Seven-year-old Halima, a returnee, now spends her days playing, laughing, and learning at a UNICEF-supported Child Friendly Space. Once facing daily uncertainties and protection risks, she now has a safe environment where she can enjoy her childhood alongside other children.
20. Post: "Across Afghanistan, 3.7 million children are suffering from wasting, including around 1 million with life-threatening severe acute malnutrition," said Dr. Tajudeen Oyewale, UNICEF Afghanistan Representative, at today's press briefing at the Palais des Nations in Geneva. "In parts of southern Afghanistan, some hospitals are now seeing 3-4 severely malnourished children for every available bed."
21. Post: "For the first time, I could manage an excessive bleeding after delivery case with confidence using the skills and knowledge gained through the UNICEF training to save the mother's life," recalls Suhaila, a midwife. For health workers like Suhaila, access to quality training and essential equipment can mean the difference between life and death for mothers and newborns.
22. Post: 9-year-old Fatima is delighted with her new teaching and learning materials. "Now I can write and enjoy colouring," says Grade 3, Fatima. "I received notebooks, pencils, colour pencils other stationery."

X:

1. Post: [This #WorldBreastfeedingWeek & every day, UNICEF stands with mothers & promotes breastfeeding for a healthier future.](#)
2. Post: [Recent floods have impacted several provinces in eastern Afghanistan, and access to water is critical during emergencies.](#)
3. Post: [Fatima, a nutrition counsellor, advises Asma on breastfeeding and the importance of taking Multiple Micronutrient Supplements \(MMS\) during and after pregnancy.](#)
4. Post: ["I breastfeed my children for over two years and they're healthier. Some neighbors don't breastfeed their children, and they often get sick and are at risk of malnutrition," says Zahra's mother.](#)
5. Post: [Breastfeeding is essential for a sustainable start in life. With support from UNICEF and its partners, mothers receive nutrition counseling on when and how to breastfeed, giving every child the strongest start in life across Afghanistan.](#)
6. Post: [Healthy mothers = Healthy children. Female health workers play an essential role in helping mothers while breastfeeding. UNICEF supports breastfeeding education,](#)

breastfeeding support, and prioritizing women's nutrition and essential antenatal care.

7. Post: Breast milk is a child's first protection against illness and their first step towards healthy development. Female health workers are helping mothers stay healthy & breastfeed successfully by providing UNICEF-supported Multiple Micronutrient Supplements during & after pregnancy.
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11. Video: Recent floods impacted over 2400 people in Afghanistan. Since the first day of the #Nuristan floods, UNICEF teams have provided safe water, established health clinics, and supported over 2,200 people through emergency response efforts.
12. Post: Polio has no cure, but it is preventable. Zabida received her polio vaccine, protecting her from lifelong paralysis. With support from @JapanGov through JICA, UNICEF is strengthening immunization services across Afghanistan to help eradicate polio & protect every child's future.
13. Post: Behind every child reached by @UNICEFAfg is a humanitarian working tirelessly to save lives, protect rights, and restore hope. This #WorldHumanitarianDay, we honour their dedication and reaffirm our commitment to reach every child, everywhere.
14. Post: Every child deserves a safe space to learn, play, and heal. Thanks to @UNICEFgermany, children in Khas Kunar received psychosocial support from trained social workers and regained a sense of normalcy in @UNICEFAfg-supported child-friendly spaces.
15. Post: Laughter, learning, and friendship now fill Halima's days. The 7-year-old returnee attends a UNICEF-supported Child Friendly Space, where children can play, learn & simply be children again. Thanks to @EUinAfghanistan, returnee children like Halima can thrive.
16. Post: "Across Afghanistan, 3.7 million children are suffering from wasting, including around 1 million with life-threatening severe acute malnutrition," said Dr. @TajudeenOyewale, @UNICEFAfg's Representative at today's press briefing in Geneva.
17. Post: "Now I can write and enjoy colouring," says Grade 3, Fatima. "I received notebooks, pencils, colour pencils & stationary". Thanks to @ADB_HQ, @WorldBankGroup & @GPforEducation, in 2026, UNICEF distributed teaching & learning materials to over 70K students like her in Daikundi.

Human Interest Story:

Saving Mothers and Newborns | UNICEF Afghanistan

Next Sitrep: 25 October 2026

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

Who to contact for further information:

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Annex A: Summary of Programme Results

Sector / Indicator	Total Needs 2026	UNICEF and IPs Response			Cluster/Sector Response		
		2026 Target	Total Results (Jan – Aug 2026) ⁸	Change from last month ▲▼	2026 Target	Total Results (Jan – Aug 2026)	Change from last month ▲▼
Health							
Children aged 6-59 months vaccinated against measles, including in humanitarian situations	1,700,000	1,700,000	1,350,841	129,787			
Number of people accessing health care in priority provinces through UNICEF-supported health facilities	13,880,144	12,000,000	10,168,976	0			
Nutrition							
Number of children 6-59 months with Severe Wasting and High-Risk MAM admitted for treatment	1,649,427	1,304,000	633,332	111,099	1,290,435	578,517 ⁹	100,774
Number of primary caregivers of children aged 0 to 23 months who received IYCF counselling	3,304,503	2,625,000	1,546,160	280,187	2,278,785	1,510,312 ¹⁰	171,950
Child Protection, GBVIE and PSEA							
Number of children and caregivers accessing structured Mental Health and Psychosocial Support (MHPSS)	703,971	150,000	111,249	12,182	205,200	314,888	36,322
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	29,077	3,234	53,200	36,656	11,158
Number of women, girls, boys and men accessing Gender Based Violence (GBV) response, risk mitigation and prevention interventions		220,000	222,373	29,791			
Number of children and caregivers accessing Explosive Ordnance Risk Education (EORE)		500,000	528,411	55,326			
Number of people reached through UNICEF supported awareness activities and community mobilisation interventions on PSEA		1,500,000	276,947	22,481			
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	76,148	1,021	461,000	321,000	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	1,383,017	1,072,513	120,000	7,500	0
WASH							

⁸ Cumulative results may not equal the sum of the cumulative results reported in the previous SitRep and the results presented in the current month's narrative. This is because cumulative figures are updated to include results achieved in previous reporting periods but reported by partners after the publication of earlier SitReps.

⁹ Nutrition cluster target only severity 3 and 4 provinces.

¹⁰ Nutrition cluster target only severity 3 and 4 provinces.

Number of people accessing sufficient quantity of safe water for drinking, cooking and personal hygiene	14,215,579	2,900,000	667,801	112,325	4,393,589	2,753,568	157,783
Number people who gained access to gender and disability-sensitive sanitation facilities	7,189,006	2,300,000	432,673	68,786	2,432,861	1,302,739	82,510
Number of people reached with hygiene promotion programmes	14,215,579	6,200,000	1,293,210	404,787	7,838,434	2,237,515	376,313
Number of people reached with critical WASH supplies	10,107,833	1,750,000	1,320,141	347,396	2,887,935	1,801,562	182,441
Number of individuals accessing basic WASH services in schools, health and nutrition facilities	4,706,836	284 ¹¹	287,336	73,038	297,047	990,000	81,069
HCT/Social Policy							
Number of households reached with UNICEF funded social assistance		65,000	74,505 ¹²	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	10,183,810	420,166			
Number of children, caregivers and community members engaged in participatory behaviour change interventions (disaggregated by gender and age)		2,450,000	3,077,538	422,774			
Number of people who shared their concerns and asked questions/clarifications to address their needs through established feedback mechanisms		210,000	159,561	17,124			
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	1,449	419			
Number of knowledge products, tools and plans completed to inform evidence-based programming and advance gender equality and adolescent girls' programming.		12	7	1			
Emergency Preparedness and Response							
Number of households reached with UNICEF-funded humanitarian cash assistance		35,000	0	0 ¹³			

¹¹ This figure refers to the number of facilities, while the WASH cluster figures refer to targets and results.

¹² 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.

¹³ 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	7,039,674	92,495,917	31%
Nutrition	180,158,182	24,470,905	27,952,613	2,202,900	125,531,764	70%
Child protection, GBViE and PSEA	29,848,031	2,487,169	1,943,863	4,594,218	20,822,781	70%
Education	192,557,324	1,923,602	123,589,098	6,128,571	60,916,053	32%
Water, sanitation, and hygiene	179,563,554	10,672,737	14,767,943	2,169,697	151,953,177	85%
Social protection	37,658,295	1,261,692	5,435,932	1,837,156	29,123,515	77%
Cross-sectoral (HCT, SBC, RCCE and AAP)	24,024,911	2,624,306	4,617,107	4,824,510	11,958,988	50%
Gender, adolescents, and youth development	4,728,787		-	23,175	4,705,612	100%
Total	949,074,566	46,038,303	376,708,555	28,819,901	497,507,807	52%

*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.