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ecoi.net featured topic on Afghanistan: Overview of recent developments

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Overview of the humanitarian situation in Afghanistan

1. General situation regarding basic needs

For detailed background information and information on key players, please refer to the Afghanistan Country Briefing Page.

"The humanitarian and economic situation deteriorated amid declining international assistance, rising inflation, trade disruptions, large-scale returns of Afghans and climate-related shocks, compounded by the conflict in the Middle East and the prolonged border closure with Pakistan. As at 30 April, the 2026 Afghanistan Humanitarian Needs Response Plan remained significantly underfunded at 14 per cent ($240.9 million of $1.7 billion required). [...] Priority needs remain food assistance, the treatment of acute malnutrition, essential health services, access to safe water and protection services." (UNGA & UNSC, 22 May 2026, pp. 1-2, 10)

„Insbesondere die Massenausweisungen aus Iran und Pakistan und zwei starke Erdbeben im Osten des Landes verschärften die humanitäre Lage 2025 gravierend." (BAMF, 16 April 2026, p. 21)

"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. [...]

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. 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. [...] 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." (UNOCHA, December 2025, pp. 4, 6)

"Afghanistan's economy was marked by a series of significant external shocks in 2025—sharp reductions in foreign aid, prolonged border closures with Pakistan, drought, earthquakes, and large-scale refugee returns from the Islamic Republic of Iran and Pakistan. [...] [It] remained fragile in 2025, still recovering modestly from the sharp contractions of 2021–22. Aggregate GDP grew by an estimated 4.8 percent in 2025, driven mainly by private consumption and a rebound in non-agricultural activity —both partly attributable to the influx of returnees boosting domestic demand. However, per capita GDP [Gross Domestic Product] contracted by 5.6 percent, as population growth outpaced economic expansion and inflation rose, reflecting demand recovery and higher trade and transport costs linked to border closures.

Afghanistan's economy is projected to grow by 4.0 percent in 2026, supported by strengthening demand, higher private investment, and improved absorption of returnees into the labor market. However, the ongoing conflict in the Middle East poses a major risk, through disruptions to trade and accelerated migration flows." (World Bank Group, April 2026, p. 22)

"UNDP estimates that subsistence insecurity increased in 2024, with 75 percent of the population subsistence insecure—a 6 percentage-point increase from 2023. The increase in insecurity reversed some of the improvements seen in 2023, with particularly sharp declines in housing adequacy, and the affordability of health care and essential household items, such as cooking items and winter clothing.

Economic stagnation has left households with fewer income-generating options, consistently high levels of food insecurity and a high reliance on external assistance. Both household monthly income and per capita expenditure declined in 2024, with the most significant declines among female-headed households, internally displaced persons (IDPs) and rural households. [...]

Urban-rural disparities also remain stark. While urban areas have seen marginal improvements in access to goods and services, rural communities—home to 71 percent of the population—continue to experience acute shortages with greater deprivation in sanitation, health care availability and heating fuel, in particular. Subsistence insecurity was 15 percent higher in rural areas than urban areas in 2024.

Regional inequalities also widened, further exacerbating vulnerabilities. Subsistence insecurity was highest in the North-Eastern and Southern regions (88 and 86 percent respectively), while the Central Highlands saw

the sharpest deterioration, with insecurity rising 20 percentage points." (UNDP, April 2025, p. 7-8)

"Some reports suggest that poverty is more intense in rural areas, but the possibility of many households to self-produce generally makes them less vulnerable to changes in workforce demands." (EUAA, January 2026, p. 80)

1.1 Humanitarian Assistance

"In 2026, an estimated 21.9 million people, or approximately 45 per cent of the population of Afghanistan, require humanitarian assistance. [...] Priority needs remain food assistance, the treatment of acute malnutrition, essential health services, access to safe water and protection services. [...]

Humanitarian partners continue to deliver assistance to millions of people despite increasingly constrained operating conditions. Between January and March, partners provided 4.7 million people with at least one form of assistance, including 435,000 people who received three or more types of support. This included 3 million people who received food security and livelihoods assistance, 1.4 million people who received healthcare, 870,800 people who received water, sanitation and hygiene services, 1 million people who received protection support, 946,000 people who received nutrition assistance, 31,000 people who received education support and approximately 80,000 people who received emergency shelter and non-food items. [...]

At the same time, organizations report increased financial pressures that are contributing to salary cuts and staffing reductions, with women disproportionately affected. Eighty per cent of organizations are impacted and are managing these constraints in various ways: 39 per cent are cutting salaries and benefits; 35 per cent are shrinking or closing their field presence; and 28 per cent are planning staffing or field reductions in 2026. [...]

Humanitarian access is hampered by insecurity, administrative barriers and restrictions affecting women humanitarian workers. Humanitarian partners reported 307 access incidents across Afghanistan between January and the end of March, which resulted in the temporary suspension of 242 humanitarian activities. The incidents included the detention of 12 staff, including 1 United Nations staff member. The number of incidents reported increased compared with the last three months of 2025, when 283 incidents were reported, further impacting an already reduced operational presence due to funding shortfalls." (UNGA & UNSC, 22 May 2026, pp. 10, 12)

„Die Bereitschaft im Ausland humanitäre Hilfe für Afghanistan zu leisten, ist seit 2023 von Jahr zu Jahr rückläufig, besonders stark seit der Einstellung des USAID[United States Agency for International

Development]-Programmes der USA Mitte 2025. [...] Aufgrund von mangelnder Finanzierung haben die Vereinten Nationen ihren Aufruf zur Finanzierung humanitärer Hilfe gekürzt. Dies ist jedoch nicht auf einen Rückgang des Hilfsbedarfs zurückzuführen. Die erhebliche Finanzierungslücke[,] hat dazu geführt, dass sowohl der Umfang des Plans als auch die Zahl der Menschen, die er unterstützen kann, reduziert werden mussten. Letztlich konnten 2025 von den anvisierten 2,4 Mrd. lediglich 1,6 Mrd. USD eingeworben werden.

Seitdem die Taliban zudem afghanischen Frauen im Dezember 2022 verboten haben, für NGOs und internationale Organisationen zu arbeiten, wurden viele Hilfsprojekte eingestellt und andere können besonders von Frauen geführte Haushalte nicht mehr erreichen. Etwa 10 % der Haushalte in Afghanistan werden von Frauen geführt. Diese können aufgrund der strikten Geschlechtertrennung ohne Frauen, die für NGOs arbeiten, kaum von humanitärer Hilfe erreicht werden." (BAMF, 16 April 2026, pp. 22, 26)

1.2 Food Security and Access to Water

"After four consecutive years of drought, precipitation levels remained below average in the first quarter of 2026, with reports of livelihoods impacts, displacement and intercommunal conflicts over scarce water resources. [...]

Approximately 17.4 million people face acute food insecurity, including populations in emergency conditions, and this number is expected to increase further due to the above factors. Funding shortfalls have significantly reduced food assistance coverage, thus increasing the reliance on negative coping mechanisms and deepening vulnerability. [...]

Malnutrition levels remain critically high. An estimated 4.9 million children under 5 and pregnant and breastfeeding women require treatment for acute malnutrition. While treatment for severe cases continues, preventive and supplementary programmes have been significantly affected by funding and supply constraints." (UNGA & UNSC, 22 May 2026, p. 11)

„Die Situation in Afghanistan wird auch als ‚Gleichgewicht der Hungersnot' beschrieben: Die Lage hat sich stabilisiert, viele Menschen sind jedoch auf humanitäre Hilfe angewiesen, um nicht zu verhungern. Für November 2025 bis März 2026 prognostiziert IPC [Integrated Food Security Phase Classification], dass 17,4 Millionen Menschen in die Klassifikation Phase 3 (Krise) und Phase 4 (Notfall) einzustufen sind. Die abgebildeten Daten des Welternährungsprogramms und von IPC zeigen, dass nach einer verschärften Krise direkt nach der Machtübernahme der Taliban der Anteil der von Ernährungsunsicherheit betroffenen Bevölkerung 2023/2024 kleiner geworden ist. Seitdem ist er jedoch – mit saisonalen Schwankungen – konstant. Neun von zehn Kindern haben keinen Zugang

zu ausgewogener Ernährung, die für ihre Entwicklung notwendig ist. Nach Angaben des WFP [World Food Programme] ist das Land geprägt von Kinderhungersnot und akuter Mangelernährung auf einem Niveau, das seit 25 Jahren nicht mehr gesehen wurde." (BAMF, 16 April 2026, p. 21)

"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. This represents a sharp deterioration compared to the previous year. 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." (UNOCHA, December 2025, p. 6)

"It should be noted that Food Security and Agriculture Cluster (FSAC) partners have warned that the IPC [Integrated Food Security Phase Classification] projections may severely underestimate food insecurity, since returnees are not systematically captured in the data. Moreover, although large parts of the population have an acceptable calorie-intake, their diets mainly consists [sic] of less nutritious food such as staples, while the consumption of meat, dairy and vegetables is more rare, which might have long-term health implications. [...] Households have coped with food insecurity by adjusting their diets to avoid expensive food, and adults have been skipping meals so that their children can eat. Some families only consume bread and tea." (EUAA, January 2026, pp. 81-83)

"World Vision Afghanistan conducted a Community Validation Exercise in May 2026 across Herat, Ghor, Badghis, and Faryab provinces to assess whether the findings of the 2025 Multi-Sector Needs Assessment (MSNA) continue to reflect current realities, identify changes in needs and vulnerabilities, and inform future programming priorities. The exercise employed a qualitative methodology comprising 32 Focus Group Discussions (FGDs) with approximately 320 participants and 32 Key Informant Interviews (KIIs) conducted across 16 districts. The findings confirm that the majority of the original MSNA conclusions remain valid. However, communities described a significant deepening of vulnerabilities and a gradual erosion of household resilience. Rather than experiencing isolated sectoral challenges, households face interconnected pressures in which food insecurity, livelihood decline, debt, water scarcity, inadequate health and nutrition services, education barriers, protection concerns, and climate-related shocks reinforce one another. [...]

Water, Sanitation and Hygiene (WASH) challenges remain severe. Water scarcity, poor water quality, inadequate sanitation facilities, and the

burden of water collection continue to affect health, dignity, and wellbeing, particularly for women and children. [...]

The most powerful finding is that food insecurity has become a daily household management problem. Participants described not only difficulty obtaining food, but also difficult decisions about how food is divided, how often meals are eaten, and which family members are prioritised when food is scarce." (World Vision International, 30 June 2026, pp. 2, 10)

"The HSM [Humanitarian Situation Monitoring] is a nationwide, community-level, multi-sectoral needs assessment carried out quarterly across all districts of Afghanistan. It uses structured interviews with key informants in selected settlements to track needs and emerging trends, and to support district prioritization. HSM Round 12 was conducted from 16 February to 14 March 2026, with a total of 12,867 key informants surveyed across all 401 districts in the country. [...]

Food remained the top priority need for communities in the majority (76%) of the assessed settlements, followed by livelihood and income generating programs (60%).

Despite reduced domestic food production and border closures the share of settlements where most or almost all people were reported to have very insufficient food remained the same (18%). Conditions remained notably difficult in Badghis (63%), Daykundi (55%), and Baghlan (46%)." (Reach Initiative, 4 June 2026, pp. 1, 2, 5)

„Das Internationale Komitee des Roten Kreuzes warnte im März 2025, dass fast 80 % der afghanischen Bevölkerung – etwa 33 Mio. Menschen – keinen ausreichenden Zugang zu sauberem Trinkwasser haben. Diese Zahlen sind in den letzten Jahren deutlich gestiegen. So hatten 2021 48 % und 2022 60 % der Bevölkerung nur eingeschränkten Zugang zu sauberem Wasser. Fast 40 % der Haushalte in Afghanistan kämpfen zudem mit Wasserknappheit, da die Quellen versiegen, teilte UN OCHA [United Nations Office for the Coordination of Humanitarian Affairs] am 31.01.2025 mit. Das UN-Programm für menschliche Siedlungen (UN-Habitat) warnte in einer Mitteilung am 17.07.2025 vor einer starken Senkung des Wasserspiegels in der Hauptstadt Kabul. Aufgrund der raschen Urbanisierung und des sich verschärfenden Klimawandels sei einer aktuellen Studie zufolge der Grundwasserspiegel in Kabul im letzten Jahrzehnt um bis zu 30 Meter gesunken. Die Stadtverwaltung Kabul hat im Januar 2026 die Bewohner dazu aufgerufen Schneespeicher anzulegen um für das Frühjahr Schmelzwasser zu haben. Grund für die schlechte Wasserversorgung ist neben der anhaltenden Dürre auch die fehlende Infrastruktur für Wasserversorgung. Der Konsum von verunreinigtem Wasser verbreitet Infektionskrankheiten wie Cholera, Hepatitis A und Polio, die besonders für Kinder tödlich sein können. Außerdem sind

Kinder, die verunreinigtes Wasser trinken, u. a. auf Grund von Durchfall, oft unterernährt. [...] Wenn dieser Trend anhalte, könnten die Grundwasserquellen Kabuls bis Anfang 2030 vollständig erschöpft sein. Auch in einzelnen Provinzen wie Nimroz und Balkh sei der Grundwasserspiegel deutlich gesunken." (BAMF, 16 April 2026, pp. 22, 24)

„Die schlechte wirtschaftliche Lage schon vor der Machtübernahme der Taliban und die folgende Finanz- und Wirtschaftskrise haben zu einer anhaltenden humanitären Krise geführt. Zwar gibt es zwischenzeitliche Erleichterungen, beispielsweise während der Erntesaison, aber negative Bewältigungsstrategien (Verkauf von Haushaltsgegenständen, Leihen von Geld oder Anschreiben lassen, Aufschub von Gesundheitsversorgung, Verheiraten von Töchtern) wirken sich langfristig aus und sind in vielen Fällen schon erschöpft." (BAMF, 16 April 2026, p. 22)

"A significant portion of the population struggle to cover their basic needs, and have expenses exceeding their income [...] Households in crisis resorted to negative coping strategies, including taking on debt, taking children out of school and engaging them in child labour, or marrying off girls. More extreme, but still reported, strategies included selling children and selling body organs." (EUAA, January 2026, p. 78)

"Economic pressure is also contributing to negative coping strategies, including child labour and early marriage, particularly in high-return districts in southern Afghanistan." (UNOCHA, December 2025, p. 6)

"To cope with limited access to food, in 18% of assessed settlements most or almost all people had to use negative coping strategies. This was particularly heig[ht]ened in Laghman (80%) and Jawzjan (58%). In these two, notably, sending children to work was a more frequent practice than in others." (Reach Initiative, 4 June 2026, p. 5)

"Child labour emerged as one of the clearest signs of household distress. Participants described children working in agriculture, livestock, daily labour, begging or other difficult activities to help households survive. The issue was rarely discussed as parental preference; rather, it was framed as compulsion under poverty, unemployment, food insecurity and debt." (World Vision International, 30 June 2026, p. 28)

"Since late 2023, Pakistan has resumed largescale returns of Afghans, while Iran's enforcement actions intensified sharply in 2024–2025, resulting in record monthly deportations in mid-2025 [...] These deportations abruptly remove earners from overseas labour markets and cut remittance flows that many Afghan households depend on for basic consumption. [...] Overall, the immediate impact of remittance lost is a deepening food insecurity crisis. [...] Evidence from this study shows that protection risks escalate once debt is both high and ongoing. Households with persistent debt report withdrawing children from school, sending

children to work, or combining schooling with labour as a way to reduce expenses and service obligations. These decisions are rarely framed by families as neglect, but as necessary responses to immediate financial pressure and creditor demands." (Samuel Hall & World Vision International, 4 March 2026, pp. 13, 22, 25)

2. Access to Health Care

"Between 26 March and 16 April, heavy rainfall and flash floods affected most of Afghanistan, with 73,300 people initially estimated to have been affected across 31 of 34 provinces and subsequent assessments confirming that more than 31,600 people were in urgent need of assistance. [...] The public health situation remains concerning. Service delivery is increasingly constrained by funding shortfalls, insecurity, facility closures and shortages of essential medicines and supplies. The Afghanistan-Pakistan military escalation disrupted more than 25 health facilities, including 10 damaged by shelling and air strikes across Kabul, Khost, Kunar, Nangarhar, Paktika and Paktiya Provinces, reducing access to essential services for an estimated 90,000 people. Recent floods also affected 61 health facilities across Badghis, Kandahar, Logar, Nangarhar and Zabul Provinces, most of them partially damaged. [...] Critical gaps persist in trauma care, emergency medical supplies, primary healthcare and maternal, newborn and child health services, while access to sexual and reproductive health services remains severely constrained, affecting an estimated 1,200 women of reproductive age each day." (UNGA & UNSC, 22 May 2026, p. 11)

„Das staatliche Gesundheitssystem, welches zu 80 % aus dem Ausland finanziert wurde, ist nach der Machtübernahme der Taliban zusammengebrochen. Schon vor der Machtübernahme der Taliban bestand das Gesundheitssystem größtenteils aus privaten Einrichtungen und es gab nur eine stark eingeschränkte öffentliche Versorgung. Gesundheitsversorgung ist damit abhängig von den finanziellen Mitteln der Patientinnen und Patienten. Die öffentliche Versorgung wurde meist über das Gesundheitsministerium von NGOs finanziert. Diese Finanzierung blieb zunächst weg. Die VN [Vereinten Nationen] haben einen Großteil der Finanzierung des Gesundheitssystems übernommen. Allerdings ist die Finanzierung nicht ausreichend und nur kurzfristig gesichert. Auch das Internationale Komitee vom Roten Kreuz hat zunächst für zwei Jahre einige Gesundheitseinrichtungen übernommen, kann diese jedoch nicht langfristig finanzieren. Teilweise werden Gesundheitseinrichtungen von Spenden der Diaspora finanziert. Viele Gesundheitseinrichtungen haben keine finanziellen Mittel, um Materialien zu beschaffen und um ihr Personal zu bezahlen und müssen letztendlich teilweise schließen.

Die Taliban haben die Investitionen in das Gesundheitssystem drastisch

reduziert. [...]

35 % der Gesundheitseinrichtungen haben keinen Zugang zu sauberem Trinkwasser. 2023 lag die Rate des Gesundheitspersonals pro 10.000 Personen bei 10,3, wobei die Rate in ruralen Gebieten schlechter ist als in urbanen. In Deutschland beträgt die Rate etwa 747 Personen im Gesundheitswesen pro 10.000 Personen. Für viele Familien sind die Kosten für oft weite Wege zu medizinischer Hilfe das größte Hindernis. [...]

Familien haben kaum noch finanzielle Mittel, um im Ausland medizinische Hilfe zu ersuchen. Frauen sind besonders stark von schlechter Gesundheitsversorgung betroffen. Dies liegt zum einen an den Einschränkungen durch die Taliban: Es gibt nicht ausreichend weibliches Gesundheitspersonal, in vielen Regionen dürften Frauen die Gesundheitseinrichtungen nicht alleine aufsuchen und aufgrund sozialer Normen sind Familien oft weniger bereit Kosten für die Gesundheitsversorgung von Frauen und Mädchen zu übernehmen. [...]

Seit der Machtübernahme gab es zunächst vermehrt Schwierigkeiten beim Import von Medikamenten. Dies lag unter anderem an Einschränkungen bei internationalen Zahlungen und häufigen Unterbrechungen des Handels mit Pakistan. Pakistan lieferte bisher 70 % der importierten Medizin. Im Kontext des (Handels-)krieges mit Pakistan stoppten die Taliban Anfang 2026 den Import von Medikamenten aus Pakistan. Während die Taliban behaupten es gebe keinen Medikamentenmangel, gibt es zahlreiche Berichte über Medikamentenengpässe und steigende Preise. Händler geben an, dass der Aufbau von neuen Handelsbeziehungen sowie der Ausbau der lokalen Produktion Zeit braucht und die von den Taliban organisierten Lieferungen aus Indien bei Weitem nicht ausreichen." (BAMF, 16 April 2026, pp. 27-28)

"The healthcare infrastructure in Afghanistan is becoming more unbalanced, with services mostly available in cities while rural areas are left behind. Mr. Naser [A staff member of an international NGO who contributed to the cited report, note ACCORD] noted that cuts in international funding have forced more than 420 health clinics and hospitals to close in 2025 alone. [...]

Within these surviving facilities, the physical quality of the infrastructure and the clinical environment are described by professionals as inadequate. [...] Dr. Rasool [Medical doctor who contributed to the cited report, note ACCORD] noted that hospitals frequently struggle with highly unreliable basic utilities, facing regular shortages of electricity, clean running water, and medical-grade oxygen." (BFA Staatendokumentation, 13 July 2026a, pp. 3, 5-6)

“The biggest hurdle to healthcare is cost. […] Mr. Naser [A staff member of an international NGO who contributed to the cited report, note ACCORD] explained that because there is no national health budget, the system depends on humanitarian aid. When this aid is cut, the government does not step in to help. Dr. Rasool noted that this forces families to choose between buying food or paying for life-saving medical treatment.

At clinics, patients face high out-of-pocket costs for check-ups, tests, and medicine. Mr. Naser identified these costs as a major challenge. Because public hospitals often run out of supplies, patients must often buy their own surgical tools, anesthesia, and antibiotics from private pharmacies before they can be treated. This can leave families in deep debt.

Beyond direct clinical costs, geographic distances and transportation expenses physically prevent thousands of Afghans from accessing the few remaining functional facilities. Mr. Najibullah [A staff member of a local NGO who contributed to the cited report, note ACCORD] pointed out that for populations residing in remote, underserved rural provinces, the nearest secondary hospital is often located hours or even days away over unpaved terrain. The indirect costs associated with this travel, including hiring private transport, securing temporary accommodation in urban centers, and compensating for lost daily wages, often exceed the cost of the medical treatment itself.” (BFA Staatendokumentation, 13 July 2026a, p. 4)

2.1. Mental Health Care

“[M]ental health is a hugely stigmatized topic of discussion in Afghanistan […]. And now, under the de-facto Taliban government, mental health has been deprioritized in the face of a crumbling economy and acute levels of poverty […].” (Schwartz et al., 25 July 2023, p. 601)

“Mental health is considered a taboo topic, and people often hide their concerns and avoid seeking help from their families or from a professional. This longstanding stigma is exacerbated by Taliban restrictions.” (HRW, February 2024)

„Aufgrund mangelnder Aufklärung und Behandlungsmöglichkeiten, resultieren psychische Erkrankungen oft in Drogenabhängigkeit. Psychische Krankheiten sind stigmatisiert und somit ein Tabu-Thema. Dementsprechend werden sie oft geheim gehalten.“ (BAMF, 16 April 2026, p. 30)

“Despite significant need, healthcare facilities attending to mental health issues are scarce. Currently, psychosocial counsellors provide services in most comprehensive health centres. The lack of trained psychiatrists, psychiatric nurses, psychologists and social workers presents a serious challenge for mental healthcare service delivery. Nationwide, only 320

hospital beds in the public and private sector are available for people suffering from mental health problems. In 2025, WHO reported that most of Afghanistan's 34 provincial hospitals still lack specialized mental health services." (WHO, 4 March 2026a, p. 16)

"Although the demand for mental health services in Afghanistan is extraordinarily high, the provision of these services is far lower and minimal. Many of the limited services are concentrated in major cities, are less specialized, and rely mostly on psychological counselling. [...]

For example, in Kabul there is only one specialized mental health centre, while the population of Kabul city exceeds seven million. Afghanistan has five zones, and in each zone only one small mental health services unit operates, while more than 30 million people live across these five zones. [...] A member of the Department of Mental Health Services in the Ministry of Public health stated: 'Meanwhile, the provision of mental health services in the provinces is far lower than in the capital.' As the Ministry of Public Health statistics indicate, only five hospitals in five provinces of Afghanistan have small mental health departments, while the remaining 29 provinces lack mental health services. [...]

Meanwhile, the provision of mental health services for women is in the worst condition. A female mental health counsellor elaborated: 'The number of female psychologists in all of Afghanistan does not even reach one thousand, while the female population of this country is twenty million. Even in major cities there is no special treatment centre for women, and small private clinics do not have the capacity to care for them.' [...]

However, in Afghanistan a large portion of mental health services is provided by private institutions, foreign organizations, and UN-related agencies." (BFA Staatendokumentation, 13 July 2026b, pp. 15-18)

„Auch vor der Machtübernahme der Taliban hat es nur sehr wenig Gesundheitsversorgung für Menschen mit psychischen Erkrankungen gegeben. Da in diesem Bereich meist zuerst gekürzt wird, haben sich die aktuellen Einsparungen besonders stark ausgewirkt. [...]

„Auf Grundlage einer Direktive des Taliban-Führers Achundsada sollen im September 2025 landesweit über 1.500 Menschen mit psychischen Erkrankungen festgenommen und dem afghanischen Roten Halbmond übergeben worden sein. Der von den Taliban kontrollierte Rote Halbmond hat keine Erklärungen darüber abgegeben, wie die Personen behandelt oder wo sie untergebracht werden. In den drei folgenden Monaten sollen bis Ende Dezember 2025 weitere 5.871 Personen mit psychischen Erkrankungen festgenommen und dem afghanischen Roten Halbmond übergeben worden sein." (BAMF, 16 April 2026, p. 30)

3. Effects of increased number of returnees from Pakistan, Iran and other countries

“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. [...] The majority of returnees arrived in Balkh, Faryab, Herat, Kabul and Kunduz provinces [...] and many returned to districts already severely affected by poverty, food insecurity, drought and limited access to basic services. [...] 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 of returnees is placing further strain on already overstretched local labour markets and household purchasing power, contributing to rising food insecurity.” (UNOCHA, December 2025, pp. 8-9)

„Die Eingliederung der ausgewiesenen Personen in die Gesellschaft in Afghanistan stellt die Talibanregierung vor nicht unerhebliche Probleme. Sie bietet kostenlose SIM-Karten und finanzielle Unterstützung an. Es werden landesweit Ländereien vergeben und Siedlungen gebaut. Dennoch übt die schiere Anzahl an eingereisten Personen einen großen Druck auf den Wohnungs- und Arbeitsmarkt aus. [...] Laut der Weltbank hat der große Zustrom auf den Arbeitsmarkt wirtschaftlich zunächst negative Konsequenzen, da Investitionen fehlen, um die Arbeitskraft nutzen zu können. Bei guter Steuerung, gibt es allerdings die Möglichkeit, dass daraus langfristig wirtschaftliches Wachstum entsteht.“ (BAMF, 16 April 2026, p. 22)

“Since late 2023, Pakistan has resumed largescale returns of Afghans, while Iran’s enforcement actions intensified sharply in 2024–2025, resulting in record monthly deportations in mid-2025 [...] These deportations abruptly remove earners from overseas labour markets and cut remittance flows that many Afghan households depend on for basic consumption. Remittances account for around 4.1% of GDP, with actual levels likely higher due to informal transfer channels, and their role has grown as aid has declined and domestic incomes remain depressed. Evidence suggests that about 10% of households rely on international remittances, making the loss of these transfers a significant household- and economy-wide shock. Impacts are most acute in border provinces such as Herat, Nimroz, and Farah, where returnee inflows increase demand for food, shelter, and jobs while purchasing power simultaneously declines. [...] The vast majority of respondents struggled to cover basic needs in the aftermath of remittance loss. [...]

Overall, the immediate impact of remittance lost is a deepening food insecurity crisis.” (Samuel Hall & World Vision International, 4 March 2026, pp. 13-14, 22)

"Between 1 January and 27 August 2025, more than 1.9 million Afghans returned from Iran, of whom over half (around 1.1 million) were deported. By comparison, over 906,300 Afghans returned from Iran during all of 2024 [...] Before the recent surge in forced returns, both host communities and returnees in the main provinces and districts of destination, such as Balkh, Farah, Herat, Kabul, and Kunduz, already faced significant economic and social hardship. [...] These difficulties have persisted in areas receiving returnees and compounded by the scale of arrivals in 2025, overwhelming the already limited resources of host communities and stretching the response capacities of humanitarian organisations [...]. This is aggravated by the simultaneous forced return of Afghans from other neighbouring countries, such as Pakistan; returns from Pakistan and Iran affect different provinces, but overlap significantly in Kabul, where the demand for humanitarian assistance is heightened [...]." (ACAPS, 8 September 2025, p. 1)

"Drawing on a field survey of 292 returnee households in Herat and Kandahar, alongside secondary research, this report finds that water access for both returnees and host communities is deteriorating at an alarming pace. It builds on an earlier Mercy Corps report examining Kabul's water crisis, where projections show the capital could run out of water by 2030, and warns that in high-return areas, the situation might deteriorate even faster, due to over extraction of groundwater, poor policy and planning, and a lack of coherent international humanitarian support." (Mercy Corps, October 2025, p. 3)

4. Effects of conflict between Afghanistan and Pakistan and border closure, and of Iran-US-Israel conflict

"When the United States and Israel began their military assaults on Iran, it had already been two days since Pakistan declared 'open war' on Afghanistan. [...] The Iran war itself has also dealt an additional blow to an Afghan economy that had been showing some green shoots of recovery. Heavily reliant on food imports along supply chains that have dried up, prices have soared, leading to a growing risk of hunger. [...] Thamindri De Silva, the national director for World Vision, said the combination of the war in Iran and the flaring conflict with Pakistan have made an already difficult situation in Afghanistan – where 21.9 million people (45% of people) are in need of humanitarian assistance – much worse; a reality donors seem hesitant to prioritise." (TNH, 13 April 2026)

"[T]he ongoing conflict in the Middle East poses a major risk, through disruptions to trade and accelerated migration flows. With around 60 percent of total trade routed through the Islamic Republic of Iran, closure of the corridor [Strait of Hormuz, note ACCORD] could reduce annual GDP

growth and raise inflation, although trade rerouting could partially offset the impact." (World Bank Group, April 2026, p. 22)

"The volatility of global oil prices caused by the US and Israel's war on Iran is taking a toll on the most vulnerable people, by slowing or blocking food and medical aid from reaching them. [...] And the cost of getting food into landlocked Afghanistan had tripled, said John Aylieff, the WFP's [World Food Programme's] Afghanistan country director. The WFP's supply of fortified biscuits was having to be transported by road through seven countries from Dubai to Afghanistan to avoid the usual route via the strait of Hormuz, said Aylieff, taking three weeks longer than usual. 'Afghan children today are going hungry as a result,' Aylieff said, adding that many could die." (The Guardian, 29 April 2026)

"As at 1 April, hostilities along the Afghanistan-Pakistan border have internally displaced an estimated 94,000 people since February, more than half of whom are women and children. Damage to critical infrastructure, including health facilities and humanitarian service points, has disrupted service delivery and, in some areas, led to temporary suspensions. [...] The closure of the Afghanistan-Pakistan border since October 2025 has disrupted established logistics corridors, rendering traditional supply routes largely unviable. These disruptions, compounded by increased costs, are affecting the timely delivery and availability of critical supplies, including food, health and nutrition commodities, and are placing additional pressure on already constrained humanitarian resources." (UNGA & UNSC, 22 May 2026, pp. 10-11)

"In late February 2026, clashes occurred along the Afghanistan Pakistan border, primarily in Eastern, Southern and Southeastern provinces of Afghanistan. The hostilities resulted in cross-border incidents affecting civilian areas and infrastructure, including health facilities and transit centers. [...] Humanitarian partners reported that health facilities were damaged or temporarily closed, services were suspended in multiple health facilities, and access to affected populations was limited due to security and mobility constraints." (WHO, 4 March 2026b, p. 1)

"Tensions between Kabul and Islamabad rose sharply in October 2025 when Pakistan carried out air strikes inside Afghanistan, ostensibly against militants belonging to Tehrik-e Taliban (also known as TTP, or the Pakistani Taliban). The Afghan Taliban retaliated by attacking Pakistani border posts, and the deadly clashes continued for several days. The border has been closed ever since. [...] Critically ill patients had often received special visas to cross into Pakistan for medical treatment. But the issuance of all visas to Afghan citizens has been suspended, leaving many patients without access to health care. [...]

The border closure has also brought all trade and business activity to a standstill, rendering hundreds of thousands jobless ranging from day

laborers to mechanics, retailers, vendors, cab drivers, truckers as well as businesspeople involved in large-scale imports and exports." (RFE/RL, 11 June 2026)

"When the United States and Israel began their military assaults on Iran, it had already been two days since Pakistan declared 'open war' on Afghanistan. [...] Afghanistan's reliance on its neighbours isn't limited to basic commodities. Due to the Islamic Emirate's recent efforts to boost domestic pharmaceutical production, some medical supplies are available, but healthcare workers in Herat said nearly all their specialised equipment, including diagnostic tools, still has to come from Pakistan and Iran. 'We can get medicine and syringes no problem,' said Mohammad Rafih, who has worked in medical laboratories across Herat for the past 10 years. 'We have a lot of specific technical equipment that came from Pakistan and Iran, and now those supplies are running dangerously low.' Rafih said the shortages have left patients having to go from clinic to clinic to find the right equipment, even for basic tests." (TNH, 13 April 2026)

5. Effects of environmental pressure

"Environmental pressures continue to have multidimensional impacts. [...] Increasingly unpredictable spring rainfall and flooding, combined with limited coping capacity and damaged protective infrastructure, further compounded humanitarian needs. Between 26 March and 16 April [2026], heavy rainfall and flash floods affected most of Afghanistan, with 73,300 people initially estimated to have been affected across 31 of 34 provinces and subsequent assessments confirming that more than 31,600 people were in urgent need of assistance. The eastern region, particularly Nangarhar Province, was among the hardest hit, along with the southern and western regions. Across the affected provinces, thousands of homes were damaged or destroyed, while roads, bridges, agricultural land and livelihoods sustained significant losses." (UNGA & UNSC, 22 May 2026, p. 11)

„Die Landwirtschaft ist von einer seit mehreren Jahren anhaltenden Dürre stark betroffen. Die Ernährungs- und Landwirtschaftsorganisation der UN (FAO) [United Nations Food and Agriculture Organisation] teilte in einer Mitteilung vom 15.07.2025 mit, dass in 19 Provinzen Afghanistans eine zunehmende Dürre herrsche. Vor allem in der Provinz Faryab seien die Wasserreserven stark erschöpft. Weiden seien ausgetrocknet sowie Ernten ausgefallen. Sowohl Menschen als auch Vieh seien gezwungen, umzusiedeln. Der Klimawandel sei ein wesentlicher Faktor für diese sich verschlechternde Lage. [...] Immer mehr Brunnen trocknen aus und mehr Menschen haben keinen Zugang zu sauberem Trinkwasser. Gleichzeitig kommt es immer wieder zu Starkregenfällen, bei denen Felder überschwemmt und auch Menschen und Vieh getötet werden." (BAMF, 16 April 2026, p. 24)

"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. 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. [...]

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." (UNOCHA, December 2025, p. 7)

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7. Brief Source Descriptions

ACAPS is an organisation that focuses on analysis in the humanitarian sector.

The Federal Office for Migration and Refugees (Bundesamt für Migration und Flüchtlinge, BAMF) is the German authority responsible for conducting asylum procedures and protecting refugees. Furthermore, BAMF coordinates the promotion of integration and carries out research in the area of migration.

The European Union Agency for Asylum (EUAA) is an EU agency mandated with supporting EU member States in applying the package of EU laws that governs asylum, international protection and reception conditions, known as the Common European Asylum System.

The Guardian is a British daily newspaper.

Human Rights Watch (HRW) is an international non-governmental organisation, headquartered in New York City, which seeks to protect human rights worldwide.

Mercy Corps is a global non-governmental humanitarian relief organisation.

Radio Free Europe/Radio Liberty (RFE/RL) is a broadcasting organisation created by the American anti-communist organisation National Committee for a Free Europe in 1949 and is funded by the U.S. Congress. It provides news to countries in Eastern Europe, Central Asia and the Middle East.

Reach Initiative is a collaborative effort involving IMPACT Initiatives, ACTED, and the United Nations Institute for Training and Research - Operational Satellite Applications Programme (UNITAR-UNOSAT). It supports the creation of information products and tools that strengthen the ability of aid actors to make decisions grounded in evidence during emergencies, recovery efforts, and development situations.

Samuel Hall is a social enterprise that conducts research, evaluates programs, and develops policy measures in the context of migration and displacement.

Lyla Schwartz is a Senior Mental Health Expert.

The New Humanitarian (TNH), formerly a part of the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) known as the Integrated Regional Information Networks (IRIN), is an institutionally-independent news agency focusing on crises and advocating for improving humanitarian response.

The “Staatendokumentation” is the Country of Origin Information Unit of the Austrian Federal Office for Immigration and Asylum (BFA) and is in charge of collecting and preparing country of origin information.

The United Nations Development Programme (UNDP), formed in 1965 and headquartered in New York, is the United Nations' global development network.

The UN General Assembly (UNGA) is one of the six principal organs of the United Nations and the only one in which all member nations have equal representation.

The United Nations Security Council (UNSC), one of the six main organs of the UN, is primarily responsible for maintaining international peace and security. The UNSC regularly publishes reports about their international missions and worldwide developments concerning politics, security, human rights etc.

The United Nations Office for the Coordination of Humanitarian Affairs (OCHA) is responsible for mobilizing and coordinating humanitarian actors to ensure a coherent response to emergencies, advocating the rights of people in need, promoting preparedness and prevention as well as facilitating sustainable solutions.

The World Health Organization (WHO) is a United Nations agency mandated to advance the global health agenda.

The World Bank Group is a multinational development bank headquartered in Washington, D.C.

World Vision International is a Christian, evangelical NGO based in the United States that focuses on development cooperation and humanitarian aid.

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Associated documents

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Afghanistan

Brief compilation on recent developments in Afghanistan

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