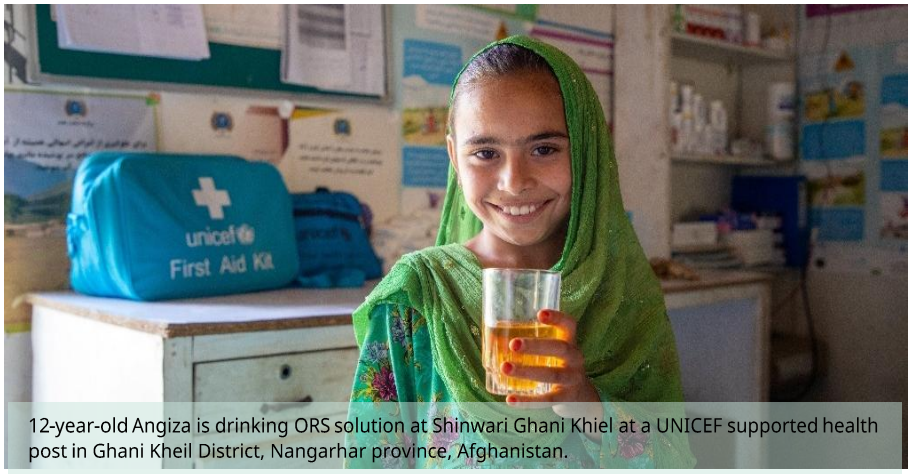


12-year-old Angiza is drinking ORS solution at Shinwari Ghani Khiel at a UNICEF supported health post in Ghani Kheil District, Nangarhar province, Afghanistan.

unicef
د هـر ماشوم لپاره
بـرای هـر طفـل

Afghanistan

Humanitarian Situation Report
1 – 30 September 2026
Report #9

Reporting Period: 1 – 30 September 2026

Highlights

- **Food insecurity and acute malnutrition continued to worsen in Afghanistan**, with 15.9 million people facing Crisis or worse levels of food insecurity (IPC Phase 3+), including 3.4 million in Emergency (IPC Phase 4), while child wasting reached its highest recorded levels for the August–October period.
- **UNICEF screened approximately 1.3 million children for wasting**, admitting 107,396 children with severe or high-risk moderate wasting for treatment, while providing nutrition counselling to 196,601 caregivers.
- **UNICEF reached 212,103 people with integrated child protection services**, including psychosocial support, case management, family tracing and reunification, and gender-based violence prevention and response, prioritizing children and families affected by emergencies, displacement and returns.
- **UNICEF provided 274,043 people with access to safe drinking water** and 121,138 people with basic sanitation services, while reaching 175,389 people with hygiene promotion and behaviour change interventions.

Situation in Numbers

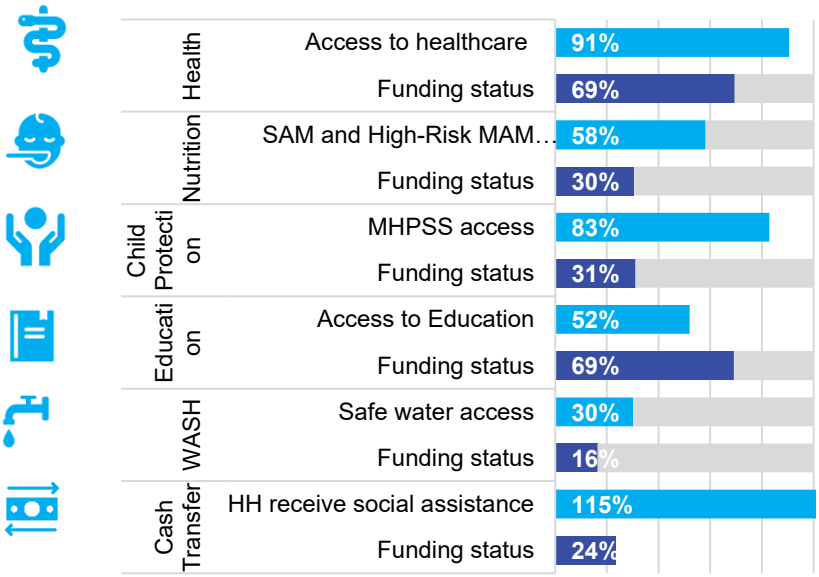
21.9 M
People in need of assistance (HNRP 2026)

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)

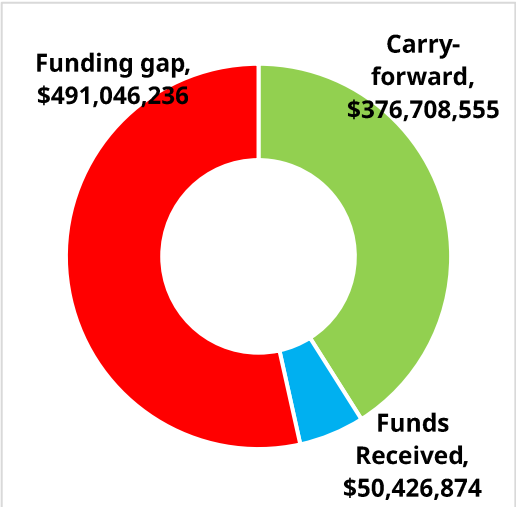
14.4 M
People in need of humanitarian health assistance (HNRP 2026).

UNICEF'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 September 2026, Afghanistan's Humanitarian Action for Children (HAC) 2026 requiring an overall budget of USD 949.1 million is 48 per cent funded. UNICEF is grateful to Belgium, Sweden and Switzerland as well as UNICEF's extensive family of National Committees for new contributions awarded in September.

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 September 2026, Afghanistan's humanitarian situation remained critical, with worsening food insecurity and acute malnutrition, continued large-scale returns from neighbouring countries, and escalating public health threats, including polio and Acute Watery Diarrhea with Dehydration outbreaks. Recurrent climate-related disasters, funding shortfalls and pressure on essential services further compounded humanitarian needs, particularly among children, women, returnees and disaster-affected communities.

Humanitarian funding: The 2026 Afghanistan Humanitarian Needs and Response Plan (HNRP), requiring US$1.71 billion, remained 67 per cent underfunded as of end-September 2026. Funding shortfalls continued to constrain humanitarian operations, reducing coverage and disrupting essential health, nutrition, WASH and protection services, particularly for returnees and communities affected by recurrent emergencies.[1]

[1] OCHA Afghanistan – The Cost of Inaction, August 2026

Nutrition and food insecurity: Food insecurity and acute malnutrition continued to worsen across Afghanistan, with malnutrition levels reaching their highest recorded levels for the August–October period[2]. An estimated 15.9 million people (32 per cent of the population) faced crisis or worse levels of food insecurity (IPC Phase 3+), including 3.4 million in Emergency (IPC Phase 4). Despite improved rainfall and agricultural production, economic pressures and declining humanitarian assistance continued to undermine household food access. During the November 2026–April 2027 winter lean season, the number of people facing acute food insecurity is projected to rise to 19.2 million (38 per cent), including 5 million in emergency conditions. An estimated 4.04 million children aged 6–59 months are expected to require treatment for acute malnutrition in 2027, amid disease outbreaks, inadequate WASH conditions and reduced access to nutrition services.

Disease outbreaks: Afghanistan continued to face significant public health threats, including sustained transmission of wild poliovirus type 1 (WPV1) and ongoing AWD with dehydration outbreaks. According to WHO, 35 WPV1 cases had been confirmed in 2026 as of 30 September, compared with 21 cases in 2025 and 25 in 2024, highlighting the need for sustained mass vaccination and surveillance efforts.[3] Environmental surveillance also detected 91 WPV1-positive samples in 2026. As of 30 September, 477 laboratory-confirmed AWD with dehydration cases had been reported, predominantly in the Eastern Region, particularly Nangarhar (406 cases) and Kunar (53 cases). The confirmation of five cases in Badghis also signaled the spread of AWD with dehydration to the Western Region, underscoring the need for coordinated health, WASH and community engagement interventions.

Population returns: Continued large-scale returns from Pakistan and Iran placed additional pressure on humanitarian services at border crossings and in areas of return. According to UNHCR and IOM, approximately 1.30 million Afghans returned between 1 January and 3 October 2026, including 715,400 from Pakistan and 581,600 from Iran. Of these, approximately 563,460 were recorded as deportations, primarily from Iran. Returnee families, particularly children and women, faced significant challenges in accessing essential health, nutrition, education, WASH and protection services, compounded by inadequate shelter, limited livelihood opportunities and documentation barriers that hinder sustainable reintegration.[4]

Summary Analysis of Programme Response

Health

During September 2026, UNICEF supported essential health services across all 34 provinces through 2,390 static and 16 mobile health facilities. More than 6.8 million people (60 per cent women and girls), accessed essential health services, supported by 28,402 health workers, of whom 39 per cent were women. UNICEF also maintained emergency health services for populations affected by floods, cross-border tensions, population returns and previous earthquakes.

UNICEF, WHO and the Health Cluster secured the de facto Ministry of Public Health's commitment to adopt the Priority Area Multisectoral Intervention (PAMI) approach for cholera prevention and control. The first PAMI Technical Committee meeting was convened in September under the de-facto Ministry's

[2] Afghanistan: IPC Acute Food Insecurity & Malnutrition Snapshot l August 2026–September 2027
[3] WHO, EMR Polio Bulletin, issue no. 1461 Week 39 (ending on 04/10/2026)
[4] UNHCR/IOM – Operational Data Portal, https://data.unhcr.org/en/country/afg

leadership, establishing a mechanism for coordinated multisectoral action in AWD with dehydration affected and high-risk areas.

Disease surveillance and outbreak response remained a priority. During September, 244 outbreaks were reported and responded to. More than 135,200 cases of communicable diseases were reported, including acute watery diarrhea (AWD), polio, Acute Respiratory Infections (ARI), measles, malaria, COVID-19, Dengue Fever and Crimean-Congo Hemorrhagic Fever (CCHF). A total of 300,073 AWD patients were treated at UNICEF-supported health facilities.

As of 30 September, 477 laboratory-confirmed, culture-positive AWD with dehydration cases had been reported, of which 56 per cent were females. The outbreak was heavily concentrated in the Eastern Region, particularly in Nangarhar Province, which accounted for 406 cases, followed by Kunar (53), Laghman (10), Badghis (5), and Kabul (3). The confirmation of five culture positive AWD with dehydration cases in Badghis Province represents the first reported transmission in the Western Region, suggesting a potential spread of the outbreak beyond its primary affected area.

During the last week of September, the National Disease Surveillance and Response (NDSR) system reported 34 cases of Acute Bloody Diarrhoea (ABD) from Waras District in Bamiyan Province. Of the reported cases, 18 (53 per cent) were female.

Wild poliovirus type 1 (WPV1) transmission in Afghanistan has intensified sharply. As of 30 September 2026, Afghanistan reported 35 WPV1 cases, double the cases recorded in 2025, with half of the 2026 cases (21) occurring in August and September alone, indicating intensified transmission. Polio cases have been detected across 31 districts in 12 provinces, with the highest burden (20 cases) in the South and a notable resurgence in the East (13 cases versus one in 2025). The virus has spread to previously unaffected provinces including Kabul, Logar, Herat and Baghlan. Environmental surveillance has identified 91 positive environmental samples. Persistent immunity gaps remain a major concern, with 36% of affected children having received no routine OPV doses and 24% of cases occurring among children aged five years and older, highlighting challenges in reaching underserved populations and sustaining population immunity. From 22 to 24 September, a UNICEF multisectoral mission to Nangarhar Province assessed the AWD situation and identified priorities to strengthen prevention and response, informing ongoing interventions and longer-term planning in the Eastern Region. In parallel, UNICEF developed a contingency plan for flood-affected Nuristan Province to strengthen outbreak preparedness, surveillance, risk communication and coordinated response.

UNICEF-supported health partners continue to provide mobile health and nutrition services for returnees in Khwaja Kaftar Township, Kunduz Province, complemented by referrals to nearby health facilities for ongoing access to essential healthcare.

Through routine immunization services, 160,341 children under five were vaccinated against measles, 130,585 received the third dose of the pentavalent vaccine, and more than 3,800 high-risk individuals were vaccinated against COVID-19. In addition, during the second round of the multi-antigen accelerated campaign conducted in 140 districts, 77,536 children under five were vaccinated against measles and 25,219 received the third dose of the pentavalent vaccine.

During September, 654 vaccinators (394 male and 260 female) were trained on cold chain and vaccine management in 11 provinces. Construction and rehabilitation of Expanded Programme on Immunization (EPI) infrastructure, including warehouses, Provincial EPI (PEMT) buildings and waste treatment sites, continued across 8 provinces. In addition, 30 solar-direct drive (SDD) refrigerators were installed in selected health facilities.

UNICEF strengthened maternal and newborn health services through training, equipment and facility support. During September, 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 September, 6,882 primary health care consultations were conducted, 144 trauma cases were treated and 69 people received psychosocial counselling. Maternal and newborn services included 113 antenatal care consultations, 121 postnatal care visits, and eight assisted deliveries. Preventive services included measles vaccination for 28 children and pentavalent vaccination for 65 children.

Following an increase in AWD with dehydration cases in Badghis Province, UNICEF supported a joint assessment and response mission to strengthen community engagement and risk communication efforts in affected areas integrated with WASH and health services. Key actions in hotspot locations included hygiene promotion activities, orientation of social workers, community health workers and community structures on AWD with dehydration prevention, and mobilization of religious leaders to disseminate prevention messages through mosques.

Operational challenges included access and mobility constraints in some affected areas, limited number of trained community mobilizers, continued reliance on contaminated and untreated water sources, and low awareness and persistent high-risk hygiene practices in remote communities. To sustain the response, UNICEF plans to continue Risk Communication and Community Engagement and hygiene promotion activities in AWD with dehydration hotspots, train more community networks, develop community action plans, and expand dissemination of lifesaving messages through schools, madrasas, health facilities, and community platforms, and strengthen community feedback and rumour-tracking mechanisms.

Nutrition

During September 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 107,396 children with severe wasting and high-risk moderate wasting admitted for treatment, including 60,608 children with severe wasting and 46,788 with high-risk moderate wasting. Preventive nutrition services included Maternal,

Infant and Young Child Nutrition (MIYCN) counselling for 196,601 caregivers and Multiple Micronutrient Supplements (MMS) for 139,612 pregnant women.

UNICEF also strengthened national capacity by training 501 health workers on the revised guidelines for the prevention and management of wasting, while an additional 12 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 September, 23,408 returnee children were screened for wasting, of whom 787 were admitted for treatment. In addition, 7,570 children received vitamin A supplementation and 11,543 children under five received micronutrient supplementation. More than 9,422 caregivers benefited from nutrition counselling and related services, while 7,047 pregnant women received multiple micronutrient supplementation.

In earthquake-affected areas of eastern and northern Afghanistan, 2,788 children were screened for malnutrition, of whom 41 were admitted for wasting treatment. In addition, more than 1,051 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 September, ECD and Social and Behaviour Change (SBC) interventions were integrated across 158 service delivery points, and 223 frontline workers (118 female and 105 male) were trained on the integrated package. Integrated nutrition, nurturing care and early stimulation services continued through 65 Child Nutrition and Development Counselling Centers (CNDCCs) in Kabul and south region. In addition, 15,129 caregivers were reached with ECD counselling.

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 September 2026, UNICEF continued to support access to education for children affected by large-scale returnee movements, natural hazards, and ongoing barriers to learning across Afghanistan. As part of its Education in Emergencies (EiE) response, UNICEF and its partners maintained Temporary Learning Spaces (TLSs) in high-return and crisis-affected areas to ensure continuity of education for displaced and vulnerable children. During the reporting period, 200 TLSs were established in Nangarhar province, reaching 5,061 children, including 2,351 girls (46.4 per cent). Cumulatively, from January to September, approximately 1,538 TLSs were established, reaching 44,138 returnee and vulnerable children, including 21,795 girls (49.4 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 a particular focus on girls and other vulnerable groups. Education Help Desks at key border crossings and transit centres remained operational, providing returning families with information on school enrolment procedures, available learning opportunities, and referral pathways to education services.

To address learning gaps and support the transition of returnee children into the formal education system, UNICEF continued the implementation of the first week of the Bridge to Schooling (B2S) programme, providing learning materials to strengthen the literacy and numeracy skills of returnee children and address textbook shortages in TLS classes for Grades 2-6. Following the successful pilot in the Southern and Western Region, implementation is scheduled to commence in the remaining selected region in October 2026.

Despite these efforts, operational challenges persisted, including continuous population movements, limited education infrastructure in high-return areas, shortages of qualified teachers, and access constraints in remote and disaster-affected communities.

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

During September 2026, UNICEF and partners reached 212,103 people, including 76,010 girls, 62,154 boys, 47,524 women and 26,415 men, with integrated child protection, gender-based violence prevention, risk mitigation and response services.

A total of 14,092 children and caregivers, including 5,967 girls, 4,463 boys, 1,050 women and 2,612 men, accessed structured mental health and psychosocial support (MHPSS) services. In addition, 2,590 vulnerable children (923 girls and 1,667 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 43,213 people, including 18,851 girls, 6,984 boys, 8,832 women and 8,546 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 56,316 children and caregivers, including 22,870 girls, 26,356 boys, 4,789 women and 2,301 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 Protection from Sexual Exploitation and Abuse (PSEA) and safeguarding measures across programmes, strengthened reporting channels and improved case management. Through the Child Protection programme, 42,878 community members, including 17,182 girls, 20,593 boys, 3,895 women and 1,208 men, were reached with information on safe reporting mechanisms, PSEA and safeguarding principles.

Water, Sanitation and Hygiene (WASH)

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

AWD remained a significant public health concern, with 158 culture-positive AWD cases reported during the month, primarily in Nangarhar (109 cases), Kunar (32 cases), Badghis (11 cases), and Laghman (6 cases). In close coordination with local authorities and implementing partners, UNICEF supported preparedness and response efforts through hygiene promotion and community engagement, water quality monitoring and testing, water chlorination, environmental sanitation activities, and the distribution of emergency WASH supplies. UNICEF also provided coordination and technical support to strengthen response capacity at national and sub-national levels.

During the reporting period, 274,043 people (Boys 76,734, Girls 71,251, Men 63,024, Women 63,034) accessed safe drinking water through the construction and rehabilitation of water supply systems, while 121,138 people (Boys 33,919, Girls 31,496, Men 27,859, Women 27,864) accessed basic sanitation services through sanitation facilities and community-led sanitation initiatives. In addition, 139,854 people received essential WASH supplies, including hygiene kits, water kits, and water treatment products, while 175,389 people (Boys 49,110, Girls 45,601, Men 40,336, Women 40,342) were reached with hygiene promotion and behaviour change interventions across Nangarhar, Hilmand, Baghlan, Kandahar, Sar-e-Pul, Hirat, Badghis, Samangan, Faryab, Kunduz, Uruzgan, Bamyan, Daykundi, Ghazni, Ghor, Kabul, Khost, Logar, Panjsher, Nimroz, Zabul, Kunar, Laghman, and Nuristan provinces.

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

Furthermore, UNICEF strengthened WASH services in public institutions through the construction and rehabilitation of water supply and sanitation infrastructure in 22 health facilities across Hilmand, Kandahar, and Uruzgan provinces, benefiting 71,860 people (Boys 20,121, Girls 18,684, Men 16,526, Women 16,529), including patients, health workers, and surrounding communities.

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

In September 2026, UNICEF-supported community engagement activities reached an additional 866,188 people nationwide. This included 276,033 people who received lifesaving information on humanitarian emergencies and disease outbreaks, and 590,155 children, caregivers and community members engaged in two-way communication. Community networks, including Community Health Workers (CHWs), Grandmother Groups (GMGs), Fathers' Groups, religious leaders, adolescent and youth champions (Qahramanan), promoted essential health, nutrition, WASH and child protection practices.

Through community feedback mechanisms, 22,249 people (54 per cent female) raised questions and concerns, with 94 per cent of feedback loops closed and 86 per cent of cases resolved directly without referral. Key concerns include access to safe water, medicines, food and shelter, health worker conduct, child nutrition, girls' education and sanitation. In the Eastern Region, feedback also highlighted the needs of returnees and earthquake-affected communities.

In response to AWD with dehydration outbreaks, UNICEF mobilized community networks in Badghis and Nuristan to promote prevention measures. In Nuristan, Kunar and Nangarhar, intersectoral missions supported community action planning, youth-led clean-up initiatives and engagement with

returnee and disaster-affected communities. In Badghis, frontline workers and religious leaders were mobilized to disseminate cholera prevention messages.

Community engagement activities supported the September multi-antigen accelerated campaign (MAAC) and Polio National Immunization Days (NID), reaching 218,552 people (45 per cent female) through 11,331 sessions to promote vaccination uptake and confidence in immunization services.

In Bala Morghab district, Badghis Province, access restrictions, limited community mobilization capacity, low awareness and unsafe water and hygiene practices hindered AWD/cholera prevention. UNICEF continued community engagement and hygiene promotion in hotspot areas, alongside the gradual introduction of the Knowledge, Skills and Values (KSV) tool to support sustained adoption of protective behaviours.

A U-Report poll on climate change engaged 20,597 young people (67 per cent male), highlighting concerns over extreme heat, floods, drought and their economic impacts. Respondents called for stronger climate education, youth participation in decision-making and practical resilience measures. Qahramanan Youth Champions also contributed to inter-agency data collection on barriers faced by persons with disabilities.

Gender and Adolescent Development and Participation

In September 2026, 2,591 women and adolescent girls accessed essential services through Women and Girls Safe Spaces (WGSS) in the Eastern, Central and Northern Regions, including psychosocial support, digital access and skills development. An additional 757 adolescent girls participated in life skills training to strengthen their well-being and resilience. Meanwhile, 968 men and boys engaged in community networks promoting gender equality, challenging harmful gender norms and supporting women's and girls' empowerment.

UNICEF and partners also trained 947 frontline workers – 625 female and 322 male – across five regions on gender integration and adolescent-responsive service delivery to strengthen the provision of inclusive and safe services

Social Protection and Humanitarian Cash Transfers (HCT)[5]

Nothing to report during the month of September.

Humanitarian Leadership, Coordination and Strategy

Following the Humanitarian Reset, the transition to the revised coordination architecture progressed, with five Regional Teams (RTs) and 34 Operational Coordination Teams (OCTs) supporting area-based coordination. OCTs were operational across all provinces, while the transition of Regional Durable Solutions Working Groups (R-DSWGs) into RTs continued, aiming to strengthen linkages between humanitarian response, durable solutions and Basic Human Needs programming. Priorities for the

[5] 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

final quarter of 2026 include completing the transition, strengthening regional analysis and planning, and increasing local partner participation.

Preparations for the 2027 Humanitarian Needs and Response Plan (HNRP) advanced through OCHA-led inter-agency consultations in September. This informed scenario analysis and planning assumptions, considering climate and disaster risks, population movements, humanitarian needs, gender dynamics and the political and economic outlook. The analysis will guide the identification of People in Need (PiN) and sectoral targets, expected to be finalized in October.

Nutrition Cluster

In September 2026, Nutrition Cluster partners continued delivering treatment through fixed and mobile facilities nationwide. A total of 47,786 children (19,810 boys, 27,976 girls) with Severe Acute Malnutrition (SAM) received outpatient treatment, 4,643 children (2,211 boys, 2,432 girls) with SAM complications received inpatient care, 38,248 children (15,998 boys, 22,250 girls) with high-risk Moderate Acute Malnutrition (MAM) received treatment, and 62,913 children with early MAM received support. In addition, 67,278 pregnant and breastfeeding women benefited from the Targeted Supplementary Feeding Programme (TSFP), while more than 39,875 caregivers and pregnant and breastfeeding women received Maternal, Infant and Young Child Nutrition (MIYCN) counselling.

The nutrition situation continued to deteriorate, with child wasting increasing in 29 of 34 provinces compared with early 2026 and Global Acute Malnutrition (GAM) rates exceeding 2025 levels in 23 provinces. Malnutrition remained critical in southern provinces, with worsening trends in the north and exceptionally high treatment admissions. Despite US$130.1 million secured for the 2026 response, the Nutrition Cluster faced a 56 per cent funding gap, alongside shortages of Ready-to-Use Therapeutic Food (RUTF) equivalent to 210,000 cartons (17 per cent of annual requirements) and Ready-to-Use Supplementary Food (RUSF) equivalent to 65 per cent of remaining 2026 needs, threatening continuity of nutrition services.

Nutrition partners also supported returnees and shock-affected populations. In Kunar, 3,957 children (1,990 boys, 1,967 girls) and 880 pregnant and lactating women were screened, with 50 children (18 boys, 32 girls) of SAM, 86 children (31 boys, 55 girls) HRM, and 126 women identified and treated for acute malnutrition. In Nangarhar, 3,318 children (1,534 boys, 1,784 girls) and 852 women were screened, with 63 children (28 boys, 35 girls) of SAM, 87 children (41 boys, 46 girls) of HRM, and 148 women receiving treatment. Additional interventions included vitamin A supplementation for 2,820 children (1,300 boys, 1,520 girls), deworming, infant and young child feeding counselling (1,179 children (540 boys, 639 girls), micronutrient supplementation for 2,753 children (1,287 boys, 1,466 girls).

To strengthen district-level analysis, Nutrition Cluster partners conducted mass MUAC screening in 30 of 34 provinces, reaching over 126,000 children under five. The findings supported identification and referral of malnourished children and informed hotspot prioritization for Integrated Food Security Phase Classification Acute Malnutrition (IPC AMN) analysis. Screening, initially planned for June, was delayed until July–August due to nutrition commodity shortages.

For the 2027 Humanitarian Needs and Response Plan, preliminary Nutrition People in Need estimates and methodology were reviewed with the Strategic Advisory Group, ahead of validation and submission to OCHA, with a further Cluster consultation proposed for 19 October. A 10-day IPC AMN training and analysis workshop (14–24 September) brought together 45 participants, including seven women, from local partners, UN agencies, NGOs and other stakeholders. Preliminary findings and the final report remained under development, pending review and approval.

Education Cluster

In September 2026, Education Cluster partners reached 215,525 children (125,525 girls) through Education in Emergencies (EiE) interventions, including Temporary Learning Spaces (TLS), Community-Based Education (CBE), and catch-up and remedial classes. An additional 119,848 children received teaching and learning materials (TLM). Education Help Desks in Kandahar and Nimroz supported 832 returnee children with education information, referrals and enrolment assistance.

In the Northern Region, partners advanced plans to establish 55 new TLS classes in Faryab and Kunduz, while early childhood care and development, remedial learning and CBE programmes reached over 1,200 children, mostly girls. UNICEF also initiated the distribution of TLM to approximately 1.5 million learners across nine northern provinces. National and subnational coordination, engagement with education authorities and field monitoring supported programme implementation and identification of emerging needs.

Key challenges included restrictions on female teacher recruitment in the Western Region, shortages and mismatches of learning materials, overcrowded schools and growing demand linked to population movements. The Education Cluster received US$27.9 million against the US$60 million required under the 2026 HNRP (46.5 per cent funded), limiting the scale of assistance. Additional funding, including anticipated Education Cannot Wait (ECW) contributions, will partly reduce the funding gap.

Child Protection Workstream (CPWS)

In September 2026, Child Protection Workstream (CPWS) partners reached 113,609 people, including 86,045 children (50,852 girls), 26,326 caregivers (15,132 women) and 1,238 persons with disabilities, across five regions, 20 provinces and 98 districts through 12 partners. Cumulatively, the CPWS reached 1.32 million people (52 per cent of its target).

Child protection interventions included structured psychosocial support for 10,430 children, of whom 419 (including 156 girls) were referred for specialized mental health care. Violence prevention and response messages reached 95,384 people, including 71,771 children (43,822 girls), while 1,348 children (713 girls) received case management services. Family tracing and reunification services supported 1,036 (129 girls) unaccompanied and separated children, and 46 children (23 girls) received cash assistance. At border locations in the Eastern, Western and Southern Regions, 865 children (three girls) received interim care services amid continued returns from Iran and Pakistan. Cumulatively, 22 partner organizations documented more than 37,179 (12,525 girls) child protection cases (64 per cent) through the Child Protection Information Management System Plus (CPIMS+).

To strengthen response capacity, 225 humanitarian workers (90 women) from 15 UN agencies and NGOs were trained on child protection standards, including monitoring of the six grave violations against children. CPWS also contributed to the 2027 HNRP planning process through child protection risk and needs analysis, in consultation with partners and global protection teams. Funding reached US$14.5 million, representing 47 per cent of requirements, leaving a 53 per cent gap.

WASH Cluster

In September 2026, WASH Cluster partners provided 281,901 people with access to safe water, 82,382 with safe and inclusive sanitation services, 150,948 with hygiene promotion, and 157,123 with essential WASH supplies. Basic WASH services in schools, health facilities and nutrition centres reached 121,179 people. Assistance prioritized populations affected by displacement, returns, floods and AWD with dehydration outbreaks.

In flood-affected and high-returnee areas, partners restored and maintained essential WASH services and strengthened AWD/cholera prevention and response through water quality monitoring, chlorination, hygiene promotion, risk communication and emergency supply distribution. In the Eastern Region, the WASH Cluster coordinated with the de-facto Ministry of Public Health, Health Cluster and operational partners to identify response gaps, prioritize high-risk areas and align interventions. The Cluster also contributed to the Humanitarian Programme Cycle (HPC) through evidence-based needs analysis, response planning and preparedness measures to strengthen readiness for emerging humanitarian needs and disease outbreaks.

The WASH response faced US$80 million funding gap (49 per cent) against the 2026 requirement of US$163 million. Approximately US$83 million was available to partners, including carry-over funds from 2025, with shortfalls constraining WASH service delivery, emergency preparedness and responses to water scarcity, disease outbreaks and population movements.

External Media, Statements & Human-Interest Stories

Highlights from 1 – 30th September 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 36 social media posts. Social media content was strategically aligned to balance advocacy messaging, awareness-raising on priority issues, donor visibility and programme impact.

Facebook:

1. Post: Safe water is changing lives in Ghor. Safiullah and his younger brother, Omid, now have safe water closer to home, giving them more time to learn, play, and thrive. Thanks to the support of @MOFAkr_eng, UNICEF is expanding access to sustainable solar-powered water systems for vulnerable communities.
2. Post: Soon after five-year-old Zainab returned home from Pakistan with her family, she fell ill with acute watery diarrhoea and vomiting. At a UNICEF-supported clinic in Torkham, she received the urgent care she needed. "I am very satisfied with how the doctors and staff treated us," says her grandfather, Mohammad Khan. 💝 With support from @WorldBankGroup and @ADB_HQ, UNICEF continues to provide essential health services for returnee children and their families, as they begin a new chapter back home.

3. Post: 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. 🩹 With support from @EUinAfghanistan, children like Salman have a safe place to play, learn, make friends and simply be children again. #ForEveryChild #Afghanistan
4. Post: 📲 On #InternationalLiteracyDay, we are reminded that access to school alone is not enough. Children need to learn. In Afghanistan, 9 out of 10 children aged 10 are unable to read and understand a simple text, according to the Afghanistan Education Situation Report 2025 by UNICEF and UNESCO Kabul Office. 👇 https://unicef.link/42EdE25
5. Post: "I'm happy with my new UNICEF school backpack," says 9-year-old Hajar, a Grade 3 student. "Before, I carried my books and notebooks in a plastic bag." Thanks to Asian Development Bank and World Bank, children like Hajar now have the tools they need to learn and achieve their dreams.
6. Post: "Children and young people in Afghanistan deserve our support," says @TajudeenOyewale. Thanks to support from the @WorldBank, UNICEF helped more than 500 adolescent girls and boys develop technical skills and enter the job market in 2026.
7. Post: "When a child recovers from malnutrition, I feel proud of my job," says Gulsoom, a community health worker in Herat. Every day, she tracks children's growth and supports mothers with vital nutrition guidance, helping children grow healthier and stronger.
8. Post: Today, 21 September, Afghanistan's nationwide #Polio vaccination campaign begins. With support from our donors, UNICEF teams are on the ground reaching every child under 5, even in the most remote communities, to protect them from this devastating yet vaccine preventable disease.
9. Post: Clean hands, better health. 16-year-old Rezwan washes his hands after visiting the doctor at Want District Hospital in Nuristan. With contributions from @ksrcharity and @SaudiFund_Dev through the Afghanistan Humanitarian Trust Fund facilitated by @isdb_group and @OIC_OCI, UNICEF is improving health and water, sanitation and hygiene (WASH) services through the construction and rehabilitation of primary health-care facilities in Nuristan, Zabul and Ghazni provinces.
10. Post: A healthy start begins with a single vaccine. 💉 Nasrin prepares to vaccinate baby Mozamel at a clinic in Herat. With support from @gavi and partners, we supply vaccines, refrigerators and cold chain equipment to hospitals across #Afghanistan. Health workers like Nasrin help protect children like Mozamel from preventable diseases.
11. Post: At just 1 year old, Hamta was already fighting severe acute malnutrition. After being screened, she received care and lifesaving therapeutic food. Across #Afghanistan, too many children are still at risk. In 2026, UNICEF aims to reach 1.3 million children with treatment for severe acute malnutrition.
12. Post: #EveryChild vaccinated brings us one step closer to ending #polio. Thank you, Japan, for your longstanding support for Afghanistan's children and your commitment to a healthier, polio-free future. #EndPolio #VaccinesWork @japangov @mofa.japan.en

Instagram:

1. Post: Safe water is changing lives in Ghor. Safiullah and his younger brother, Omid, now have safe water closer to home, giving them more time to learn, play, and thrive. Thanks to the support of @MOFAkr_eng, UNICEF is expanding access to sustainable solar-powered water systems for vulnerable communities.
2. Post: Soon after five-year-old Zainab returned home from Pakistan with her family, she fell ill with acute watery diarrhoea and vomiting. At a UNICEF-supported clinic in Torkham, she received the urgent care she needed. "I am very satisfied with how the doctors and staff treated us," says her grandfather, Mohammad Khan. 🩹 With support from @WorldBankGroup and

@ADB_HQ, UNICEF continues to provide essential health services for returnee children and their families, as they begin a new chapter back home.

3. Post: 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. 🩹 With support from @EUinAfghanistan, children like Salman have a safe place to play, learn, make friends and simply be children again. #ForEveryChild #Afghanistan
4. 📚 On #InternationalLiteracyDay, we are reminded that access to school alone is not enough. Children need to learn. In Afghanistan, 9 out of 10 children aged 10 are unable to read and understand a simple text, according to the Afghanistan Education Situation Report 2025 by UNICEF and UNESCO Kabul Office. 👇 https://unicef.link/42EdE25
5. Post: "I'm happy with my new UNICEF school backpack," says 9-year-old Hajar, a Grade 3 student. "Before, I carried my books and notebooks in a plastic bag." Thanks to Asian Development Bank and World Bank, children like Hajar now have the tools they need to learn and achieve their dreams.
6. Post: "Children and young people in Afghanistan deserve our support," says @TajudeenOyewale. Thanks to support from the @WorldBank, UNICEF helped more than 500 adolescent girls and boys develop technical skills and enter the job market in 2026.
7. Post: "When a child recovers from malnutrition, I feel proud of my job," says Gulsoom, a community health worker in Herat. Every day, she tracks children's growth and supports mothers with vital nutrition guidance, helping children grow healthier and stronger.
8. Post: Today, 21 September, Afghanistan's nationwide #Polio vaccination campaign begins. With support from our donors, UNICEF teams are on the ground reaching every child under 5, even in the most remote communities, to protect them from this devastating yet vaccine preventable disease.
9. Post: Clean hands, better health. 16-year-old Rezwan washes his hands after visiting the doctor at Want District Hospital in Nuristan. With contributions from @ksrcharity and @SaudiFund_Dev through the Afghanistan Humanitarian Trust Fund facilitated by @isdb_group and @OIC_OCI, UNICEF is improving health and water, sanitation and hygiene (WASH) services through the construction and rehabilitation of primary health-care facilities in Nuristan, Zabul and Ghazni provinces.
10. Post: A healthy start begins with a single vaccine. 💉 Nasrin prepares to vaccinate baby Mozamel at a clinic in Herat. With support from @gavi and partners, we supply vaccines, refrigerators and cold chain equipment to hospitals across #Afghanistan. Health workers like Nasrin help protect children like Mozamel from preventable diseases.
11. Post: At just 1 year old, Hamta was already fighting severe acute malnutrition. After being screened, she received care and lifesaving therapeutic food. Across #Afghanistan, too many children are still at risk. In 2026, UNICEF aims to reach 1.3 million children with treatment for severe acute malnutrition.
12. Post: Every vaccine brings hope. #EveryChild protected brings us closer to ending #polio. Thank you, Japan, for your continued support for Afghanistan's children. 🩹 #EndPolio #VaccinesWork @japangov @mofa.japan.en

X:

1. Post: Safe water is changing lives in Ghor. Safiullah and his brother, Omid, now have safe water closer to home, giving them more time to learn, play, and thrive. With support from @MOFAkr_eng, UNICEF is providing solar-powered water systems for vulnerable communities in the province.
2. Post: After returning from Pakistan, Zainab fell ill with acute watery diarrhoea. She received care at a UNICEF supported clinic in Torkham, run with funds from @WorldBankGroup and @ADB_HQ. "I'm satisfied with how the doctors and staff treated us," says her grandfather.

3. Post: 8-year-old Salman draws & plays with his friends at the UNICEF-supported Child Friendly Space in Torkham. Returning from Pakistan with his family, he now has a safe space to draw, play and learn. With support from @EUinAfghanistan, children like him can simply be children. 💙
4. On #InternationalLiteracyDay, we are reminded that access to school alone is not enough. In Afghanistan, 9 out of 10 children aged 10 are unable to read a simple text, according to the Afghanistan Education Situation Report 2025 by UNICEF & @UNESCOAfg .👇 https://unicef.link/42EdE25
5. Post: "I'm happy with my new UNICEF school backpack," says 9-year-old Hajar, a Grade 3 student. "Before, I carried my books and notebooks in a plastic bag." Thanks to @ADB_HQ and @WorldBankGroup, children like Hajar now have the tools they need to learn and achieve their dreams.
6. Post: "Children and young people in Afghanistan deserve our support," says @TajudeenOyewale. Thanks to support from the @WorldBank, UNICEF helped more than 500 adolescent girls and boys develop technical skills and enter the job market in 2026.
7. Post: "When a child recovers from malnutrition, I feel proud of my job," says Gulsoom, a community health worker in Herat. Every day, she tracks children's growth and supports mothers with vital nutrition guidance, helping children grow healthier and stronger.
8. Post: Today, 21 September, Afghanistan's nationwide #Polio vaccination campaign begins. With support from our donors, UNICEF teams are on the ground reaching every child under 5, even in the most remote communities, to protect them from this devastating yet vaccine preventable disease.
9. 💧Rezwan washes his hands at Want District Hospital. With support from @ksrcharity & @SaudiFund_Dev through the Afghanistan Humanitarian Trust Fund facilitated by @isdb_group & @OIC_OCI, UNICEF is improving health & water, sanitation & hygiene services in Nuristan, Zabul & Ghazni.
10. Post: Nasrin prepares to vaccinate baby Mozamel at a clinic in Herat.💉 With support from @gavi & partners, we supply vaccines, refrigerators & cold chain equipment to hospitals across #Afghanistan. Health workers like Nasrin help protect children like Mozamel from preventable diseases.
11. Post: At just 1 year old, Hamta was already fighting severe acute malnutrition. After being screened, she received care and lifesaving therapeutic food. Across #Afghanistan, too many children are still at risk. In 2026, UNICEF aims to reach 1.3 million children with treatment for severe acute malnutrition.
12. Post: #EveryChild deserves a future free from #polio. With the continued support of the Government and people of Japan, UNICEF is helping deliver vaccines and essential health services to children across #Afghanistan. Thank you, Japan, for your longstanding partnership. #EndPolio #VaccinesWork

Next Sitrep: 25 November 2026

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

Who to contact for further information:

Dr. Tajudeen Oyewale
Representative
UNICEF Afghanistan
Tel: +93 79 998 7100
Email: toyewale@unicef.org

Mr. Charles Nzuki
Chief of Field Services
UNICEF Afghanistan
Tel: +93 79 998 7119
Email: cnzuki@unicef.org

Mr. Daniel Timme
Chief of Communication
UNICEF Afghanistan
Tel: +93 79 998 7110
Email: dtimme@unicef.org

Annex A: Summary of Programme Results

Sector / Indicator	Total Needs 2026	UNICEF and IPs Response			Cluster/Sector Response		
		2026 Target	Total Results (Jan–Sep 2026)[6]	Change from last month ▲▼	2026 Target	Total Results (Jan – Sep 2026)	Change from last month ▲▼
Health							
Children aged 6-59 months vaccinated against measles, including in humanitarian situations	1,700,000	1,700,000	1,574,238	223,397			
Number of people accessing health care in priority provinces through UNICEF-supported health facilities	13,880,144	12,000,000	10,867,119	698,143			
Nutrition							
Number of children 6-59 months with Severe Wasting and High-Risk MAM admitted for treatment	1,649,427	1,304,000	759,395	107,396	1,290,435	670,2567	90,615
Number of primary caregivers of children aged 0 to 23 months who received IYCF counselling	3,304,503	2,625,000	1,743,601	197,441	2,278,785	1,550,187[8]	39,875
Child Protection, GBViE and PSEA							
Number of children and caregivers accessing structured Mental Health and Psychosocial Support (MHPSS)	703,971	150,000	124,271	13,022	205,200	325,318	1,040
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	31,398	2,321	53,200	38,004	1,348
Number of women, girls, boys and men accessing Gender Based Violence (GBV) response, risk mitigation and prevention interventions		220,000	265,586	43,213			
Number of children and caregivers accessing Explosive Ordnance Risk Education (EORE)		500,000	584,727	56, 316			
Number of people reached through UNICEF-supported awareness activities and community mobilisation interventions on PSEA		1,500,000	319,825	42,878			
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	98,308	22,160	461,000	321,000	2,169

[6] 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.
[7] Nutrition cluster target only severity 3 and 4 provinces.
[8] Nutrition cluster target only severity 3 and 4 provinces.

Number of children in public education (including shock affected/vulnerable girls and boys) reached with emergency education support	7,084,000	5,680,000	2,949,576	1,566,559	120,000	7,500	0
WASH							
Number of people accessing sufficient quantity of safe water for drinking, cooking and personal hygiene	14,215,579	2,900,000	877,771	209,970	4,393,589	3,035,469	281,901
Number people who gained access to gender and disability-sensitive sanitation facilities	7,189,006	2,300,000	473,437	40,764	2,432,861	1,385,121	82,382
Number of people reached with hygiene promotion programmes	14,215,579	6,200,000	1,520,975	227,765	7,838,434	2,388,463	150,948
Number of people reached with critical WASH supplies	10,107,833	1,750,000	1,382,420	62,279	2,887,935	1,958,685	157,123
Number of individuals accessing basic WASH services in schools, health and nutrition facilities	4,706,836	284[9]	359,811	72,475	297,047	1,002,179	121,179
HCT/Social Policy							
Number of households reached with UNICEF funded social assistance		65,000	74,505[10]	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	10,383,311	199,501			
Number of children, caregivers and community members engaged in participatory behaviour change interventions (disaggregated by gender and age)		2,450,000	3,618,894	541,356			
Number of people who shared their concerns and asked questions/clarifications to address their needs through established feedback mechanisms		210,000	184,418	24,857			
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	2396	947			
Number of knowledge products, tools and plans completed to inform evidence-based programming and advance gender equality and adolescent girls' programming.		12	12	5			
Emergency Preparedness and Response							

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

[10] 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 households reached with UNICEF-funded humanitarian cash assistance		35,000	0	0[11]			

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	2,722,092	198,401,999	7,383,674	92,027,717	31%
Nutrition	180,158,182	24,530,620	27,952,613	2,402,900	125,272,049	70%
Child protection, GBViE and PSEA	29,848,031	2,515,811	1,943,863	4,794,218	20,594,138	69%
Education	192,557,324	3,171,059	123,589,098	6,308,571	59,488,595	31%
Water, sanitation, and hygiene	179,563,554	11,762,304	14,767,943	2,724,697	150,308,610	84%
Social protection	37,658,295	1,261,692	5,435,932	2,152,156	28,808,515	76%
Cross-sectoral (HCT, SBC, RCCE and AAP)	24,024,911	4,463,294	4,617,107	5,103,510	9,841,000	41%
Gender, adolescents, and youth development	4,728,787		-	23,175	4,705,612	100%
Total	**949,074,566**	**50,426,874**	**376,708,555**	**30,892,901**	**491,046,236**	**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.

[11] 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.