



Brother and sister Roeeen and Zainab from Herat, Afghanistan © UNICEF/UNI99/2021/Khayyam

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Afghanistan

Humanitarian Situation Report

1 – 30 April 2026

Report #4

Reporting Period: 1 – 30 April 2026

Highlights

UNICEF supported approximately 167,000 internally displaced people (IDPs) and returnees at Torkham, Spin Boldak, Islam Qala and Milak border points and surrounding reception areas with integrated emergency services, including health, nutrition, WASH, psychosocial support and immunization services.

Approximately 60,000 children, including 60 per cent girls, were reached through community-based education and Temporary Learning Spaces established to support children affected by displacement and return movements.

To strengthen emergency health system capacity, five emergency oxygen plants were installed in regional and provincial hospitals, helping sustain critical maternal and child health services.

Community engagement and accountability mechanisms were strengthened, reaching 1.8 million people with lifesaving information and documenting more than 24,500 pieces of community feedback, with over 92 per cent of cases addressed or referred for follow-up.

Situation in Numbers



21.9 M

People in need of humanitarian assistance (HNRP 2026)



11.6 M

Children in need of humanitarian assistance (HNRP 2026)



942,000

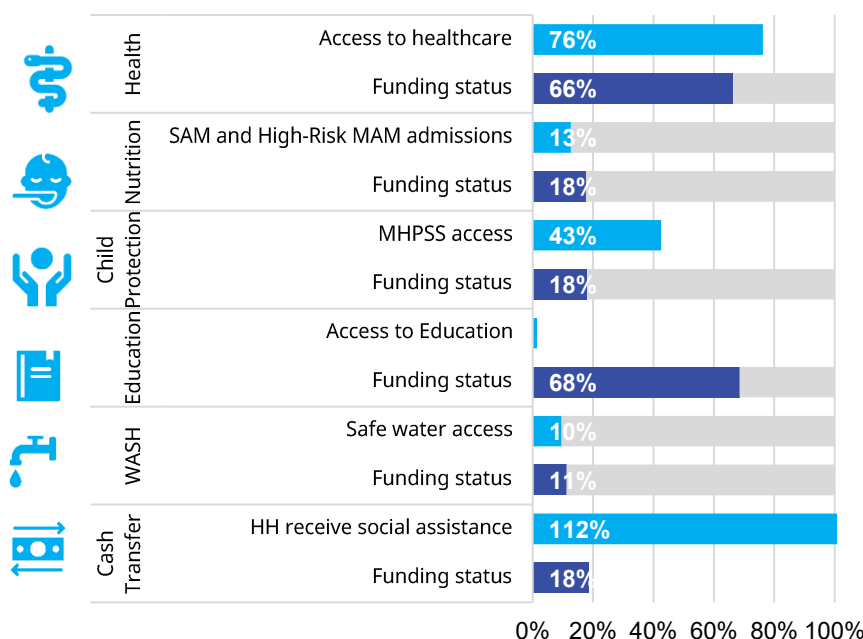
Children under 5 expected to need treatment for severe acute malnutrition (HNRP 2026)



14.4 M

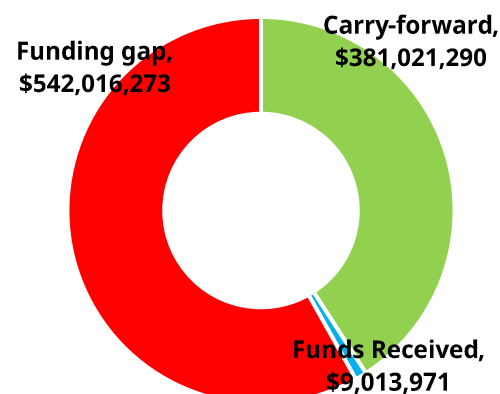
People in need of humanitarian health assistance (HNRP 2026).

UNICEF's Response and Funding Status*



UNICEF Appeal 2026

US\$ 949,074,566



Funding Overview and Partnerships

UNICEF Afghanistan expresses its sincere gratitude to all public and private sector donors for the contributions received. As of 30 April 2026, the Humanitarian Action for Children (HAC) appeal for 2026 requiring an overall budget of USD 949.1 million is 43 per cent funded. UNICEF is grateful to the United Kingdom and UNICEF's extensive family of National Committees for new contributions awarded in April.

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 and Humanitarian Needs

Prolonged economic fragility, climate shocks, underinvestment in essential services, and persistent restrictions on the rights and participation of women and girls continue to drive one of the world's most severe humanitarian crises in Afghanistan in 2026. Humanitarian conditions continue to be compounded by widespread food insecurity, recurrent natural disasters, disease outbreaks, mass cross-border returns, and declining humanitarian funding. According to the 2026 Afghanistan Humanitarian Needs and Response Plan (HNRP), an estimated 21.9 million people, nearly 45 per cent of the population, require humanitarian assistance, including approximately 11.6 million children. Humanitarian partners aim to target 17.5 million people under a US\$1.71 billion response plan; however, as of May 2026, the appeal remains severely underfunded at around 14 per cent, significantly constraining life-saving interventions. Women and girls continue to face continued restrictions on access to education, employment, and public life, further deepening vulnerabilities and reducing access to health, protection, and livelihood opportunities.¹

¹ Afghanistan Humanitarian Needs and Response Plan 2026 | Financial Tracking Service

Food insecurity and malnutrition remain among the primary humanitarian concerns. The Integrated Food Security Phase Classification (IPC) projections indicate that approximately 17.4 million people are expected to face acute food insecurity (IPC Phase 3 or above) during parts of 2026, including nearly 4.7 million people in emergency conditions. Humanitarian agencies warn that declining aid funding, prolonged drought conditions, unemployment, and reduced remittances are worsening household coping capacities. Nearly 3.7 million children under five and 1.2 million pregnant and breastfeeding women are projected to suffer acute malnutrition between 2025 and 2026.²

At the same time, Afghanistan's fragile health system continues to deteriorate due to funding shortfalls, with hundreds of health facilities either partially functioning or closed, affecting access to essential healthcare services for millions of people, particularly in underserved rural areas.³



Roeen and Zainab eat rice and vegetables for lunch at home in Herat, Afghanistan. Roeen's father does not have a stable job, and the family's monthly income is usually between 4,000 to 6,000 Afghanis, while their expenses are often much higher than what they can earn.
@UNICEF

During April 2026, cross-border hostilities and insecurity along the Afghanistan–Pakistan border, alongside growing regional instability linked to the Middle East crisis, continued to worsen the humanitarian situation. Despite a ceasefire reached in October 2025, intermittent hostilities in border provinces continued to cause civilian casualties, displacement, and damage to civilian infrastructure. According to UNAMA, cross-border violence between January and March 2026 resulted in 769 civilian casualties, including 372 deaths and 397 injuries, with airstrikes accounting for nearly two-thirds of casualties.⁴ Humanitarian partners estimate that more than 100,000 people have been displaced across eastern provinces since the escalation of hostilities in late February. Approximately 19 health facilities have been closed or are operating at reduced capacity, affecting access to healthcare for an estimated 78,000 people. In addition, more than 13,000 students in Kunar and Nangarhar provinces have experienced disruptions to education services.⁵ Simultaneously, Afghanistan continues to experience large-scale returns from neighboring countries. Since late 2023, more than five million Afghans have returned from Pakistan and Iran, placing immense pressure on already overstretched services and humanitarian response systems. In addition to funding shortages, the Middle East crisis has disrupted major regional logistics routes, affecting the timeliness, availability, and cost of life-saving supplies, including RUTF and critical medicines, while continued border disruptions with Pakistan have further constrained humanitarian supply chains into Afghanistan.⁶

² IPC - Afghanistan: Acute Food Insecurity Situation for September - October 2025 and Projection for November 2025 - March 2026 and April - September 2026

³ WHO, [Public Health Situation Analysis – Afghanistan, March 2026](#)

⁴ OCHA, [Afghanistan Humanitarian Update, March – April 2026](#)

⁵ Idib

⁶ WFP Asia-Pacific Regional Office: [Afghanistan–Pakistan conflict & Iran spillover impacts](#) (04 March 2026)

Natural disasters also continued to intensify humanitarian needs across the country during April 2026. Heavy rainfall, flash floods, and landslides affected large parts of Afghanistan, causing hundreds of casualties and widespread destruction of homes, roads, bridges, agricultural land, and water systems. Of the estimated 73,300 people initially reported as affected by floods, 56,900 people have been confirmed in need of assistance, and more than 31,100 people have received humanitarian support to date, including food assistance, cash transfers, shelter assistance, non-food items (NFIs), water, sanitation and hygiene (WASH) services, health and nutrition interventions and protection support. Recent flooding has significantly disrupted essential services across multiple regions of Afghanistan. A total of 61 health facilities across Kandahar, Zabul, Badghis, Logar and Nangarhar provinces sustained partial damage, affecting the continuity of critical healthcare services for thousands of people. Education infrastructure has also been heavily impacted, with dozens of schools damaged in Nangarhar, southern, northern and central regions, disrupting learning for tens of thousands of children.

Protection concerns remain elevated, including heightened risks of gender-based violence affecting more than 14,000 people⁷, while explosive ordnance contamination continues to pose a major threat to civilians across Afghanistan. According to UN reporting, nearly 3 million people, around 900 education facilities, and more than 200 health facilities are located within one kilometer of contaminated areas. Afghanistan continues to record one of the world's highest rates of explosive ordnance casualties, with around 50 people killed or injured every month, nearly 80 per cent of them children⁸.

Summary Analysis of Programme Response

Health

In April, UNICEF continued supporting the delivery of essential health services across all 34 provinces through 2,393 static and 16 mobile health facilities. To ensure continuity of care, UNICEF supported the salaries of 28,359 health workers, 39 per cent of whom are women, enabling more than 6.3 million people to access essential health services, including 29 per cent children. UNICEF also scaled up support to ongoing emergencies, including flooding, cross-border conflict, post-earthquake recovery and preparedness for returnee movements, through the provision of critical supplies and additional human resources.



Talia, a 3-month-old, visits a Health Clinic in Herat province with her grandmother, Shakar Bibi, 50, for her second round of vaccinations. @UNICEF

⁷ OCHA - Afghanistan: Flash Update #3: Flooding in Afghanistan (17 to 26 April 2026)

⁸ [UNAMA](#), 04 April 2026

To strengthen emergency health system capacity and ensure uninterrupted medical oxygen supply for critically ill patients, particularly women and children, five emergency oxygen plants were installed in provincial and regional hospitals in Ghazni, Nangarhar, Khost, Kandahar and Balkh. Each plant has a production capacity of 300 liters per minute (approximately 18,000 liters per hour) and generates medical-grade oxygen at 93% $\pm$ 3% purity in accordance with international standards. When dedicated to cylinder refilling, each unit can fill approximately 4 to 5 standard 40-liter medical oxygen cylinders per hour (150–200 bar), supporting emergency, Maternal, Newborn, and Child Health (MNCH) and critical care services.

During the reporting period, health teams provided essential services to conflict-affected communities in border areas, including 182 primary health care consultations, treatment of 178 trauma and first aid cases, three surgical operations, 15 medical referrals, and 182 psychosocial counselling sessions for people affected by border clashes and tensions.

Communities affected by the 31 August 2025 earthquake in Kunar and neighboring districts continued to rely on temporary health camps and UNICEF-supported facilities while restoration efforts progressed. During the reporting period, health teams provided 2,867 primary health care consultations, treated 66 trauma cases, conducted 11 medical referrals, and provided 17 psychosocial counselling sessions. Maternal and child health services included 52 antenatal care visits and 13 postnatal care visits, while 50 children received immunization services, including measles vaccination.

Health services were also provided to returnees at Torkham, Spin Boldak, Milak and Islam Qala border points, reaching 7,523 people with Primary Health Care (PHC) consultations across all age groups. Additional services included 400 mental health and psychosocial support sessions, treatment of 51 trauma cases, 1 referral, 970 antenatal care visits, 273 postnatal care visits and 10 skilled deliveries. In total, 2,124 women of childbearing age received tetanus vaccination, while 2,850 children received immunization services, including measles vaccination.

During the reporting period, around 154 disease outbreaks were reported and responded to, including 16 suspected measles outbreaks. A total of 5,000 children aged 6 to 59 months received measles vaccination, while 7,849 children affected by emergencies were vaccinated against measles. The most frequently reported surveillance-targeted diseases were acute respiratory infections (ARI), with 106,466 reported cases, followed by vaccine-preventable diseases, including 4,349 measles cases.

Through routine immunization services, 170,495 children under five years of age were vaccinated against measles, 133,067 children received their third dose of the pentavalent vaccine, and 13,183 high-risk individuals were vaccinated against COVID-19. To strengthen vaccine cold chain capacity, four solar direct drive (SDD) refrigerators were installed in selected health facilities. Construction is ongoing for two Provincial Expanded Programme of Immunization Management Team (PEMT) buildings in Paktika and Jawzjan, two warehouses in Jawzjan and Ghazni, and one immunization waste treatment site in Kandahar.



Sonia Ghafoori, a vaccinator from Herat, checking COVID-19 vaccine supplies. @UNICEF

Implementation of the Electronic Logistic Information System (eLMIS) using the open mSupply solution continued to advance, supporting digitization of the Expanded Programme on Immunization (EPI) supply chain. Twenty-four cold chain staff received training on eLMIS implementation. The system has so far been initiated at the National EPI Vaccine Store, Balkh Regional Vaccine Store, and Samangan Provincial Vaccine Store. In addition, 132 health care workers from 66 health facilities received training on essential newborn care, and more than 1 million MCH-HB, NDC supply and CHW kits for 10,000 health posts were dispatched to provinces.

Through community platforms – including community health workers, religious leaders, local shuras, social mobilizers, and mass media outreach mechanisms – approximately 3.7 million people (49 per cent female) were reached with health and immunization awareness messages through media campaigns and distribution of communication materials. Interpersonal Communication for Immunization (IPCI) training was conducted for 595 frontline health workers, including 250 women, and 380 vaccinators, including 71 women, across 13 provinces in the northern and western regions. World Immunization Week was commemorated nationwide through a national event at the Ministry of Public Health, alongside provincial and regional Expanded Programme on Immunization activities across all 34 provinces.

Nutrition

UNICEF continued strengthening nutrition services across Afghanistan through more than 3,500 service delivery points providing treatment for severe and high-risk moderate wasting among children under five. In April, 16,429 children were admitted for inpatient and outpatient treatment. To help prevent malnutrition, 207,592 caregivers of young children received counselling on maternal, infant and young child nutrition (MIYCN), 99,323 children under five received multiple micronutrient supplementation, 601,675 adolescent girls received Weekly Iron and Folic Acid Supplementation, and 201,859 pregnant women received multiple micronutrient supplements (MMS).



Feroza feeds her 19-month old daughter, Hania, ready-to-use therapeutic food during an appetite test, at the nutrition unit of the district hospital in Daikundi, Afghanistan. After nearly four months of treatment, Hania has gained one kilogram of weight, a sign of recovery from malnutrition. @UNICEF

In coordination with Nutrition Cluster partners, UNICEF continued providing nutrition services to returnee families at border crossings, transit centres and reintegration areas. In April, more than 7,017 returnee children were screened for wasting, with 207 children with severe wasting admitted for treatment. A total of 4,725 returnee children received vitamin A supplementation, 5,226 children received micronutrient powders (MNPs), and more than 2,685 caregivers and mothers received counselling and nutritional supplements.

As part of the earthquake response in the eastern and northern regions, 4,129 children were screened for malnutrition, and 124 children were treated for Severe Acute Malnutrition (SAM). In addition, 281 children received vitamin A supplementation, 309 children received micronutrient powders (MNPs), 563 pregnant women received multiple micronutrient supplementation (MMS), and 1,283 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 performance and malnutrition trends.

Education

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

In April, UNICEF supported approximately 60,000 children, including 60 per cent girls, through community-driven education initiatives. This included 14,500 children enrolled in the community-based education (CBE) programme and 45,500 children accessing learning opportunities through TLSs established to support returnee children arriving from Iran and Pakistan. TLSs are currently operational in 20 provinces, while the CBE programme is active in six provinces. During the reporting period, more than 4,000 children, including 35 per cent girls, also received essential education supplies.

UNICEF continued prioritizing teaching quality through the training of 3,000 teachers, including 40 per cent women, among them 284 trainees supported through the Girls' Access to Teacher Education (GATE) initiative. This approach remains critical to sustaining access to quality learning, particularly for primary-level girls, by increasing the availability of trained female teachers within communities.

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

In April, UNICEF and implementing partners continued providing critical child protection and Gender Based Violence (GBV) prevention, risk mitigation and response services, reaching 300,114 individuals, including 84,024 girls.

Efforts to strengthen emotional wellbeing, reduce distress and reinforce community support systems continued across targeted areas. Structured mental health and psychosocial support services reached 21,548 children and caregivers, including 9,614 girls and 11,934 boys. Case management and specialized services, including family tracing and reunification, individual counselling, and referrals to specialized mental health services, were provided to 6,624 children, including 3,239 girls and 3,385 boys.

GBV prevention, response and risk mitigation activities reached 47,892 individuals, including 10,742 girls, 9,120 boys, 10,701 women and 17,329 men.

Communities across Afghanistan continue to face serious risks from landmines and unexploded ordnance. In April, explosive ordnance risk education activities reached 82,317 people, including 22,297 girls, 37,483 boys, 13,049 women and 9,488 men, strengthening awareness of safe practices related to explosive hazards.

Awareness activities also focused on strengthening community understanding of protection risks and promoting supportive behaviours among children and families. During the reporting period, awareness sessions on violence against children and psychosocial wellbeing reached 179,853 individuals, including 45,120 girls, 42,270 boys, 45,233 women and 47,230 men.

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

Water, Sanitation and Hygiene (WASH)

UNICEF continued providing WASH services to returnees at border crossing points and reception areas, including Omari camp, Milak border, Bahramcha, Spin Boldak Zero Point and Islam Qala. Support included safe drinking water, sanitation facilities, hygiene promotion and distribution of hygiene kits. The scale of the response varied by location depending on needs and the response capacity of other WASH partners. WASH services remained available 24 hours a day to accommodate the increased influx of returnees.



Children who have returned from Pakistan to Afghanistan with their families at UNICEF-supported WASH facilities. @UNICEF/OCHA

Heavy rains and flooding across multiple provinces during March and April caused casualties and widespread damage to homes, WASH infrastructure, farmland and basic services, affecting more than 73,000 people across 89 locations. Following joint humanitarian assessments, WASH responses were provided to affected communities. WASH activities in several regions that had been partially suspended due to heavy rainfall, flooding and insecurity resumed during April.

In April, around 189,422 people, including 33,830 women, 38,243 girls, 33,830 men and 41,184 boys, accessed safe drinking water through the construction and rehabilitation of durable water supply systems, including installation of solar-powered water systems, upgrading of existing water facilities, and expansion of water distribution networks.

During the reporting period, around 134,439 people, including 30,921 women, 34,954 girls, 30,921 men and 37,643 boys, accessed basic sanitation services. This included 18,900 people reached through community engagement processes that supported the construction of 251 new latrines and improvement of 2,455 existing latrines, while 115,539 people accessed sanitation services through rehabilitation and construction of emergency latrines.

In addition, 233,636 people, including 53,736 women, 60,746 girls, 53,736 men and 65,418 boys, were reached through hygiene promotion interventions. Of these, 166,975 were returnees and people affected by earthquakes and floods, while 66,661 were reached through community engagement activities. Hygiene promotion focused on handwashing with soap, personal hygiene, safe transportation and storage of drinking water, and proper use and maintenance of WASH facilities.

During the same period, 165,431 people, including 38,049 women, 43,012 girls, 38,049 men and 46,321 boys, including returnees, natural disaster-affected populations and households with malnourished children, received essential WASH supplies across 18 provinces. Supplies included family hygiene kits, water kits and water treatment chemicals.

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

In April 2026, UNICEF reached more than 1,797,181 people, including approximately 31 per cent women and girls, with lifesaving information on malnutrition prevention, exclusive breastfeeding, immunization, mental wellbeing, disease prevention and safe hygiene practices. In addition, 380,466 people (34 per cent female) were engaged through community platforms including religious leaders' networks, youth groups, Grandmother Groups, Father Groups, community health workers, Child Protection Action Network (CPANs), Community Led Total Sanitation (CLTS) groups and School Management Shuras (SMSs). A total of 2,291 community members received training on interpersonal communication and behaviour change approaches.

Through U-Report, CEPs captured community perceptions on polio vaccination (29,669 responders, 34 per cent female) and Acute Watery Diarrhea (7,881 responders, 30 per cent female). Findings highlighted generally high willingness to vaccinate against polio, while identifying persistent barriers linked to misinformation, safety concerns and confusion around repeated doses. Acute Watery Diarrhoea (AWD) responses revealed significant gaps in Oral Rehydration Solution (ORS) awareness, handwashing practices, and household water treatment and storage. These findings informed programme interventions and communication strategies.

During the Polio Vaccination Campaign, CEP activities in the North, West and South reached 68,798 people through awareness raising, community engagement and feedback collection. CEP social mobilizers also supported returnee populations at border crossings by providing lifesaving information, referrals and guidance on available services, reaching 26,547 people in Torkham and 35,820 people in Takhtapul Reception Centre and Milak border areas. In earthquake-affected camps in Nurgal and Chawkay districts in the Eastern Region, lifesaving information reached 12,527 affected people.



A young girl shows her ink-marked finger during the April 2026 national polio vaccination campaign. @UNICEF

UNICEF strengthened AAP through the Community Feedback and Redressal Management system, which documented 24,563 pieces of community feedback, 53 per cent submitted by women. Requests for assistance accounted for 64 per cent of all feedback. Around 75 per cent of feedback originated through Community Engagement and Feedback Centres and other community structures, reflecting growing trust in localized reporting channels. More than 92 per cent of feedback cases were successfully closed, while unresolved issues were referred to relevant programme sections and humanitarian clusters.

Through the Grievance Redressal Mechanism call centre, 2,003 submissions were received, including 35 per cent from women. Most requests related to Health, Cash, Child Protection and Education

services and were addressed in real time. Key grievances included poor quality of care in health facilities, medicine shortages or mismanagement, staff absenteeism, labour conditions and partnership management issues.

Community feedback across sectors consistently highlighted unemployment, weak health services, and limited access to education and social support as major concerns, particularly among youth and women. These findings continue to inform programme adaptation and prioritization across sectors.

Gender and Adolescent Development and Participation

In April 2026, UNICEF and implementing partners reached 10,245 women and adolescent girls through Women's and Girls' Safe Spaces across the eastern, central and northern regions of Afghanistan. These spaces provided referrals to health, nutrition, immunization and GBV services, alongside digital access, skills development and psychosocial support, helping strengthen community-based access to essential services.

During the reporting period, 5,953 adolescent girls benefited from life skills training delivered through the safe spaces. In addition, 7,560 men and boys participated in Men and Boys Networks promoting positive masculinity, gender equality, and awareness of harmful gender norms and practices to help create safer environments for women and girls.

UNICEF also strengthened capacity-building efforts for frontline health workers by developing training packages on gender-responsive health care, adolescent-friendly health and nutrition services, GBV prevention and response, and protection against PSEA/SH. Dedicated training materials for Community Health Workers on gender, GBV and PSEA/SH were also developed.

During the reporting period, UNICEF completed an Adolescent Girls Country Profile and developed a tailored training package for adolescent girls. In addition, 255 healthcare providers were trained on gender-responsive health care, adolescent-friendly services, GBV prevention and response, and PSEA/SH.

Social Protection and Humanitarian Cash Transfers (HCT)

Social cash assistance reached 51,362 households in eight provinces, supporting 344,131 individuals, including 218,506 children and 2,034 persons with disabilities. Each household received the Afghani equivalent of USD 60. Of the households reached, 37,606 households with pregnant and lactating women and children under two years of age in Kunar and Samangan provinces received the fifth instalment of assistance, while 13,756 households in Badghis province received the sixth and final instalment.

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

Humanitarian Leadership, Coordination and Strategy

Following the Humanitarian Reset⁹, UNICEF continued leading the Nutrition, WASH and Education Clusters, and the Child Protection Workstream within the broader Protection Coordination Group. At sub-national level, the adoption of the Area-Based Coordination (ABC)¹⁰ model continued to strengthen complementarity between humanitarian and Basic Human Needs (BHN) coordination.

Nutrition Cluster

Nutrition Cluster partners responded to multiple emergencies across the country. In earthquake-affected areas of Kunar and Nangarhar, 3,376 children were screened for acute malnutrition, with 84 Severe Acute Malnutrition (SAM), 91 High Risk MAM (HR-MAM) and 174 Moderate Acute Malnutrition (MAM) cases treated, while 8 complicated SAM cases were referred for inpatient care. Preventive nutrition services included Vitamin A supplementation, deworming, Infant and Young Child Feeding (IYCF) counselling, MMS and MNP distribution.

At border reception and transit sites in Nangarhar, Kandahar, Nimroz and Hilmand, 10,888 returnee children were screened, with 313 SAM, 437 HR-MAM and 417 MAM cases treated. In addition, 1,460 pregnant and lactating women were screened, while preventive nutrition services reached affected communities through Vitamin A supplementation, deworming, IYCF counselling, Multiple Micronutrient Supplements (MMS) and Multiple Micronutrient Powders (MNP) distribution. Torkham border crossing and Omari camp remained the main response hubs. Partners reported increasing pressure on MAM supplies and shortages of Ready-to-use Therapeutic Food (RUTF) and female health staff, particularly midwives.

Nutrition support for conflict-affected populations and Internally Displaced Persons (IDPs) in Nangarhar and Kunar reached 3,148 children through mobile and emergency teams. A total of 99 SAM, 12 HR-MAM and 137 MAM cases were identified and treated, while 15 complicated SAM cases were referred for inpatient care.

Education Cluster

Flooding during April caused extensive damage to schools and TLSs across multiple regions, disrupting education for thousands of children. In the southern region alone, 55 schools were affected, affecting more than 24,000 children, while at least 68 schools in Nangarhar and several TLS in Laghman sustained damage. Priority needs included rehabilitation of damaged schools, establishment of TLS, provision of learning materials and psychosocial support.

Cross-border hostilities with Pakistan continued to disrupt education access. Priority actions included resumption of 100 suspended TLS and 25 Accelerated Learning Centre (ALC) classes, rehabilitation of 46 damaged schools, and provision of teaching and learning materials for more than 17,000 children. Response efforts continued to face challenges due to insecurity, shelling, access constraints, displacement and funding shortfalls.

The Education Cluster also supported the in-country Education Cannot Wait (ECW) mission to initiate development of the new CORE programme for Afghanistan, including coordination with partners and the Ministry of Education and establishment of the CORE Programme Development Committee. As of

⁹ The "Humanitarian Reset" refers to a global reform initiative led by the Inter-Agency Standing Committee (IASC) to reshape the humanitarian system in response to growing funding shortfalls and operational pressures, with the aim of making humanitarian action lighter, more efficient, locally led, protection-centered, and accountable to affected populations. Afghanistan is among the countries implementing elements of this reform agenda. See: [IASC Humanitarian Reset](#)

¹⁰ Idib

April, 24 partners were supporting the education response, reaching approximately 157,000 children, including 95,497 girls, through Community-Based Education (CBE) and TLS activities.

Child Protection Workstream (CPWS)

In April, Child Protection Workstream partners reached 383,350 individuals, including 242,032 children and 141,318 caregivers. Services provided included case management for 7,413 children (including 3,702 girls), structured mental health and psychosocial support (MHPSS) for 80,551 children, and referrals to specialized mental health services for 2,895 children. Interim care was provided to 1,251 unaccompanied and separated children (UASC), while family tracing and reunification services reached 1,379 children. In addition, cash assistance was provided to 539 families of vulnerable children.

More than 900 child protection workers and community volunteers, including 156 NGO staff and 400 women volunteers, received capacity-building training. Despite a reduction in the number of active partners from 45 to 23, which continues to affect response capacity amid multiple emergencies and potential cross-border population movements, partners maintained the delivery of critical protection services.

CPWS also conducted an in-person PSEA refresher training for 20 partner organizations, reaching 43 staff members. Participating organizations committed to implementing agency-specific action plans to strengthen adherence to PSEA principles, improve prevention and response mechanisms, and enhance the quality and accountability of child protection programming.

WASH Cluster

WASH Cluster partners continued delivering emergency and resilience-focused interventions in drought-, flood- and earthquake-affected areas, while maintaining preparedness for population movements and localized emergencies. Activities focused on safe water, sanitation, hygiene promotion and provision of critical WASH supplies, alongside rehabilitation and construction of longer-term WASH infrastructure.

During April, WASH partners reached 415,737 people with safe water, 338,858 people with gender- and disability-sensitive sanitation services, 283,415 people through hygiene promotion activities, and 194,416 people with critical WASH supplies. An additional 57,565 individuals accessed basic WASH services in schools, health and nutrition facilities.

The WASH Cluster conducted coordination and monitoring missions to northern and northeastern regions, engaging authorities and partners on emergency readiness, operational challenges and handover issues. The cluster also continued participation in AWD Taskforce coordination meetings. Key operational challenges included delays in administrative approvals, shortages of emergency WASH supplies, increasing demand for safe water support, and limited funding for scale-up in drought-affected areas.

External Media, Statements & Human-Interest Stories

Social Media posts:

- Since joining a new learning programme, Zarghuna's classroom in Herat feels different. "I can already see a difference in children's interest and my own way of teaching." With support from @FCDOGovUK , this is what change looks like in her classroom: <https://unicef.link/47O48f4>
- Every shipment of nutrition supplies matters when children's lives are at risk. Grateful to @FCDOGovUK @UK4Afghanistan for supporting @UNICEFAfg to airlift essential supplies into #Afghanistan and help sustain treatment for #children affected by #malnutrition.
- Every mother and newborn deserves a skilled hand to rely on. At Badghis hospital, Dr. Lailoma and Dr. Sheba are training nurses and midwives to be exactly that at the newly inaugurated skills lab. With @ADB_HQ , this model is reaching 50 health facilities across 10 provinces.
- Basmina. Brishna. Khadija. Adela. Four health workers kept showing up in the aftermath of the earthquake in eastern Afghanistan, delivering lifesaving health and nutrition services to displaced families. This is their story: <https://unicef.link/3JgDQcz> #ForEveryChild, health.
- In 2023, only 17% of health facility staff in Afghanistan were trained in safe waste management. That is changing. 1,000+ healthcare workers trained. 24 provinces reached. With @WorldBankSAsia , safer facilities are becoming the standard:<https://unicef.link/4o7vgfo>
- Behind every healthy child is a mother who had access to care when she needed it most. With support from @WorldBankSAsia and @ADB_HQ over 20 million people (60% of them women) accessed healthcare through UNICEF-supported facilities in #Afghanistan in 2025. #WorldHealthDay
- In 2025, healthcare reached further across #Afghanistan. This is some of what progress looked like. 1.5 million pregnant women accessed their first antenatal care visit. Over 905,000 births with skilled workers. Almost 14,000 community health workers trained. #WorldHealthDay
- Meet Aseya, Safa and their classmates in Herat. In their classroom, reading, writing and numbers are taught through fun activities. With support from @FCDOGovUK , this approach is reaching 400 schools across Afghanistan.
- Polio has no cure. But it is preventable. While poliovirus circulates in #Afghanistan, every child under 5 needs 2 drops of the vaccine. Parents, caregivers, community leaders, everyone has a role to play in making sure no child is missed. Together we can #EndPolio.
- A water tap outside her home. For 8-year-old Asma from Parwan, it means clean, safe water every day. With support from @JapanGov & @JapaninAFG we're ensuring safe water through climate-resilient systems built to last and protect the health of families like Asma's. #ForEveryChild
- Measles is preventable. But only when every child is protected. With support from @gavi , children across #Afghanistan received the measles vaccine, helping close the gaps that allow the disease to spread. Behind every dose is a child protected & a community that stays healthier.

- [Inside a Kabul home, counsellor Tabasum gives Marwa & Sumaia their weekly iron and folic acid supplements to prevent anaemia and supplement their nutritional needs. With support from @EUinAfghanistan , nearly 145,000 adolescent girls in Kabul receive these supplements every week.](#)
- [Backpacks. Exercise books. Pens and pencils. Small things that open big doors. For students like Nafisa in Badakhshan, these supplies make learning possible. With support from @ADB_HQ , @WorldBankGroup and @GPforEducation , they are reaching children across Afghanistan.](#)
- [Anisa, Farnoosh and Freshta attend a school in Ghor province where a water network brings safe water to 400 students, running around the clock. With @MOFAkr_eng , this is sustainable water access in one of Afghanistan's most remote communities.](#)
- [This #WorldImmunizationWeek, we're reflecting on what the promise of immunization looked like in Afghanistan in 2025. 16.6 million measles vaccinations. 1.6 million Penta-3 doses. Each one made possible by the support of our generous donors and partners.](#)
- [12 million children vaccinated against polio in 2025, reaching 98% coverage. 16.6 million measles vaccinations. 1.6 million Penta-3 doses. #Vaccinations save lives & results like these reflect the commitment of our partners. Grateful for their support. #WorldImmunizationWeek](#)
- [Two drops. A lifetime of protection against polio. Mohammad 4 received his vaccine in a remote area of Afghanistan. With support from donors & partners, no child should be beyond reach. Together, we can #EndPolio. @gatesfoundation | @Rotary | @CanadaDev | @JapanGov @KSRelief EN](#)
- ["I brought my son to receive his vaccine so that he can grow up healthy." Mohammad Aref travelled to a Basic Health Facility in Balkh for one reason: to give his 18-month-old son Erfan a healthy future. With support from @gavi , more families can do the same. #VaccinesWork](#)
- [Meet 26-year-old Zahra, a vaccinator. Each day, she vaccinates up to 50 children and women, traveling by bike with her husband Ali to reach families in remote areas. ✍ "If we don't go, some children may miss their vaccines," she says. #VaccinesWork](#)
- [She left school in 7th grade, but her ambitions stayed with her. 16-year-old Shagofa came to a Basic Health Facility in Mazar-e-Sharif with her mother for her tetanus diphtheria vaccine. "I want to stay healthy and still dream of becoming a surgeon," she says. #VaccinesWork](#)
- [Every ✍ dose matters. With support from @JapanGov , @JapaninAFG and @MofaJapan_en , we provide solar-powered cold chain equipment and ice packs to keep vaccines safe #ForEveryChild. #WorldImmunizationWeek](#)

Press Release:

[Restrictions on girls' education and women's employment in Afghanistan could lead to a loss of over 25,000 female teachers and health workers by 2030 - UNICEF](#)

Next SitRep: 25 June 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-Apr 2026)	Change ▲ ▼	2026 Target	Total Results (Jan -Apr 2026)	Change ▲ ▼
Health							
Children aged 6-59 months vaccinated against measles, including in humanitarian situations	1,700,000	1,700,000	692,180	175,991			
Number of people accessing health care in priority provinces through UNICEF-supported health facilities	13,880,144	12,000,000	9,148,174	36,995			
Nutrition							
Number of children 6-59 months with Severe Wasting and High-Risk MAM admitted for treatment	1,649,427	1,304,000	164,488	31,004	1,290,435	133,484	42,814
Number of primary caregivers of children aged 0 to 23 months who received IYCF counselling	3,304,503	2,625,000	750,773	207,592	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	63,862	16,219	205,200	153,108	80,551
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	5,894	1,089	53,200	16,295	7,413
Number of women, girls, boys and men accessing Gender Based Violence (GBV) response, risk mitigation and prevention interventions		220,000	135,461	47,892			
Number of children and caregivers accessing Explosive Ordnance Risk Education (EORE)		500,000	196,860	82,317			
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	226	226			
Education							
Number of vulnerable school-aged children (girls and boys) provided with community-driven education initiatives	461,000	181,300	67,601	0	461,000	157,551	2,169

Number of children in public education (including shock affected/vulnerable girls and boys) reached with emergency education support	7,084,000	5,680,000	13,344	0	120,000	0	0
WASH							
Number of people accessing sufficient quantity of safe water for drinking, cooking and personal hygiene	14,215,579	2,900,000	278,262	189,422	278,262	80,606	415,737
Number people who gained access to gender and disability-sensitive sanitation facilities	7,189,006	2,300,000	239,780	134,439	239,780	123,926	338,858
Number of people reached with hygiene promotion programmes	14,215,579	6,200,000	579,538	233,636	579,538	221,101	283,415
Number of people reached with critical WASH supplies	10,107,833	1,750,000	592,956	165,431	592,956	124,670	194,416
Number of individuals accessing basic WASH services in schools, health and nutrition facilities	4,706,836	284 ¹¹	7,950	7,950	297,047	406,140	57,565
HCT/Social Policy							
Number of households reached with UNICEF funded social assistance		65,000	73,108 ¹²	56			
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	6,297,856	1,797,273			
Number of children, caregivers and community members engaged in participatory behaviour change interventions (disaggregated by gender and age)		2,450,000	1,303,907	357,587			
Number of people who shared their concerns and asked questions/clarifications to address their needs through established feedback mechanisms		210,000	69,332	24,781			
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	255	108			
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			

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.

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	1,213,038	100,920,445	34%
Nutrition	180,158,182	1,932,603	27,952,613	1,855,791	148,417,175	82%
Child protection, GBViE and PSEA	29,848,031	1,746,031	1,943,863	1,692,175	24,465,962	82%
Education	192,557,324	161,751	127,901,833	3,829,619	60,664,121	32%
Water, sanitation, and hygiene	179,563,554	3,391,789	14,767,943	1,921,791	159,482,031	89%
Social protection	37,658,295	-	5,435,932	1,512,933	30,709,430	82%
Cross-sectoral (HCT, SBC, RCCE and AAP)	24,024,911	1,781,797	4,617,107	4,974,510	12,651,498	53%
Gender, adolescents, and youth development	4,728,787		-	23,175	4,705,612	100%
Total	949,074,566	9,013,971	381,021,290	17,023,032	542,016,273	57%

* 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.