Marzia, Adela and Zohal in Ghor Province, they now have access to safe water. ©

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Afghanistan

Humanitarian Situation Report
1 – 31 March 2026
Report # 3

Reporting Period: 1 – 31 March 2026

Highlights

- In 2026, approximately 21.9 million people, close to half of Afghanistan's population, require humanitarian assistance, including over 11.6 million children.
- A total of 147,087 people (33,830 women, 38,243, girls, 33,830 men and 41,184 boys) gained access to safe drinking water through construction and rehabilitation of durable water supply systems.
- UNICEF strengthened Community Engagement and Participation, reaching almost 3.8 million people (approximately 49 per cent women and girls) with lifesaving behaviour change information on preventing malnutrition, exclusive breastfeeding, immunization, mental well-being, disease prevention, and safe hygiene practices.

Situation in numbers

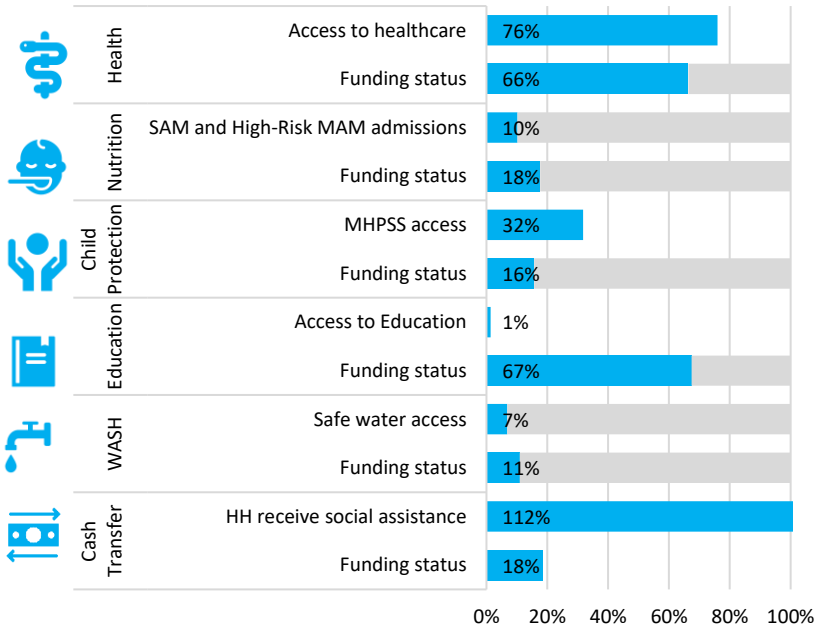
21.9 M
People in need of humanitarian assistance (HNRP 2026)

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

942,000
Children under 5 expected to need treatment for severe acute malnutrition (HNRP 2026)

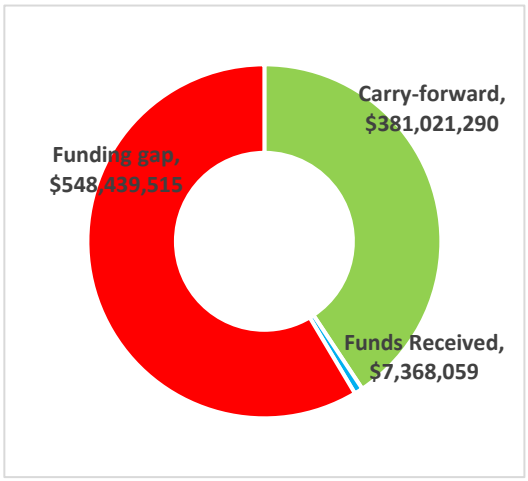
14.4 M
People in need of humanitarian health assistance (HNRP 2026).

UNICEF's Response and Funding Status*



UNICEF Appeal 2026

US$ 949,074,566



Funding Overview and Partnerships

UNICEF Afghanistan expresses its sincere gratitude to all public and private sector donors for the contributions received. As of 31 March 2026, the Humanitarian Action for Children (HAC) appeal for 2026 requiring an overall budget of USD 949.1 million is 42 per cent funded. UNICEF is grateful to the Government and the People of Sweden and the United Kingdom, UNICEF's extensive family of National Committees for new contributions awarded in March, as well as the European Union (Humanitarian Aid) and the Gates Foundation for their extraordinary support in airlifting life-saving nutrition supplies to Afghanistan.

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.

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

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

Situation Overview & Humanitarian Needs

Afghanistan remains one of the world's most severe humanitarian crises in 2026. Protracted conflict, economic fragility, underinvestment in basic services and the erosion of fundamental rights form the backdrop. Worsening insecurity, widespread food insecurity, large-scale cross-border returns, drought and recurrent natural hazards compound the strain. The systematic exclusion of women and girls from public life continues to deepen vulnerabilities and limit access to essential services and risks locking millions into intergenerational poverty cycles leading to regression in health and human development outcomes. In 2026, an estimated 21.9 million people, nearly 45 per cent of the population, require humanitarian assistance, including approximately 11.6 million children who remain disproportionately affected by malnutrition, disease, protection risks, and limited access to education and basic services.

The humanitarian situation in Afghanistan significantly deteriorated in March 2026 due to the continued escalation of cross-border hostilities with Pakistan, entering its fourth week by the month's

end, with no signs of de-escalation. Between 26 February and 17 March, at least 289 civilian casualties were reported, including a high proportion of women and children, highlighting the severe protection risks. Hostilities intensified both in scale and geographic spread, with airstrikes, artillery, and drone attacks affecting at least ten provinces, including major urban centers such as Kabul. The hostilities have resulted in widespread displacement, with initial estimates of 115,000 people displaced and over 40,000 verified through assessments, alongside extensive damage to civilian infrastructure, including homes, telecommunications, and commercial facilities.[1]

At the same time, the crisis has severely disrupted humanitarian access, essential services, and market systems. Border closures and insecurity have constrained supply chains, leading to significant increases in food prices (20–40 per cent for key staples) and delays in humanitarian cargo. Health, nutrition, and education services have been heavily affected, with facilities damaged or closed, thousands of children out of school, and vulnerable populations facing reduced access to care. Priority humanitarian needs include shelter, food, water, and health services, particularly among displaced populations. Protection concerns are also rising, including forced returns of Internally Displaces Persons (IDPs) and increased risks for women and children. Overall, the situation reflects a rapidly worsening humanitarian context requiring urgent, coordinated response and sustained access.[2] The ongoing Middle East crisis, characterized by intensifying conflicts involving Iran and regional spillover effects, has put significant risks on Afghanistan. These risks primarily relate to economic instability due to disrupted trade, and the increased risk of returnees.

In addition, natural disasters keep affecting the country and increasing the vulnerability of the people of Afghanistan. Starting in March, heavy rainfall and flash floods affected nearly the entire country, impacting 31 out of 34 provinces, 165 districts, and 546 villages. Preliminary reports indicate that over 73,300 people were affected, with at least 93 fatalities, 181 injuries, and widespread destruction of homes, infrastructure, and livelihoods. More than 9,000 houses were either damaged or destroyed, alongside significant losses to agricultural land, livestock, roads, and bridges, further disrupting already fragile rural economies. The eastern region, particularly Nangarhar, was the most severely impacted, followed by the southern and western regions. In addition to flood-related damage, a 5.9-magnitude earthquake struck Badakhshan on 5 April, causing further casualties and destruction, with heavy rains likely exacerbating the impact on vulnerable structures.[3]

These natural disasters have led to urgent humanitarian needs, particularly in shelter, food, water, and protection services, while access constraints and damaged infrastructure continue to hinder response efforts. As of 31 March, assistance has reached around 8,400 people, including food, cash, non-food items, shelter, and hygiene support; however, significant gaps remain, especially in multi-purpose cash assistance in provinces such as Samangan, Kunduz and Baghlan. Rural communities have been disproportionately affected, facing disruptions to livelihoods and increased food insecurity. While improved soil moisture may benefit upcoming agricultural seasons, ongoing risks such as localized

[1] OCHA: Afghanistan Situation Update #2: Humanitarian Impact of Afghanistan-Pakistan Military Escalation (18 March 2026)
[2] Ibid, p. 1.
[3] OCHA: Afghanistan: Flash Update #1: Flooding in Afghanistan (26 March to 6 April 2026)

flooding, damaged roads, and below-average temperatures continue to threaten recovery efforts and require sustained humanitarian support and monitoring.[4]

Summary Analysis of Programme Response

Health

In March, UNICEF continued to sustain the delivery of essential health services across all 34 provinces through 2,393 static and 16 mobile health facilities. Of these, 1,383 facilities in 17 provinces were strengthened with high-impact interventions on maternal and newborn health, including prevention of postpartum haemorrhage and neonatal sepsis. To ensure continuity of care, UNICEF supported the salaries of 28,086 health workers, 38 per cent of whom are women, enabling 5,267,921 people to access essential health services, 30 per cent of whom are children. UNICEF also continued to respond with additional critical supplies and human resource to the ongoing emergencies such as flooding, cross-border conflict, post-earthquake rehabilitation and preparedness to support returnees with additional critical supplies and human resources.

During the reporting month, 167 outbreaks were reported and responded to, including 24 for measles. In March, 96,849 children affected by emergencies were vaccinated against measles. The most frequently reported surveillance-targeted diseases during this period were acute respiratory infections (ARI) - cough and cold - with 140,494 cases, followed by acute diarrhoeal diseases with 38,733 cases, and pneumonia with 36,316 cases.

Irfan, 18 months old, receives his measles vaccination at a basic health facility in Mazar-i-Sharif. His father, M. Aref, brought him. Vaccinator Nasrin administers the dose. @UNICEF/UNI977830/Khayyam

Following the 31 August 2025 earthquake, which damaged and destroyed health facilities across Kunar and neighbouring districts, communities have relied heavily on temporary health camps and UNICEF supported facilities while restoration progresses.

During the month of March, UNICEF-supported hospitals delivered more than 2,479 primary health care consultations. In addition, 40 trauma cases were treated, 11 cases were referred to higher-level facilities, 35 psychosocial counselling sessions were provided, and 51 children received immunization services. Furthermore, 11 measles vaccination services were conducted. Nearly 21 antenatal care visits and 19 postnatal care services were also supported.

Through routine immunization services, a total of 144,076 children under the age of five years were vaccinated against measles,140,090 children received their third dose of the pentavalent vaccine, and 8,459 high-risk individuals were vaccinated against COVID-19. To improve vaccine cold chain capacity, 10 solar direct drive (SDD) refrigerators were installed in selected health facilities. Construction is ongoing at two Provincial Expanded Programme of Immunization Management Team buildings in

[4] Ibid, p. 3.

Paktika and Jawzjan, two warehouses in Jawzjan and Ghazni, and one immunization waste treatment site in Kandahar. The implementation of Electronic Logistic Information System (eLMIS) to digitize the Expanded Programme on Immunization (EPI) supply chain management using the open mSupply solution is in progress.

Significant progress was made in maternal and newborn health through the installation and utilization of Continuous Positive Airway Pressure (CPAP) machines in five provincial hospitals in Khost, Parwan, Kapisa, Paktia and Paktika and the establishment of a functional Kangaroo Mother Care unit in Paktia. Capacity development was a major focus. Across 17 Health Emergency Response provinces, 803 health care workers were trained in essential newborn and obstetric care. In Kabul and Kandahar, 60 provincial master trainers completed training of trainers sessions. To ensure sustainable learning, eight skill labs were established, strengthening the overall clinical infrastructure and expertise across the supported regions.

Through community platforms, UNICEF reached 103,873 people (61 per cent women) with life-saving information on health, nutrition, immunization and disease prevention. Mass media and Information, Education, and Communication (IEC) materials on maternal, newborn and child health, immunization, measles and acute watery diarrhoea reached 3,649,810 people (49 per cent female).

Nutrition

UNICEF continues to strengthen nutrition services across Afghanistan, with more than 3,450 service delivery points providing treatment for severe and high-risk moderate wasting among children under five. In March, 42,814 children were admitted for inpatient and outpatient treatment. To prevent malnutrition, 177,798 caregivers of young children received counselling on maternal, infant and young child nutrition (MIYCN), and 145,072 pregnant women were provided with multiple micronutrient supplements (MMS).

In coordination with Nutrition Cluster partners, UNICEF continued providing nutrition services to returnee families at border crossings, transit centres, and reintegration areas. In March, more than 2,939 returnee children were screened for wasting, with 173 children with severe wasting admitted for treatment. A total of 325 returnee children received vitamin A supplements, 388 children were supported with micronutrient powders (MNPs), and over 5,361 caregivers and mothers received counselling and supplements.

During this period, as part of the response to the earthquake in the eastern and northern regions, 6,118 children were screened for malnutrition and 239 children were treated for Severe Acute Malnutrition (SAM), while 2,233 caregivers received Infant and Young Child Feeding in Emergencies (IYCF-E) counselling.

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

Education

In 2026, an estimated 7.1 million children require emergency education assistance, including 900,000 recent returnee children who face overcrowded classrooms, insufficient learning materials and significant language barriers.

Rukhsar outside a temporary learning space in Nangarhar province. @UNICEF

Ongoing population movements, including the influx of returnees from Iran, combined with insecurity linked to cross-border hostilities with Pakistan continue to disrupt children's access to education, placing significant pressure on already overstretched services in high-return areas. In response, UNICEF is scaling up Education in Emergencies support, including the establishment of 400 Temporary Learning Spaces (TLS) and provision of essential learning materials, while integrating child protection and psychosocial support to address heightened vulnerabilities.

To respond to these needs, in March, UNICEF supported approximately 66,000 children (60 per cent girls) through community-driven education initiatives. This assistance included 18,000 children enrolled in the community-based education (CBE) programme and 48,000 children accessing learning opportunities in TLS, a short-term education solution established to support returnee children arriving from Iran and Pakistan. Currently, TLSs are operational in 20 provinces, while the CBE programme is active in six provinces. During the reporting period, more than 4,000 children (35 per cent girls) also received essential education supplies.

UNICEF prioritized strengthening teaching quality by training 6,437 teachers (40 per cent female), including 284 trainees supported through the Girls' Access to Teacher Education (GATE) initiative. This approach has been instrumental in sustaining access to quality learning, particularly for primary-level girls, by ensuring the availability of trained female teachers within communities.

Child Protection, Gender-Based Violence in Emergencies (GBViE) and Protection from Sexual Exploitation and Abuse (PSEA)

In March, UNICEF and implementing partners continued to provide critical child protection and GBV services reaching a total of 161,057 individuals, including 36,014 girls, with child protection and GBV prevention, risk mitigation and response services.

Efforts to enhance emotional wellbeing, reduce distress, and strengthen support systems continued across targeted areas. Structured mental health and psychosocial support services reached 16,357 children and caregivers, comprising 6,346 girls, 6,464 boys, 915 women, and 2,632 men. Case management and specialized services, including family tracing and reunification, individual counselling, and referral to specialized mental health services were provided to 4,431 children

including 2,620 girls and 1,811 boys. GBV prevention, response, and risk mitigation activities supported 23,510 individuals, including 7,732 girls, 7,263 boys, 5,812 women, and 2,703 men.

Communities in Afghanistan continue to face serious risks from landmines and unexploded ordnance. In March, explosive ordnance risk education activities reached 49,441 people, comprising 16,956 girls, 16,900 boys, 10,001 women, and 5,584 men, strengthening understanding of safety measures related to explosive hazards.

Awareness activities continued to focus on strengthening community knowledge of protection risks and promoting supportive behaviours among children and families. In March, awareness raising on violence against children and psychosocial wellbeing reached 13,506 individuals, including 5,480 girls, 5,326 boys, 2,097 women, and 603 men.

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Water, Sanitation and Hygiene (WASH)

In March, around 147,087 people (33,830 women, 38,243 girls, 33,830 men and 41,184 boys) gained access to safe drinking water through construction and rehabilitation of durable water supply systems which includes the installation of solar powered water supply systems, upgrading of existing water facilities, construction of water distribution.

A solar powered water supply system in Ghor Province. @UNICEF/UNI977830/Khayyam

During the same period, 74,233 people (17,073 women, 19,300 girls, 17,075 men and 20,785 boys) gained access to basic sanitation. Community engagement resulted in the construction of 2,087 new latrines and improvement of 4,122 existing ones.

Hygiene promotion interventions reached 172,767 people (39,736 women, 44,919 girls, 39,738 men and 48,374 boys), including 131,201 returnees and earthquake-affected community members. Messaging focused on handwashing with soap, personal hygiene, safe water transportation and storage, and proper use of WASH facilities.

Essential WASH supplies, including family hygiene kits, water kits and water treatment chemicals, were distributed to 175,801 people (40,434 women, 45,708 girls, 40,435 men and 49,224 boys) across 18 provinces. Recipients included returnees, disaster-affected populations and households with malnourished children.

At border entry points, UNICEF continued providing WASH services to returnees. At Milak border, a solar-powered water supply system, supplemented by grid power at night, is meeting the water needs of increased arrivals.

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

In March, UNICEF strengthened Community Engagement and Participation, reaching more than 3,788,291 people (approximately 49 per cent women and girls) with lifesaving behavioural information on preventing malnutrition, exclusive breastfeeding, immunization, mental well-being, disease prevention, and safe hygiene practices.

Additionally, more than 278,053 individuals (51 per cent female) were engaged on behaviour change messages through existing community engagement structures, such as the TAAVON religious leaders' network, the Qahramanan youth network, Grandmother Groups (GMGs), Father Groups, community health workers, Child Protection Action Networks (CPAN), Community-Led Total Sanitation groups, and school management shuras (SMS).

UNICEF Accountability to Affected People (AAP) commitments were strengthened through the Community Feedback and Redressal Management system, which documented 13,340 pieces of community feedback in March, with 50 per cent submitted by women. The highest category of feedback submissions accounts for requests for assistance (55 per cent). An estimated 84 per cent of all feedback originated through Community Engagement and Feedback Centres and other community structures, demonstrating increasing preference for localized, trusted reporting channels. More than 94 per cent of feedback loops were successfully closed, ensuring timely follow-up, explanations, or solutions, while unresolved cases were referred to relevant programme sections and humanitarian clusters. On the Grievance Redressal Mechanism, a total of 1,150 submissions were received through the call center of which 23 per cent were from females. A total of 64.7 per cent of submissions were requesting information about the Health programmes, Cash, Child Protection, and Education programmes, which was provided by the call center in real time. The second most common category (12 per cent) consisted of feedback, where callers shared their opinions on programme implementation. Grievances received were primarily related to labor and working conditions (42.6 per cent), as well as payment issues (17.4 per cent) affecting project workers, including health facility staff, CBE teachers, and beneficiaries of humanitarian cash assistance.

Communities reported serious gaps in education, particularly the shortage of qualified teachers in rural areas, poor school facilities, and delays in teacher payments. WASH feedback emphasized limited access to clean drinking water, inadequate sanitation facilities, and the need for stronger hygiene education, posing ongoing public health risks. Nutrition-related feedback reflected food insecurity, child malnutrition, insufficient nutritional knowledge, and limited support for pregnant and nursing mothers. In child protection, respondents raised alarm over increasing cases of child abuse, low awareness of child rights, and the lack of support services for vulnerable children. Health feedback focused on poor access to healthcare, especially in remote areas, shortages of essential medicines, and concerns about the quality and timeliness of care. While some feedback acknowledged community initiatives and the efforts of service providers, overall, communities expressed an urgent need for improved services and targeted interventions to address these interconnected challenges. The

feedback was relayed to the respective sections for their awareness and where possible to address some of the comments.

Gender and Adolescent Development and Participation

During the month of March, a total of 18,300 women and adolescent girls across the eastern, western, northern, and central regions received gender-responsive and risk-mitigation services. In collaboration with women-led and women-focused organizations, UNICEF supported 6,600 women and adolescent girls through Women and Girls' Safe Spaces (WGSS). These safe spaces were established to strengthen community-based access to essential services and to deliver a comprehensive package of support, including digital learning opportunities, skills development, psychosocial support, and other critical interventions aimed at empowering women and girls.

Additionally, 2,800 adolescent girls benefited from UNICEF-supported life skills programmes, which focused on transferable skills development, digital literacy, and vocational training. Furthermore, 909 men and boys participated in Men and Boys Networks, serving as advocates for positive masculinity, gender equality, and the creation of an enabling environment for women and girls.

In March, 147 female healthcare workers across five zones were trained in gender-responsive health services, gender-based violence (GBV), and protection from sexual exploitation and abuse (PSEA). During the reporting period, UNICEF also developed a gender-responsive healthcare services training package for healthcare workers, as well as an adolescent health and nutrition package.

Social Protection and Humanitarian Cash Transfers (HCT)

Social cash assistance reached 19,482 households, supporting 127,287 individuals, including 82,972 children and 4,861 persons with disabilities in eight provinces. Each household received the Afghani equivalent of USD 60. Of these 11,591 households included pregnant and lactating women and children below two years of age in Kunar, Zabul and Samangan provinces. Over an 18-month period, the programme aims to reach over 65,000 households across four provinces. By combining cash transfers with community engagement, the programme seeks to reduce demand-side barriers and strengthen the impact of maternal and child health and nutrition services, while also informing the design of future social protection programmes.

Through its First Food Initiative, UNICEF reached 7,891 households with children aged 6 – 12 months, providing one-off cash assistance in six provinces (seven districts) including Faryab, Logar, Paktika, Herat, Ghor, and Zabul. The initiative aims to address child food poverty by strengthening food, health education, WASH, and social protection systems. While immediate measures such as supplements and WASH kits provide short-term relief, cash plays a pivotal role in overcoming the demand-side barriers, enabling households to access first foods more reliably and sustainably.

Humanitarian Leadership, Coordination and Strategy

Following the Humanitarian Reset, UNICEF continued delivering on its Cluster leadership and accountability roles for the Nutrition, WASH and Education clusters, and Child Protection workstream within the broad Protection Coordination Group. At the sub-national level, with the adoption of the Area Based Coordination (ABC) model through the provincial teams, enhanced complementarity is envisaged between the humanitarian and Basic Human Needs (BHN) coordination.

Nutrition Cluster

In March, Nutrition Cluster partners admitted a total of 32,645 children with SAM for treatment across both inpatient and outpatient services. Of these, 2,342 children were admitted to Inpatient Department (IPD) care, including 1,281 boys and 1,743 girls. Most of the cases, 30,303 children, were managed through Outpatient Department (OPD) services, comprising 12,919 boys and 17,348 girls, reflecting the continued emphasis on community-based management of acute malnutrition.

During the same period, 28,377 children under five were admitted for Moderate Acute Malnutrition (MAM) treatment, while 57,937 pregnant and lactating women received MAM treatment services in 479 health facilities. Treatment outcomes indicate that 26,782 of SAM cases were cured, alongside 22,615 cured cases of MAM among children under five, demonstrating sustained programme performance in delivering life-saving nutrition interventions during the reporting month.

Additionally, Nutrition Cluster partners responded to returnee needs by screening approximately 2,000 children and women, treating 100 SAM and 114 MAM cases, and providing care for two High Risk MAM (HRM) cases. A total of 160 pregnant and 284 lactating women were screened, with 50 pregnant women identified as malnourished, while no IPD referrals were reported, indicating that the response remained largely focused on outpatient and community-based services in key provinces including Nimroz, Kandahar and Helmand.

Education Cluster

In December 2025, the Cluster had engaged with the Ministry of Education (MoE) and presented key statistics highlighting the scale of returnee arrivals and associated challenges. In response, the MoE allocated AFN 178 million to recruit additional teachers to support the returnee response.

As of reporting, 19 partners are contributing to the education response. Approximately 100,000 children (59 per cent girls) have been reached through 3,181 Community-Based Education (CBE) and TLS classes supported by partners.

Child Protection Workstream (CPWS)

Child protection partners reached 88,924 individuals during the reporting period, including 75,980 children and 12,944 caregivers. Services included case management, structured Psychosocial Support (PSS) for 36,419 children, 18,798 of them girls, and 11,473 caregivers, and 1,104 mental health referrals to specialists. Winter clothing was distributed to 3,804 children, 1,596 of them girls, particularly in the eastern region. A total of 1,409 unaccompanied and/or separated children (UASC), 12 of them girls, received interim care and family tracing and reunification services.

Capacity-building training reached more than 230 child protection workers, 49 of them female, to strengthen service quality. However, the number of partners has reduced to 21, affecting response capacity amid multiple emergencies including potential cross-border returns.

The workstream also participated in planning for the transition of the Protection Cluster to a Protection Coordination Group, embedding basic human needs (BHN) and centrality of protection (COP) at HCT strategic level. OCHA will soon launch the Activity Info reporting tool.

WASH Cluster

During the reporting period, the WASH Cluster, in coordination with partners, closely monitored the impact of escalating hostilities along the Pakistan–Afghanistan border and sustained response efforts to ensure access to WASH services for affected populations. Partners distributed 1,125 hygiene kits, while over 20,000 kits were prepositioned to support potential scale-up.

The cluster developed contingency plans addressing potential influxes of returnees from Iran and Pakistan, as well as internal displacement in conflict-affected areas. Partners continued delivering WASH services to returnees and vulnerable communities across affected areas of returnees.

Monthly coordination meetings at national and regional levels were conducted, providing a platform to discuss operational challenges, identify bottlenecks, and agree on actionable next steps. The cluster also maintained close engagement with the Ministry of Rural Rehabilitation and Development, to address MoU-related matters and partner concerns. Overall, 578,704 individuals were reached with WASH services during the reporting period.

External Media, Statements & Human-Interest Stories

Social media

- “The EU remains committed to #Afghanistan's most vulnerable ensuring lifesaving nutrition reaches children when it matters most." says @EUCdAtoAFG Boskovic Pohar. @UNICEFAfg & @EUinAfghanistan PR on airlifting of nutrition supplies to Kabul.
- “One day, my children will know we did our part to end polio in Afghanistan", says Sediqa Sharifi, a @UNICEFAfg-supported social mobilizer. Thanks to @KSRelief_EN, @gatesfoundation & @Rotary over 15,000 mobilizers like her help protect children from polio.
- Stronger classrooms start with stronger teachers. In 2025, we invested in 54,000 teachers with practical training to improve learning and build safe, engaging classrooms. Delivered in phases with structured follow-up, this support ensured new methods were applied and sustained.
- For Mikail, a new school building means more than a classroom. “I cannot describe how happy I am about the new school building. One day I want to work for UNICEF and build schools like this.” Every child deserves a safe place to learn. 🛍️
- Rahila prepares to vaccinate baby Omer at a hospital in Herat. With support from @gavi and partners, we supply vaccines and cold chain equipment to hospitals across #Afghanistan. And health workers like Rahila make sure children like Omer are protected from preventable diseases.
- In 2025, together with our partners, @UNICEFAfg reached 2.1 million people with safe water. Behind that number are #children who can stay healthy & mothers who can care for their families. We are grateful for the partnership & look forward to doing more together.
- Clean water in a health facility is what stands between a routine visit and a preventable infection. With support from @FCDOGovUK, we are rehabilitating WASH services in health facilities. So that for children like Omer, a routine visit stays exactly that.
- "I told my father about the soap at school, so he brought soap for us at home as well." Sola learned a habit at school and brought it home. That is how healthy behaviours travel. This is the story of Sola and her schoolmates. @WorldBankSAsia

- Our sincere thanks to @ECHO_Asia @eu_echo for standing with children in #Afghanistan. Your support is helping @UNICEFAfg and humanitarian partners reach children and families with life-saving assistance when it matters most. @UNICEF_EU @UNICEFSupply

Press Releases

- European Union and UNICEF airlift life-saving nutrition supplies to Afghanistan amid severe shortage
- Afghan children returning from Iran face uncertainty and rising humanitarian needs

Next Sit Rep: 25 May 2026

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

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Annex A: Summary of Programme Results

Sector / Indicator	Total Needs 2026	UNICEF and IPs Response			Cluster/Sector Response		
		2026 Target	Total Results (Jan-Mar 2026)	Change ▲▼	2026 Target	Total Results (Jan -Mar 2026)	Change ▲▼
Health							
Children aged 6-59 months vaccinated against measles, including in humanitarian situations	1,700,000	1,700, 000	516,189	184,977			
Number of people accessing health care in priority provinces through UNICEF-supported health facilities	13,880,144	12,000,000	9,111,179	2,784,327			
Nutrition							
Number of children 6-59 months with Severe Wasting and High-Risk MAM admitted for treatment	1,649,427	1,304,000	133,484	42,814	1,290,435	133,484	42,814
Number of primary caregivers of children aged 0 to 23 months who received Infant and Young Child Feeding (IYCF) counselling	3,304,503	2,625,000	543,181	177,798	2,278,785	543,181	177,798
Child Protection, GBViE and PSEA							
Number of children and caregivers accessing structured Mental Health and Psychosocial Support (MHPSS)	703,971	150,000	47,643	12,556	205,200	88,924	
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	4,805	2,705	53,200	8,882	
Number of women, girls, boys and men accessing Gender Based Violence (GBV) response, risk mitigation and prevention interventions		25,000	87,569	24,099			

Number of children and caregivers accessing Explosive Ordnance Risk Education (EORE)		500,000	114,543	49,441			
Number of people reached through UNICEF supported awareness activities and community mobilisation interventions on PSEA		1,500,000	0	0			
Number of individuals (UNICEF & Implementing partners) trained on SEA prevention, risk mitigation and SEA reporting mechanisms		900	54	0			
Education							
Number of vulnerable school-aged children (girls and boys) provided with community-driven education initiatives	461,000	181,300	67,601	3,560	461,000	25,758	2,169
Number of children in public education (including shock affected/vulnerable girls and boys) reached with emergency education support	7,084,000	5,680,000	13,344	0	120,000	0	0
WASH							
Number of people accessing sufficient quantity of safe water for drinking, cooking and personal hygiene	14,215,579	2,900,000	197,656	85,401	4,393,589	951,756	527,162
Number people who gained access to gender and disability-sensitive sanitation facilities	7,189,006	2,300,000	115,854	61,056	2,432,861	409,307	344,437
Number of people reached with hygiene promotion programmes	14,215,579	6,200,000	357,437	164,998	7,838,434	759,667	261,314
Number of people reached with critical WASH supplies	10,107,833	1,750,000	468,286	147,110	2,887,935	767,232	248,754
Number of individuals accessing basic WASH services in schools, health and nutrition facilities	4,706,836	284	0	0	297,047	348,575	249,547
HCT/Social Policy							
Number of households reached with UNICEF funded social assistance		65,000	73,05[5]2	19,482			
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	4,500,583	619,963			
Number of children, caregivers and community members engaged in participatory behaviour change interventions (disaggregated by gender and age)		2,450,000	946,320	219,495			
Number of people who shared their concerns and asked questions/clarifications to address their needs through established feedback mechanisms		210,000	44,551	12,232			
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	147	120			

[5] 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.

Number of knowledge products, tools and plans completed to inform evidence-based programming and advance gender equality and adolescent girls' programming.		12	3	1			
Emergency Preparedness and Response							
Number of households reached with UNICEF-funded humanitarian cash assistance		35,000	0	0			

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	-	198,401,999	1,113,038	101,020,445	34%
Nutrition	180,158,182	2,157,398	27,952,613	1,680,541	148,367,630	82%
Child protection, GBViE and PSEA	29,848,031	1,507,425	1,943,863	1,242,175	25,154,568	84%
Education	192,557,324	344,430	127,901,833	1,530,906	62,780,155	33%
Water, sanitation, and hygiene	179,563,554	2,912,589	14,767,943	1,921,791	159,961,231	89%
Social protection	37,658,295	-	5,435,932	1,508,618	30,713,746	82%
Cross-sectoral (HCT, SBC, RCCE and AAP)	24,024,911	446,217	4,617,107	3,225,459	15,736,129	65%
Gender, adolescents, and youth development	4,728,787	-		23,175	4,705,612	100%
Total	**949,074,566**	**7,368,059**	**381,021,290**	**12,245,703**	**548,439,515**	**58%**

** 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.*