

# AFGHANISTAN

## HUMANITARIAN NEEDS AND RESPONSE PLAN

HUMANITARIAN  
PROGRAMME CYCLE  
2026  
ISSUED DECEMBER 2025



# At a glance



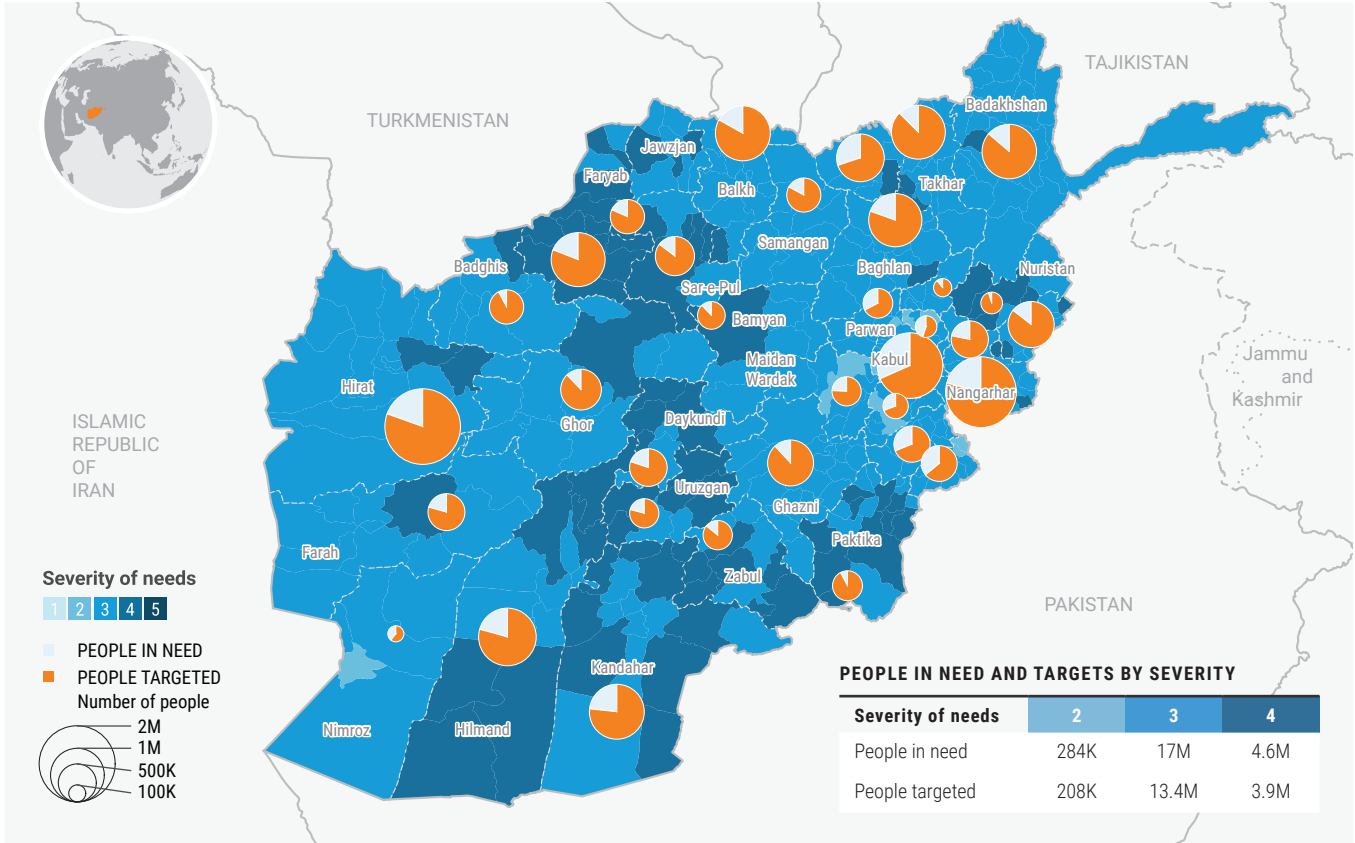
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M: Million / B: Billion

People in need  
**21.9 million**

People targeted  
**17.5 million**

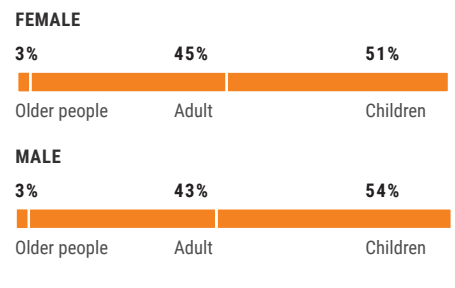
Requirements (US\$)  
**\$1.71 billion**



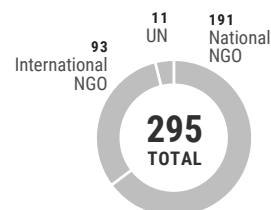
## Breakdown of People in Need, Targeted and Requirements by sector/cluster

SECTOR / CLUSTER	TARGETED	IN NEED	REQ. (US\$)
Food Security and Agriculture	11.9M	17.4M	651.1M
Water, Sanitation and Hygiene	7.8M	15.9M	163.3M
Protection	5.3M	15.0M	136.5M
Health	7.2M	14.4M	190.8M
Nutrition	5.7M	7.5M	298.0M
Education	614K	7.1M	60.0M
Shelter, Land and Site Coordination	881K	4.2M	160.3M
Multipurpose Cash	688K	-	14.7M
Coordination, Thematics and System Support	-	-	24.7M
Aviation	-	-	14.7M
<b>TOTAL</b>	<b>17.5M</b>	<b>21.9M</b>	<b>1.71B</b>

## People Targeted by sex and age



## Operational partners by type



## Refugee Response Plan

IN NEED / TARGET  
**21.2K**  
REQ. (US\$)  
**\$2M**

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# Part 1: Humanitarian needs



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## 1.1 Crisis overview

### Crisis overview

Afghanistan will remain one of the world's largest humanitarian crises in 2026, despite a modest reduction in the overall number of people in need. Years of conflict, economic fragility, underinvestment in basic services and the rapid erosion of rights have left large segments of the population with diminished resilience. These chronic stresses are now compounded by worsening food insecurity, large-scale cross-border returns, climate-driven drought, recurrent natural hazards, and the systematic exclusion of women and girls from public life. In 2026, around 21.9 million people – approximately 45 per cent of the population – are projected to require humanitarian assistance, reflecting the combined impact of overlapping shocks and deep structural vulnerability.

### Governance

More than four years after the Taliban takeover, Afghanistan continues to be governed by a de facto authority that enforces strict social and legal regulations, severely curtailing civic space, restricting freedom of expression and assembly, and limiting access to justice. Since August 2021, hundreds of cases of killings, arbitrary arrest and detention, enforced disappearance, torture and ill-treatment have been documented, underscoring persistent protection risks and the fragility of the rule of law.<sup>1</sup> Journalists, civil society actors and minority communities continue to face threats, harassment and violence.<sup>2</sup>

Towards the end of year, the DfA implemented a series of telecommunications shutdowns across the country, culminating in a 48-hour nationwide internet and mobile network blackout from 29 September to 1 October.

The shutdown was imposed without prior notification and in the absence of any official public justification.<sup>3</sup> These events underscored the DfA's highly centralised control over digital infrastructure, as well as the lack of transparent regulatory frameworks and accountability mechanisms governing access to information and communications, with direct implications for civic space, service delivery and humanitarian operations.

Women and girls continue to experience the most severe and systematic erosion of rights. Since August 2021, the DfA has issued at least 470 directives (with direct or indirect implications on humanitarian action), 79 of which directly target women and girls, restricting freedom of movement and participation in education, employment, the economy and public life.<sup>4</sup> These include bans on secondary, tertiary and medical education, Islamic dress code requirements and prohibitions on women's employment with non-governmental organisations (NGOs) (December 2022) and the UN (April 2023).<sup>5</sup> These measures have profoundly reshaped the socio-economic landscape, dramatically reducing women's access to livelihoods and services while heightening risks of gender-based violence (GBV), psychosocial distress and negative coping strategies. In 2025, the heightened enforcement of existing directives targeting women and girls, together with newly introduced restrictions, has only added to their further marginalisation.

### Infrastructure and service delivery constraints

Limited state capacity to manage natural hazards, climatic shocks and mass population movements continue to constrain national service systems. Insufficient international development assistance and limited public investment have accelerated the deterioration of water systems, irrigation networks, flood protection systems including dams, health and education facilities, electricity networks and

roads, many of which now operate well below functional standards.

These weaknesses are occurring amid rapid demographic growth spurred on by large-scale returns and high-birth rates, which in turn is accelerating urbanisation and driving unprecedented demand on already overstretched services. As in previous years, in 2025 the DfA remained primarily focused on maintaining security and promoting large-scale infrastructure and economic projects, with essential service provision such as healthcare and education continuing to rely heavily on support from humanitarian and basic human needs actors.

The nationwide telecommunications and internet shutdown in late September–October 2025 highlighted the reliance of the country on telecommunications to be able to function and revealed its direct implications for service delivery and humanitarian operations. Banking systems ceased functioning, ATMs were suspended, and domestic and international transfers halted, disrupting remittances, salary payments and humanitarian cash assistance. Humanitarian coordination was severely affected: emergency referrals were delayed, biometric registration of returnees was suspended, and congestion at border transit facilities increased sharply. While services were subsequently restored, the event underscored the growing intersection between infrastructure fragility, centralised decision-making over critical services and heightened humanitarian, protection and access risks.

## Security

Since August 2021, the security landscape has fundamentally shifted. The end of large-scale hostilities has led to a substantial reduction in active fighting, conflict-related shocks and overall civilian casualties, alongside improved physical access for humanitarian actors.<sup>6</sup> These changes have enabled partners to reach previously inaccessible and underserved areas more consistently, and in turn allowed affected communities to access assistance and services, broader geographic reach and more consistent response delivery.

Geopolitical tensions with Pakistan intensified throughout 2025, driven by continued Tehrik-e-Taliban Pakistan (TTP) attacks on Pakistani security forces.

The situation escalated sharply in October and resulted in the most significant cross-border violence since August 2021. Air strikes in Kabul and Kandahar Provinces caused more than 50 fatalities and over 500 civilian casualties within a ten-day period.<sup>7</sup> The clashes prompted the prolonged closure of key border crossing points, delayed the movement of critical humanitarian supplies and disrupted trade. At the time of writing (21 December), the border crossing remains closed. Pakistan has publicly indicated that it considers the DfA a legitimate target and that operations will continue as long as TTP elements are perceived to be operating from Afghan territory.<sup>8</sup> Multiple mediation efforts have so far failed to produce progress, contributing to a heightened and unpredictable security environment.<sup>9</sup>

These border-related tensions continued to affect eastern and southeastern Afghanistan in late 2025, generating additional humanitarian pressures on already fragile communities. Heightened security measures and intermittent restrictions at key crossing points contributed to delays in the movement of commercial goods and relief items, further straining local markets and complicating timely humanitarian delivery in high-need districts. These disruptions, alongside periodic cross-border military activity, heightened anxiety among border populations, triggered short-term displacement in affected areas, and increased protection risks for civilians.

Overall, while the post-2021 security environment has enabled expanded humanitarian access and reduced large-scale armed conflict, ongoing explosive hazards and localized insecurity continue to pose protection risks and shape humanitarian needs in several parts of the country.

## Economy

Structural economic constraints remain long-standing drivers of need across Afghanistan. While no major new economic shock has occurred in 2025, decades of conflict and instability have left the country with damaged infrastructure, weakened institutions and limited private-sector development. Low agricultural productivity, driven by outdated practices, water scarcity and land degradation continue to undermine rural livelihoods. The economy remains highly dependent on agriculture and international assistance, with

limited integration into regional and global markets following the 2021 political transition and a plethora of international sanctions.<sup>10</sup>

Multi-dimensional poverty in Afghanistan remains widespread, with 65 per cent of the population living in acute poverty and nearly four in 10 people (39 per cent) experiencing severe multi-dimensional deprivation, rising to 75 per cent in rural areas.<sup>11</sup> Most families rely on daily wage labour, subsistence agriculture and informal micro-businesses, leaving them acutely exposed to market volatility, seasonal shocks and sudden disruptions. Overlapping deficits in nutrition, education, housing, water and basic assets are directly reinforcing food insecurity, weak livelihood recovery and negative coping strategies, leaving millions of households highly vulnerable to economic, climatic and displacement-related shocks.<sup>12</sup>

The return of more than 2.61 million Afghans in 2025 alone<sup>13</sup> has placed extraordinary strain on already fragile local communities and their economies, particularly in rural districts with limited absorptive capacity. Most returnees arrived involuntarily and without assets or documentation, intensifying competition for employment, land, housing and water. As a result, host communities in high-return areas are operating at the limits of their coping capacity.

Women face the most acute forms of economic exclusion. Continued restrictions on the rights of women have deepened their social and economic marginalisation. The Propagation of Virtue and Prevention of Vice (PVPV) Law introduced in August 2024 formalised existing restrictions and introduced additional, more restrictive measures, further undermining women's ability to access public spaces and to participate in social, economic and community life.<sup>14</sup> This is reflected in a female labour force participation that remains around 6 per cent, with most women confined to informal, home-based or survival-level income activities, often linked to debt.<sup>15</sup> Female-headed households consistently identify income and housing security as their most critical unmet needs, yet face the greatest structural barriers to mobility, employment, finance and documentation.<sup>16</sup> Economic pressure is also contributing to negative coping strategies, including child labour and early

marriage, particularly in high-return districts in southern Afghanistan.<sup>17</sup>

Together, chronic poverty, labour market contraction, widespread indebtedness, large-scale returns, insufficient basic services, and recurrent climatic and seismic shocks continue to lock millions of Afghans into a cycle of vulnerability. This underscores that humanitarian needs in Afghanistan are structurally embedded rather than episodic, and that life-saving assistance must be closely aligned with basic human needs (BHN) efforts - particularly in high-return, drought-affected and disaster-impacted areas.

### Food security and nutrition

Food insecurity and acute malnutrition remain among the most severe and widespread drivers of humanitarian need in Afghanistan. During the 2025–2026 lean season (November–March), an estimated 17.4 million people – more than one-third of the population – are projected to face Crisis or worse food insecurity (Integrated Food Security Phase Classification [IPC] Phase 3+), including 4.7 million experiencing emergency (IPC Phase 4) levels.<sup>18</sup> This represents a sharp deterioration compared to the previous year.<sup>19</sup> Although above-average 2025 harvests and food assistance helped prevent even worse outcomes, food insecurity levels remain significantly higher than pre-2021 conditions and are expected to persist into 2026.<sup>20</sup>

The ongoing drought has resulted in a nearly 80 per cent failure of rainfed wheat crops in several northern and western provinces, leaving many households without own-produced food stocks for the winter.<sup>21</sup> Livestock body conditions have deteriorated sharply due to pasture and fodder shortages, triggering widespread distress sales and herd losses of up to 50 per cent in the most affected areas.<sup>22</sup>

These food security shocks combined with communicable disease outbreaks are directly driving a worsening nutrition crisis. 3.7 million children under five are projected to suffer from acute malnutrition in 2026, including 942,000 with Severe Acute Malnutrition (SAM), while 1.2 million pregnant and breastfeeding women (PBW) are also expected to be acutely malnourished. High disease burden, poor dietary diversity, limited WASH coverage and constrained access to health



The vital role of women in Afghanistan's agriculture and food security  
Photo: FAO/Hashim Azizi

and nutrition services continue to compound nutritional risk.

### Climate, environment and natural disasters

Afghanistan remains acutely exposed to escalating climate and environmental shocks that are driving humanitarian need and undermining recovery. The country is now entering a sixth consecutive year of meteorological and hydrological drought, with groundwater levels nationwide in the bottom 30th percentile of historical records, and in much of the country in the bottom 5th percentile.<sup>23</sup> In 2025 alone, drought severely affected large parts of the northern and western regions, with approximately 3.4 million people affected in 12 provinces across at least 65 districts, impacting food production, livestock health and rural incomes.<sup>24</sup>

These climatic pressures are compounded by chronic water mismanagement, degraded irrigation infrastructure and widespread over-extraction of groundwater, which continue to undermine agricultural production and intensify competition for scarce water

resources.<sup>25</sup> Rural households dependent on rain-fed farming and pastoralism are among the most exposed. Restricted access to safe water is also increasing the risk of acute watery diarrhoea (AWD) and other water-borne diseases, with direct consequences for malnutrition, child survival and public health.

**“We are stressed about the winter, about our lost farms. We usually prepare the wheat to eat in the winter. Now we will have nothing to eat.”**

A woman in earthquake-affected area, Kunar

Afghanistan has experienced four major magnitude 6+ earthquakes in the past four years, including a particularly devastating seismic event in the eastern region in August 2025. In this region, large proportions of the population, including returnees, internally displaced persons (IDPs) and poor rural households, reside in non-engineered structures highly susceptible to collapse, amplifying mortality, injury and displacement risks when earthquakes occur.<sup>26</sup>

Albeit at a lesser scale in 2025 than previous years, floods, flash floods, landslides and avalanches present a perpetual threat in Afghanistan - routinely destroying homes and markets, displacing communities, damaging transport and irrigation infrastructure and disrupting access to basic services. Climate change, deforestation and unplanned urban expansion are further amplifying the scale and severity of these hazards.

### Returns crisis

Afghanistan is facing one of the world's largest and fastest-growing returnee-related displacement crises. Over the past two years, approximately 5 million people - equivalent to 10 per cent of Afghanistan's total population - have returned to the country.<sup>27 28</sup> In 2025 alone, more than 2.61 million Afghans returned from Iran (1.8 million) and Pakistan (805,000) of whom 31 per cent were women and girls,<sup>29</sup> driven primarily by tightened migration policies, mass deportations and deteriorating protection environments in neighbouring countries. The majority of returnees

arrived in Balkh, Faryab, Herat, Kabul and Kunduz provinces, without assets, savings or complete civil documentation, and many returned to districts already severely affected by poverty, food insecurity, drought and limited access to basic services. Many returning women have experienced GBV and other protection-related risks during the return process and have high needs for mental health and psychosocial support (MHPSS). The most commonly reported protection concerns for returning women include restricted freedom of movement, violence against women, family violence, harassment and intimidation, and denial of humanitarian assistance. According to IOM protection monitoring for Q3 2025, 60 per cent of interviewed returnee women reported that they are unable to move freely.

These large-scale returns are compounding existing internal displacement and placing extraordinary pressure on housing, land, water, education, health services and labour markets, eastern and southern regions and urban-adjacent districts. The large influx



Photo: IOM/Mohammad Osman Azizi

of returnees is placing further strain on already overstretched local labour markets and household purchasing power, contributing to rising food insecurity.<sup>30</sup> In several areas of high return, including Daykundi, Faryab, and Ghor Provinces, the combination of drought-induced harvest failure, sharp declines in agricultural labour demand and surging population pressures are driving Emergency (IPC Phase 4) conditions at the onset of the 2026 lean season.<sup>31</sup>

Large-scale returns are also reshaping vulnerability patterns across Afghanistan in ways that extend beyond immediate absorption capacities. A growing proportion of new returnees face an elevated risk of secondary displacement into informal settlements (ISETs) and rural areas. Many women return without identity documentation, limiting their ability to access assistance and essential services, while restrictions on movement and employment further constrain their economic recovery.<sup>32</sup> Loss of remittance income, previously a critical coping mechanism for many households, is accelerating negative survival strategies, including child labour, early marriage and distressed asset sales.<sup>33</sup>

At scale, the returns crisis is a major structural multiplier of humanitarian need, deepening protection risks, driving food insecurity and placing lasting strain on Afghanistan's already fragile social and service infrastructure.

### **Protection crisis and gendered impacts**

Afghanistan remains fundamentally a protection crisis that continues to deepen under the combined pressures of mass forced returns, increasing restrictions on the population – especially for women and girls – economic hardship, as well as regular natural and climate-related disasters. The accelerated enforcement of restrictive policies throughout 2025 – including the PVPV law and tightening mahram requirements - has further curtailed women's and girls' rights and access to education, work and public spaces.

Protection risks have escalated sharply as formal and community-based protection systems have been significantly undermined and access to services

increasingly constrained. Restrictions on women's and girls' movement are widespread,<sup>34</sup> with an estimated 77 per cent of respondents reporting mobility limitations due to cultural or political reasons.<sup>35</sup> Consistent with this, 70 per cent of households countrywide report areas where women and girls feel unsafe,<sup>36</sup> while 63 per cent indicate that they or someone they know have been denied access to services due to social or legal restrictions.<sup>37</sup>

Women and children face the most acute protection risks, including gender-based violence, child marriage, child labour, trafficking, family separation and psychological distress. A comparative analysis of the 2024 and 2025 Whole of Afghanistan Assessment (WoAA) indicates a deterioration in child protection outcomes, with increases in both child labour and child marriage.<sup>38</sup> The number of parents and caregivers reporting that they had sent children to work outside the home rose from 1,977 in 2024 to 4,938 in 2025, while reported cases of child marriage increased from 323 to 746 over the same period. More than 80 per cent of child protection partners continue to identify child marriage and child labour as negative coping mechanisms adopted by families. Between January and November 2025, a total of 43,588 children with protection concerns were identified, including 7,369 unaccompanied and separated children and 24,520 children who experienced grave violations of their rights.<sup>39</sup>

In 2025, intensified restrictions on women's movement and employment further limited the ability of women and girls to access services, participate in assessments, community consultations and accountability mechanisms. Women, particularly women-headed households (WHH), face significant information and access barriers: 66 per cent of WHH, compared to 52 per cent of male-headed households, do not know how to access assistance, while 74 per cent, compared to 67 per cent, do not understand how programme participants are selected.<sup>40</sup>

These information gaps intersect with higher levels of unmet need, with WHH more frequently reporting insufficient food (79 per cent versus 69 per cent) and lack of safe drinking water (54 per cent versus 46

per cent) compared to male-headed households.<sup>41</sup> Together, these dynamics underscore how constrained access, limited information and reduced voice compound vulnerability for women and girls and undermine the effectiveness and accountability of humanitarian assistance.

Afghanistan remains one of the world's most heavily contaminated countries by explosive ordnance (EO), with reverberating humanitarian consequences.

Since 1999, over 15,000 Afghan children have been killed or injured by mines and unexploded ordnance (UXO), representing 43 per cent of global child casualties from UXO and mines.<sup>42</sup> This includes more than 40 people killed or injured each month in 2025, with children comprising roughly three-quarters of those affected.<sup>43</sup> As of November 2025, more than 1,079 square kilometres of land remain contaminated by known EO hazards across 4,719 confirmed sites nationwide. The largest share of contaminated land affects grazing areas (772 sq km), followed by housing and public infrastructure (157 sq km) and agricultural land (122 sq km), directly constraining food production, livestock movement, safe shelter and access to water infrastructure.<sup>44</sup> Contamination affects 257 districts

and 1,593 communities, with an estimated 2.71 million people living within one kilometre of hazardous areas, alongside 369 education facilities and 193 health facilities in high-risk proximity.<sup>45</sup> These conditions continue to endanger civilian lives, exacerbate food insecurity, increase protection risks during livelihood activities, impede safe returns, and delay recovery and reintegration. The challenge of sporadic EO hazards incidents causing civilian casualties and creating barriers to humanitarian and development activities should not be ignored, underscoring the urgent need to scale up mine action, risk education and victim assistance in 2026.

The convergence of large-scale displacement, EO contamination, economic vulnerability and gender-related restrictions is intensifying protection risks across multiple population groups. Women, children, persons with disabilities, minorities, returnees and female-headed households face intersecting and compounding risks. Continued investment in gender-responsive and child-centred protection will be vital in 2026 to safeguard vulnerable populations and support the integrity of protective environments.

Photo: UNMAS /Cengiz Yar



# 1.2 Humanitarian needs and risks

## People in need and severity

In 2026, an estimated 21.9 million people in Afghanistan – nearly half of the total population – require humanitarian assistance, reflecting a modest four per cent decrease compared to 2025. This slight reduction does not indicate an easing of the crisis. On the contrary, key drivers of vulnerability, particularly food insecurity, have continued to worsen. The lower overall People in Need (PiN) figure reflects the Humanitarian Needs and Response Plan’s (HNRP) sharpened, shock-based scope which prioritises those facing immediate, life-threatening risks and represents a refinement in planning boundaries. It does not signal an improvement in underlying humanitarian conditions.

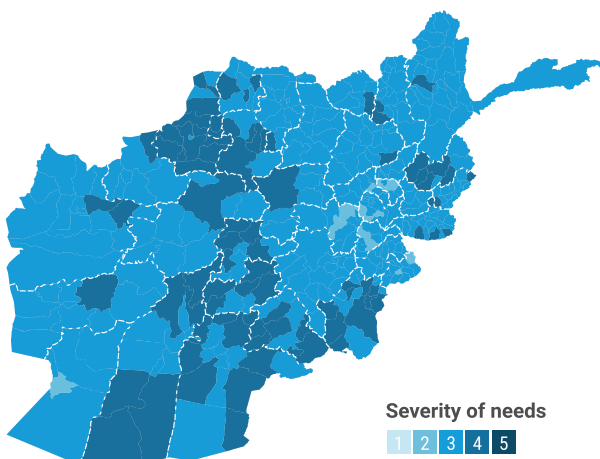
Of the 21.9 million people in need in 2026, 4.6 million live in districts classified as inter-sector severity 4 while 17 million live in districts classified as inter-sector severity 3, and 284,200 people are located in pockets of need across 15 inter-sector severity 2 districts. Compared with 2025, the number of people living in inter-sector severity 4 districts has decreased by approximately 25 per cent (from 6.3 million to 4.6 million), alongside a reduction in the number of inter-sector severity 4 districts from 95 to 86. This decline aligns with an average 31 per cent reduction in people

in need across five clusters (Education, Shelter, Land and Site Coordination (SLSC), Health, Protection, WASH), indicating a moderation of inter-sectoral pressures in some locations.

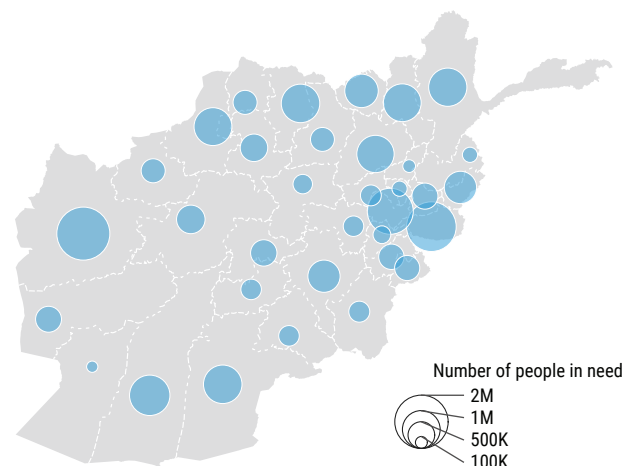
However, this overall improvement masks important geographic shifts in severity. Several districts (47 districts) have deteriorated from inter-sectoral severity 3 to 4, particularly in parts of the west, south and southeast, reflecting the compound effects of drought, returnee pressure and natural disasters. At the same time, 55 districts have shifted from inter-sectoral severity 4 to 3, notably in parts of the north and northeast, suggesting localised stabilisation, seasonal recovery or sustained assistance. Nevertheless, these gains remain fragile and highly exposed to renewed shocks.

These positive shifts have been partially offset by an increase in the number of people in IPC 3+ and above, contributing to a 25 per cent rise in sectoral food security need for 2026. As a result, while there have been meaningful reductions in severity in some areas, overall humanitarian needs remain significant, with large populations still concentrated in high-severity classifications.

## Severity of needs by location



## People in need by location



At the same time, the highest-severity needs areas have shifted westward in 2026, compared to the stronger northeastern concentration observed in 2025, reflecting evolving patterns of drought impact and return-related pressures. While high-severity needs remain pronounced in the eastern, central highlands and southern regions, there is now a clearer disbursement of inter-sector severity 4 districts in parts of the west and northwest regions, where prolonged drought, groundwater depletion and a high number of returns have been recorded. This westward shift complements climate and food security analysis, which continues to highlight elevated risk in northern rain-fed zones.

Concurrently, inter-sector severity 2 and severity 3 caseloads have slightly increased (from 16.5 million in 2025 to 17.3 million in 2026), reflecting a wider geographic diffusion of moderate needs as shocks and livelihood erosion spread across a broader set of districts. In 2026, 15 districts across Kabul, Kapisa, Khost, Logar, Maidan Wardak, Nimroz and Parwan have shifted from inter-sectoral severity 3 to severity 2. While this represents a localised easing of severity, high levels of humanitarian need persist across multiple regions, indicating that shocks continue to compound and that conditions remain fragile.

Overall, humanitarian needs in 2026 remain widespread and significant. Large absolute numbers of people in need are concentrated in densely populated eastern, northeastern and southeastern provinces, as well as in major urban and peri-urban areas. Although pockets of lower severity persist, no province is free

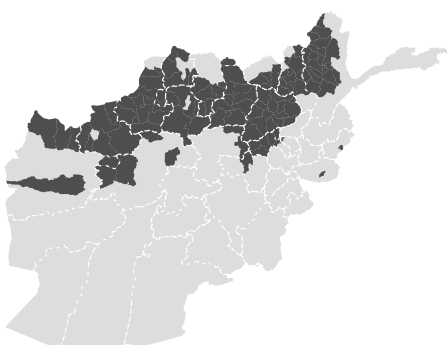
from humanitarian need, underscoring the nationwide nature of the crisis and the continued requirement for a principled, prioritised and severity-driven response.

### Methodology

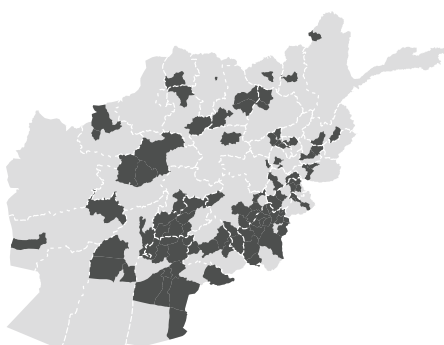
The 2026 HNRP inter-sectoral severity and PiN analysis is anchored in a shock-based and time-bound planning framework. The analytical model is structured around five core shock types: drought, large-scale return movements, AWD (as a proxy for malnutrition and outbreak risks), sudden-onset natural disasters, and the residual impacts of the 2025 eastern region earthquake. This framework ensures that the HNRP remains firmly centred on life-saving humanitarian action, while longer-term structural drivers such as economic stress, inadequate and uneven basic service delivery and climate trends are primarily addressed through Basic Human Needs (BHN) frameworks. While the policies of the DfA are not classified as shocks, having been a consistent feature of governance since August 2021, their humanitarian and protection impacts, particularly on women and girls, are fully reflected in the severity and vulnerability analysis.

The 2026 PiN is derived from a hybrid model that combines districts affected by clearly defined shocks with districts demonstrating severe inter-sectoral convergence. This approach ensures that the analysis reflects both acute shock-driven emergencies and less visible, hidden crises where convergence of layered deprivations produces severe and life-threatening needs.

**Drought-affected areas**

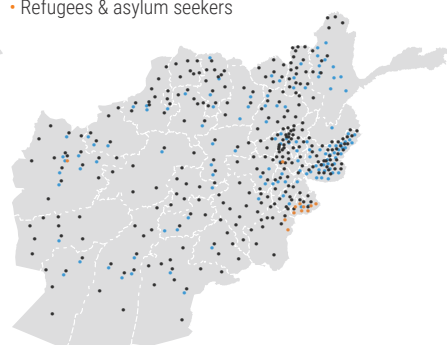


**AWD-prone areas**



**Localized shocks / pockets of need**

- Natural disasters
- Cross-border returns
- Refugees & asylum seekers



## Most affected groups

### Women and girls

Women and girls remain among the most severely affected population groups in 2026, with more than 10.7 million in need of humanitarian assistance, including 2.4 million living in areas of highest severity need (inter-sector severity 4 districts).

Restrictions affecting women's movement, work, education and participation in the humanitarian response continue to translate directly into reduced access to services and assistance, particularly for health, nutrition, protection and needs assessments. Community feedback consistently highlights that limited presence of female aid workers significantly constrains women's ability to safely access humanitarian services.<sup>46</sup> WHH and women-only households are especially exposed, as many lack an eligible mahram or necessary documentation, increasing exclusion risks and unmet needs.

Afghanistan remains one of the most dangerous places in the world to give birth, with an estimated maternal mortality ratio of 638 deaths per 100,000 live births in 2024 – the highest in Asia and seventh highest globally.<sup>47</sup> While this reflects progress compared to two decades ago, recent gains are now at serious risk of reversal. Funding cuts, shortages of female health workers, essential medicines and emergency obstetric care are directly contributing to preventable maternal and neonatal deaths, especially in rural areas. The continued ban on medical education will only compound these challenges as the cadre of Afghan women entering the workforce becomes more heavily curtailed.

WHH consistently report higher food insecurity, poorer shelter conditions and greater reliance on emergency-level coping strategies, including early marriage of daughters and child labour.<sup>48</sup> Economic restrictions on



Photo: IOM/Mohammad Osman Azizi

women's work and mobility further erode household resilience and deepen dependence on humanitarian assistance.<sup>49</sup>

GBV risks continue to rise, driven by economic distress, displacement, climate shocks and women's confinement to the home. Limitations on movement, including restrictions on work, and the requirement for a mahram can trap women and girls in abusive environments while simultaneously restricting safe access to GBV services. The ongoing ban on female secondary education now affects some 2.2 million adolescent girls,<sup>50</sup> with long-term implications for protection, mental health, livelihoods and community recovery.<sup>51</sup>

Women-led organisations (WLOs), critical for reaching women and girls, face persistent administrative and operational barriers, negatively affecting their ability to deliver services. Safeguarding women's access to assistance and ensuring women's meaningful participation in the design and delivery of the response remain central to the life-saving objectives of humanitarian action in Afghanistan.

### Afghan returnees

Since late 2023, sustained forced and spontaneous returns from Pakistan and Iran have resulted in more than 5 million Afghans returning with limited preparation, assets or social networks. Many arrive following detention, harassment or confiscation of documentation and property, and reach border points in acute vulnerability with immediate needs for food, shelter, health care, protection and livelihoods. Many must move almost immediately onward to destinations to which they are unfamiliar and have few familial ties. In 2026, more than 2.7 million returnees, including 1 million men, and 1.7 million women and children, are anticipated to require urgent humanitarian assistance in their areas of return. Return areas, particularly in the east, south and major urban centres such as Nangarhar, Kandahar and Kabul, face intense pressure on housing, basic services and labour markets. Shelter is consistently ranked among the most critical needs, with many returnees residing in overcrowded, substandard or unaffordable rented accommodation and facing heightened eviction risks.<sup>52</sup> Access to civil

documentation remains limited, restricting freedom of movement, access to services and tenure security, while increasing protection risks - especially for women and girls.<sup>53</sup> Livelihood opportunities are scarce. Many returnees rely on low-paid daily labour and carry significant debt, having borrowed money from family, kin, friends or informal money lenders. Returnees are often unable to utilise vocational skills acquired abroad due to lack of capital, tools or market access.

Protection risks - including child labour, early and forced marriage, exploitation, psychological distress and GBV - remain acute, particularly for women, adolescent girls and unaccompanied or separated children. Upon return, women and girls face distinct challenges arising from restrictive policies, with access to education and employment or livelihoods consistently identified as their top priorities. These restrictions, compounded by lack of documentation and weak support networks, directly limit opportunities and increase vulnerability. According to recent monitoring, 60 per cent of interviewed returnee women reported that they cannot move freely. As a coping mechanism, women and girls increasingly avoid public spaces perceived as unsafe, including markets (51 per cent), education facilities (46 per cent), parks (42 per cent) and social and communal areas (28 per cent), further reducing their access to essential services and humanitarian assistance. Education barriers remain acute, with 58 per cent of interviewed returnee households identifying the ban on girls' education as a key reason for not sending children to school.<sup>54</sup>

EO contamination, land disputes and localised insecurity further hamper safe and sustainable reintegration.

**"We have a large number of cross-border returnees in our area, many of whom - especially women - lack information about minefields and explosive hazards."**

Female member of the host community, Kabul Province

Humanitarian assistance at border points and in areas of return remains a critical stabilising factor but cannot address longer-term integration needs. Closer alignment with BHN and durable solutions actors

will be essential in 2026 to strengthen basic services, livelihoods, shelter, documentation and social cohesion in high-return areas.

### Persons with disabilities

Persons with disabilities remain among the most disproportionately affected groups in Afghanistan, with more than 1.8 million persons with disabilities in need of humanitarian assistance. Long-standing structural inequality, decades of conflict, EO contamination and weak health systems have contributed to high disability prevalence. Recent assessments indicate that around 14 per cent of persons with disabilities live with severe disability, most commonly physical, followed by vision, hearing and mental impairments, with higher prevalence in the western region, central highlands and southeastern areas.<sup>55</sup> Explosive remnants of war continue to cause new injuries and long-term impairments each year.

Households headed by persons with disabilities report higher unemployment, deeper indebtedness, worse food security and greater reliance on negative

copied strategies than the national average.<sup>56</sup> Physical inaccessibility of facilities, prohibitive costs, stigma and limited specialised services reduce access to adequate shelter, safe water, sanitation, healthcare and rehabilitation.

"I live with my 28-year-old daughter, who has a disability. We are financially struggling and unable to meet our basic needs."

Woman from host community, Jawzjan Province

Protection monitoring identifies persons with disabilities among those facing the greatest barriers to accessing basic services, education and livelihood opportunities, due to inaccessible infrastructure, communication challenges and discrimination.<sup>57</sup> Furthermore, women and girls with disabilities face heightened risks of neglect, exploitation and GBV, further aggravated by mobility restrictions and dependence on caregivers.<sup>58</sup>

### Rural households

Rural households continue to face acute, multi-dimensional vulnerabilities driven by fragile economic conditions, recurrent drought, limited access to services and environmental shocks. Access to basic services remains a key challenge with 29 per cent of rural households reliant on unimproved water sources, compared with 13 per cent in urban areas, increasing their exposure to water-borne disease and undermining hygiene outcomes.<sup>59</sup> Long travel distances and poor infrastructure mean rural families must invest disproportionate time and resources to reach health facilities, markets, water points and schools.

At the same time, rural livelihoods are heavily dependent on rain-fed agriculture and livestock, leaving households highly exposed to climate variability, reduced pasture, rising input costs and market disruptions. Economic disparity is also pronounced, with rural incomes nearly 10 per cent lower than urban incomes and substantially declining since 2023.<sup>60</sup> Historical data (2019–20) indicates that three out of four poor households resided in rural areas,<sup>61</sup> and more



Photo: IOM/Mohammad Osman Azizi

recent evidence suggests these structural poverty patterns persist under current conditions.

Combined, these pressures contribute to high levels of food insecurity, limited livelihood diversification and heavy reliance on informal coping mechanisms and remittances among rural populations. Seasonal isolation due to snow, floods and road closures further disrupts access to food, fuel, healthcare and assistance during critical periods, reinforcing chronic vulnerability.

### Community priorities, preferences and capacities

Evidence from collective community feedback mechanisms, including Community Perception Monitoring on the System-Wide Accountability Platform, indicates that crisis-affected people continue to emphasise safety, transparency and flexibility in how assistance is delivered. As of August 2025, three out of four of 4,621 respondents reported that assistance met their basic needs fully or mostly, though persons with disabilities expressed higher dissatisfaction levels (28 per cent) than other groups (22 per cent).<sup>62</sup>

Community preferences clearly favour flexible assistance modalities. According to these feedback exercises, 38 per cent of respondents preferred a combination of cash and in-kind assistance, and 27 per cent preferred cash alone, reflecting strong demand for assistance that allows households to prioritise food, rent, healthcare, transport and debt repayment.

Smaller proportions prioritised livelihoods support, in-kind assistance only, construction/rehabilitation and service-based assistance. These findings reinforce cash and mixed-modality responses (65 per cent combined) as central to meeting basic needs where markets are functioning.

Food, safe water, healthcare and livelihoods support are consistently ranked as top priorities, reflecting the cumulative effects of economic hardship, climate shocks, displacement and weak public services. Protection concerns, especially personal safety, GBV, child protection and inclusion of persons with disabilities, feature prominently in community feedback.

Perceptions of fairness and transparency remain a concern. One in five respondents reported that they do not understand how humanitarian organisations decide who receives assistance, with slightly higher levels among women (24 per cent) and persons with disabilities (22 per cent). Communities frequently report perceived bias in aid allocation and express strong preferences for direct household-level assessments, clearer eligibility information and more accessible complaints and feedback mechanisms.

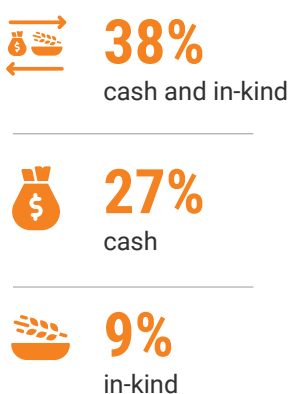
Across feedback channels, communities expressed a strong preference for interpersonal, community-embedded communication. Face-to-face engagement with aid workers remains the most trusted source of information (29 per cent), followed by community

### Satisfaction with assistance received

Percentage of respondents

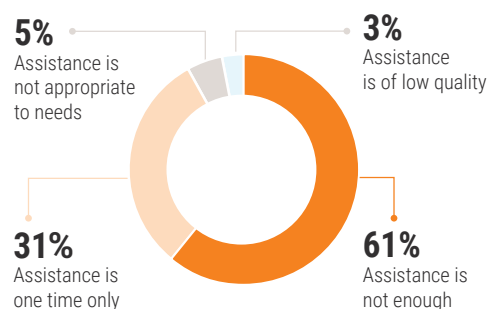


#### Preferred assistance modality



#### Satisfaction rate

reasons needs were unmet



shuras (20 per cent) and informal networks such as friends, neighbours and relatives (16 per cent). Community focal points (14 per cent) and mosques (12 per cent) also play important roles in information dissemination, while community meetings account for 10 per cent of preferred sources. These patterns underscore the continued importance of locally rooted, low-connectivity communication strategies to ensure inclusive access to information in high-vulnerability settings.

Most aid recipients report feeling safe when accessing assistance, but a small yet important minority indicate they cannot do so safely (1.3 per cent). Safety concerns are slightly higher among persons with disabilities (1.5 per cent), cross-border returnees (1.8 per cent) and internally displaced persons (IDPs) (1.6 per cent) compared to host community members (1 per cent), indicating persistent protection risks for specific population groups.

**“When we were displaced and living in tents on the hill, the men could go to the toilet in the open field, but we could not; there was no curtain or proper place. As women, we just could not manage that.”**

A woman in Baghlan

Communities consistently call for gender-sensitive and disability-inclusive approaches, including the presence of female staff, private spaces at service points, physically accessible infrastructure and tailored information. Qualitative feedback highlights persistent barriers to safe and dignified access, including cultural restrictions, lack of clarity on where and how to access services, physical accessibility constraints, and requirements for a male companion (mahram).

Despite deepening vulnerabilities and reduced assistance in some areas, communities continue to rely heavily on informal coping mechanisms, including family support, community solidarity and mutual aid networks. The widespread acceptance and effective use of cash assistance demonstrate a strong capacity among households to prioritise and manage resources according to their most urgent needs.

## 2026 Humanitarian Outlook and Risks

The humanitarian outlook for Afghanistan in 2026 remains shaped by overlapping risks, including climate-related hazards, large-scale population movements, persistent insecurity, regional tensions with Pakistan, public health threats and structural protection challenges. While large-scale armed conflict remains lower than in the pre-2021 period, the likelihood of continued or renewed sporadic clashes with Pakistan, which may or may not be confined to the border, persists. Similarly, climate, mobility and disease-related shocks unfolding within deep socio-economic fragility are expected to drive recurrent humanitarian needs throughout the year, requiring sustained readiness and anticipatory action.

### Conflict and insecurity

For 2026, the conflict risk outlook indicates chronic, localized insecurity driven by explosive hazards, low-intensity armed clashes, Islamic State – Khorasan Province (ISKP) attacks, and cross-border volatility, creating pockets of heightened protection risks and periodic displacement.

Although territorial expansion by ISKP is not anticipated, the group is expected to retain both the intent and capability to carry out high-impact mass-casualty attacks against civilian, religious and urban targets, with continued risks of localised displacement and service disruption.<sup>63</sup>

Conflict risks in 2026 are further shaped by regional and cross-border tensions, particularly along the eastern frontier with Pakistan. Escalating hostilities in 2025, including cross-border airstrikes and armed exchanges, resulted in significant civilian casualties particularly in Spin Boldak district in Kandahar province and parts of Helmand, Kunar, Paktika and Paktya provinces triggering localised displacement and compounding humanitarian needs.<sup>64</sup> These tensions are closely intertwined with Pakistan’s mass deportation of undocumented Afghans, linking security dynamics directly with large-scale population movements, protection risks and humanitarian caseloads. Periodic, or even prolonged border closures, military incidents and sporadic airstrikes

are likely to persist in 2026, adding further volatility to already sensitive border regions. Compounding these challenges, EO contamination remains a chronic constraint on safe movement and land use.

### Drought

Afghanistan enters 2026 under heightened drought pressure, marking the sixth successive year of poor rains. According to seasonal outlooks of evolving La Niña conditions, the 2025/26 wet season is expected to bring below-average precipitation and above-average temperatures through early 2026, with soil-moisture deficits already observed across most livelihood zones.<sup>65</sup> This points to the continuation of a prolonged, multi-year drought cycle rather than a temporary dry spell, with significant implications for agricultural production, pasture regeneration, water availability and displacement in the first half of 2026.

Food assistance needs at the peak of the lean season (November 2025–March 2026) are projected to be among the highest recorded since monitoring began in 2014, driven by a below-average 2025 harvest, drought-induced livelihood losses and declining income from remittances and agricultural labour. Emergency (IPC Phase 4) outcomes are expected to emerge in Faryab, Ghor and Daykundi provinces at the height of the lean season, while Crisis (IPC Phase 3) outcomes are projected to persist across much of the northern and western highlands until the May 2026 harvest.<sup>66</sup> Forecasted La Niña conditions through early 2026, combined with above-average temperatures, are expected to further constrain winter planting, pasture recovery and spring irrigation.

Moreover, drought-induced water scarcity and deteriorating WASH conditions raise the risk of AWD outbreaks, malnutrition and displacement, especially in rural areas lacking safe water, sanitation or health



#### SAMANGAN, NORTHERN AFGHANISTAN

Afghans walk through the countryside in lower Darisuf at dusk in Samangan Province, October 22, 2023. Because of the drought, water for agricultural lands and for drinking water has dried up in most of the villages across the area, no one has been able to grow wheat or other crops for the past three years, and most have sold their animals to survive.

Photo: Lynsey Addario for National Geographic Society/Climate Pledge

infrastructure. When combined with other stressors such as economic decline and large-scale returnee inflows, drought may act as a catalyst for multi-sector humanitarian emergencies in the first half of 2026.

**“In my lifetime, I have never seen such a drought. All our crops have gone parched and destroyed.”**

A 75-year-old farmer from Kohistan District, Faryab Province.

Based on the projected drought conditions and La Niña forecast, the 2026 HNRP plans for an anticipated caseload of 10.9 million drought affected people in need across 65 districts in the northern, western and southern regions.

**Returnee inflows**

Return-related risks remain high and structurally embedded in the regional context throughout 2026. Recent policy announcements in both Iran and Pakistan indicate a significantly heightened risk of large-scale, rapid returns driven by enforcement measures rather than spontaneous movement. On 17 August 2025, the Government of Iran announced its intention to deport up to two million Afghans by March 2026, signalling the potential for sustained, high-volume inflows to Afghanistan over the course of the year.<sup>67</sup> In Pakistan, authorities announced on 31 July 2025 that Afghans holding Proof of Registration (PoR) cards would become subject to deportation under the ‘Illegal Foreigners Repatriation Plan.’<sup>68</sup> More than 1.4 million Afghans currently hold PoR cards, many of who have resided in Pakistan for decades, representing

a substantial latent caseload at high risk of forced return.<sup>69</sup> This risk was further compounded on 25 September 2025, when the Government of Pakistan announced its plans to close 16 Afghan refugee camps affecting more than 90,000 refugees and raising additional concerns around the scale of potential return movements.<sup>70</sup>

Based on historical trends and current risk projections, the 2026 HNRP anticipates a caseload of 2.8 million additional returnees, primarily through eastern, southeastern and western border corridors, including an estimated 1.6 million from Iran and 1.2 million from Pakistan. The scale, speed and policy-driven nature of potential returns remain one of the most significant systemic risks to humanitarian conditions, with far reaching implications for food security, basic services, livelihoods, and social cohesion.

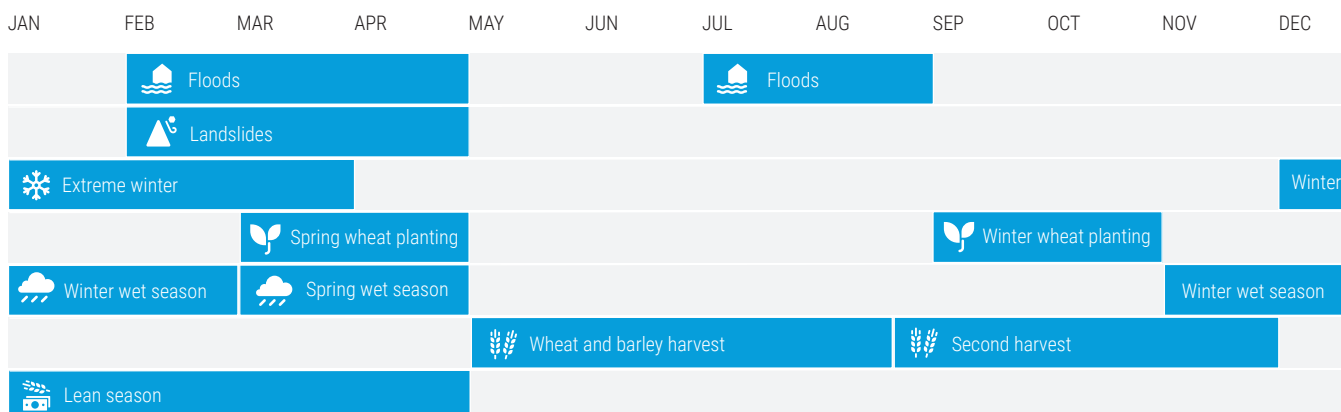
**Natural disasters**

Earthquakes and floods will continue to pose significant sudden-onset risks, driven by active fault lines, climate change and environmental degradation.

The country lies across several major tectonic plates and has experienced multiple major earthquakes in recent years, repeatedly exposing the extreme fragility of traditional housing, degraded infrastructure and limited emergency response capacity.

At the same time, recurrent seasonal flooding in addition to flash floods continue to affect river basins in the north, northeast, east and central highlands, driven by erratic rainfall, rapid snowmelt,

**Seasonality of events and risks**



deforestation and poor land-use planning. These hazards regularly destroy homes, markets, roads, irrigation networks, farmland and water systems, undermining livelihoods, disrupting access to services and triggering repeated displacement. Climate change is intensifying both the frequency and severity of flood events, while population growth, ISET expansion and returnee concentration in hazard-prone areas are increasing exposure.

The 2026 HNRP projects that more than 370,000 natural disaster affected people will be in need of humanitarian assistance.

### **Implications for the 2026 humanitarian response**

The combined analysis of PiN, severity and risk outlook underscores that Afghanistan's humanitarian needs remain structurally embedded and nationwide, even as refined methodologies yield a lower PiN figure

than 2025. The persistence of large caseloads in inter-sector severity 3 and severity 4 districts, the diffusion of severe needs to new areas, and the concentration of risk among specific groups – women and girls, returnees, persons with disabilities and rural households – require a tightly prioritised, protection-centred and risk-informed response.

Without sustained life-saving assistance, effective anticipatory action and inclusive protection approaches, the convergence of climate shocks, mass returns, economic stress and gender-based restrictions will drive further erosion of coping capacity, deepen protection risks and prolong dependency. The 2026 HNRP therefore focuses on stabilising the most vulnerable populations in the highest-severity areas while working in parallel with BHN and longer-term actors to address underlying structural drivers where conditions allow.

## **1.3 Returnees – people on the move**

Afghanistan is experiencing one of the largest return-related displacement crises globally. In 2025 alone, more than 2.61 million Afghans returned from Iran and Pakistan, driven by security developments, geopolitical tensions, including between Israel-Iran in June, forced deportations, and deteriorating protection and livelihood conditions in host countries. The scale and geographic concentration of returns is a core driver of inter-sectoral severity in 2026, particularly in eastern border districts, western reception corridors and major urban centres where returnees overlap with drought-affected, food-insecure and service-constrained populations.

Between 1 January and 30 November 2025, more than 805,000 Afghans returned from Pakistan following widespread raids, arbitrary detentions and forced deportations throughout the year. Returns from Pakistan surged in April 2025 following the enforcement deadline for undocumented Afghans, with pressure further escalating in July 2025 after confirmation that PoR cards would not be renewed.

Returns from Iran peaked in early July 2025, driven by regional instability and worsening socio-economic conditions. Between 1 January and 30 November 2025, more than 1.8 million returns originated from Iran, placing disproportionate pressure on western and central return corridors.

This scale of movement has placed extreme pressure on border points, transit facilities and high-return provinces at a time of widespread economic fragility, food insecurity and service overstretch. Humanitarian partners expanded reception capacity at key border crossings, providing medical screening, protection services, food, WASH, registration, legal counselling and transportation. However, needs extend beyond initial reception, particularly in the first 30–60 days after return, when households face acute shelter, food, health, protection and livelihood gaps. The onset of winter conditions in late 2025 will further erode coping capacity among newly returned families.

Nearly all returnees arrive without assets, savings or viable shelter options, and many have lost

documentation and livelihoods during displacement. Many lack social, cultural or familial ties to their areas of return. Women and girls now comprise approximately 42 per cent of arrivals, heightening risks related to access to education, livelihoods, essential services and protection.<sup>71</sup> Highly vulnerable groups are prominent among returnees, including women-headed households, which account for 9 per cent of all undocumented returns from Iran and Pakistan.<sup>72</sup>

Returnees face some of the lowest income levels recorded across population groups, averaging AFN 6,623 (\$101) per month, compared with AFN 8,475 (\$130) among host communities.<sup>73</sup> In high-return districts, returnee unemployment reaches 80–95 per cent. Debt is now nearly universal, affecting 88 per cent of returnee households, 85 per cent of IDPs and 81 per cent of host communities, who are often indebted to relatives, money lenders or their landlords.<sup>74</sup> Financial distress is driving severe trade-offs with over half of returnee households reporting forgoing medical care to afford food, while more than half lack adequate living space or basic bedding. Moreover, rental prices have increased by 100–300 per cent in some return-affected districts.<sup>75</sup>

Return pressure has been most acute in Balkh, Faryab, Herat, Kabul and Kunduz provinces, where absorption

capacity is already overstretched. In August 2025, a rapid, non-exhaustive ISET mapping identified 36 larger ISETs (with a total population of 258,616 people): nine with populations between 10,000 and 40,000 in Daikundi and Nangarhar provinces, and 27 with populations between 1,050 and 5,950 in Baghlan, Balkh, Faryab, Herat, Jawzjan, Kandahar, Khost and Sar-e-Pul provinces.<sup>76</sup> These ISETs are hosting returnees from previous waves as well as returnees that arrived in recent months. In addition to the larger sites, there are hundreds of smaller ISETs, many of which are of a temporary nature. A June 2025 UN-Habitat estimate indicated that more than 9 million people are living in ISETs across the country. These locations are facing acute shelter shortages, heightened risk of eviction, and severe strain on health, education and WASH services, alongside overloaded food systems and local markets.<sup>77</sup>

Health facilities face persistent medicine and staffing shortages, particularly affecting maternal, child and emergency care. Schools in several high-return districts are operating beyond capacity, with some areas reporting that the teacher to student ratio has risen to 1:70 following the enrolment of returnee children, while 1:30 to 1:40 is considered normal according to the Ministry of Education.

Photo: IOM/Mohammad Osman Azizi



# Part 2: Humanitarian response

## 2.1 Strategic objectives

### S01 - Saving Lives & Alleviating Suffering:

Reduce crisis-related morbidity and mortality through principled, rapid, quality, inclusive, safe, dignified and accountable life-saving assistance.

People targeted	Funding required	
<b>14.9M</b>	<b>\$1.31B</b>	
Women and girls 7.5M	Older people 506K	Persons with disability 1.4M

### S02 - Protecting Safety and Rights:

Protect the safety, dignity, and rights of crisis-affected people, in line with international law and standards.

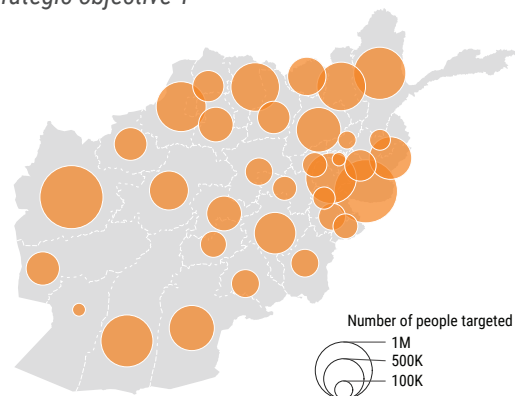
People targeted	Funding required	
<b>6.3M</b>	<b>\$136.2M</b>	
Women and girls 3M	Older people 502K	Persons with disability 213K

### S03 - Sustaining Lives and Livelihoods:

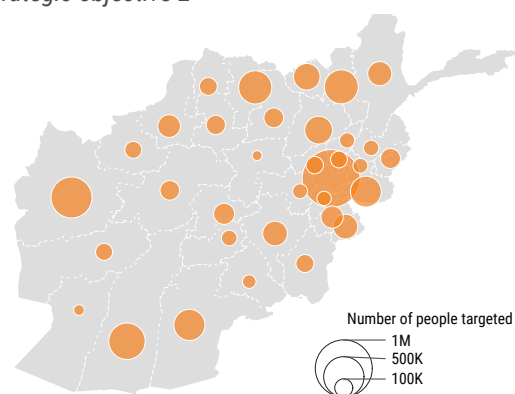
Enable equitable and sustained access to essential services and livelihoods to preserve dignity, promote resilience and self-reliance for crisis-affected people, and reduce the risk of resorting to harmful and irreversible coping mechanisms.

People targeted	Funding required	
<b>6.3M</b>	<b>\$230.6M</b>	
Women and girls 3.1M	Older people 212K	Persons with disability 582K

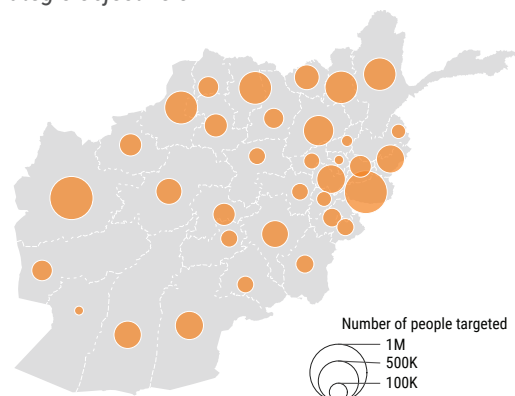
Number of people targeted by strategic objective 1



Number of people targeted by strategic objective 2



Number of people targeted by strategic objective 3



In 2026, humanitarian conditions in Afghanistan remain acute shaped by compounding shocks, including food insecurity, climate stress, natural hazards, large-scale population movements and sustained protection risks. In this context, the 2026 HNRP is guided by the imperative to prioritise the most severe, life-threatening needs while preserving protection, dignity and safe access to essential services.

The response is prioritised geographically and programmatically toward inter-sector severity 4 and 3 districts, as well as pockets of need in inter-sector severity 2 districts where the convergence of unmet basic needs, protection risks and shock exposure creates the greatest risk of preventable morbidity and mortality.

### Strategic objective one

**SO1 – Saving Lives & Alleviating Suffering:** Reduce crisis-related morbidity and mortality through principled, rapid, quality, inclusive, safe, dignified and accountable life-saving assistance.

Strategic Objective One (SO1) represents the primary operational priority of the 2026 response. It encompasses populations in inter-sector severity 3 and 4 districts where life-threatening needs persist due to acute food insecurity, malnutrition, public health risks, drought, displacement and return-related pressures. With 85 per cent of all people targeted and over three-quarters of total funding requirements, SO1 confirms that the crisis in Afghanistan remains, first and foremost, a life-saving emergency. Under SO1, humanitarian partners will ensure that the most vulnerable households in the most severely affected areas receive timely access to emergency food assistance, essential health and nutrition services, safe water and sanitation, emergency shelter and critical non-food items.

### Strategic objective two

**SO2 – Protecting Safety and Rights:** Protect the safety, dignity, and rights of crisis-affected people, in line with international law and standards.

Strategic Objective Two (SO2) focuses on populations in inter-sector severity 4 districts and the highest-risk protection environments, including women and girls, children, persons with disabilities, returnees and displaced populations. Through SO2, the response seeks to reduce exposure to violence, exploitation and harmful coping, strengthen access to legal identity and protection services, mitigate EO risks, and support survivors of gender-based violence and child protection violations. Although SO2 represents a smaller proportion of total funding, it is fundamental to ensuring that humanitarian assistance is accessible, safe and dignified, and that life-saving interventions do not unintentionally expose people to further harm.

### Strategic objective three

**SO3 – Sustaining Lives and Livelihoods:** Enable equitable and sustained access to essential services and livelihoods to preserve dignity, promote resilience and self-reliance for crisis-affected people, and reduce the risk of resorting to harmful and irreversible coping mechanisms.

Strategic Objective Three (SO3) focuses on households in shock-affected severity 3 districts and pockets of need in inter-sector severity 2 districts, where repeated shocks are driving erosion of coping capacity and accelerating harmful coping strategies. This objective remains firmly humanitarian in nature, complementing but not duplicating BHN programming. Through SO3, partners will work to protect livelihoods, sustain access to basic services and prevent further asset depletion among households at high risk of slipping into life-threatening conditions. By stabilising essential services and income-generating capacity in high-risk areas, SO3 is designed to help vulnerable households withstand repeated shocks, limit further escalation of severity, while supporting pathways toward reduced reliance on humanitarian assistance.

## 2.2 People targeted & people prioritized



Explore more at [humanitarianaction.info](https://humanitarianaction.info)

The 2026 HNRP applies a shock-based, highest severity-first targeting model to ensure that limited resources are directed to populations facing the highest risk of excess mortality and irreversible harm. The response prioritises needs arising from drought and AWD, large-scale returns, sudden-onset natural disasters and residual earthquake impacts. Structural drivers, such as gradual service degradation, broader climate change impacts and economic stagnation, remain outside the humanitarian boundary and are addressed primarily through relevant BHN frameworks such as the United Nations Strategic Framework for Afghanistan (UNSAFA).

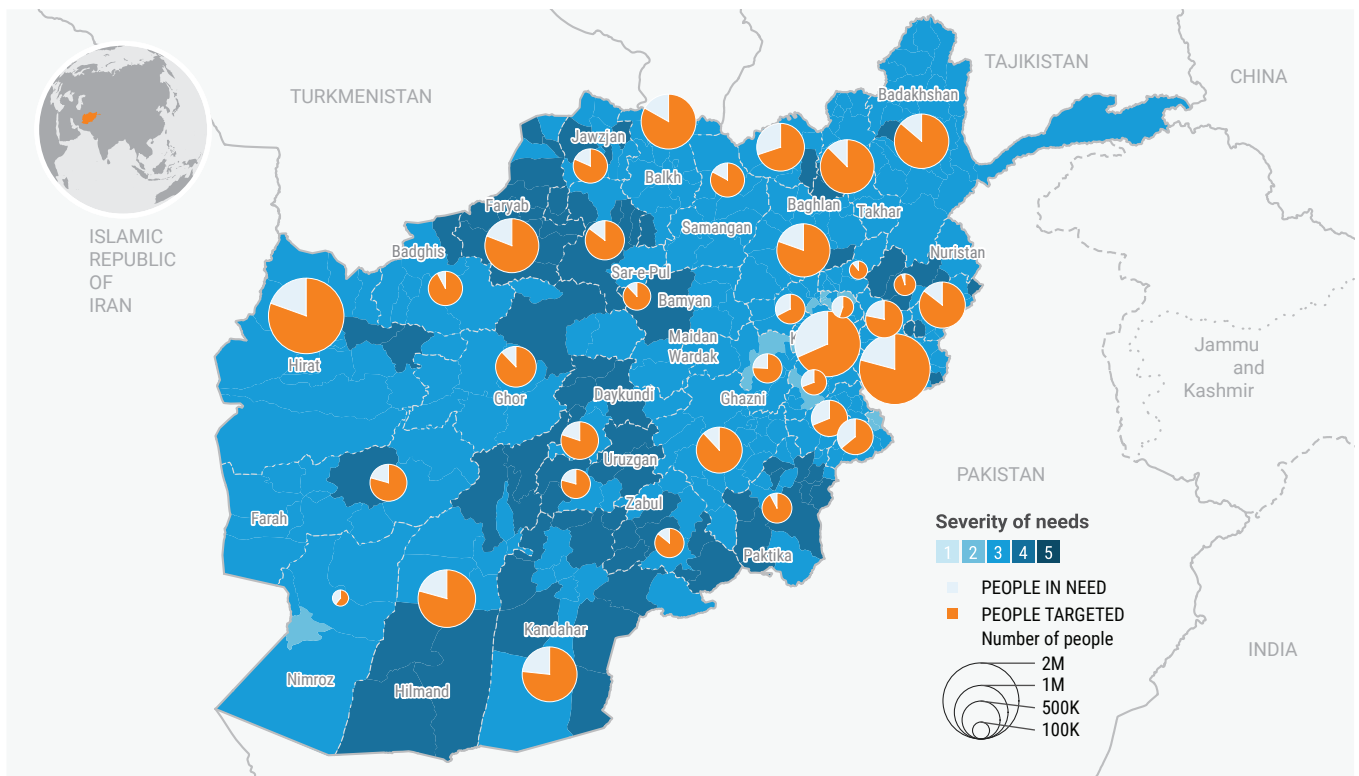
Geographic prioritisation is anchored in inter-sector severity and verified shock exposure. Inter-sector severity 4 districts are prioritised first, followed by high-risk severity 3 locations, while pockets of need in severity 2 districts are included only where sudden-onset shocks generate life-threatening conditions. The Humanitarian Country Team (HCT)

agreed to retain inclusion of inter-sector severity 3 districts beyond strictly shock-affected areas, given the wide geographic diffusion of severe needs and operational realities.

### People targeted

In 2026, humanitarian partners will target 17.5 million people out of an estimated 21.9 million people in need nationwide. This represents 80 per cent of the total PiN, including 85 per cent of those living in inter-sector severity 4 districts, ensuring that the highest-risk populations remain the core focus of the response.

Targeting across clusters reflects a strong prioritisation of life-saving and protection-driven assistance. The Food Security and Agriculture Cluster (FSAC) will target the largest caseload, with 11.9 million people prioritised for food assistance and livelihood support, including 4.7 million facing emergency food insecurity. The WASH Cluster will target 7.8 million people to address critical water shortages, sanitation gaps and



disease outbreak risks, while the Health Cluster will target 7.2 million people to sustain access to essential healthcare services in high-severity areas. The Nutrition Cluster will target 5.7 million people, including 1.2 million PBW for life-saving malnutrition treatment and prevention. The Protection Cluster will target 5.3 million people, prioritising women, children, persons with disabilities and other high-risk groups facing escalating protection violations. The SLSC Cluster will target 880,600 people, primarily in displacement- and shock-affected areas, while the Education Cluster will target 613,800 children to sustain access to safe learning in crisis-affected communities. In addition, Multipurpose Cash (MPC) will reach 688,300 people, providing flexible support to meet urgent household needs across sectors, particularly in high-severity and shock-affected locations.

Targeting reflects the intersection of acute food insecurity, multi-year drought, mass returns, disease risk and protection considerations, alongside partners' demonstrated operational reach and realistic funding projections.

Targeting by age and sex is systematically integrated across all sectors to ensure that assistance is accessible, safe and responsive to differentiated risks, and that demographic vulnerabilities directly shape humanitarian prioritisation and delivery modalities.

Of the 17.5 million people targeted in 2026, 4.7 million are boys, 4.5 million are girls, 5.3 million are men and 5.1 million are women. Children account for more than 53 per cent (9.2 million) of all people targeted, underscoring the scale and severity of malnutrition, disease exposure, education disruption and child protection violations across the country. Acute malnutrition remains a critical driver of child mortality risk, particularly in drought-affected rural areas and among newly displaced populations, where food consumption gaps, unsafe water and limited access to health services converge. Women constitute a significant share of the targeted population - 5.1 million - including 175,200 WHHs, prioritised for assistance in 2026. Their high representation reflects the compounded vulnerabilities they face due to escalating gender-based movement and participation

restrictions, systemic barriers to healthcare, education and livelihoods, and heightened exposure to GBV, exploitation and harmful coping strategies.

Targeting also emphasises groups facing structural exclusion and compounded vulnerability, including persons with disabilities, older persons and WHHs, representing the vast majority of those assessed in need within these categories. This includes 1.6 million persons with disabilities, representing 89 per cent of those in need, 602,400 older persons (94 per cent of those in need), and 175,200 WHHs (91 per cent of those in need). These exceptionally high targeting ratios reflect the severe physical and social access barriers these groups face, alongside high dependency ratios, limited income-earning capacity, and elevated exposure to exploitation, neglect and discriminatory practices. Assistance for these populations is concentrated primarily in food security, health, WASH and protection, with targeted adaptations to ensure physical access, access to cash and markets, dignity and safety.

## People prioritised

Humanitarian prioritisation in 2026 is directly anchored in inter-sector severity and shock exposure, ensuring that assistance is aligned with life-threatening risk rather than population size alone. Under this framework, 86 districts are classified in inter-sector severity 4 and approximately 300 in inter-sector severity 3. These classifications overlap spatially with major drought zones, high-return corridors and protection-restricted environments.

Within this context, shock-affected districts form a central pillar of the 2026 targeting strategy. Of the 10.9 million people in need living in drought- and AWD-prone locations, 9 million people are targeted (83 per cent). This reflects the structural nature of drought following multiple consecutive years of rainfall failure, groundwater depletion and agricultural collapse, and the resulting increase in acute malnutrition and water-borne disease. Food security, nutrition, health and WASH dominate the response in these locations.

In inter-sector severity 4 districts, 4.6 million people are assessed as being in need, of whom 85 per cent

(approximately 3.9 million people) are targeted. These districts face systemic multi-sector deprivations, where emergency food insecurity coincides with disease outbreaks, displacement, explosive hazards and severe protection restrictions—particularly affecting women and girls. In these locations, humanitarian assistance is foundational to survival, rather than complementary.

Beyond higher-severity districts, sudden-onset disaster pockets within overall inter-sector severity 2 districts remain a critical focus. In these areas, 371,100 people are assessed as being in need, with 333,200 targeted (90 per cent). Although these districts do not meet the thresholds for higher inter-sector severity classification, the intensity and immediacy of shock impacts rapidly generate life-threatening conditions, including emergency displacement, destruction of shelter, disruption of water systems and sharp increases in disease transmission. Taken together, targeting by inter-sector severity, shocks and pockets of need reflects a deliberate risk-informed prioritisation model for 2026. It ensures that life-saving assistance is concentrated in areas where needs are the highest, while also preserving the operational flexibility required to respond rapidly to sudden-onset shocks and localised deteriorations. This layered approach allows the humanitarian response to remain both strategically focused and operationally agile in a context defined

by persistent crisis and geographically dispersed recurrent emergencies.

**Mitigating against inclusion/exclusion errors**

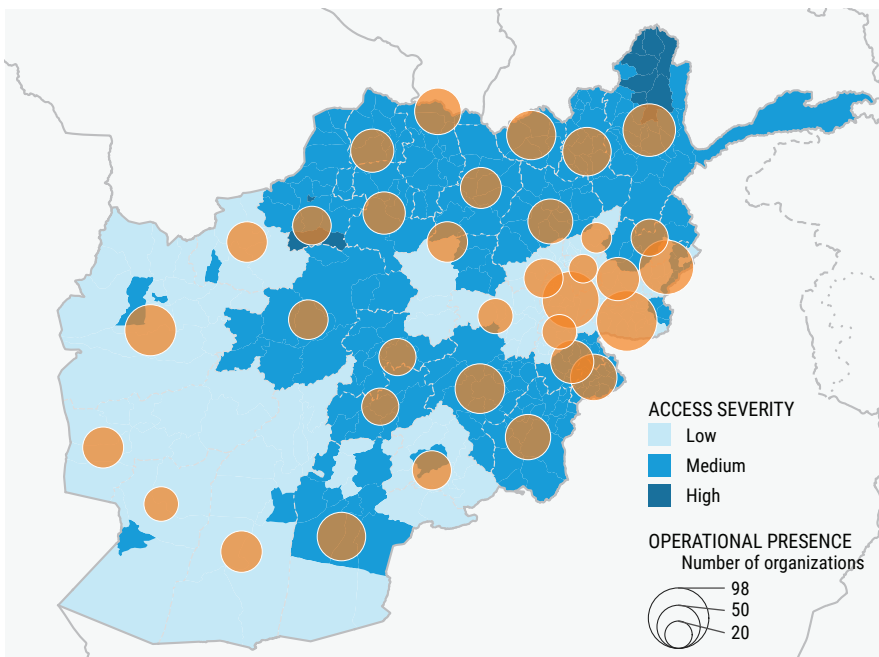
The 2026 targeting framework underwent systematic review by the Inter-Cluster Coordination Team (ICCT) and HCT to mitigate both exclusion and inclusion errors. This process assessed whether underserved pockets of need risked being omitted, and whether areas facing considerable access or feasibility constraints risked being impractically included. Final targets were refined based on operational feasibility, including historical reach, regulatory constraints and partner capacity.

**Access constraints and challenges**

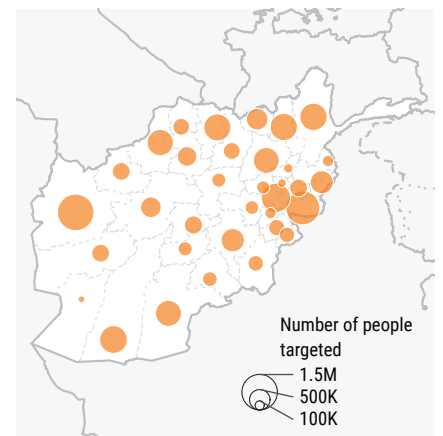
The operating environment in Afghanistan will likely remain highly constrained in 2026, shaped by regulatory restrictions, gender-related challenges, security risks and persistent administrative impediments that continue to affect humanitarian access, coverage and delivery modalities.

Access impediments continue to challenge the humanitarian response nationwide. Between January and October 2025, 930 humanitarian access incidents were reported, 79 per cent linked to interference in humanitarian operations, resulting in the temporary

**Operational capacity and access**



**Number of people targeted**



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suspension of more than 500 activities, primarily in food security, health, protection and WASH.<sup>78</sup> Although this represents a reduction compared with 2024, the operating environment remains unpredictable. The decline in reported incidents is largely associated with a reduced operational footprint following funding shortfalls, rather than a substantive improvement in access conditions.

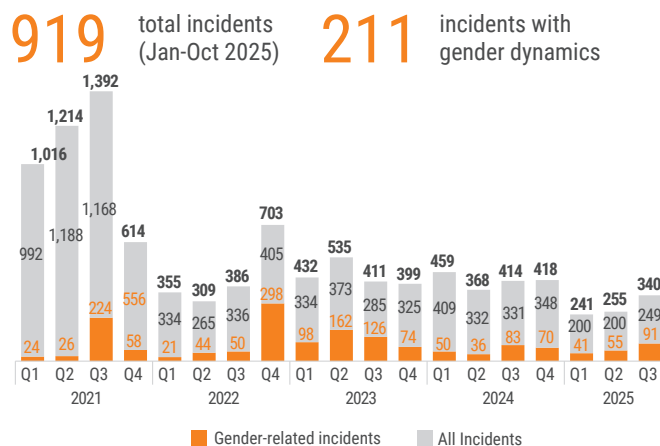
Since 2021, more than 470 directives have been issued by the DfA, which affect the humanitarian response, including 79 measures directly affecting female staff and beneficiaries, which continue to restrict women’s access to services, movement, education and employment.<sup>79</sup> These constraints have a disproportionate impact on all sectors’ engagement with women and girls, including health, nutrition, protection and education. These bans extend to secondary and tertiary education and prohibitions on women’s employment with NGOs (December 2022), later extended to the UN (April 2023).<sup>80</sup>

While these policies directly contravene international human rights law and humanitarian principles, their application remains inconsistent at sub-national level. In practice, humanitarian partners have continued to engage with the DfA through complex, labour-intensive negotiations to preserve principled access and sustain women’s participation in the response where possible. As a result, Afghan women continue to contribute across much of the humanitarian response, albeit with significant geographical variation, operational risk, heightened costs and persistent uncertainty.

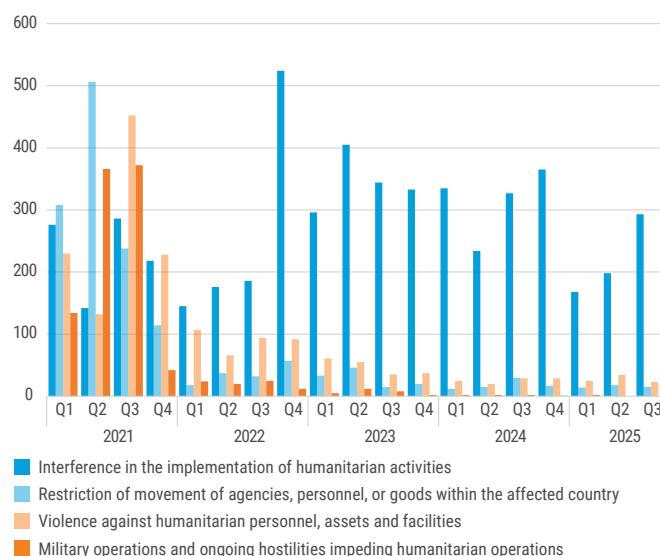
However, efforts to safeguard the full, meaningful and comprehensive participation of Afghan women staff in humanitarian operations also encountered some major challenges in 2025. In September, the de facto authorities imposed restrictions that prevented national female staff from accessing UN premises. In November 2025, the Ministry for the Propagation of Virtue and the Prevention of Vice (MoPVPV) barred women from working at the Islam Qala reception centre in Herat Province.<sup>81</sup> In response, UN and NGO partners suspended activities at the reception centre that could not be delivered safely and equitably without female staff,

acknowledging that female staff are indispensable to reaching women and girls with protection, health, nutrition, cash and case management services. Engagement by humanitarian leadership and partners has resulted in the resumption of life saving health services for returnees - most notably through sustained, principled dialogue that helped address the severe access constraints at Islam Qala. Intensive negotiations with the de facto authorities contributed to a partial restoration of female access at the border point, allowing a limited number of national female staff to return to duty under gender segregated clinical arrangements. These improvements have enabled the continuation of primary health care,

### Humanitarian access incidents (2021 - 2025) and number of incidents with gender dynamics



### Humanitarian access constraints by type (2021 - 2025)



nutrition screening and counselling, and vaccination services for returnee populations, supported by the presence of a small number of female health personnel whose participation remains essential for safely reaching women and girls. The humanitarian community continue advocating for the full lifting of the restrictions, stressing female personnel are essential for safe, principled and dignified aid delivery – especially to women and children who constitute over 60 per cent of returnees. UN agencies and humanitarian partners have maintained that full operations will only resume once conditions permit. In other parts of the country including those affected by recent earthquakes, partners were able to negotiate local arrangements that enabled the participation of female national staff in field-level response activities. Humanitarian partners continue local-level negotiations to sustain women’s participation where possible, often resulting in uneven and piecemeal access arrangements.

Despite these constraints, humanitarian partners continue to adapt through local engagement, risk-informed programming and flexible operational modalities, including gender-segregated service delivery, mahram support arrangements, remote management where necessary and adjusted distribution approaches. While these measures have preserved a degree of humanitarian space, they involve additional operational costs and are not uniformly feasible across all contexts as 39 per cent of partners report that they are no longer able to cover these costs due to funding cuts.<sup>82</sup>

Humanitarian leadership, supported by the Humanitarian Access Working Group (HAWG), will sustain engagement with relevant authorities at national and sub-national levels throughout 2026 to advocate for principled access, the meaningful participation of female staff and the the removal of bureaucratic and administrative impediments. Safeguarding independent, impartial and safe access to affected populations – particularly women and girls – remains fundamental to the effectiveness, accountability and credibility of the humanitarian response.

## Operational presence

In 2025

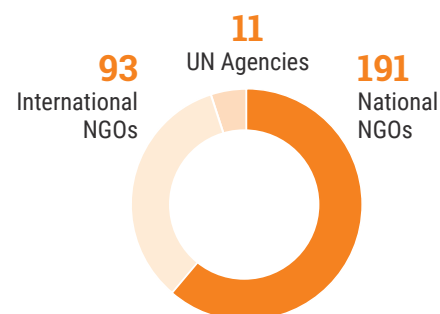
### Total partners



295

operational partners

### Operational partners by type



## 2.3 Humanitarian response strategy

Required to support 17.5m people

US\$1.71B

In 2026, humanitarian partners in Afghanistan will implement a shock-responsive, highest severity-first and time-bound response focused on people facing the most acute risks to life, safety and dignity. Building on the boundary-setting and targeting framework, the strategy concentrates on needs arising from drought and water stress (including AWD as a proxy for malnutrition risk), large-scale returnee inflows, sudden-onset natural disasters and residual impacts of the 2025 eastern region earthquake, while remaining complementary to BHN and longer-term recovery efforts.

### Planned humanitarian action

Operational priorities in 2026 are guided by inter-sector severity and verified shock exposure, with particular focus on populations in inter-sector severity 4 and 3 districts and clearly defined shock-affected pockets in severity 2 targeting the most vulnerable among the overall population in need, including children, young people, women, older persons, persons with disabilities, returnees and displaced communities. Humanitarian partners will concentrate life-saving action in districts where emergency food insecurity, acute malnutrition, disease outbreaks, displacement and protection risks

converge, reducing the risk of further deterioration and irreversible harm.

Interventions will be sequenced in line with seasonal and mobility patterns, including pre-harvest and lean-season food and nutrition responses, winterisation in high-altitude provinces, and scalable surge capacity for sudden-onset disasters and large returnee inflows. Real-time needs assessments, inter-sector severity analysis and response monitoring will enable continuous adjustment of geographic and sectoral priorities as conditions evolve. Inter-cluster and cluster surge mechanisms will be activated to reinforce local response capacity during major shocks.

Gender-responsive and child-sensitive programming, is central to all planned action. Cluster plans will systematically integrate GBV risk mitigation, child protection, mine action, legal assistance, civil documentation support and mental health and psychosocial support, while specialised protection services will be scaled in high-risk locations.

Community feedback consistently confirms that food, health care, safe water, shelter and livelihoods remain the most urgent priorities for crisis-affected people. Flexible assistance, particularly cash assistance, will remain central where markets are functional and access allows, enabling households to meet diverse survival needs with dignity. In-kind assistance will be prioritised where markets are disrupted, access is constrained, or standardised inputs are required for protection, nutrition, health and WASH outcomes. These preferences directly shape modality choices and service delivery models and will continue to inform programme adjustments through collective accountability and feedback mechanisms throughout 2026.

### **Prioritised humanitarian response**

Geographic prioritisation in 2026 follows the inter-sector severity and shock mapping. The response will focus first on severity 4 districts, where multi-sector convergence and the highest levels of resource allocation are required, alongside severity 3 districts that continue to experience recurrent shocks, elevated

protection risks or critical service gaps. In parallel, high coverage will be ensured in sudden-onset, shock-affected pockets within severity 2 districts where humanitarian needs are present.

Cluster operational plans are sequenced to seasonal and mobility patterns. Nutrition and FSAC responses are front-loaded ahead of the winter lean season (November-March), while Water, Sanitation and Hygiene (WASH) and Health activities are scaled in anticipation of AWD and other disease outbreaks. SLSC, Health and Protection responses are intensified during winter and following major disasters or returnee surges to address overlapping needs.

### **Response modalities**

The 2026 response strategy places strong emphasis on multi-sector convergence to maximise impact in high-severity locations and minimise duplication. Convergence will be operationalised through joint targeting and co-location of services in severity 4 districts and key shock hotspots, supported by aligned delivery calendars across clusters. Shared use of community feedback and monitoring data will continue to guide ongoing adjustments to assistance and timing to ensure responsiveness to evolving needs.

Modality choices in 2026 will be driven by context-specific feasibility, access and risk analysis. MPC and sectoral cash assistance will be prioritised where markets are accessible and functional, and financial service providers are operational, with primary focus on inter-sector severity 4 districts. In-kind assistance will be used where markets are disrupted, supply chains are unstable or standardised inputs are required, including for therapeutic nutrition, essential medicines, water treatment and shelter materials. Close coordination between the Education, Protection and Health Clusters will continue to be critical to safeguarding children's safety and well-being while sustaining access to learning and essential health services. Mental health and psychosocial support will be systematically integrated across the response, particularly for survivors of gender-based violence.

## Localised and inclusive response

Local and national organisations, including WLOs, remain central to humanitarian access, community acceptance and service continuity in Afghanistan. The 2026 response strategy therefore prioritises increased and more predictable sub-granting and, where feasible, direct funding to national partners in line with localisation commitments reflected in cluster transition plans. Efforts to strengthen localisation will focus on expanding direct funding to national partners, reinforcing capacity for duty of care and compliance, and enabling predictable sub-granting arrangements, while community-based protection and participation mechanisms will be expanded to ensure that women, youth, older persons, persons with disabilities and returnees are meaningfully consulted and able to influence programme design and delivery.

The women-for-women modality, where female staff deliver services directly to women and girls, will remain a cornerstone of the response to mitigate access barriers arising from restrictions. Progress on localisation will be tracked qualitatively against cluster transition commitments, including the proportion of activities implemented by national partners and the strengthening of their decision-making roles within coordination structures.

## Risk informed planning

Risk-informed planning underpins the 2026 response. Building on early warning and anticipatory action systems, partners will use consolidated forecasting and monitoring including seasonal climate outlooks, market and food security analysis, disease surveillance and displacement tracking to continuously update risk scenarios. Humanitarian partners will continue to pre-position supplies, activate early financing and

implement early interventions ahead of forecast drought, floods and winter hazards. Critical supplies will be pre-positioned and contingency arrangements strengthened in high-risk districts ahead of the lean season, winter and peak flood and earthquake periods. Anticipatory action and surge protocols will be activated based on pre-defined trigger thresholds, such as rainfall and snowpack deficits, crop production failure, sharp price increases and sudden rises in cross-border returns and internal displacement. Together, these measures are designed to shorten response lead times, reduce preventable loss of life and contain the scale and cost of subsequent humanitarian crises.

## Transition

The 2026 HNRP is designed to prepare, where feasible, for responsible and context-appropriate transition to BHN and longer-term support. Humanitarian activities will contribute to transition by stabilising households and communities in recurrent shock-affected areas, particularly under SO3 by strengthening linkages with basic service delivery, social protection-type programmes and disaster risk reduction where minimum conditions exist, and by systematically sharing analysis and evidence with BHN and development actors to inform area-based and sectoral transition planning. Minimum conditions for transition include relative stability in shock patterns, basic functionality of essential services, predictable partner presence and the availability of alternative financing or programme arrangements. Any transition will be carefully sequenced to ensure that no population loses access to life-saving assistance before viable alternatives are in place, while also remaining conflict-sensitive and gender-responsive.

## 2.4 Advocating for people not assisted through the HNRP, including with authorities and/or development actors

### People not assisted through the HNRP

The 2026 HNRP applies a shock-based methodology in line with global guidance, while retaining the flexibility needed to capture the most acute needs beyond the strictly defined shock framework. Accordingly, the geographic scope of the plan encompasses areas affected by drought, AWD, mass returns, sudden-onset natural disasters and the residual impacts of the eastern region earthquake, in addition to areas where the needs analysis has shown the highest inter-sectoral needs, specifically districts with an inter-sectoral severity of 3 or above. The HCT agreed to retain the inclusion of inter-sector severity 3 districts beyond shock-affected areas to ensure continued assistance where significant needs persist. While a narrower severity scope would have provided a clearer distinction between acute humanitarian needs and longer-term BHN arising from structural conditions, the agreed approach reflects operational realities and the distribution of inter-sectoral severity in Afghanistan. Under this methodology, approximately 284,200 people have been assessed as in pockets of need within inter-sector severity 2 in 15 districts and fall within the scope of the 2026 HNRP plan. More than 2.3 million people in the 15 inter-sector severity 2 districts that are not in the identified pockets of need fall out of the scope of the 2026 HNRP.

For targeting, the HCT agreed that clusters will prioritise inter-sectoral severity 4 locations first, followed by inter-sectoral severity 3 and defined targets in pockets of need in inter-sectoral severity 2 districts where clearly justified shock-affected pockets of need exist, such as returnee settlements.

In parallel, dedicated efforts were undertaken to de-duplicate activities between the HNRP and the UNSFA to ensure that development-oriented interventions fall outside the humanitarian response.

Despite this, transitional shelter, agricultural livelihood support and WASH rehabilitation still account for 15 per cent of total HNRP requirements (SO3).

### Humanitarian–Basic Human Needs collaboration

In 2025, concrete steps were taken to strengthen collaboration between humanitarian and BHN partners to ensure greater coherence between shock response and longer-term essential service support. BHN indicators were integrated into the WoAA to enable shared analysis without expanding assessment burden. Clusters also completed transition planning in 2025, in consultation with BHN counterparts, to identify where and how humanitarian support could responsibly transition to longer-term service delivery models as conditions permit.

Joint humanitarian–BHN planning processes were also conducted to align risk analysis, cross-cutting priorities and transition approaches. In parallel, the Data Working Group (DWG) was expanded to include humanitarian actors, enabling the use of joint population baselines, administrative boundaries and shared datasets for PiN, targeting and severity analysis. These efforts ensure that BHN partners can align basic service delivery, referral pathways and area-based programming with HNRP-identified shock and severity analysis.

In late 2025, a workshop aimed at strengthening humanitarian–BHN collaboration was conducted. The discussion focused on enhancing coherence across humanitarian and BHN coordination mechanisms through more through joined-up sectoral platforms, with the aim of reinforcing a whole-of-response approach. The outcomes will inform the development of an overarching coordination architecture framework for implementation in early 2026.

### Consequences of development suspension

While BHN financing has exceeded humanitarian funding since 2024, BHN programming remains development-light. As of June 2025, funding for the 2025 HNRP stood at \$537.7 million, while the UNSFA had received \$1.39 billion at the same time.<sup>83</sup> BHN programming addresses essential service continuity, livelihoods and community-level recovery but

deliberately avoids large-scale infrastructure and state systems development.

This approach is driven largely by the current political context, operating environment, funding constraints and risk appetite of a large proportion of the international community. Most traditional donors remain unwilling to fund initiatives that could be perceived as directly supporting the DfA. As a result, development actors face strict limitations on the type and scale of activities they can undertake with funding often channelled into humanitarian programmes, complemented only by lighter forms of BHN engagement that circumvent direct institutional support. While this protects donor principles, education, health, water and livelihoods sectors continue to operate under fragmented, short-term financing, with limited opportunity to enable durable public systems.

The absence of predictable, transformative development financing has far-reaching consequences. Without substantial structural investment, Afghanistan remains unable to significantly reduce humanitarian needs over time. Communities remain highly exposed to repeated shocks, essential services continue to deteriorate and household coping capacities steadily erode. This dynamic reinforces a cycle in which

humanitarian assistance substitutes for development but cannot itself deliver long-term recovery.

## 2026 priorities

Looking ahead, three strategic response priorities will be central to translating humanitarian–BHN collaboration into sustained impact. First, expanded BHN engagement in inter-sector severity 2 districts will be important to consolidate recent gains and support continued movement away from humanitarian dependence. Second, greater flexibility in financing will be essential to enable responsible transition from humanitarian assistance to BHN programming in stabilising inter-sector severity 3 areas. Finally, scaled and complementary BHN investments in high-return urban centres are needed to ease pressure on humanitarian systems, strengthen local absorption capacity and reduce the risk of secondary displacement.

Engagement with DfA on these issues will continue through principled and coordinated dialogue platforms, including the High-Level Coordination Forum (HLCF). Advocacy efforts will prioritise the protection of humanitarian space, the continuity of essential services and the creation of conditions that enable the safe, meaningful and comprehensive participation of women in the humanitarian response.

HNRP	UNSFAs <sup>64</sup>
Short to medium-term interventions addressing the acute humanitarian needs among the most vulnerable	Medium to long-term interventions for sustainable integration and standard of living
Education: temporary learning spaces (TLS), provision of education kits, light rehabilitation of schools	Construction and rebuilding of schools, vocational education and training, improving literacy rates
Food Security: emergency food assistance, agricultural tools and inputs	Agricultural development, vocational training, strengthened food value chains, business support
Health: emergency health services, trauma care, Minimum Initial Service Package (MISP) for Reproductive Health	Health systems strengthening, health information systems, rebuilding of primary healthcare facilities, comprehensive Sexual and Reproductive Health (SRH) services
Nutrition: SAM and MAM treatment	Sustained access to nutrition services
Protection: family reunification, mine clearance, survivor-centred GBV response services	Social safety nets, sustained access to social services and civil documentation strengthening, essential GBV prevention and response services
Shelter: emergency and transitional shelter, rental support	Long-term housing and site planning
WASH: water-trucking, hygiene promotion, repair and light rehabilitation of systems	Building of WASH infrastructure, water conservation

## 2.5 Accountable, inclusive and quality programming

In 2026, the HNRP will reinforce accountability, inclusion and quality as core enablers of effective life-saving assistance. The operating context remains highly restrictive, particularly for women and girls, while persons with disabilities, older persons, and returnees continue to face layered barriers to accessing assistance. These constraints require systematic, adaptive and field-driven accountability and inclusion mechanisms to ensure that assistance remains safe, relevant and responsive to evolving needs.

Restrictions on women’s mobility, employment and participation, alongside bans on women working with the UN and NGOs, have continued to reduce women’s access to aid and services in 2025, widened economic dependence and deepened psychosocial distress. These systemic barriers have also eroded gender-responsive and safe programming, limiting the ability of humanitarian partners to identify and address women’s priorities, particularly for women-headed households and survivors of gender-based violence.

“Although employees were present, I could not speak to a member of the NGO. They were all men and I wouldn’t have talked to them.”

A woman in Khost Province

Surveys indicate that over half of national female humanitarian staff are no longer able to work from the office and 37 per cent are no longer able to join official UN or NGO missions.<sup>85</sup> While humanitarian actors have made extensive efforts to identify workarounds and localised arrangements to the existing bans, funding cuts have had a disproportionate impact on their ability to budget for women’s participation. Almost 40 per cent of partners are unable to cover mahram costs or transportation costs for women staff due to reduced funding.<sup>86</sup>

The current decrease in funding has also led to reduced humanitarian coverage, with the provision of

humanitarian assistance falling from 34 per cent to 24 per cent in 2025, 72 per cent of surveyed households reported receiving assistance that was appropriate but insufficient to meet their needs.<sup>87</sup> Food (81 per cent) and livelihoods (56 per cent) remain the top needs, while water (37 per cent), health and protection (32 per cent) are rising in priority due to prolonged drought and water scarcity.<sup>88</sup> Women and persons with disabilities report lower awareness of feedback mechanisms and lower satisfaction with aid quality, highlighting the need to strengthen accessible communication, inclusive targeting, and partnerships with women-led and disability-led organisations.

### Community priorities for support

*For the year 2025 (reflect voices of people)*

Food	Livelihoods	Safe water	Healthcare
81%	56%	37%	26%

Sexual Exploitation, Abuse and Harassment (SEAH) risks remain high and protection needs are dire, while mental health needs have also sharply increased across the population. Women, WHH and people with disabilities are among the most marginalised. Children are also at heightened risk of abuse, particularly in situations of poverty, displacement or where community protection structures have been disrupted.

### Response strategy

In 2026, cross-cutting priorities will focus on strengthening the feedback-to-action system, embedding gender and disability inclusion throughout the programme cycle, and ensuring that women’s voices and leadership shape the provision of safe, accountable and equitable humanitarian assistance. Localisation will be supported through greater inclusion of WLOs and organisations of people with disabilities as cluster partners and recipients of humanitarian funding. To enhance communication with communities, guidance on accessible messaging and communication channels will be issued, and trusted mechanisms for reporting sensitive issues, including SEAH, GBV and other protection concerns, will be strengthened. The Afghanistan Community Voices and Accountability Platform will be scaled

up in collaboration with Awaaz Afghanistan to maintain an accessible, gender and disability inclusive helpline. Partners will receive support to harmonise community feedback and complaints mechanisms that reach people with limited literacy, mobility or digital access, including through the development of feedback materials in Braille, sign language and plain language formats.

Support for women humanitarian workers will continue through identifying suitable engagement modalities, assisting clusters and partners on recruitment and retention, and providing capacity building on negotiations. The Women's Advisory Group (WAG) to the HCT will continue to be supported to ensure women's perspectives are reflected in the response, and data from the Community Voices Platform, Gender in Humanitarian Action (GiHA)/HAWG surveys and disaggregated feedback will help identify inclusion gaps, track progress and inform sectoral strategies.

Cross-cutting working groups, including the Assessment & Analysis Working Group and the Cash Working Group (CWG), will maintain their capacity building support to clusters, cluster partners, Regional Teams (RTs) and Operational Coordination Teams (OCTs) on accountable, inclusive and gender responsive programming, including the participation of at-risk groups such as women and people with disabilities, and on tools to generate gender and age disaggregated data. Quality programming will be further reinforced through continued review of Afghanistan Humanitarian Fund (AHF) partner proposals and the rollout of Protection from Sexual Exploitation, Abuse and Harassment (PSEAH) Standard Operating Procedures. The Protection from Sexual Exploitation and Abuse Network (PSEA Network) will continue to strengthen coordinated prevention efforts, survivor centred response, and safe and accessible reporting systems.

## Monitoring

In 2026, the Accountability and Inclusion Working Group (AIWG) and the PSEA Network will continue community perception monitoring on system-wide accountability, drawing on existing local channels. Progress on accountability and disability inclusion

will be informed by data from the Community Voices Platform and the Awaaz Helpline. The PSEA Network will complement this with risk assessment and monitoring tools, including the Sexual Exploitation and Abuse Risk Overview, which analyses SEAH risk levels and contributing factors across all 34 provinces.

The GiHA and HAWG will continue quarterly surveys on the impact of directives targeting Afghan women and girls, including national female humanitarian staff. These surveys provide insight into partners' negotiation challenges, the restrictions shaping operational delivery, and the resulting effects on women affected by crises and on women staff.

Together with qualitative field engagement through focus group discussions, system-wide perception surveys supported by cluster partners, monitoring missions by the working groups, local inputs from regional working group presence and joint monitoring mission with clusters, these tools will provide a clear picture of implementation practices and gaps. This will help identify good practices and recommendations to strengthen accountable, inclusive and gender responsive programming, and to improve the quality and appropriateness of assistance based on community feedback.

## 2.6 Humanitarian reset

Following the relative stabilisation of the humanitarian situation after August 2021 and the corresponding transition from active conflict to a protracted post-conflict context, the Humanitarian Coordinator initiated a review of Afghanistan's humanitarian coordination architecture in November 2024, ahead of the current funding crisis. This process was designed to ensure that humanitarian coordination arrangements remain fit for purpose, proportionate to evolving needs and focused on maximising life-saving impact.

An initial internal light-touch review was followed by a Peer-to-Peer mission in April 2025, which assessed existing coordination mechanisms and proposed practical options to streamline and right-size the

architecture. A dedicated multi-stakeholder task team was subsequently established to translate these recommendations into phased, actionable reforms, with a focus on strengthening efficiency, impact and accountability. This country-level effort has been closely aligned with global consultations on the future of the humanitarian system, including the cluster approach.<sup>89</sup>

Building on cluster self-reviews conducted in July 2025, a set of HCT-endorsed reforms, aligned with global agreements, are now under implementation. These include the integration of the CCCM Working Group and the Housing, Land and Property (HLP) Area of Responsibility (AoR) under the SLSC Cluster, and the incorporation of the Gender-Based Violence, Child Protection and Mine Action AoRs within the Protection Cluster. These changes are intended to reduce fragmentation, improve coherence, and strengthen operational linkages across related functions.

At the sub-national level, overlapping coordination structures have been streamlined through the discontinuation of Regional Humanitarian Teams (RHTs) and Regional Inter-Cluster Coordination Groups (R-ICCGs), which are being replaced by RTs that bring together humanitarian and BHN actors. At the provincial level, OCTs composed of humanitarian partners remain in place to preserve flexible and rapid area-based coordination capacity for sudden-onset emergencies.

Several thematic working groups have also been consolidated into fewer, more cohesive platforms, including a unified DWG and a merged AIWG. The GiHA was expanded to include BHN actors working on the same subject matter to ensure a more efficient and coherent coordination architecture. Other platforms have been discontinued as standing mechanisms where appropriate, with the option for ad-hoc activation based on operational need.

Collectively, these adjustments aim to reduce process-heavy coordination, improve internal and external efficiencies and enable greater focus on operational decision-making and delivery. They are also intended to strengthen collaboration between humanitarian and BHN actors and support a more joined-up, whole-of-response approach. Advancing localisation is a central pillar of the Humanitarian Reset. In consultation with NGO partners, greater emphasis is being placed on national and international NGOs assuming active leadership roles within the RTs, bringing frontline operational perspectives closer to strategic coordination.

Efforts are also under way to increase direct allocations from pooled funds to national partners, who are often best positioned to deliver timely and contextually appropriate assistance. In 2025, 84 per cent of Afghanistan Humanitarian Fund allocations were channelled to NGOs, including 36 per cent to national NGOs. Three national NGOs, one of which is women-led and one disability-focused, sit on the HCT, alongside an Afghan woman representative from the WAG.

The revision of the coordination architecture is close to finalization, with work under way to finalize terms of reference for new and adjusted structures, clarify roles and responsibilities and establish relevant operational arrangements. Full roll-out is expected at the beginning of 2026. While implementation of the revised humanitarian architecture has commenced, further re-conceptualisation of the BHN coordination architecture remains in progress. More structured collaboration between humanitarian and BHN coordination mechanisms will be essential to support coherent transition pathways and a gradual reduction in the humanitarian portfolio. Joined-up sectoral platforms will play a central role in strengthening a whole-of-response approach, with a broader framework for nexus-oriented coordination expected to be articulated end of 2025.

## 2.7 Cost of the response

Afghanistan's 2026 HNRP remains an activity-based costed plan. Total financial requirements amount to \$1.71 billion, a 29 per cent reduction from 2025. Despite this, the response will assist 17.5 million people, a 4 per cent increase from last year. Average cost per beneficiary has fallen from \$143.94 to \$98.07 (a 32 per cent reduction), driven by sharper prioritisation, notable efficiency gains, and a strategic shift away from high-cost, less sustainable interventions. The most significant reductions are in WASH and FSAC. WASH has reduced water trucking and revised kit composition while expanding hygiene-promotion activities in response to AWD. FSAC has adjusted its targeting framework, with returnees receiving one month of full rations and natural disaster-affected households receiving two months of full rations. Households targeted for winter lean season assistance will receive six months of support, while those targeted under the hotspot response will receive three months of food assistance, reduced from six months in 2025. For households classified as IPC Phase 3 or Phase 4, food assistance rations will be provided at 50 per cent of the standard requirement, thereby substantially lowering overall costs.

### Costing methodology

Cost estimates for each cluster are tailored to their specific activities and needs. Costing is primarily based on activity-level unit costs consolidated through Humanitarian Programme Cycle (HPC) tools. Where activity-based costing was not feasible, clusters applied the standard formula using 2025 cost-per-person values. Requirements reflect aggregated activity costs aligned with cluster plans. The Education Cluster requires \$60.0 million for 613,800 children at \$97.82 per beneficiary, a 13 per cent reduction compared with \$112.20 last year reflecting lower activity costs. SLSC requests \$160.3 million for 880,600 people, with an average cost of \$182.03, an 11 per cent increase from 2025 attributed to an increased caseload for transitional shelter. FSAC requires \$651.1 million to support 11.9 million people, with the average cost reduced to \$54.66, representing a 29 per cent

reduction. The Health Cluster seeks \$190.8 million for 7.2 million people at \$26.43 per person, which is 13% reduction from last year. The Nutrition Cluster requires \$298 million to reach 5.7 million people at \$52.45 per person. The Protection Cluster requests \$136.5 million for 5.3 million people at \$25.52 per person. The WASH Cluster requires \$163.34 million for 7.8 million people, with unit cost reduced to \$20.84, which constitutes half of the 2025 unit cost.

### Cost effectiveness

In preparation for the 2026 HNRP, clusters engaged in boundary setting and prioritisation that guided their sector-specific plans. Cost efficiency will be a core priority across all clusters, achieved through careful planning, strategic integration and strong collaboration. By aligning interventions with local needs, minimising duplication and leveraging partnerships, the clusters aim to deliver high-impact outcomes for the most vulnerable populations. This approach not only addresses immediate needs but also contributes to the long-term resilience and recovery of affected communities.

The Nutrition Cluster improves efficiency by integrating treatment, prevention, and community screening platforms and using joint delivery arrangements with health partners. The WASH Cluster achieves major gains by standardising hygiene kits, shifting to lower-cost water-treatment and sanitation options, and sequencing activities to reduce high-cost emergency responses. Education partners strengthen cost-effectiveness by using TLS as adaptable, lower-cost entry points linked to sustainable community-based schools, supported by increased localisation. SLSC improves value for money by prioritising repairs, retrofitting and transitional shelter solutions, reinforced by owner-driven approaches and earlier pre-positioning that reduces logistics costs. FSAC enhances efficiency through recalibrated lean-season coverage, improved procurement pipelines and targeted seasonal assistance that avoids unnecessary blanket distributions. The Health Cluster reduces operational overheads by integrating essential services within shared platforms, particularly mobile teams, rather than expanding fixed facilities. The Protection Cluster strengthens cost-effectiveness by scaling

community-based mechanisms and integrating GBV, child protection and mine-action risk education under unified programming models. Collectively, these measures allow the response to reach more people at lower cost while maintaining quality and prioritising the most severe needs.

### Changes in the cost of operating

Following the restrictions imposed by the DfA on women’s movement, the UN system, through the UNCT, adopted a costed mahram policy in 2023, allowing eligible women staff to claim the costs of a male family member accompanying them on official travel. As enforcement of these restrictions has intensified, it is anticipated that additional mahram-related costs will be incurred during 2026.

Operational costs vary across clusters due to fuel price volatility, the appreciating Afghani against the US dollar which strengthened from 70.4 in January to 65.7 in December 2025, transportation constraints, supply chain disruptions linked to border closures and activity-specific input requirements. In the event of prolonged border closures with Pakistan, procurement costs for basic relief items may rise further due to reliance on longer alternative routes, restricted access to Pakistani seaports and increased use of air freight. Despite new logistical challenges being encountered in 2025, strengthened planning and supply chain optimisation helped mitigate cost pressures and ensure that 2026 interventions remain efficient, timely and focused on the most acute needs.

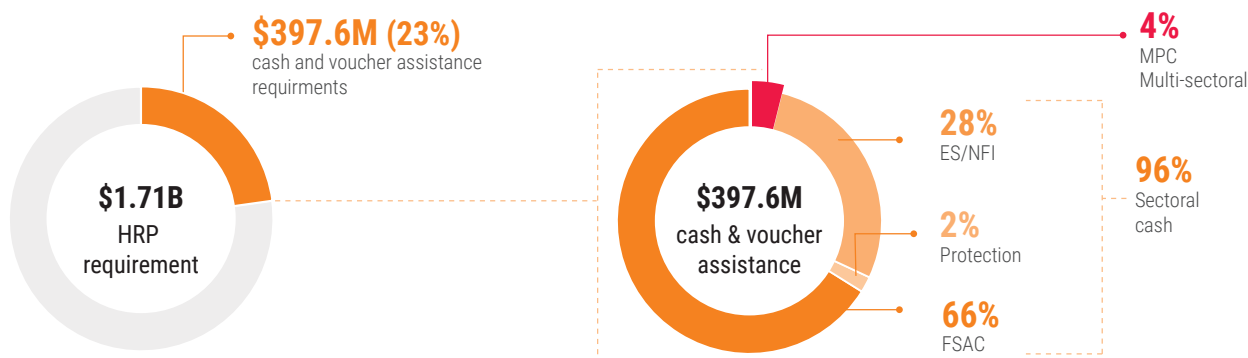
## 2.8 Cash and voucher assistance overview

### Context

By September 2025, CWG partners had reached 16.6 million people through cash and voucher assistance (CVA), distributing \$152.7 million,<sup>90</sup> including \$35.6 million in MPC. CVA feasibility remains high in 2026, underpinned by broadly functioning markets, active financial service providers and strong operational engagement by national and international NGOs. At the same time, the operating environment remains constrained by severe funding shortfalls and persistent restrictions on women’s participation, which continue to limit scale and coverage. The DfA maintain a largely neutral stance on the use of cash for humanitarian response, allowing CVA to remain a critical modality, with 65 per cent of people<sup>91</sup> preferring cash or a combination of cash and in-kind assistance.

In 2026, CVA is planned to reach more than 10 million people with a projected budget of just under \$400 million. FSAC accounts for around 66 per cent (\$262 million), reflecting the central role of cash in addressing food insecurity (\$242 million) and erosion of livelihoods (\$20 million). This is followed by SLSC at 28 per cent (\$111 million), reflecting increased need for transitional shelter in disaster affected areas (\$45 million), winterisation support (\$30 million), rental support for highly vulnerable households including returnees (\$12 million), major and minor shelter repairs (\$13 million), assistance for voluntary returns (\$9

### Cash and voucher assistance programming 2026



million) and basic NFIs (\$1 million). The Protection Cluster accounts for less than three per cent (\$9.6 million) of planned CVA. Overall, MPC represents less than four per cent of total CVA requirements (\$15 million), indicating a continued reliance on sector-specific cash modalities rather than unrestricted multisectoral assistance.<sup>92</sup>

### **MPC Plan**

In 2026, MPC assistance is planned to reach 688,300 individuals with a projected budget of \$15 million. MPC transfer values remain harmonised with the Minimum Expenditure Basket (MEB),<sup>93</sup> most recently reviewed in October 2025, which established a transfer value at \$170 for a household of seven. MPC is primarily deployed in response to sudden-onset shocks to address immediate life-saving needs across key sectors, including food, shelter, health and transportation.

Assistance is typically provided monthly for up to three months, with the duration adjusted according to the scale of the emergency, household vulnerability and funding availability. To enhance equity and protection outcomes, a 20 per cent top-up is applied for female-headed households and households caring for persons with disabilities, recognising the compounded vulnerabilities these groups may face during crisis.

### **Complementarity and de-duplication**

Complementarity between MPC and sectoral CVA is systematically maintained through regular national and sub-national coordination fora, shared online tracking tools and close engagement between the CWG, OCHA, and cluster coordination teams through the ICCT. MPC is used to address immediate, multisectoral basic needs at household level, while sectoral CVA is designed to meet more specific cluster objectives. To minimise duplication and maximise coverage, partners coordinate through village-level data cross-checks,

geographic deconfliction and sequenced programming, with information shared between the CWG and OCTs.

In high-severity contexts and large-scale emergencies, limited and intentional overlaps may occur to ensure that households reach minimum life-saving assistance thresholds through layered support. In such cases, time-bound sub-national CWGs are activated to strengthen field-level coordination, align targeting and modalities, and resolve operational bottlenecks. Referral pathways – including community-based mechanisms, AWAAZ hotline and inter-agency channels – are facilitated either directly through the CWG or via OCTs, ensuring that households identified through cash programming may be linked to complementary services and protection support.

### **Links with social protection**

While Afghanistan does not have a formal, state-led social protection system, a range of activities implemented under the UNSFA BHN framework by several CWG partners provide complementary, quasi-social protection support to highly vulnerable populations. These interventions contribute to household resilience through predictable assistance linked to basic service access and livelihoods, helping to mitigate longer-term vulnerability beyond immediate humanitarian response. Humanitarian MPC interventions, by contrast, remain primarily focused on addressing acute, life-saving needs in emergency contexts. Some BHN projects incorporate crisis modifiers, allowing for the rapid scale up of assistance in response to large-scale shocks. At the national level, the CWG continues to engage with the Social Protection Technical Working Group (SP-TWG) to support dialogue, learning and the gradual alignment of humanitarian and BHN approaches, with a view to informing the progressive development of social protection systems in Afghanistan.

## Standard cash and voucher packages (based on October 2025 MEB revision):

No	CVA Modality (HH of 7)	Transfer Value	Recurrence	Duration
1	MPC	\$170	One-off/Multiple	1-3 months
2	Reduced MPC	\$84	Multiple	3-6 months
3	MPC in sudden onset	\$170	One-off	2-month MPC may be provided depending on severity of disaster. \$340 maximum in total.
4	MPC for women headed HH or HHs with PWD	\$204	One-off/Multiple	1-3 months. HHs qualify for only one top-up
4	Cash for food*	\$86	Check FSAC Guidance	
5	Cash for rent (including utilities)*	\$71	Check SLSC Guidance	
6	Cash for Winterization*	\$200	Check SLSC Guidance	
7	Cash for shelter repair*	\$330 to \$530	Check SLSC Guidance	

\* Clusters often recommend providing a portion of the maximum transfer values stated above depending on various considerations such as coverage and available funding

## 2.9 Response monitoring

In 2026, monitoring will remain a core function of the Afghanistan HPC under the leadership of the HCT and based on the technical guidance of the ICCT, ensuring that humanitarian assistance is timely, needs-based, accountable and focused on populations facing the most severe risks. Monitoring will track cluster-specific outputs, outcomes and inter-sectoral reach, excluding BHN activities, and will assess the alignment between severity, response coverage and community priorities.

### Situational monitoring

OCHA, in close collaboration with the Assessment and Analysis Working Group (AAWG) and ICCT, will continue to lead systematic situational monitoring to track evolving humanitarian needs, sectoral trends and emerging risks. Core analytical processes will include the annual WoAA (conducted in Q3/Q4), bi-annual IPC analyses, quarterly Humanitarian Situation Monitoring (HSM), monthly shock monitoring index (SMI), Afghanistan Climate Vulnerability Assessment (ACVA), seasonal food security assessments, the Displacement Tracking Matrix (DTM), and rapid multi-sector needs assessments. Cross-border movement monitoring will remain a critical component of situational analysis, particularly for tracking return and displacement

dynamics from Iran and Pakistan, and for informing the targeting and prioritised assistance for displaced and returning populations.

These will be complemented by sectoral and community-level systems, including the Awaaz Community Voices and Accountability Platform, Community-Based Protection Monitoring (CBPM), Child Protection Information Management System Plus (CPIMS+), health outbreak surveillance, Community Nutrition Sentinel Site Surveillance (CNSS), Integrated Context Analysis (ICA), Joint Market Monitoring Initiative (JMMI), WASH Information Management dashboards and Standardized Monitoring and Assessment of Relief and Transitions (SMART) surveys. Together, these tools provide a multi-sector evidence base for understanding changes in needs, severity and vulnerability.

In October 2025, following the integration of cluster revisions and piloting, the ICCT endorsed the Community Rapid Needs Assessment (CRNA) tool as the agreed standard common tool for rapid needs assessments in sudden on-set emergencies. The CRNA will generate timely, standardised data on immediate humanitarian needs to inform initial decision-making. In close coordination with IOM, OCHA, REACH and UNICEF, regional-level CRNA trainings are underway, with full national rollout expected in 2026.

For the drought anticipatory action framework, the established forecast model, which draws on seasonal rainfall projections, observed rainfall, snow cover and vegetative health indicators, will continue to monitor and inform early action to mitigate drought impacts in districts across the agreed scope of the four high-risk provinces of Badakhshan, Faryab, Sar-e-Pul and Takhar.

The ICCT will review the evolution on inter-sectoral severity of needs on a quarterly basis to track deterioration or improvement and guide prioritisation adjustments.

### **Risk monitoring**

Effective risk monitoring will be essential to anticipate disruptions to the humanitarian response and strengthen preparedness. In 2026, partners will continue to monitor access constraints, security developments, border closures and supply chain disruptions that may affect operational feasibility. Monitoring of partner presence and geographical access will support realistic response planning and ensure that targets remain aligned with evolving operational conditions.

The ICCT will maintain quarterly tracking of key humanitarian supply pipelines at national and regional levels to identify bottlenecks, mitigate stock gaps and minimise interruptions in the delivery of life-saving assistance. Dry spell monitoring and anticipatory action triggers will continue to inform early preparedness and response measures in drought-affected areas.

### **Response monitoring**

A central focus of the 2026 response monitoring framework will be the systematic analysis of response delivery against inter-sectoral severity of needs. Monitoring data will be routinely overlaid with the 2026 inter-sectoral severity classification to assess whether assistance is reaching populations facing the most acute life threatening risks.

This analysis will allow the HCT and clusters to identify geographic and population-level mismatches between needs and response, support corrective action and

reinforce the prioritisation of inter-sector severity 4 locations in line with HCT strategic direction.

Response monitoring will continue to focus on strengthening operational coordination through improved visibility of partner presence, activities and coverage. OCHA, in consultation with Cluster Coordinators and implementing partners, will introduce ActivityInfo, a new response monitoring tool to systematise district-level 5W reporting. This platform will enable more consistent tracking of activities, geographical coverage and operational presence, strengthen evidence-based coordination and facilitate the identification of gaps, overlaps and underserved areas.

The OCHA Information Management Unit will consolidate district-level data from clusters and partners to produce national response overviews, partner presence and operational access snapshots. These products will directly inform the Humanitarian Dashboard narrative updates and pipeline and stock monitoring reports produced in collaboration with the ICCT quarterly.

Bi-annual analyses of response gaps and critical funding shortfalls will support the mid-year and end-year strategic reviews of the HCT, ensuring that reprioritisation is guided by severity of needs, coverage, and operational feasibility.

### **Cross-cutting issues and inclusiveness of humanitarian programming**

In line with commitments to accountability to affected people, response monitoring in 2026 will systematically integrate community feedback and perceptions of assistance. Monitoring data will be analysed alongside crisis-affected people's stated priorities and preferences to assess whether humanitarian assistance is aligned with their most urgent needs.

Community feedback mechanisms, including the [Afghanistan Community Voices and Accountability Platform](#) in addition to Community Voices Bulletins and GiHA WG's gender alerts will continue to inform both strategic and operational adjustments. Regular feedback on service quality, accessibility, safety,

and relevance will be reviewed alongside response data to support adaptive programming and timely course correction.

**“We hear about aid only from the village elders. Humanitarian workers should come and explain directly.”**

Young man, Sholgara District in northern Afghanistan

Gender-, age-, and disability-disaggregated data will be systematically tracked to assess both the reach and effectiveness of the response for vulnerable groups, including women, girls, adolescents and persons with disabilities. The active engagement of women and persons with disabilities in assessments, consultations and feedback mechanisms will continue to be prioritised to ensure their safe and meaningful participation.

Humanitarian actors will continue to rely on multi-hazard early warning systems, including FEWS NET, FAO agro-climatic monitoring, World Meteorological Organization seasonal forecasts, IPC analyses, IOM displacement tracking, WHO disease surveillance, REACH SMI and national hydrometeorological data, to activate early action where feasible.

### Situation and response monitoring products and timeline (2026)

To support predictable, timely, and actionable decision-making, response monitoring in 2026 will follow a structured annual cycle of information products for operational coordination and strategic oversight.

#### Monthly

- District-level response monitoring updates via ActivityInfo
- National response overviews
- Humanitarian Dashboard updates

#### Quarterly

- Humanitarian Dashboard narrative updates
- Pipeline and stock monitoring reports
- Partner presence and operational access snapshots

#### Bi-annual

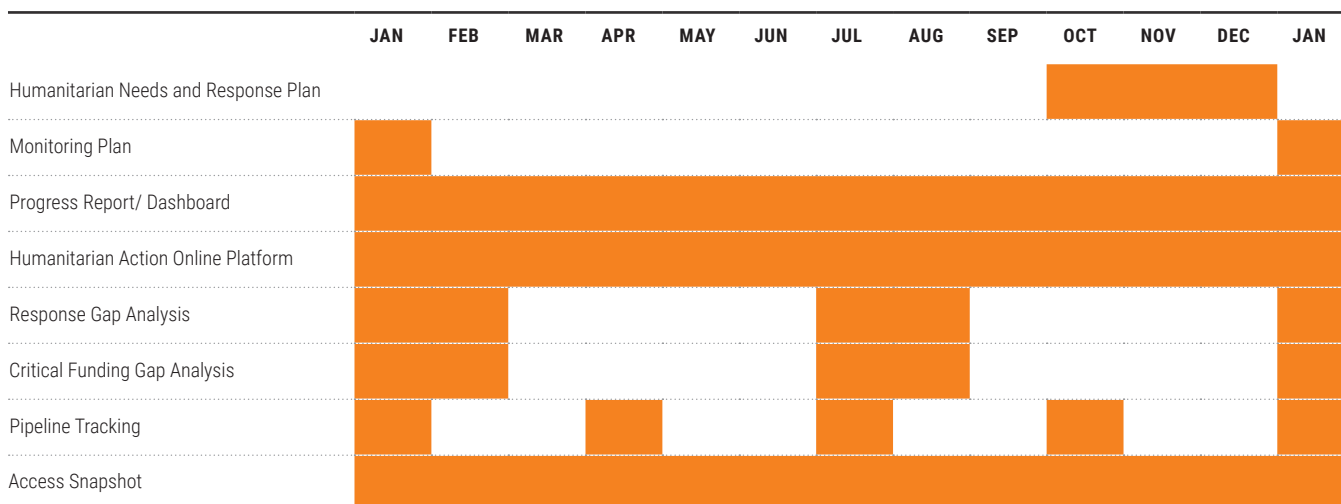
- IPC analyses after the lean season and after the harvest
- Mid-year and end-year response gap and critical funding gap analyses for Humanitarian Country Team strategic reviews
- Humanitarian access severity mapping

#### Annual

- Whole of Afghanistan Assessment

### Humanitarian programme cycle timeline


2026

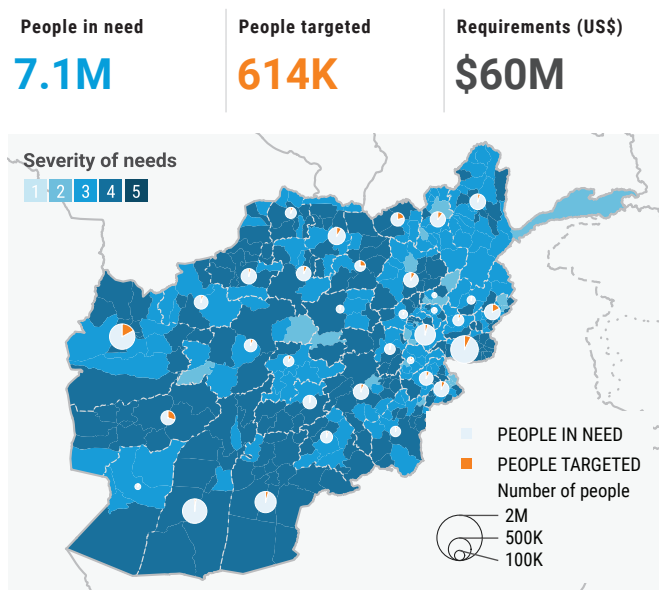


# Part 3: Cluster needs and response

## 3.1 Education



 Access the cluster page:  
[humanitarianaction.info](https://humanitarianaction.info)



### Summary of needs

In 2026, an estimated 7.1 million children in Afghanistan, including 728,000 with disabilities, will require Education in Emergencies (EiE) support. Needs are driven by recurrent shocks, including mass returns, climate-driven environmental hazards, natural disasters (mainly frequent earthquakes); poverty, protracted displacement and restrictive government policies which continue to undermine the delivery and effectiveness of education responses, particularly for women and girls.

The DfA ban on secondary education for girls, now approaching its fourth year, continues to affect 2.2 million girls, none of whom aged 13-17 are attending secondary school, in contrast with 81 per cent of boys who are enrolled in school.<sup>94</sup> At the same time, more than 2.61 million returnees from Pakistan and Iran arrived in 2025, among them 900,000 children<sup>95</sup>

that face barriers to re-entering school, including overcrowded classrooms, lack of learning materials and language barriers. Returnee and internally displaced children have the lowest attendance rates at 34 per cent and 48 per cent, respectively.

**"My father is a labourer. I used to collect and sell milk from neighbours' homes. Now, I dream of continuing my studies and becoming a teacher one day."**

Farah, a recent returnee from Pakistan and student at the transitional centres in Kunduz, northeast Afghanistan

On top of this, 7 per cent of children experienced education disruptions due to natural hazards or teacher absence according to the WoAA, with rural areas being the most affected.<sup>96</sup> Earthquakes, floods and windstorms have damaged school infrastructure and reduced instructional time, disrupting education for 53,000 learners, with many communities remaining in recovery.<sup>97</sup>

Urgent and coordinated action is required to strengthen inclusive and resilient education systems that uphold every child's right to learn, especially in crisis-affected communities.

### Response strategy

In 2026, the Education Cluster will prioritise boys and girls aged six to seventeen who are affected by emergencies, including natural disasters, displacement and the risk of dropping out. The response will focus on delivering education through TLS as the primary modality, particularly for returnees and children

in acute need. TLS will serve as an entry point to education, protection and MHPSS interventions, ensuring immediate access while creating strong linkages to hub schools and community-based schools (CBS), a new modality currently being piloted. This approach marks a strategic shift towards a nexus model that integrates emergency response with longer-term education pathways.

The Cluster aims to reach eight per cent of the population in need, with BHN partners complementing this effort to expand coverage and ensure that no child is left behind. Localisation and multi-sector collaboration will be central to implementation, with continued technical and operational support for local and national women-led partners. Improved and harmonised coordination mechanisms established following the Humanitarian Reset and aid architecture review will further strengthen delivery. In-kind assistance will remain the primary modality, supported by the existing EiE costing framework to enhance efficiency and sustainability.

### Targeting and prioritisation

In 2026, the Education Cluster will prioritise support for 613,000 vulnerable children returning to Afghanistan from Iran and Pakistan, as well as those living in disaster-prone areas, particularly in provinces classified under inter-sector severity levels 3 and 4. These include Balkh, Herat, Kabul, Kandahar, Khost, Kunar, Nangarhar, Sar-e-Pul, Takhar and Uruzgan.

Building on the achievements of TLS and community-based education (CBE) interventions that are currently phasing out, the Cluster will focus on facilitating the transition to sustainable community-based schools. This approach aims to ensure continuity of education once the emergency phase concludes, strengthening long-term resilience and access to learning.

Targets for 2026 have been developed based on current partner capacities and operational presence, the Education Cluster’s reach in 2025, and projected funding availability. If the Cluster receives 50 per cent of the requested funding, it will be able to implement approximately half of planned initiatives, reaching an estimated 306,500 children. At 25 per cent funding, only 153,250 children would be reached, significantly affecting those in high-risk and underserved areas.

### Promoting accountable, quality and inclusive programming

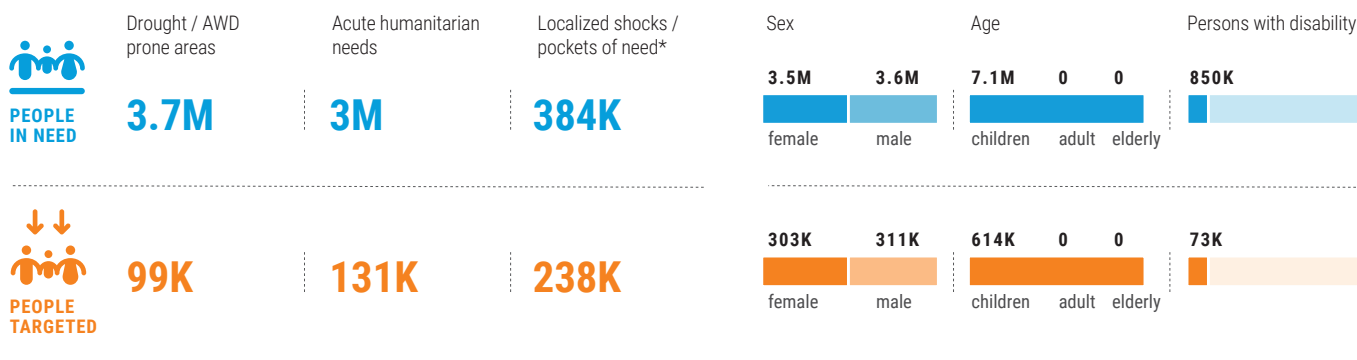
Following the Humanitarian Reset, significant resource and staffing cuts have reshaped the operational landscape. In response, the Education Cluster is strengthening its commitment to delivering results, even under constrained conditions. While the Cluster remains engaged in key cross-cutting platforms, including the GCG and the AIWG, the 2026 approach will be pragmatic.

Designated champions will lead efforts on gender, inclusion and disability, promoting gender-responsive

## People in need and target breakdown

by shock / population group

by sex & age



\* Sudden-onset natural disaster affected, residual earthquake needs, cross border returnees, and refugees and asylum seekers



Photo: UNHCR/Oxygen Empire Media

programming and inclusive proposal development. Capacity strengthening will focus on local partners, with gender focal points appointed and trained, albeit within leaner support structures.

On accountability to affected people, the Cluster will maintain engagement through AWAAZ and community Shuras, including women, to gather feedback. Refresher trainings on PSEA will be conducted regionally to reinforce partner responsibilities.

Despite these challenges, the Cluster will continue to leverage its strategic relationship with the de facto Ministry of Education at all levels to reduce access

constraints and advocate for women's participation in assessments and monitoring.

### **Cost of the response**

In 2026, the Education Cluster seeks \$60 million to deliver interventions including supplying teaching materials, capacity-building for CBE teachers and Shuras, establishment of TLS, and support to CBS. The estimated cost per beneficiary is \$97.82, reflecting continued support for earlier initiatives. To ensure sustainability and address funding gaps, the Education Cluster will collaborate with DfA and BHN partners to strengthen coordination and resource mobilisation.

## 3.2 Shelter, Land and Site Coordination

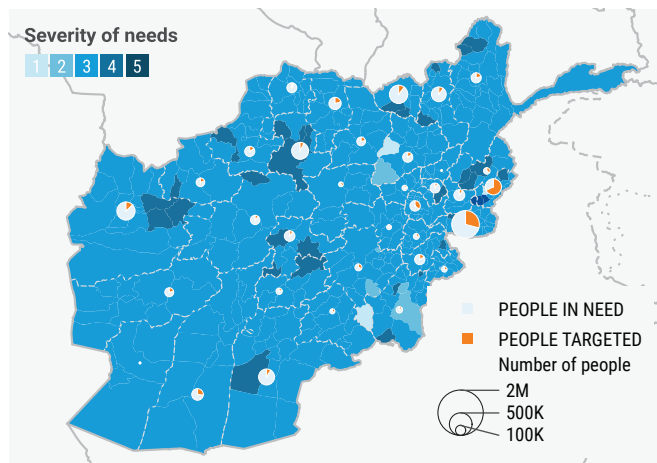


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People in need  
**4.2M**

People targeted  
**881K**

Requirements (US\$)  
**\$160.3M**



### Summary of needs

For 2026, the SLSC Cluster estimates that 4.2 million people are in need of shelter interventions as a result of natural disasters, the increased influx of returnees, and compounded economic hardship and social inequalities that continue to heighten vulnerabilities among affected communities. In 2025, more than 12,600 families (approximately 88,200 people) affected by earthquakes and floods remained in tents or damaged homes due to limited resources for repairs and reconstruction.<sup>98</sup> During the same period, over 2.61 million people returned to Afghanistan from Pakistan and Iran, with the majority of affected households identifying shelter as their primary need.<sup>99</sup> Recent assessments indicate that 23 per cent of returnee households reside in insecure shelters lacking protective walls or doors, 28 per cent report overcrowding and 34 per cent report insufficient privacy.<sup>100</sup>

Return pressure remains most acute in Balkh, Faryab, Herat, Kabul and Kunduz provinces, where absorption capacity is already overstretched. The recent earthquake in the eastern region has added to existing shelter vulnerabilities across the country. As of late 2025, an estimated 5,500 households continue to live

in tents across the earthquake-affected districts of Nurgal, Chawkay, Dara-E-Nur, and Goshta in Nangarhar and Kunar provinces, who require urgent shelter repair and reconstruction support. Many of these households remain exposed to seasonal hazards, insecure tenure and repeated displacement risks.<sup>101</sup>

According to the WoAA 2025, 31 per cent of households lack sufficient winter clothing, reflecting persistent exposure to extreme seasonal conditions. Shelter needs remain particularly acute among female-headed households, returnees and internally displaced persons, who face systemic barriers in accessing adequate shelter and basic services.<sup>102</sup> Female-headed households report higher rates of inadequate shelter and face heightened eviction risks linked to insecure tenure.<sup>103</sup> These protection and shelter deficits are further compounded by economic deprivation, high rental costs in urban areas and limited access to land or safe housing options.

**“My children ask where we will live, and I have no answer.”**

Maryam, a widow and mother of five, was forced to return from Iran to Afghanistan in July.

Shelter inadequacy continues to have strong gender and protection dimensions. Households with persons with disabilities face additional structural barriers to safe shelter, while women and girls experience heightened risks linked to overcrowding, lack of privacy and unsafe coping strategies for heating and winterisation.<sup>104</sup> These intersecting vulnerabilities underscore the need for a coordinated, protection-centred and gender-responsive shelter and NFI response to address both immediate life-saving needs and longer-term shelter adequacy for the most vulnerable populations.

### Response strategy

In 2026, the SLSC Cluster will continue to deliver its core life-saving activities, ensuring that crisis-affected

populations of all genders and diversities, including persons with specific protection needs and persons with disabilities, have timely and equitable access to emergency shelter, non-food items (NFIs), transitional shelter, shelter repairs and seasonal winter assistance. The response will prioritise populations affected by sudden-onset shocks, mass returns, secondary displacement and seasonal hazards.

To address widening gender and protection disparities, the Cluster will prioritise repair, retrofitting and transitional shelter solutions tailored to the needs of female-headed households, women and girls, older persons and persons with disabilities. Shelter responses will integrate safety, privacy and accessibility considerations, and will be delivered through flexible assistance modalities, including in-kind and cash approaches, based on market functionality and access constraints.

Given Afghanistan's continued exposure to climate-related and natural hazards, including floods, earthquakes and landslides, anticipatory action will remain an integral component of the response strategy. The Cluster will continue to support contingency planning, pre-positioning and replenishment of emergency shelter and NFI stockpiles, and coordination with early warning systems to enable rapid, scalable response ahead of predictable shocks.

In parallel, the Cluster will strengthen linkages between immediate humanitarian shelter assistance and longer-term recovery and resilience outcomes, working in close coordination with BHN partners to harmonise shelter strategies, support referral pathways and promote complementary investments where minimum conditions exist. Disaster risk reduction and preparedness measures will be reinforced through support to safer site selection, settlement planning, community preparedness and the promotion of climate-adaptive shelter designs in high-risk areas.

The Cluster will continue to prioritise the meaningful participation of women and girls across all stages of the response, including needs assessment, programme design and monitoring. Advocacy for the participation and retention of female humanitarian staff will

remain a core enabler of gender-responsive shelter programming, given persistent access constraints.

As part of the Humanitarian Reset and the consolidation of coordination structures, the integration of the CCCM Working Group and the HLP AoR under the SLSC Cluster in 2026 will strengthen the coherence of settlement, tenure and shelter responses. This will enhance alignment between emergency shelter assistance, site management, and HLP considerations, particularly in displacement- and return-affected areas.

Ongoing collaboration with the de facto Ministry of Refugees and Repatriation and the Durable Solutions Working Group will remain essential to support the safe, dignified and voluntary return, reintegration and settlement of displaced populations.

### **Targeting and prioritisation**

In 2026, the SLSC Cluster aims to support 881,000 people with emergency and transitional shelter, NFIs, and seasonal assistance, for which \$160 million is required. The response will prioritise immediate, life-saving shelter needs to protect lives, ensure safety and reduce exposure to harsh climatic conditions and protection risks.

Priority will be given to communities affected by sudden-onset disasters, including earthquakes, floods and landslides; high-altitude areas facing severe winter conditions; recent returnees from Pakistan and Iran; and internally displaced persons, particularly those in protracted displacement or facing imminent eviction. Assistance will be delivered across all 34 provinces, in both urban and rural settings, through emergency shelter and NFIs, seasonal winterisation support, repairs and transitional shelter interventions. Transitional shelter, repair, and upgrading solutions will be prioritised for persons with specific needs, particularly those living in makeshift, damaged or overcrowded shelters under sectoral severity 4 and 5 shelter conditions.

Targeting will be continuously refined based on crisis type, displacement phase, security of tenure, exposure to hazards and vulnerability profiles, drawing on

partners’ contextual knowledge, existing contingency plans and the Cluster’s technical standards. Seasonal prioritisation will guide operational sequencing. During the November–March winter period, the response will prioritise winterisation assistance, including heating materials, insulation, winter clothing and emergency repairs. From April to October, the focus will shift to post-disaster recovery, transitional shelter and repair support, particularly in flood- and earthquake-affected locations and high-return areas. If only 50 per cent of the required funding is secured, the Cluster will prioritise life-saving emergency shelter and winter assistance, reaching approximately half of the planned target. With only 25 per cent funding, more than 660,000 people will likely remain without critical shelter and winter support, significantly increasing protection risks for persons with disabilities, and further exacerbating gender disparities. Women and girls, particularly those living in inadequate or non-functional shelters, will face heightened risks of eviction and exposure, and may be forced to rely on unsafe heating sources, or lack heating altogether during winter.

### Promoting accountable, quality and inclusive programming

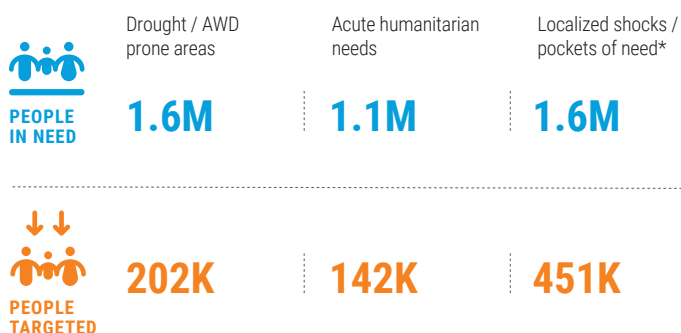
The Shelter Cluster in Afghanistan will fully integrate protection principles into all stages of the HPC to ensure shelter and NFI responses uphold meaningful access, safety, and dignity, with a particular focus on vulnerable groups. Operating through a coordinated structure at national, subnational, and provincial

levels, the Cluster will actively contribute to the HCT, ICCT and OCTs, emphasising shelter needs within the age, gender, and diversity (AGD) framework. Regular engagement with authorities will address operational challenges and improve the effectiveness of aid delivery, while needs assessments, guided by standardised indicators and tools, will shape responses based on household composition, safety concerns, and shelter adequacy. To address access barriers, particularly for female-headed households and individuals with disabilities, the Cluster will promote technical support for persons with specific needs, including labour, transport, design modifications and land documentation. Distribution sites will be chosen with safety and access in mind, especially for women-headed households, elderly and disabled individuals.

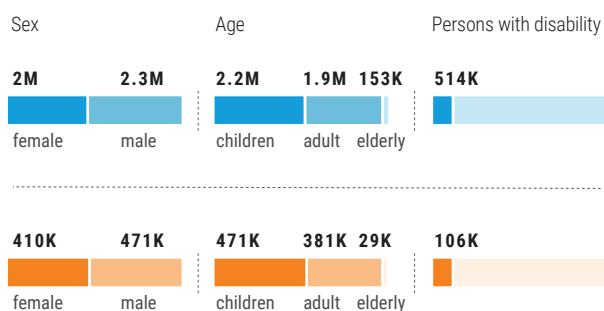
The Cluster will collaborate with the AIWG, GCG and PSEA Network to ensure quality support for vulnerable populations, appointing dedicated focal points and engaging the inter-agency humanitarian call centre, AWAAZ, for community feedback. Capacity-building initiatives will continue across all the regions focusing on gender-responsive programming, disability inclusion, and GBV awareness. Independent needs assessments will identify vulnerable groups, using tools such as the CRNA and targeted surveys. Monitoring and reporting through cluster reporting tools will track progress and identify gaps, while post-distribution monitoring (PDM) and feedback mechanisms will inform future programming.

### People in need and target breakdown

by shock / population group



by sex & age



\* Sudden-onset natural disaster affected, residual earthquake needs, cross border returnees, and refugees and asylum seekers



Photo: IOM/Mina Nazari

### Cost of the response

In 2026, the SLSC Cluster requires \$160 million to support 881,000 people, representing an average cost of \$181 per person. This reflects a 12 per cent increase compared with 2025, driven primarily by the integration of emergency shelter and NFI, CCCM, and HLP targets under a consolidated response framework as part of the ongoing Humanitarian Reset. The overall cost per person is further influenced by the expanded

scope of transitional shelter assistance for returnees and people affected by natural disasters, including earthquake-affected families in Kunar Province. These investments address acute shelter needs among households living in makeshift or damaged homes and incorporate essential cost components such as labour, transportation, and design adaptations to ensure safe and inclusive shelter solutions for persons with specific needs.

## 3.3 Food Security and Agriculture

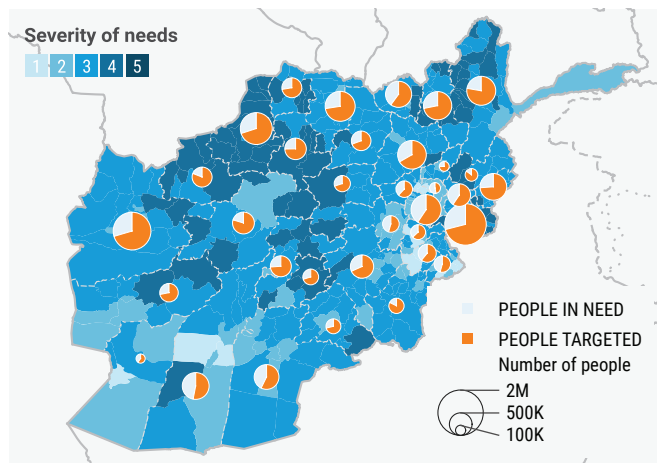


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People in need  
**17.4M**

People targeted  
**11.9M**

Requirements (US\$)  
**\$651.1M**



### Summary of needs

Multiple shocks, including five consecutive years of drought, two major earthquakes and weak economic conditions, together with an increasing influx of returnees from Iran and Pakistan, are worsening food insecurity and putting pressure on livelihoods. The late-August earthquake in the eastern region further destroyed homes and assets, displacing communities, and increasing the number of households facing food consumption gaps.

Despite some improvement in 2025, Afghanistan's wheat production still falls short to meet domestic needs, with a wheat deficit of 4.1 million metric tons.<sup>105</sup> From October 2025 to May 2026, La Niña conditions are expected to bring below-average snowfall and rainfall during the main wet season, potentially affecting water availability and crop performance for the 2025/26 winter and spring planting cycles.<sup>106</sup> These conditions warrant close monitoring and continued support to sustain food assistance and protect agricultural livelihoods.

According to the October 2025 IPC analysis, an estimated 17.4 million people, representing 36 per cent of the population, are projected to face Crisis (IPC Phase 3) or worse food insecurity during the peak lean

season from November 2025 to March 2026, including 4.7 million people, or 10 per cent, in Emergency (IPC Phase 4). This represents 2.6 million more food-insecure people than the same period last year, with an additional 1.6 million in Phase 4.

Provinces with higher food insecurity include Badakhshan, Bamyan, Daikundi, Faryab, Ghor, Jawzjan and Samangan, with the most affected groups drought-impacted communities, returnees, refugees and displaced populations.<sup>107</sup> Persons with disabilities and female-headed households face heightened vulnerability due to restrictions on women's work and movement, while children remain among the most at risk due to malnutrition and limited access to essential services.<sup>108</sup>

### Response strategy

Food assistance partners led by WFP will monitor prevalence of food insecurity across the country, providing food assistance during emergencies and in hotspot areas with significant risk of extreme food insecurity outcomes. Food assistance will scale up during the lean winter season when needs are highest, while during spring and summer the response will focus on assisting the most vulnerable groups, including female-headed households, in new emergencies and hotspots identified through food security monitoring. FAO-led emergency agriculture activities for 2026 prioritise wheat cultivation, livestock protection, including cash plus livestock assistance and backyard vegetable cultivation. Rapid agriculture response mechanisms, and synergies with longer-term resilience and development programmes, will protect productive assets, sustain farmers income, and mitigate the impact of seasonal food gaps among the most vulnerable farming and pastoral communities. Together, food assistance and emergency agriculture improve food consumption, dietary diversity, and nutrition outcomes while reducing negative coping strategies and protection risks. Due to the high prevalence of plant pests and animal disease

outbreaks, such as Lumpy Skin Disease and locust infestations, containment measures are planned for 2026.<sup>109</sup> Anticipatory action will integrate early warning systems to address shocks proactively.

FSAC will work to strengthen linkages with the BHN sector through existing coordination platforms, promoting complementarity and reducing gaps or overlaps in assistance. While FSAC does not coordinate BHN efforts, it will engage closely with BHN actors to ensure that emergency food security and agriculture interventions align with broader support for long-term food security and livelihood stability.

### Targeting and prioritisation

The FSAC response addresses food insecurity through food assistance and emergency agriculture, targeting 11.9 million out of 17.4 million in IPC Phase 3 and above across urban and rural Afghanistan, including pockets of severe food insecurity within IPC Phase 2–4 areas. Populations that will be assisted include returnees, refugees, natural disaster-affected communities, people with disabilities, female-headed households and children.

Real-time food security monitoring enables timely assistance to the worst-affected locations and helps prevent deterioration between IPC cycles. Geographic targeting prioritises areas with high IPC 3–4 prevalence, large numbers of returnees or displaced people, and shock-affected areas.

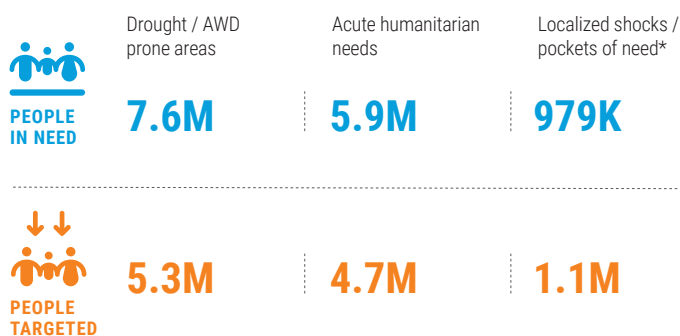
Given resource constraints, FSAC will maximise efficiency by providing half rations in different rounds of assistance based on population needs. If FSAC receives less than 50 per cent of its funding requirement, partners will prioritise life-saving food assistance and high-impact, cost-effective emergency agriculture support in the most critical hotspots, focusing primarily on populations in IPC 4. Reduced funding will also require lowering ration sizes for the most vulnerable groups such as returnees, sudden-onset crisis affected households, and refugees to 50 per cent of the standard allocation. Given the relatively low cost per household and proven ability of emergency agriculture inputs to rapidly restore food production and reduce reliance on repeated food assistance, maintaining this line of support is essential to prevent a further deterioration of acute food insecurity.

### Promoting accountable, quality and inclusive programming

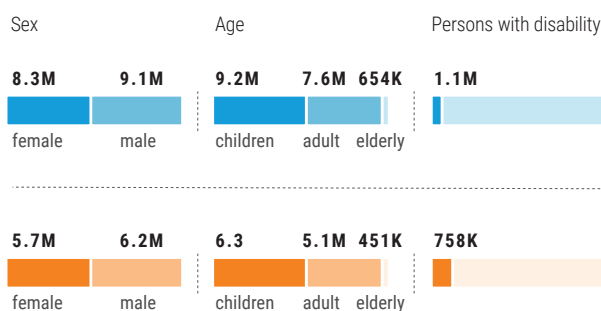
In 2026, FSAC and its partners remain fully committed to strengthening accountability to affected people and ensuring that communities meaningfully participate in all phases of the humanitarian response. FSAC will continue to promote inclusive and participatory approaches, enabling affected populations to contribute to assessment, planning, implementation and monitoring. Feedback and community perspectives will be systematically collected through consultations, needs assessments, focus group discussions, and post-distribution monitoring to

### People in need and target breakdown

by shock / population group



by sex & age



\* Sudden-onset natural disaster affected, residual earthquake needs, cross border returnees, and refugees and asylum seekers



**SALANG PASS, CENTRAL AFGHANISTAN**

WFP fleet trucks bring food commodities into warehouses in Afghanistan from Pakistan.

Photo: WFP/Philippe Kropf

inform adaptive programming and improve the quality, relevance, and accountability of interventions.

**“My only struggle is securing food. When you have nothing, you can’t sleep or think peacefully. You’re always worried about your children... It’s very hard. Some days there’s no rice, other days no oil. Borrowing from others is exhausting.”**

A woman in Herat

To operationalise accountability to affected people, FSAC will maintain and strengthen collaboration with AWAAZ, ensuring a functional, transparent, and responsive complaints and feedback referral pathway. This system allows grievances to be addressed promptly by implementing partners, and feedback to be relayed back through AWAAZ, closing the loop and enhancing community trust and transparency. FSAC partners will continue to implement gender-sensitive and inclusive programming, focusing on the specific needs of women-headed households, persons

with disabilities, minority groups and other at-risk populations. Gender-responsive vulnerability criteria will guide equitable targeting, while adherence to the Do No Harm principle will ensure that interventions do not exacerbate risks of GBV, discrimination or exclusion.

To promote dignity and safety during distributions, partners will apply safe distribution standards, including separate waiting areas and both male and female staff presence. In 2026, FSAC will further invest in capacity building on accountability to affected people, gender, disability inclusion, PSEAH, and child protection to strengthen principled, community-centred humanitarian action across all partner activities.

### **Cost of response**

In 2026, FSAC requires \$651 million to assist 11.9 million people, of which 6.7 million will also be targeted for emergency agriculture support. The stability of the Afghani has moderated import costs, but staple prices remain elevated, with seasonal increases expected through February 2026.<sup>110</sup>

### 3.4 Health

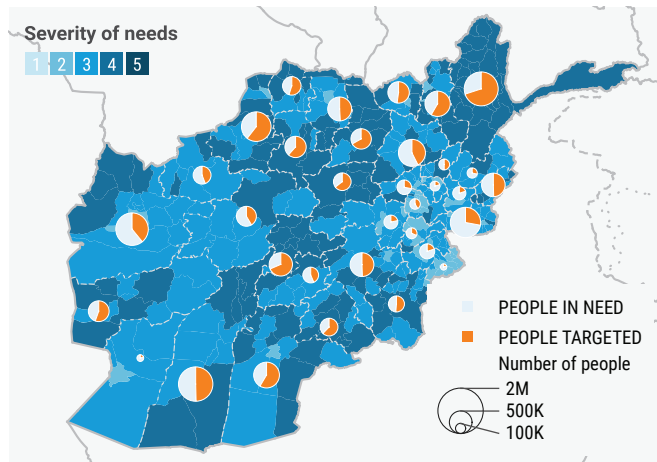


Explore more at [humanitarianaction.info](https://humanitarianaction.info)

**People in need**  
**14.4M**

**People targeted**  
**7.2M**

**Requirements (US\$)**  
**\$190.8M**



#### Summary of needs

In 2025, Afghanistan continued to face multiple, compounding shocks, including outbreaks of communicable diseases, floods, drought two earthquakes and the arrival of some 2.61 million returnees.<sup>111</sup> These events placed additional pressure on an already weak and unevenly distributed health system, with an estimated 33 per cent of the population residing in underserved areas.<sup>112 113</sup> The sector remained constrained by inadequate financing, high dependence on external aid, shortages of qualified health personnel and limited access to essential, quality services in remote and hard-to-reach locations.

"Since February 2025, the [mobile health] clinic has ceased operations due to funding cuts, leaving us without access to critical healthcare. The nearest clinic is distant and difficult to reach."

Male returnee, Paktya Province

Access to health care further deteriorated in 2025 following the closure of at least 422 primary health care facilities, including Mobile Health and Nutrition Teams (MHNT), following the suspension of United States funding, and reductions from other donors.

This resulted in reduced access for an estimated 3.3 million people and disrupted critical services, including facility-based maternal delivery and family planning.

As of epidemiological week 45, surveillance reports from 613 sentinel sites recorded 151,451 cases of acute watery diarrhoea with dehydration, 74,253 cases of malaria, 95,019 cases of measles, 4,384 cases of dengue, 1,438 cases of Crimean Congo haemorrhagic fever, substantial levels of acute respiratory tract infections and nine confirmed cases of poliovirus type 1.<sup>114</sup> Malnutrition levels remain high, with 3.7 million children requiring treatment. These trends are aggravated by limited access to safe water and adequate sanitation.

Vulnerable groups, including women, children, displaced populations and persons with disabilities, continue to face disproportionate barriers to services. Needs have intensified over the past year, reinforcing the urgency of strengthening health infrastructure, restoring and expanding access to primary health care and ensuring targeted, principled support for at-risk populations.

#### Response strategy

In 2026, the Health Cluster will prioritise expanding equitable access to primary healthcare services in hard-to-reach and underserved areas, strengthening referral pathways, and improving disease surveillance, preparedness and response capacities. Key focus areas include the delivery of essential health services such as the minimum initial service package for reproductive health, antenatal care, safe deliveries, post-natal care, family planning, trauma care for injuries caused by conflict and natural disasters, rehabilitative services, and targeted support for persons with disabilities and other vulnerable groups.

Service delivery will be carried out through a combination of fixed and supported health facilities and MHNTs deployed to remote and high-need locations. These teams will be equipped with essential

medicines, including reproductive health commodities, medical supplies, trained health personnel, and transportation to ensure continuity and quality of care.

The response will prioritise the most vulnerable groups, including women, children, persons with disabilities, the elderly, IDPs, returnees, and populations affected by natural disasters, with particular attention to communities located more than five kilometres from the nearest functional health facility.

Health Cluster interventions will complement BHN efforts by addressing immediate and life-saving health gaps while promoting linkages to longer-term systems strengthening. Given the absence of BHN or donor plans to expand health infrastructure in remote areas, MHNTs will remain a critical interim mechanism for service provision until permanent health facilities can be constructed and integrated into sustainable care systems.

### Targeting and prioritisation

The identification of the population in need and the targets for 2026 is based on severity classification using 10 indicators. A total of 159 districts in severity classification 4 and 195 districts in severity classification 3 were selected. The selection criteria included access to healthcare, particularly for women and children, health service coverage, the health status of the population, the incidence of epidemic-prone diseases such as acute watery diarrhoeal disease with dehydration, malaria, measles, acute respiratory tract

infection, Crimean Congo haemorrhagic fever, and dengue, as well as population vulnerabilities including malnutrition, poor maternal health outcomes, and limited access to safe water.

In 2026, health partners will target 7.21 million people out of 14.4 million projected to need health interventions. Out of those targeted, 24 per cent are women, 22 per cent are men, and 54 per cent are children, of which 2 per cent are older persons, and 10 per cent are persons with disabilities.

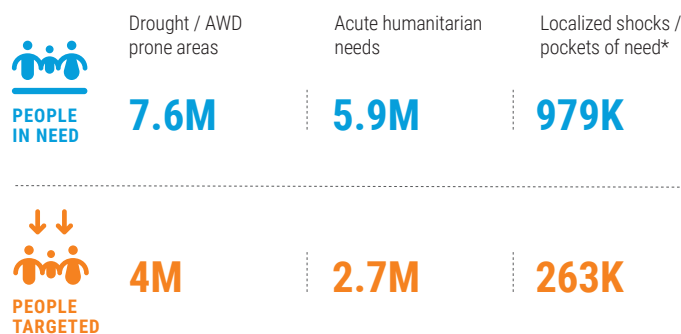
If only 50 per cent of the required funding is received, priority will be given to strengthening selected primary healthcare services in the most underserved districts. The Health Cluster will prioritise life-saving interventions, including maternal and neonatal care and outbreak response activities. Support to health facilities and MHNTs will be reduced and rehabilitation and trauma services will be suspended in lower-priority areas. As a result, an estimated 3.6 million people, mainly women, children, and persons with disabilities, will lose access to essential healthcare services.

### Promoting accountable, quality and inclusive programming

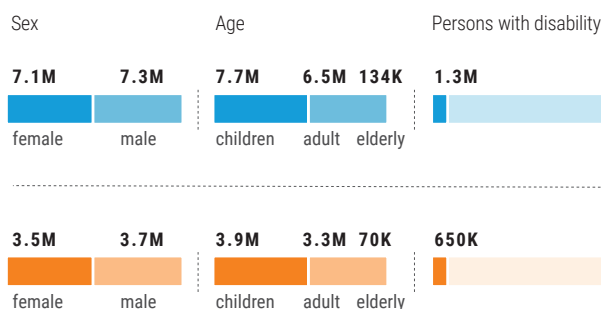
The Health Cluster conducted a PSEAH and GBV survey and developed an action plan focused on partner capacity building, gender equality, and survivor centred services. Risk assessments for SEAH, gender, and GBV were integrated into emergency responses including support for returnees, earthquake-affected

### People in need and target breakdown

by shock / population group



by sex & age



\* Sudden-onset natural disaster affected, residual earthquake needs, cross border returnees, and refugees and asylum seekers



Photo: IOM/Mina Nazari

communities, AWD outbreaks and floods. GBV risk mitigation measures included ensuring confidential access to clinical management of rape (CMR) services, including post exposure prophylaxis (PEP) and emergency contraception, as part of the minimum initial service package for reproductive health.

Frontline health workers received training on safe reporting, referral, and the handling of SEAH cases in line with PSEAH standard operating procedures. Monitoring of SEAH was strengthened at both facility and organisational levels to track risks and ensure adherence to PSEAH core standards.

Cluster members supported community outreach through health staff, risk communication and health promotion. Engagement with communities was strengthened through health shura advocacy meetings. High level advocacy with country directors also took place, alongside training on integrating PSEAH, gender, and GBV considerations into proposal development.

### Cost of response

The Health Cluster's cost estimates for primary healthcare services are based on unit costs per consultation, with other services calculated using a unit cost per patient. For MHNTs, the unit cost reflects the annual cost of operating one team. The detailed cost breakdown is as follows:

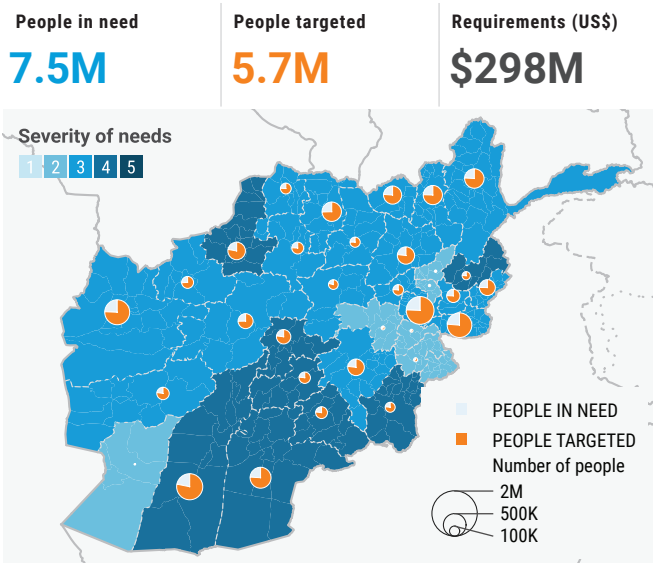
- Primary healthcare at static facilities: \$129.9 million
- Primary healthcare through MHNTs: \$15 million
- Essential secondary care services for referrals: \$15 million
- Disease outbreak preparedness and response: \$28 million
- Risk communication and community engagement activities: \$2.25 million
- Specific services for survivors of violence and disability rehabilitation: Included within the total cost

The total projected cost for comprehensive healthcare interventions across targeted regions in 2026 is \$190.8 million.

## 3.5 Nutrition



Explore more at [humanitarianaction.info](https://humanitarianaction.info)



### Summary of needs

The 2025 IPC Acute Malnutrition (AMN) projects 3.7 million children with acute malnutrition – 942,000 SAM, 707,400 with High-Risk Moderate Acute Malnutrition (MAM) and 2 million with MAM – in addition to 1.2 million PBW, with 77 per cent of the burden concentrated in 15 provinces.<sup>115</sup> Nutrition severity has more than doubled with nine provinces now in IPC AMN Phase 4 compared to four in 2025.<sup>116</sup> One in two children is stunted<sup>117</sup> and without urgent funding and multi-sectoral action, reduced service coverage, disease and displacement will worsen acute malnutrition. In 2025, funding cuts led to the closure of more than 300 nutrition sites, denying nearly 90,000 children under five and PBWs access to critical services.

Poor diets among young children remain the primary driver: 90 per cent (2.1 million) of children under two live in child food poverty, and 1.2 million consume only two food groups.<sup>118</sup> Around 80 per cent of SAM and MAM cases occur in this age group.<sup>119</sup> Disease exposure is high, with diarrhea reaching 80 per cent in some provinces, over 96,000 suspected measles cases in 2025 and measles coverage below 80 per cent in 24 provinces.<sup>120</sup> Over 50 per cent of households lack sufficient water, rising to 75 per cent in the worst-affected areas.<sup>121</sup>

Maternal and early childhood vulnerability is deepening. In 2025, monthly admissions for acute malnutrition were 13 percent higher than in 2024, with the sharpest rise – nearly 29 percent – among PBW, and nearly 1.2 million PBWs are projected as acutely malnourished.<sup>122</sup> Only 27 per cent of pregnant women receive four or more ANC visits.<sup>123</sup> Adolescent girls face severe risks: 60 per cent have iron-deficiency anaemia, and 1 in 4 are married before 18, heightening nutritional and early-pregnancy vulnerabilities.<sup>124</sup>

### Response strategy

The 2026 Nutrition Cluster plan aims to reach 5.7 million children under five and PBW across 27 critical provinces, delivering an integrated package of preventive and curative nutrition services prioritising severity 3 and 4 areas. Treatment will prioritise SAM, High-Risk MAM (treated with Ready to Use Therapeutic Food, and Early MAM Ready to Use Supplementary Food). The newly revised Integrated Management of Acute Malnutrition (IMAM) National Guidelines and UNICEF–WFP joint wasting strategy will guide nationwide support for high-risk MAM, and the growing vulnerability of infants less than 6 months will be addressed through scaled-up Management of At-risk Mothers and Infants under 6 Months (MAMI) services.

Preventive programming will be strengthened alongside treatment services to help break the cycle of malnutrition among children under five and PBW. A multisectoral “first foods” approach to improve diets for young children aged 6–23 months will be expanded across nutrition, water and sanitation, food security, agriculture, livelihoods and social protection systems, with scale-up supported by Nutrition Cluster partners. Preventive interventions will also include maternal, infant and young child nutrition counselling, blanket supplementary feeding in high-risk areas, micronutrient supplementation, and community-based early detection and referral.

Early childhood development will be reinforced through community platforms, integrated counselling, frontline worker training, and quality monitoring. Adolescent and

maternal nutrition will be strengthened through iron and folic acid supplementation, multiple micronutrient support, improved diet quality, integration with antenatal care, and nutrition-sensitive cash assistance for vulnerable women in priority areas. Integrated delivery with the Health, Water and Sanitation, and Food Security sectors will link nutrition services with hygiene promotion, food assistance, immunisation, and referral systems, supported by frontline staff trained on protection, gender-based violence, and safeguarding.

### Targeting and prioritisation

The 2026 Nutrition Cluster plan aims to deliver preventive and curative services to 5.7 million children under five and PBW across 27 critical provinces. Without timely action, acute malnutrition could escalate into a major humanitarian crisis. Children with SAM face a 12-fold higher risk of death,<sup>125</sup> while those with MAM face a threefold higher risk, underscoring the urgency of expanding treatment access.<sup>126</sup> As no other programme in Afghanistan provides treatment for acute malnutrition, cluster-led interventions remain essential for saving lives in all targeted provinces. To strengthen district level (granular) targeting, the Cluster will use 2025 evidence, including Mass Mid Upper Arm Circumference (MUAC) screening beyond case detection. The resulting data will be systematically analysed to inform district-level prioritisation, enabling partners to target high-risk areas, optimise resources and enhance operational impact. This evidence-driven approach will improve timely treatment and support more effective sub-national planning and decision-

making. Timely, predictable funding is critical to achieving 2026 targets, with early disbursements allowing partners to align interventions with 2025 IPC Acute Malnutrition priorities. Insufficient or delayed funding will reduce the number of women and children reached, limiting access to life-saving services and increasing mortality risks. As the Cluster’s 2025 targets assume adequate donor support, any resource constraints will require prioritisation guided by Global Nutrition Cluster adaptations to ensure Acute Malnutrition services remain effective even under reduced funding.

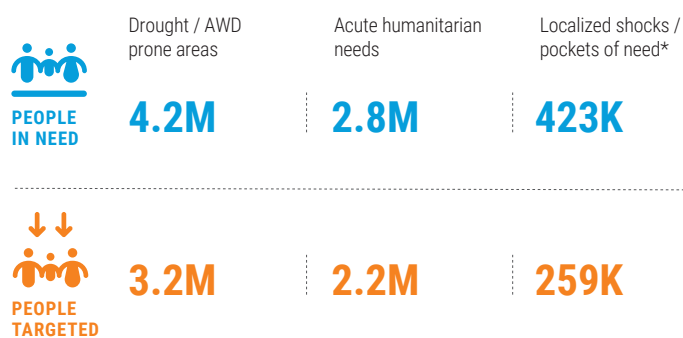
% of funding available			
25%	50%	75%	100%
Services: Treatment U5 and PBW, MAMI, MIYCN, BSFP	Services: Treatment U5 and PBW, MAMI, MIYCN, BSFP	Services: Treatment U5 and PBW, MAMI, MIYCN, BSFP	Services: Treatment U5 and PBW, MAMI, MIYCN, BSFP
Geographic areas: Current or projected IPC Phase 4	Geographic areas: Current or projected IPC Phase 4	Geographic areas: Current or projected IPC Phase 3 & Phase 4.	Geographic areas: Current or projected IPC Phase 3 & Phase 4.

### Promoting accountable, quality and inclusive programming

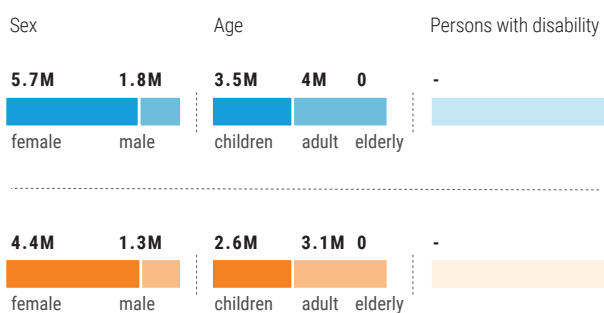
Access to nutrition services for women and children remains constrained by gender and cultural barriers. To address this, all cluster activities - from awareness to life-saving preventive and treatment services - will be delivered by trained male and female frontline workers following national guidelines. Advocacy will support increased participation of female health workers, ensuring women’s privacy, dignity, and

### People in need and target breakdown

by shock / population group



by sex & age



\* Sudden-onset natural disaster affected, residual earthquake needs, cross border returnees, and refugees and asylum seekers



Photo: IOM/Marjan Wafa

comfort. Accountability to Affected People will be strengthened through community engagement, mother-to-mother support groups, and community counsellors empowering women, adolescent girls, and caregivers with Maternal, Infant, and Young Child Nutrition (MIYCN) knowledge. The Cluster will explore ways to include children, women, and community voices in program design and delivery. To reach the most vulnerable, including children under five and PBWs, decentralised community-based service delivery will be prioritised. Community health workers will mobilise and sensitise populations to improve nutrition-seeking behaviours. Transparent information, feedback channels, Awaaz, and onsite complaint boxes will ensure voices are heard. Revised protection guidance and interventions will safeguard high-risk groups – including infants under six months, children with disabilities, orphans, IDPs and women without a mahram – while upholding safety, dignity, and Do No Harm principles.

### Cost of Response

In 2026, the Nutrition Cluster requires \$298 million to support 5.74 million people, representing an average

cost of \$51.9 per person. This reflects a 5 per cent increase compared with 2025, driven primarily by treatment cost of high-risk MAM cases with RUTF and the expansion of MAMI services for infants. The Nutrition Cluster used standardised unit costs to estimate 2026 resource needs, covering procurement and delivery of specialised foods, essential medicines, preventative services, Blanket Supplementary Feeding Programme (BSFP), MIYCN counselling, and operational and monitoring costs. Scale-up will rely on existing platforms – fixed facilities, Family Health Houses, day care centres, joint Mobile Health and Nutrition Teams (MHNTs) and Community Based Vaccination (CBVs) – to expand treatment and prevention coverage. Over 80 per cent of facilities already provide co-located SAM/MAM services, improving cost

Integration with Health, Food Security and WASH, alongside BSFP and general food assistance, strengthens prevention and reduces treatment demand. In 2025 and likely moving into 2026, cost of delivery of nutrition supplies increasing sharply due to regional conflict between Afghanistan and Pakistan.

## 3.6 Protection

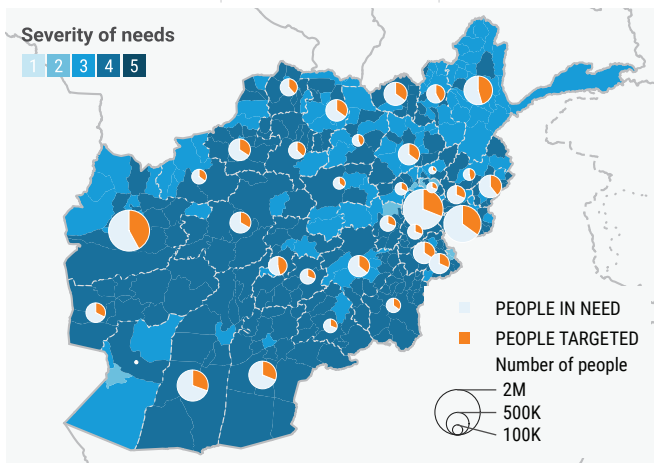


Explore more at [humanitarianaction.info](https://humanitarianaction.info)

**People in need**  
**15M**

**People targeted**  
**5.3M**

**Requirements (US\$)**  
**\$136.5M**



### Summary of needs

The humanitarian crisis in Afghanistan continues to evolve, with diverse drivers including mass forced returns from Iran and Pakistan, natural disasters such as recurrent earthquakes, and various climate-related shocks. Women and children are facing particularly significant risks. The situation is worsened by DfA-imposed restrictions and limited service delivery to those at risk and survivors, contributing to the erosion of coping capacities. The crisis has deepened since 2025, severely weakening formal and community-based protection systems and exposing vulnerable people – especially women and children – to heightened risks of abuse, violence, human rights violations. Afghanistan faces one of the highest levels of explosive hazard contamination in the world, with two-thirds of the country affected by some form of EO. Approximately 2.7 million people live within a one-kilometre radius of EO. Every month, over 50 civilians, the majority (80 per cent) of whom are children, are killed or injured by these hazards.

According to 2023 Multi-Indicator Cluster Survey, many people continue to be affected by the long-term consequences of displacement including heightened risks of trafficking and the increased use of harmful coping mechanisms including child labour (19 per cent) and child marriage (39 per cent).<sup>127</sup> Rising cross-border displacement has caused a surge in

Unaccompanied and Separated Children (UASC) including children on the move,<sup>128</sup> also increasing GBV risk to returnees.<sup>129</sup> GBV risks are increased among displaced populations due to such issues as crowded and disrupted living conditions, lack of safe spaces and separate facilities, and further exacerbated by significant challenges in access to services for survivors due to disrupted availability as well as existing restrictions.

Of the 15 million people in need under the Protection Cluster in 2026, an estimated 11.4 million face elevated gender-based violence risks and 7.2 million children have child protection concerns, representing overlapping analytical sub-sets of the Protection population in need rather than additional caseloads.

### Response strategy

In 2026, the Protection Cluster will be merging and forming workstreams that prioritise prevention, mitigation and response to protection needs focusing on high-severity areas 3 and 4 addressing risks including violence, abuse, psychological distress, child marriage, child labour, and UASC - targeting adolescent girls, adolescent boys, and children with disabilities as well as responding to the needs of GBV survivors. The GBV response will primarily target women and girls within shock-affected populations with GBV assessed needs. Protection Cluster priorities focus on life-saving services delivered through integrated community and specialised modalities.

Child protection interventions include mental health and psychosocial support, case management for unaccompanied and at-risk children, family tracing and reunification, cash assistance for protection, community-based protection, and prevention messaging through mass media and helplines. General protection activities prioritise case management, individual protection assistance, cash for protection, civil documentation, legal awareness, community-based protection, and protection monitoring and advocacy. Gender-based violence services include

case management, referrals to multisectoral services (including health, mental health and psychosocial support), dignity kits, awareness activities, and targeted cash assistance for survivors. Mine action interventions focus on explosive hazard clearance, risk education, survey and disposal, and victim assistance.

“When the earthquake happened, we were very scared. We went down to the farmland, pitched our tents and are now living there. We felt very lonely, but since the aid organization created a child-friendly space for us, I have been very happy.”

A student attending a child-friendly space supported by humanitarian partners

The Protection Cluster will strengthen collaboration with BHN. For instance, referring cash recipients and households facing protection risks including violence and child labour risks to Livelihoods and Food Security interventions as well as other services. Centrality for protection including of children through mainstreaming and integrated approaches especially with other clusters such as education, WASH, health, Nutrition, that will be leveraged upon for access and mitigating vulnerabilities of children and families.

### Targeting and prioritisation

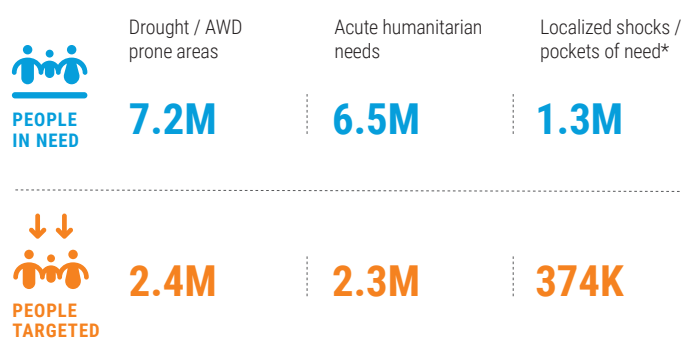
Targeting and prioritisation for the Protection Cluster in 2026 will remain firmly focused on the 240 districts classified with inter-sectoral severity levels 3 and 4,

with particular attention to areas affected by recurrent drought, flood emergencies and high concentrations of returnees. Within these priority locations, the response will be guided by a risk-based approach, ensuring that limited resources are directed to individuals and communities facing the most acute protection threats. Core protection interventions will therefore be prioritised for those exposed to the highest levels of violence, exploitation and rights violations. Across all interventions, targeting will place a strong emphasis on the most vulnerable population groups, including women and girls, children, persons with disabilities, minorities, returnees, refugees and female-headed households, who consistently face heightened protection risks and barriers to assistance.

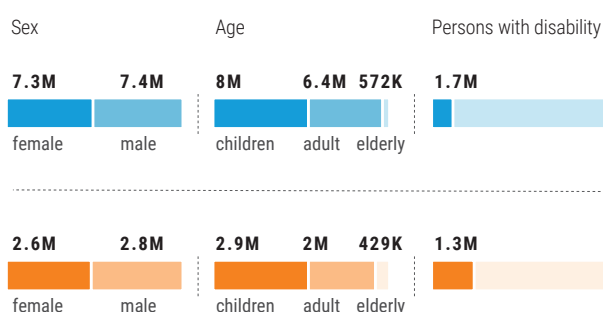
If only 50 per cent of requirements are received: target levels within prioritised geographical areas and target population groups will be reduced. Only persons with critical protection risks among refugee returnees, undocumented returnees, women, children and persons with disabilities will be prioritised. Among women and girls at risk of GBV, those assessed as in GBV severity 4+ and those with a high likelihood of falling into severity 4 will be the focus of interventions. Almost 3 million people will not receive services. If only 25 per cent of the required funding is received: interventions will target people facing multiple protection risks in severity scale 4. People at heightened risk will be prioritised, including children, persons with disabilities, older persons, victims of landmine/ERW incidents, survivors of violence, abuse and exploitation and other grave violations. The

### People in need and target breakdown

by shock / population group



by sex & age



\* Sudden-onset natural disaster affected, residual earthquake needs, cross border returnees, and refugees and asylum seekers



Photo: FAO/Hashim Azizi

response will be focused on emergency, life-saving, one-off, high-reach interventions to meet immediate needs. Among women and girls at risk of GBV, those assessed as in GBV severity 5 will be the focus. If only 25 per cent funding is received, almost 4 million people will not be reached with services.

### **Promoting accountable, quality and inclusive programming**

The protection response embeds accountability to affected people through continuous, targeted consultations with children, caregivers, and beneficiaries. PC will utilise platforms like AWAAZ and systematic PDM to gather feedback, and the results are used to inform course correction for improved service delivery. GADD inclusion is a core quality principle, enforced by the mandatory recruitment of female staff and volunteers to guarantee direct access to women and adolescent girls. Also, the Cluster ensures age and disability categorization is considered in programming and response monitoring. Risk Mitigation including for GBV is foundational in all Cash for Protection programs include sensitivity analysis,

and social workers receive training on confidential and ethical referral protocols.

The Cluster maintains a non-negotiable, victim-centred response, supported by harmonised referral pathways within the PSEA Network. Partners integrate messaging on accountability by humanitarian staff to community members. The Cluster will continue collaborating the PSEA Network and ensure that survivors of sexual exploitation and abuse can access the required services. In doing so, the Cluster will seek to expand knowledge on prevention and response, in partnership with the PSEA Network.

### **Cost of response**

The Protection Cluster requires \$136.5 million to support 4.9 million people in need. The average cost per person is \$29. The costing analysis was informed by regional and sub-national consultations. Protection interventions are more human-resources intensive. As the focus is on services rather than in-kind support, qualified and experienced staff are required to deliver services. Cluster partners will continue to extend protection services to all locations, especially those with high severity of needs.

# 3.7 Water, Sanitation and Hygiene

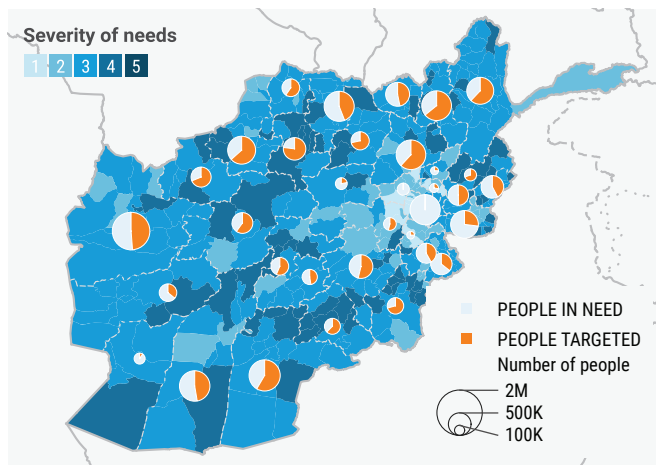


Explore more at [humanitarianaction.info](https://humanitarianaction.info)

**People in need**  
**15.9M**

**People targeted**  
**7.8M**

**Requirements (US\$)**  
**\$163.3M**



## Summary of needs

WASH needs in Afghanistan remain severe and are most pronounced in the north/northwest (Badghis, Faryab, Jawzjan, Samangan, Balkh, Sar-e-Pul), west (Herat, Ghor), east/southeast (Nangarhar, Khost, Paktya) and central highlands (Bamyan, Daykundi). In 2026, an estimated 15.9 million people will require WASH assistance due to overlapping shocks, including large-scale returns, drought, AWD with dehydration and cholera outbreaks, recurrent floods and earthquakes.

Reliance on unimproved water sources remained high at 25 per cent in 2025, showing little change from 23 per cent in 2024. While access to improved sanitation increased to 83 per cent, 37 per cent of households still lacked soap for basic hygiene.<sup>130</sup> Seasonal hazards remain cyclical, with spring floods often damaging water systems, straining water quality and winter shortages affecting high-altitude areas.

According to the 2025 Whole of Afghanistan Assessment, 85 per cent of households experienced at least one environmental hazard, up from 77 per cent in 2024, and 67 per cent reported drought and water scarcity. The proportion of households prioritising water for drinking and those lacking

soap for hygiene rose to 37 per cent, up from 31 per cent, indicating declining access and affordability. In addition, 18 per cent of households lack sufficient drinking water and 32 per cent rely on unimproved sources, with conditions most severe among rural populations, displaced people and female-headed households. Service trends present a mixed picture. Drought-affected areas increasingly report dried or non-functional water points, particularly impacting rural populations, displaced people and female-headed households. Declining household income and rising debt have further reduced WASH affordability.

## Response strategy

The 2026 WASH Cluster response will focus on mitigating life-threatening water, sanitation and hygiene gaps in areas most affected by drought, AWD with dehydration and cholera outbreaks, floods, earthquakes and large-scale returns, while upholding public health and dignity.

Building on lessons from 2025, the Cluster will maintain a dual approach that combines life-saving emergency response with systems strengthening. Immediate priorities include: 1) rehabilitation, construction and repair of damaged water and sanitation systems, 2) provision of emergency WASH services for returnees, displaced populations and host communities under acute stress, 3) rapid response to AWD with dehydration and cholera outbreaks through case-area targeted interventions, water chlorination and hygiene promotion, and 4) winterisation preparedness and repositioning of critical WASH supplies in high-risk areas.

Sustaining functionality will require investment in operation and maintenance, water quality surveillance and community-based management to prevent service collapse. In drought-affected regions, interventions will focus on climate-resilient water solutions such as groundwater protection, recharge structures and strategic water supply systems. These climate-

resilient WASH interventions directly support the BHN response by ensuring sustained access to safe and reliable water, reducing household vulnerabilities, and strengthening the foundation for more predictable multi-sector service delivery. Cross-cutting priorities include safe and equitable access for women, girls and persons with disabilities through gender-segregated facilities, engagement of female staff and inclusive design. The Cluster will also strengthen coordination with health, nutrition and protection partners to reduce disease and protection risks.

### Target and prioritisation

The WASH Cluster targets 7.8 million people (including 6.3 million with core activities) out of 15.9 million in need, focusing on districts classified as severity 4 and 3 in the 2026 WASH needs analysis. Prioritisation is guided by the boundary-setting framework, severity mapping and multi-sector risk analysis, with emphasis on areas affected by drought, AWD with dehydration and cholera outbreaks, floods, earthquakes and large-scale returns. Within these areas, sub-districts hosting returnees, protracted internally displaced people and disaster-affected communities will receive priority assistance. The Cluster will also maintain readiness to respond to new or emerging shocks through prepositioned contingency stocks. This approach directs resources to the most vulnerable populations while maintaining flexibility for rapid response to emerging shocks.

Population targeting gives priority to rural and peri-urban communities with limited or collapsing WASH

systems, returnees and IDPs, and female-headed or disability-affected households facing access barriers. Areas with elevated protection risks for women and girls are also prioritised.

If the Cluster receives 50 per cent of the required funding, or \$81.7 million, only 3.1 million people can be reached with minimum life-saving support, leaving more than 11 million unassisted. At 25 per cent funding, or \$40.9 million, support would reach about 1.55 million people, heightening the risk of system collapse, disease outbreaks, malnutrition and displacement.

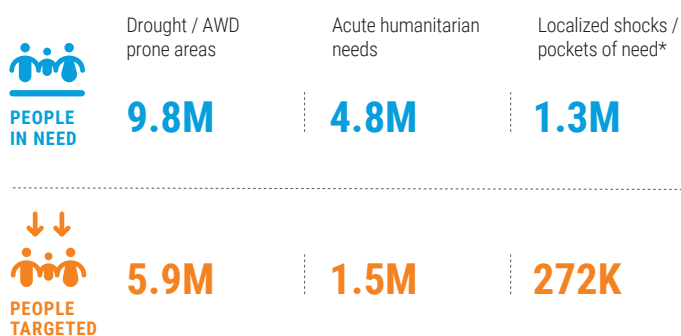
### Promoting accountable, quality and inclusive programming

The WASH Cluster will continue to promote accountable, inclusive and quality programming to ensure that life-saving assistance reaches those most in need while upholding humanitarian principles and Do No Harm commitments. Accountability to affected people will be integrated throughout the response cycle through community engagement, participatory assessments, monitoring of interventions and feedback mechanisms. This will enable affected populations, particularly women and marginalised groups, to influence WASH planning and service delivery.

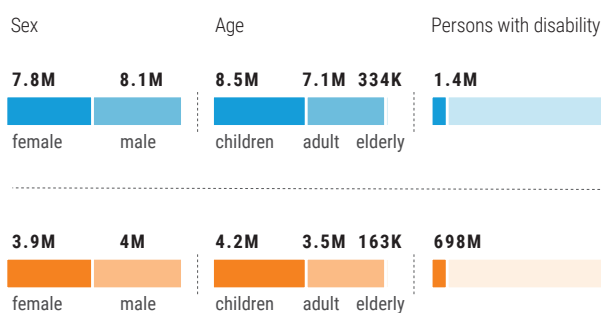
Given ongoing access restrictions on female staff, the Cluster will prioritise advocacy and operational arrangements that enable the safe participation of women in planning, hygiene promotion, monitoring

### People in need and target breakdown

by shock / population group



by sex & age



\* Sudden-onset natural disaster affected, residual earthquake needs, cross border returnees, and refugees and asylum seekers



Photo: OCHA/Ashiqullah Mandozai

and feedback activities. Partners will implement gender-segregated WASH facilities and promote the active involvement of women in community WASH committees to strengthen privacy, safety, management and ownership.

The response will apply inclusive design principles to ensure that WASH facilities are accessible to people with disabilities, older adults and children. Partner capacity-building will emphasise gender and disability inclusion, protection mainstreaming and community-led operation and maintenance to sustain functionality and equity.

Quality assurance will be reinforced through technical standards, water quality monitoring and adherence to WASH Cluster guidance on minimum service levels and accountability benchmarks. Real-time data collection through 5Ws, cholera dashboards and monitoring tools will support adaptive management and early corrective action.


Localisation will remain a key pillar, with increased engagement of national and local organisations in decision-making and implementation to ensure context-appropriate and culturally sensitive delivery. This approach aims to reinforce trust, accountability and resilience within communities affected by recurrent WASH crises.

### **Cost of response**

WASH costing reflects increased operational demands driven by drought, AWD outbreaks, and deteriorating water systems. Investments prioritise cost-effective measures such as system rehabilitation, solarisation, water quality monitoring, and integrated WASH and nutrition actions that reduce repeated emergency trucking and outbreak response costs. Rising fuel, supply-chain disruptions, and access constraints continue to elevate delivery costs. Early, flexible funding remains essential to sustain preventive services, avoid higher treatment and outbreak-control costs, and maintain minimum service functionality.

## 3.8 Coordination, Thematics and System Support



 Explore more at [humanitarianaction.info](https://humanitarianaction.info)

Total Requirements (US\$)

**\$39.4M**

Aviation	Assessments	AIWG	CCCM
<b>\$14.7M</b>	<b>\$9.2M</b>	<b>\$3.6M</b>	<b>\$1.9M</b>
Coordination	Gender	PSEA	
<b>\$8M</b>	<b>\$1.3M</b>	<b>\$700K</b>	

Effective coordination and common services remain foundational to the delivery of principled, timely and accountable humanitarian assistance in Afghanistan, particularly in the context of the Humanitarian Reset, ongoing access constraints, large-scale population movements, and declining humanitarian financing. In 2026, coordination and common services will be essential to sustain a coherent, shock-responsive system while enabling a more streamlined, localised and efficiency-focused humanitarian architecture.

Overall, coordination costs (OCHA and relevant working groups) account for less than one per cent of the total HNRP requirements (\$15.5 million), representing a modest but essential investment to ensure efficiency, transparency and accountability across the response. Aviation (UNHAS) is critical to ensuring safe, reliable access to hard-to-reach locations and the rapid movement of humanitarian personnel and life-saving cargo. Assessments (REACH, DTM) represent around half of one per cent of the total HNRP (\$9.2 million), providing the essential evidence base required for needs-based planning, precise targeting, and accountable delivery of assistance.

### Strategic importance of coordination in the humanitarian reset

In 2026, coordination and common services are not only enabling functions but core drivers of the Humanitarian Reset. They underpin the transition to a leaner, more inter-sectoral, locally anchored coordination architecture; strengthen accountability and participation; sustain life-saving access; and ensure that operational decisions remain evidence-based, prioritised by severity and responsive to community feedback.

Without sustained investment in coordination and common services, the capacity of the humanitarian system to manage large-scale shocks, support principled access, uphold protection standards and enable responsible transition to BHN programming will be significantly weakened.

### Coordination (OCHA)

OCHA will continue to lead the strategic and operational coordination of the humanitarian response in Afghanistan, ensuring that assistance is principled, needs-based and coherently delivered across one of the world’s most complex operating environments. Strategic leadership will be exercised through the Humanitarian Country Team (HCT), while operational coordination will continue to be anchored in the ICCT at the national level and Operational Coordination Teams (OCTs) at sub-national levels. As part of the Humanitarian Reset, OCHA is supporting the transition to a revised coordination architecture, including the establishment of Regional Teams (RTs) that bring together humanitarian and BHN actors, while OCTs will remain to ensure flexible emergency coordination at the provincial level in response to sudden-onset shocks. This updated structure is designed to reduce duplication, strengthen inter-sectoral convergence, and support more effective transition pathways where appropriate.

OCHA through the ICCT, will continue to lead the HPC, including severity analysis, response planning, prioritisation, monitoring and joint advocacy. Through its neutral convening role, OCHA safeguards the integrity of needs-based decision-making, ensuring that priorities are driven by evidence rather than institutional mandates. OCHA’s information management capacity will support district-level response tracking, gap analysis, and operational presence and capacity mapping. Access engagement and operational advocacy, informed by real-time situational analysis, will remain core functions to help sustain humanitarian space in a challenging operating environment. In 2026, OCHA requires \$8.2 million to sustain national and sub-national coordination, information management, access engagement, response monitoring and

leadership functions that enables the entire humanitarian response to function effectively.

### **Accountability and Inclusion Working Group (AIWG)**

The Accountability and Inclusion Working Group will continue to support a system-wide response that is informed by the priorities, preferences and feedback of crisis-affected people. In 2026, AIWG efforts will focus on consolidating the feedback-to-action loop, strengthening community-level validation, and ensuring that collective feedback directly informs strategic and operational decision-making. The Afghanistan Community Voices and Accountability Platform, implemented with Awaaz Afghanistan, will remain the core collective feedback mechanism, providing accessible, gender- and disability-inclusive channels for information-sharing, complaints and feedback. The Working Group will also strengthen cluster and partner capacity for disability inclusion, two-way communication using context-appropriate channels, languages and formats, including for persons with limited literacy, mobility or digital access. AIWG common services require \$3.65 million in 2026 to sustain the helpline, community perception monitoring, disability inclusion training, sub-national engagement and system-wide feedback integration.

### **Gender Coordination Group**

The Gender Coordination Group will continue to serve as the inter-agency technical platform supporting gender-responsive coordination and programming at both national and sub-national levels. In 2026, the GCG will prioritise support to the Humanitarian Reset by strengthening the integration of gender in inter-sectoral planning, localisation efforts, and operational coordination through the RTs and OCTs. The GCG will continue to monitor the operational impact of restrictions on women and girls, track women's participation in the response, support clusters in applying gender minimum standards and strengthen the recruitment, retention and protection of female humanitarian staff. The Coordination Group will also continue thematic analysis on women-led organisations, women's access to assistance, and the effects of access restrictions on response quality. GCG common services require \$1.25 million in 2026.

### **Protection from Sexual Exploitation and Abuse (PSEA) Network**

The PSEA Network will continue to provide coordinated leadership on SEAH risk mitigation, prevention, investigations, survivor assistance and partner capacity-building. In 2026, the Network will sustain quarterly community-based risk assessments, annual mapping, awareness campaigns and the strengthening of Standard Operating Procedures (SOPs) and referral pathways across humanitarian partners. With access constraints and heightened protection risks persisting, collective, evidence-based PSEAH programming remains critical to safeguarding affected populations and humanitarian personnel. PSEAH support requires \$700,000 in 2026.

### **Evidence-Based Response: Assessments and Data**

IOM – DTM will continue its cross-border flow monitoring at formal and informal crossing points with Iran and Pakistan, providing critical data on returnee movements, displacement trends and vulnerabilities. DTM will also sustain rapid needs assessments and community-level mobility baseline analysis in high-risk areas. IOM-DTM requires \$5.2 million in 2026.

REACH Initiative will continue to support the humanitarian community with the WoAA, JMMI and HSM. REACH analysis underpins rapid needs assessments, severity mapping, MEB revisions, shock monitoring and inter-sector planning. REACH Initiative assessments require \$4 million in 2026.

### **Humanitarian Air Services (UNHAS)**

UNHAS will remain a critical enabler of humanitarian access in 2026, providing safe, reliable and cost-efficient air transport for humanitarian personnel and cargo across Afghanistan. Given persistent security, terrain, and infrastructure constraints, UNHAS remains essential to reaching remote and high-risk locations where no viable commercial alternatives exist. UNHAS also provides medical and security evacuations for humanitarian staff.

For 2026, UNHAS requires \$14.7 million to sustain domestic and regional connectivity.

# Part 4:

## Refugee needs and response plan

### 4.1 Refugee response plan

People in need	People targeted	Requirements (US\$)
21.2K	21.2K	\$2M

#### Objectives

The refugee response plan (RRP) will maintain a needs-based approach, ensuring that refugees have access to protection, basic services and assistance while upholding their rights under international legal frameworks, including the principle of non-refoulement. It will prioritise advocacy to prevent arbitrary detention and enable access to housing. This is particularly important in the absence of a national refugee law, which heightens protection risks and limits predictable procedures. As a cross-cutting objective, the response will prioritise the specific needs of refugee women and girls and promote gender and disability responsive programming.

#### Response strategy

In the absence of a national asylum system, UNHCR continues to register and issue documentation to asylum-seekers and refugees, enabling access to protection and essential services. Registered refugees and asylum-seekers living in urban areas will receive cash-based assistance to cover basic needs, alongside AFN 40,000 to support medical expenses. In addition, FSAC plans to extend food assistance to this population. Refugee Status Determination will be strategically prioritised for cases eligible for resettlement or complementary pathways. Legal assistance will support access to civil documentation, including birth and marriage certificates, while advocacy will focus on expanding access to education and formal employment opportunities.

A needs-based response will combine cash assistance of AFN 3,400 per person, with additional medical cash for verified cases, legal aid, protection case management, and education grants through the Albert Einstein German Academic Refugee Initiative Fund (DAFI). Community-led initiatives in urban areas and selected provinces, including Khost and Paktika, will help strengthen community resilience and participation.

Prioritisation will focus on meeting immediate protection needs while enhancing self-reliance and inclusion in a context where prospects for durable solutions remain limited. The most vulnerable individuals will be prioritised for resettlement, supported by targeted legal, protection, and MHPSS services. Age, gender, and disability considerations will shape all interventions, with tailored support for women, children, older persons, and individuals at heightened risk.

The integration of protection principles across all programme activities will remain a central pillar of the response. Partners will ensure the safety, dignity and meaningful access of refugees and asylum-seekers to humanitarian assistance, regardless of gender, age, disability, or displacement status. To inform and adapt programming, partners will continue to consult and communicate with refugees through existing complaint and feedback mechanisms, including UNHCR's complaint and feedback mechanism.

#### Cost of response

In 2026, the refugee response is estimated to require a total budget of \$1.97 million. This includes targeted allocations to support protection, assistance and inclusion activities for refugees and asylum-seekers across Afghanistan, as well as food assistance.

Cash assistance will remain the most cost-efficient modality and enable flexible and rapid delivery while reducing logistical and administrative costs compared to in-kind assistance. In line with inter-agency guidelines, the budget also reflects additional costs to ensure inclusive programming, including transportation for women and girls, accessibility measures, and reasonable accommodation for persons with disabilities.

### Monitoring

Comprehensive data, including age and gender, is available for urban refugees through UNHCR's ProGres database, where all asylum-seekers and refugees are individually registered. This includes disaggregated data on age, gender and diversity. Cash assistance distribution is managed through the Global Distribution Tool. Medical information and related cash assistance are monitored through monthly Multi-Functional Team meetings with a partner doctor. Legal assistance is monitored through ActivityInfo.

Community-led initiatives are monitored by UNHCR protection staff in collaboration with partner organisations in the relevant regions. The livelihoods team monitors livelihoods projects, while protection case management, including GBV, child protection,

and MHPSS, is monitored jointly by partners and the Protection Unit. Regular feedback will be gathered through UNHCR's community feedback mechanism and other community engagement mechanisms to ensure accountability and inform programme adjustments as required.

### Coordination and partnerships

The refugee response in Afghanistan is led by UNHCR in both rural and urban areas. In the southeast, UNHCR works with the Watan Social and Technical Service Association (WSTA) to operate the community centre and conduct monitoring activities, and with the Welfare Association for the Development of Afghanistan (WADAN) to provide legal assistance. UNHCR collaborates with partner organisations on protection case management and refers cases requiring specialised support to WFP and UNICEF.

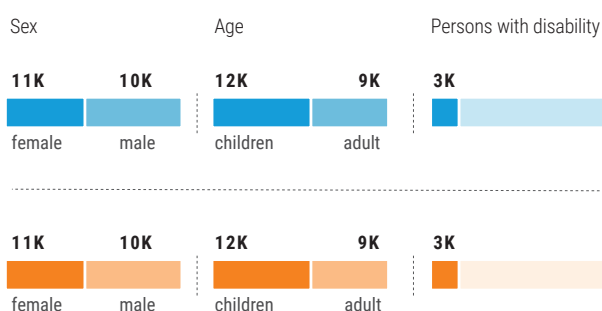
Organisations operating in areas where this population resides will provide assistance and services to the refugee and asylum seeker population as required. The refugee response will increasingly coordinate with durable solutions and HLP actors to address overlapping needs among refugee, returnee and host communities, ensuring complementarity of assistance.

### People in need and target breakdown

by population group

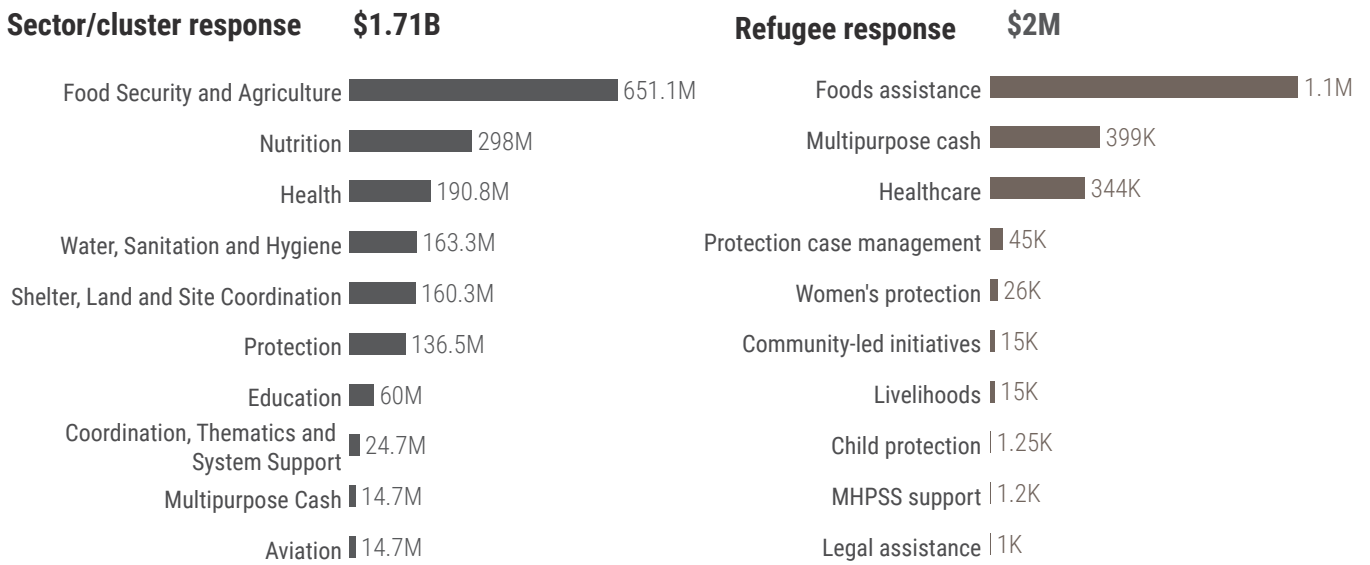
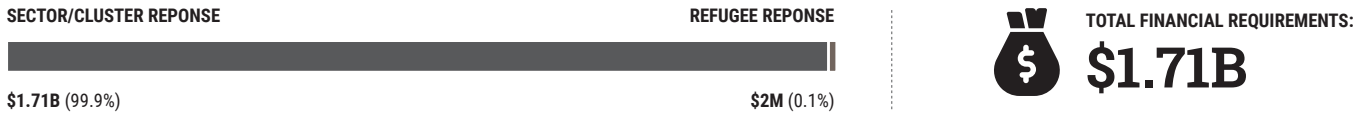


by sex & age



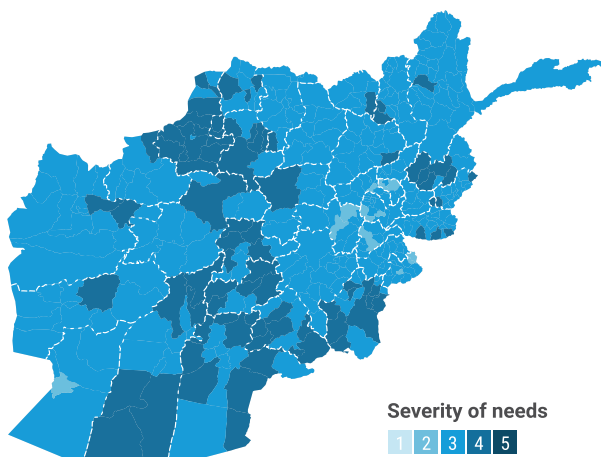
# Annex - Refugee response plan financial requirements breakdown

## HNRP Financial requirements

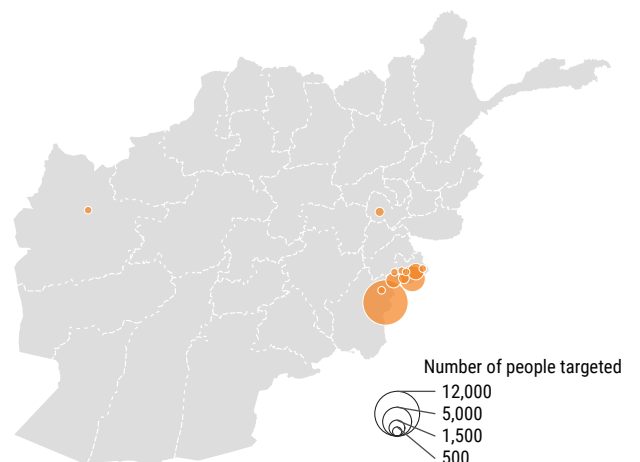


## Intersectoral Severity and Refugee Response

### Intersectoral severity



### Refugee response



# Acronyms

<b>AAWG</b>	Assessment and Analysis Working Group	<b>JMMI</b>	Joint Market Monitoring
<b>ACVA</b>	Afghanistan Climate Vulnerability Assessment	<b>MAM</b>	Moderate Acute Malnutrition
<b>AFI</b>	Acute Food Insecurity	<b>MAMI</b>	Management of At-risk Mothers and Infants
<b>AFN</b>	Afghani (currency)	<b>MEB</b>	Minimum Expenditure Basket
<b>AGD</b>	Age, Gender and Diversity	<b>MHNT</b>	Mobile Health and Nutrition Team
<b>AHF</b>	Afghanistan Humanitarian Fund	<b>MHPSS</b>	Mental Health and Psychosocial Support
<b>AIWG</b>	Accountability and Inclusion Working Group	<b>MISP</b>	Minimum Initial Service Package
<b>AMN</b>	Acute Malnutrition	<b>MIYCN</b>	Maternal, Infant, and Young Child Nutrition
<b>AoR</b>	Area of Responsibility	<b>MoPVPV</b>	Ministry of Propagation of Virtue and Prevention of Vice
<b>AWD</b>	Acute Watery Diarrhea	<b>MPC</b>	Multi-Purpose Cash
<b>BHN</b>	Basic Human Needs	<b>MSRAF</b>	Multi-Sector Rapid Assessment Form
<b>BSFP</b>	Blanket Supplementary Feeding Programme	<b>MUAC</b>	Mass Mid Upper Arm Circumference
<b>CBE</b>	Community-Based Education	<b>NFI</b>	Non-Food Item
<b>CBPM</b>	Community-Based Protection Monitoring	<b>NGO</b>	Non-Governmental Organization
<b>CBS</b>	Community-Based Schools	<b>OCHA</b>	Office for the Coordination of Humanitarian Affairs
<b>CBV</b>	Community Based Vaccinations	<b>OCT</b>	Operational Coordination Team
<b>CMR</b>	Clinical Management of Rape	<b>PBW</b>	Pregnant and Breastfeeding Women
<b>CNSS</b>	Community Nutrition Sentinel Site Surveillance	<b>PDM</b>	Post-distribution Monitoring
<b>CPIMS+</b>	Child Protection Information Management System Plus	<b>PEP</b>	Post Exposure Prophylaxis
<b>CRNA</b>	Community Rapid Needs Assessment	<b>PiN</b>	People in need
<b>CVA</b>	Cash and voucher assistance	<b>PoR</b>	Proof of Registration
<b>CWG</b>	Cash Working Group	<b>PSEA</b>	Protection from Sexual Exploitation and Abuse
<b>DfA</b>	De-facto Authorities	<b>PSEAH</b>	Protection from Sexual Exploitation, Abuse and Harassment
<b>DHIS2</b>	District Health Information Software 2	<b>PVPV</b>	Propagation of Virtue and Prevention of Vice
<b>DTM</b>	Displacement Tracking Matrix	<b>RHT</b>	Regional Humanitarian Team
<b>DWG</b>	Data Working Group	<b>RRP</b>	Refugee Response Plan
<b>EiE</b>	Education in Emergencies	<b>RT</b>	Regional Team
<b>EO</b>	Explosive Ordnance	<b>SAM</b>	Severe Acute Malnutrition
<b>FSAC</b>	Food Security and Agriculture Cluster	<b>SLSC</b>	Shelter, Land and Site Coordination
<b>FTS</b>	Financial Tracking Service	<b>SEAH</b>	Sexual Exploitation, Abuse and Sexual Harassment
<b>GBV</b>	Gender-based Violence	<b>SMART</b>	Standardized Monitoring and Assessment of Relief and Transition
<b>GIHA</b>	Gender in Humanitarian Action	<b>SO</b>	Strategic Objective
<b>HAWG</b>	Humanitarian Access Working Group	<b>SOPs</b>	Standard Operating Procedures
<b>HCT</b>	Humanitarian Country Team	<b>SP-TWG</b>	Social Protection Technical Working Group
<b>HLCF</b>	High-Level Coordination Forum	<b>SRH</b>	Sexual and Reproductive Health
<b>HLP</b>	Housing, Land and Property	<b>TLS</b>	Temporary Learning Spaces
<b>HNRP</b>	Humanitarian Needs and Response Plan	<b>TTP</b>	Tehrik-e-Taliban Pakistan
<b>HPC</b>	Humanitarian Programme Cycle	<b>UASC</b>	Unaccompanied and Separated Children
<b>HSM</b>	Humanitarian Situation Monitoring	<b>UN</b>	United Nations
<b>ICA</b>	Integrated Context Analysis	<b>UNAMA</b>	United Nations Assistance Mission in Afghanistan
<b>ICCG</b>	Inter-Cluster Coordination Group	<b>UNHAS</b>	United Nations Humanitarian Air Service
<b>ICCT</b>	Inter-Cluster Coordination Team	<b>UNSFA</b>	United Nations Strategic Framework for Afghanistan
<b>IDP</b>	Internally Displaced Person	<b>WAG</b>	Women's Advisory Group
<b>IMAM</b>	Integrated Management of Acute Malnutrition	<b>WASH</b>	Water, Sanitation and Hygiene
<b>IPC</b>	Integrated Food Security Phase Classification	<b>WoAA</b>	Whole of Afghanistan Assessment
<b>ISET</b>	Informal settlement		

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# About

This document is consolidated by OCHA on behalf of the Humanitarian Country Team and partners. It provides a shared understanding of the crisis, including the most pressing humanitarian need and the estimated number of people who need assistance. It represents a consolidated evidence base and helps inform joint strategic response planning.

## PHOTO ON COVER

Bamyan Province, Afghanistan. Tahera is a hardworking farmer from Bamyan. She is harvesting her wheat field after a year of dedicated effort. Photo credit: FAO/Hashim Azizi

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