

Grounded in first-hand accounts of people affected by the crisis

“...families argue that since access to education is currently closed, girls have no option other than marriage and question what they would do at home if they do not get married.”

“I am a widow and do not have a breadwinner. I have to go out and work for my children, but there are no jobs available. In the community, I am forced to beg with one of my children.”

“...there is no female doctor so I have to tolerate my pain and can't be referred to male doctors due to cultural limitations.”

AFGHANISTAN

Protection Analysis Update

Protection risks through the voices of affected communities

July 2025 – June 2026

EXECUTIVE SUMMARY

This Protection Analysis Update analyses Afghanistan’s **intensifying and multifaceted protection crisis through the voices of affected communities, captured in over 1,200 Focus Group Discussions (FGDs) conducted by protection partners with women and men across Afghanistan**. Communities detail the severe protection impacts of increasingly formalized and discriminatory laws and policies implemented by the De Facto Authorities (DFA), along with ongoing mass forced returns, devastating earthquakes, flooding, and drought, and regional hostilities. These interconnected crises, compounded by chronic poverty and inadequate access to basic needs, have threatened the lives and livelihoods of women, men, girls, and boys, including people with disabilities, ethnic and religious minorities, and host, internally displaced, and returnee communities.

Women and girls have entered their sixth year of exclusion from schooling after 6th grade, now affecting over 2.6 million girls,ⁱ along with most formal employment and many aspects of public life, taking a severe toll on their physical and mental health and on family and community wellbeing. Women-headed households, women with disabilities, returnee women, and their families describe particularly severe constraints on access to life-saving services and assistance.

The more than 2.85 million Afghansⁱⁱ who have been deported or returned, many under duress, from Iran, Pakistan, and other countries between July 2025–June 2026 experience frequent protection risks, including discrimination, denial of access to services, and forced eviction. With little or no access to assistance after leaving border areas, returnees struggle to survive, let alone reintegrate into host communities, whose own capacities to cope with the influx are close to exhausted.

Despite rising needs, the humanitarian response is increasingly constrained by DFA restrictions, high prices and logistical challenges driven by regional conflicts, and shrinking funding. An urgent scale-up in funding is required to restore suspended programs and ensure that assistance reaches women, girls, returnees, people with disabilities, and others at severe risk of exclusion and deprivation.

The protection risks requiring immediate attention in the period covered by this analysis are:

1. **Gender-based violence**
2. **Discrimination, stigmatisation, and denial of access to resources, services, and opportunities**
3. **Child labour in dangerous or hazardous conditions and exposure to exploitation**
4. **Presence of mines and other explosive ordnance**
5. **Psychological/emotional abuse and inflicted distress**

URGENT ACTIONS NEEDED

Amidst the escalating and protracted crisis in Afghanistan, the following urgent actions are vitally needed to reduce, prevent, and mitigate protection risks:

- The DFA should immediately reverse all decrees and directives that restrict women’s and girls’ participation in public life and access to education, employment and other livelihood opportunities, justice, services and assistance, in conformity with Afghanistan’s international human rights obligations.
- The DFA should ensure safe, rapid and unimpeded humanitarian access and facilitate equitable access to assistance and services for all people in need, particularly women, girls, returnees, ethnic and religious minorities, persons with disabilities and other groups experiencing severe needs, in accordance with humanitarian principles.
- The DFA, the humanitarian community, and refugee hosting countries should coordinate to ensure voluntary, safe, dignified, and sustainable returns.

UPDATE ON PROTECTION RISKS SEVERITY | January - June 2026

SEVERITY VARIATIONS IN 2026 COMPARED TO 2025		
INCREASED	234	104 districts increased to severity 3 and 130 to severity 4
STABLE	193	113 districts remained at severity 3 and 80 at severity 4
REDUCED	30	18 district decreased to severity 3 and 12 to severity 4

CONTEXT

PEOPLE EXPOSED TO PROTECTION RISKS IN 2026

39.7M

Source: Afghanistan Protection Risk Assessment
2026

RETURNEES FROM IRAN AND PAKISTAN, JUNE 25 – JULY 26

2.85M

Source: The Border Consortium

HAZARDOUS AREAS

923 SqKm

Source: Mine Action Workstream

Multiple concerning developments in the reporting period, including increasingly restrictive DFA laws and policies, severe climate shocks and natural hazards, ongoing and large-scale forced returns, and escalating regional conflict and tensions, have aggravated already severe protection and other humanitarian needs for all Afghans. Women, girls, people with disabilities, returnees, internally displaced persons (IDPs), and ethnic and religious minorities face particular vulnerabilities.

These overlapping crises compound chronic poverty and food insecurity, with nearly 13.8 million Afghans projected to face Crisis (IPC 3) or worse food insecurity levels through September 2026, including 2.9 million facing Emergency (IPC 4) food insecurity.ⁱⁱⁱ Afghanistan’s economy remains unable to generate jobs at a rate sufficient to offset population growth because of returns, which drove the real GDP per capita to decline by around 2.1% in 2025-2026.^{iv} Many households are forced to rely on harmful coping mechanisms, including selling assets and belongings and taking out debt; the nationwide debt crisis worsened in 2025, with an estimated 81% of families in debt, rising to 87% in returnee families.^v Returnees and women-headed households are particularly likely to rely on insecure and low-paid casual labour opportunities and on harmful coping mechanisms, including child labour and child, early, and forced marriage.

These pressures have left 21.9 million Afghans – around 45% of the population – in need of humanitarian assistance in 2026, with only 17% of humanitarian funding requirements met by the end of June 2026, following a nearly 45% reduction in humanitarian funding between 2024–2025.^{vi} Afghan women-led organisations have been severely impacted, with 75% reporting funding reductions in 2025.^{vii} At the same time, the closure of the Afghanistan-Pakistan border and the Middle East conflict are causing significant logistics challenges and driving up supply costs, particularly for the Food Security, Nutrition, Health, and Education sectors.^{viii} Consistent DFA interference in humanitarian activities, including by restricting the participation of women aid workers, has further shrunk the protection space.^{ix}

GOVERNANCE, LAWS, AND POLICIES

The DFA have continued to introduce and enforce decrees and directives restricting varied aspects of public and private life in Afghanistan, particularly targeting women and girls. No easing or rescinding of restrictions on women and girls was recorded during the reporting period. Instead, UNAMA reporting throughout 2026 indicates that gendered restrictions continue to expand both geographically and institutionally, affecting freedom of movement, employment, education, access to public spaces, and participation in humanitarian programming.^x This includes enforcement, from September 2025, of the ban on Afghan women staff entering United Nations premises across Afghanistan, further constraining women’s and girls’ equitable access to humanitarian assistance.^{xi} Also in September 2025, the DFA imposed a 48-hour telecommunications shutdown that cut off households from access to life-saving information and services, particularly affecting women and girls with limited access to the outside world because of movement restrictions.^{xii} In October 2025, the DFA banned almost all Afghan women staff from operating at the Islam Qala reception centre for returnees from Iran, severely constraining women and girl returnees’ access to protection assistance.^{xiii} Humanitarian and basic human needs responders across Afghanistan report additional, localised orders not to work with or deploy women throughout 2025-2026.^{xiv}

From mid-2025, the *de facto* Department of the Propagation of Virtue and Prevention of Vice (DPVPV) increased monitoring and enforcement of women's and girls' dress code requirements in Herat city, culminating in the June 2026 order for all women and girls in Herat city to wear *chadors* outside their homes. From 6-8 June, DPVPV inspectors and *de facto* women police officers arrested and detained at least 30 women and girls for alleged violation of this order. This prompted protests, during which DFA security forces shot and killed two people, including a boy, and injured more than 20 others.^{xv}

In January 2026, the DFA introduced the Criminal Procedure Code for Courts (De Mahakumu Jazaai Osulnama, Decree No. 12), which was circulated to courts in February. While, by September 2026, an official version of the Code had not yet been published, analyses by UN Women, Amnesty International, Rawadari, and the UN Special Rapporteur on Human Rights in Afghanistan identify severe protection risks posed by the Code's provisions. These include significantly constraining religious and social freedoms, authorising 'fathers,' 'husbands,' and 'masters' to act as enforcers of moral discipline (including through corporal punishment), failing to criminalise other forms of physical and non-physical intimate partner violence (IPV), family violence, and violence against children, removing key safety mechanisms for IPV survivors, institutionalising punishment by flogging or lashes (a form of torture and ill-treatment), undermining equality before the law by prescribing different punishments for different 'classes' of people, and permitting capital punishment for crimes including 'sodomy' and 'blasphemy'.^{xvi}

In May 2026, the DFA also published the Code on Judicial Separation of Spouses (Decree No. 18), which places severe barriers on women seeking divorce, strengthens male authority within marriage, authorises some male relatives to arrange child, early, and forced marriages, and significantly constrains the capacity of girls in particular to contest these marriages.^{xvii}

AFGHANISTAN-PAKISTAN CONFLICT

Relations between Afghanistan and Pakistan remained tense throughout late 2025 and the first half of 2026, resulting in recurring cross-border hostilities, severe humanitarian access constraints, and disruptions to trade and population movements. Intermittent talks have failed to produce a stable and durable ceasefire.^{xviii}

Between October 2025–June 2026, UNAMA documented at least 499 civilians killed and 1,217 injured in Afghanistan as a result of cross-border violence involving Pakistani security forces. Airstrikes and shelling in Kunar, Paktya, and Paktika provinces represented the primary causes of civilian harm, along with the 16 March airstrikes on the Omid Drug Rehabilitation Centre, which killed and injured hundreds of patients.^{xix} Conflict also damaged and destroyed schools, homes, health facilities, markets, and other civilian infrastructure, and displaced at least 100,900 people between February and April 2026 in Khost, Kunar, Nangarhar, Paktia, Paktika, and Nuristan provinces.^{xx} Insecurity, along with delayed approvals for the deployment of women staff, severely constrained humanitarian access in eastern Afghanistan, completely cutting off parts of Nuristan province for nearly two months and forcing the suspension of humanitarian programmes, including at Torkham border crossing.^{xxi}

The concurrent closure of the Afghanistan-Pakistan border since October 2025 has significantly disrupted cross-border trade, impacted the price and availability of food, pharmaceutical products, and other basic goods across Afghanistan, and disrupted humanitarian pipelines. Market-dependent urban and landless rural households, those reliant on cross-border trade, and women-headed households already facing higher food insecurity are particularly affected by higher prices, which may contribute to reliance on coping mechanisms with potentially harmful consequences.^{xxii} Protection risks associated with unexploded ordnance have also increased, as described under Risk 4.^{xxiii}

CROSS-BORDER RETURNS

Cross-border returns remain one of the most significant humanitarian developments affecting Afghanistan during the reporting period. Pakistan continued to implement the "Illegal Foreigners Repatriation Plan", which expanded in July 2025 to include Proof of Registration card holders. In June 2026, Pakistan announced that any Afghans found without valid documentation would be immediately detained and deported.^{xxiv} Iran also continued to require Afghans to regularise their status and to deport those without documentation. Heightened enforcement of these policies, particularly in Pakistan, shrunk

the protection space, with police raids, arrests, harassment, extortions, and deportations forcing Afghans to return. Large-scale protests in January and the outbreak of conflict from March in Iran further destabilised the environment for Afghans.^{xxv}

UNHCR and IOM recorded over 2.85 million returnees entering Afghanistan from Pakistan and Iran between July 2025–June 2026.^{xxvi} Returnees continue to arrive with severe protection needs, including for documentation and legal assistance, family reunification support, protection services for women and children, and information on services and assistance, along with significant food, shelter, and financial support needs.^{xxvii} Major obstacles to accessing basic services, housing, and livelihoods, driven by returnees' lack of resources and documentation, high prices, competition for employment, and discrimination, pose an ongoing barrier to integration, as does returnees' limited or no access to humanitarian aid after leaving the border.^{xxviii} Women-headed returnee households face particularly high exposure to protection risks including forced eviction and lack of access to documentation, along with high barriers to accessing income and livelihoods.^{xxix} This contributes to reliance on coping mechanisms that expose them and their families to violence and exploitation, including child labour, begging, and dependence on unrelated men for access to services and assistance, which increases the risk of sexual exploitation and abuse.

The influx of returnees is placing considerable pressure on already overstretched host communities and public services, particularly in eastern, southern, and western border provinces. Many returnees, particularly in urban areas, are forced to live in precarious informal settlements and pay unaffordable rent for inadequate, non-permanent shelters, exposing them to the risk of eviction, disputes with landlords, and reliance on harmful coping mechanisms including unsustainable levels of debt.^{xxx} Combined with funding shortfalls, access constraints, and recurrent climate shocks, this risks creating new displacement cycles and worsening social cohesion.

CLIMATE AND NATURAL HAZARDS

Afghanistan remains among the countries most vulnerable to climate-related shocks globally. While improved precipitation during some of the 2025/26 season contributed to localized agricultural recovery, the cumulative impacts of repeated drought cycles, environmental degradation, water scarcity, and recurring disasters continue to undermine resilience. Climate change and natural hazards have emerged as a key driver of internal displacement, displacing 3.1 million Afghans in 2025.^{xxxi}

In August 2025, a magnitude-6 earthquake in eastern Afghanistan killed over 1,992 people (including 1,022 women), injured 3,631 (1,830 women), and left tens of thousands in tents or in damaged homes, exposed to harsh weather and protection risks including gender-based violence, denial of access to assistance, and child labour.^{xxxii} A November 2025 magnitude-6.3 earthquake in northern Afghanistan affected nearly 4,000 more families.^{xxxiii}

Major flooding between March-May and in July 2026, with the most severe impacts in Nuristan, Nangarhar, Laghman, Ghazni, Paktia, and Paktika provinces, compounded existing vulnerabilities among returnees, IDPs, and rural households already struggling with poverty and limited access to services. In Nuristan alone, July flooding caused at least 23 deaths, five missing persons, and more than 120 injuries. Humanitarian assessments highlighted widespread destruction of homes, agricultural land, roads, and water infrastructure across affected districts.^{xxxiv} Flooding also disrupted operations at the Torkham border crossing, affecting returnee movements and humanitarian assistance delivery.^{xxxv}

Climate-related shocks interact with protection risks by forcing many affected families to rely on potentially harmful coping strategies, including child labour, early marriage, and irregular migration.^{xxxvi} Women and girls in Afghanistan often experience heightened protection risks and humanitarian needs during and after disasters because of gendered restrictions on their freedom of movement and engagement in public life. Child protection case management data indicates increased reports of family separation and numbers of unaccompanied and separated children on the move during climate-induced displacement.

PROTECTION RISKS

RISK 1 Gender-Based Violence

GBV remains a pervasive and severe risk across Afghanistan. Protection monitoring surveys identify violence against women as the top protection issue affecting women nationwide, although stigma, fear of reprisal, significant access constraints, gaps in GBV services, community normalisation of GBV, and limited awareness of rights and reporting mechanisms continue to drive massive under-reporting. The Protection Cluster's severity mapping classified nearly 40% of districts as facing Severity Level 5 for GBV, primarily in the eastern, northeastern, northern, southeastern, and southern regions, while almost all other were classified as facing Severity Level 4.

The DFA's discriminatory restrictions on women's and girls' freedom of movement, employment, education, and engagement in public life constitute a severe deprivation of freedoms and opportunities (discussed further under Risk 2), while also driving other forms of GBV. In 2025-2026, UN Women found that over 50% of Afghan women leave their homes only twice a month or less, while 90% require a male family member's permission before going out.^{xxxvii} Women in some communities are unable to visit relatives' homes, health facilities, latrines or water points without a Mahram or without *chadors*, which some households cannot even afford. Throughout 2026, PVPV enforcers have targeted women in Herat for not wearing *chadors*, arresting at least 30 women in June for alleged violations of dress codes. Similar restrictions were reported in Kandahar, Uruzgan, Logar, and other provinces.^{xxxviii} Women have also described increased community and family enforcement of DFA restrictions, which reinforce existing, gendered norms in some communities, motivated by concerns about 'shame' or 'dishonour'. This includes neighbours monitoring women's dress, movements, and interactions.^{xxxix} Community and DFA enforcement are sometimes connected: returnee women in Kandahar observed that when 'people gossip we have fear of arrest over dignity issues from the PVPV or DFA'.

'Due to the DFA restriction we can't go out freely and when we go out the police tell us that if you come out we will be forced to shoot you and arrest you.'

Returnee woman in Kandahar province

The ban on girls' education after 6th grade from 2021, coupled with severe restrictions on women's employment and escalating economic pressures on many households, intensify longstanding risks of child, early, and forced marriages. Strained economic conditions in many households also contribute to elevated household stress, which may exacerbate existing risks of men perpetrating intimate partner violence (IPV).

IPV was the most frequently discussed type of GBV in communities, with spouses subjecting their wives to physical abuse and psychological violence, imposing movement restrictions (in some cases beyond those enforced by the DFA), and denying access to essential services, including healthcare. Drivers include deep-rooted patriarchal norms that support IPV, increased economic stress, women's economic dependence on men, and men's inability to fulfil their masculine provider role.^{xi} Returnees and IDPs also discussed overcrowding in tents and other shelters as a factor increasing the risk of IPV. ACAPS and

UN Women similarly found that overcrowding in makeshift shelters, combined with increased household stress, heightened risks of men perpetrating IPV and family violence following the August 2025 eastern Afghanistan earthquake.^{xli}

'Men are unemployed at home every day, which leads to conflicts and quarrels with their wives, causing women to experience mental distress'

Returnee woman in Herat province

Child, early, and forced marriage affected around 1 in 2 girls and 1 in 4 boys in protection monitoring surveys. Communities described

marriage of girls under 18, and in one case under 10, to 'much older men'. Poverty, DFA restrictions on women and girls, and traditional practices are interlinked and mutually reinforcing drivers. Girls and in some cases adult women are '*married off for money*', with families receiving bridewealth which they can use as an income source or to settle debts, while also reducing household expenses. Girls may also be "sold" directly to creditors to resolve a debt,^{xlii} or married to settle debt-related, interfamilial, and intercommunal disputes. The DFA's gendered restrictions are reinforcing and normalizing traditional practices of child and early marriage, with several communities highlighting increased rates since the ban on girls' education after 6th grade, as families now see 'no other option' for

'Due to the closure of schools and educational centres, forced and underage marriages have increased in the area, as families argue that since access to education is currently closed, girls have no option other than marriage and question what they would do at home if they do not get married.'

Woman in Herat province

unemployed women and uneducated girls. Without independent income, women also risk losing the power to negotiate over their future within the household.

Harassment, sexual harassment and other forms of sexual violence remain significantly underreported because of severe stigma, fear of retaliation, and constraints on access to GBV services. 1 in 5 people report that harassment poses a barrier to women's and girls' freedom of movement. Communities described harassment as impacting women and girls moving through public places, typically without a Mahram, in both rural and urban areas, in some cases linked with DFA or community enforcement of restrictions on women and girls. Although the type of harassment was not always specified, at least some cases implied it was sexual in nature. Communities also mentioned sexual violence without providing detail and using varied terms (including sexual harassment, sexual abuse and sexual exploitation). This was often discussed as a risk affecting women and girls, and in one case involving sexual exploitation of "young" boys. The UN Special Rapporteur on Human Rights reports that the practice of *bacha bazi* persists, including incidents allegedly perpetrated by DFA officials and local commanders, with reports that some boy victims have been imprisoned on the charge of "sodomy".^{xliii}

Several characteristics of affected women and girls compound their social isolation, economic dependence, and overall vulnerability to GBV. Women and girls with

disabilities face a high risk of GBV, including sexual harassment and abuse, and lack access to safe reporting channels because of their significant dependence on caregivers, described further under Risk 2, which may compound the gendered restrictions

'I do not have any man in our house and I am also sick and can't go out for daily needs. While I want to send my daughter out, she is afraid and says that "I am teased by people looking at me and the way I do my hijab so I don't feel secure while I go out alone"

Returnee woman in Kandahar province

'I am worrying about my life as I am lacking livelihood opportunities and affected by poverty. I do not have other choices than child marriage'

Returnee man in Nimroz province

they also face. Girls in lower-income households, women heads of household with little or no access to livelihoods, and girls and women in returnee households with few to no assets and savings face particularly high risks of child, early, and forced marriage.^{xliiv} Some adolescent girls experience severe family- and community-imposed movement restrictions, leading to almost complete confinement within their homes and shaming when they do move about the community.

These varied types of GBV, which frequently reinforce and drive one another, have severe consequences for women's and girls' physical and psychological safety, described further under Risk 5. Because of restrictions on their freedom of movement and engagement in public life, women have limited or no access to support outside the household when IPV and family violence occur, heightening the distress and isolation that survivors experience.

'Social violence against girls and women make life so hard to handle' Returnee woman in Takhar province

'There have also been cases of suicide among young girls due to shame, accusations, and lack of support'

Returnee woman in
Badakhshan province

Protection monitoring indicates that most women resolve risks on their own and or approach a friend, although even seeking help from a friend or neighbour may be complicated by restrictions on women's movement and engagement in public life, which also limit access to community protection mechanisms and informal justice systems. Women reported frequent exclusion from shuras, jirgas, and other community decision-making, protection, and dispute resolution bodies, as DFA restrictions on women's engagement in public life compound traditional male dominance in these spaces. Social stigma and widespread normalization (including legalization) of different types of GBV may also deter women and girls from reporting sexual harassment, rape, exploitation, and other forms of GBV, particularly to local authorities and community leaders, with one report of women being denied assistance by local leaders after reporting her husband to the police.^{xliv} In protection monitoring, only 6% of women reported seeking support from police when faced with a protection issue, compared with 19% of men. The continued closure of family courts, legal aid for survivors, and the dismissal of or failure to renew licenses for women lawyers and judges, also leaves survivors without legal remedies.^{xlvi} The 2026 passage of the Criminal Procedure Code and Decree No. 18 (Code on Judicial Separation of Spouses) has further undermined legal and institutional mechanisms for preventing and responding to GBV.^{xlvii}

Insufficient humanitarian funding has severely constrained the humanitarian response to GBV, with over 193 GBV service delivery points closing from January–June 2026 alone, impacting over 1 million women and girls. 4 provinces - Daykundi, Logar, Maidan Wardak and Panjshir - have been left without any GBV service delivery points. Afghan women-led and women's

rights organisations report that GBV case management and referrals are the services most impacted by funding cuts from January 2025.^{xlviii} Even when services exist, communities reported lacking information about these, viewing some as ineffective, or fearing using them because of stigmatization or retaliation. Communities requested additional services, including economic empowerment programmes to reduce women's dependence on men; peer support; and IPV and child, early, and forced marriage prevention programmes involving community education and awareness, ideally including community leaders, teachers, and other influencers who can reach men and start to shift norms. A lack of safe shelter options and more sustainable solutions for survivors remain another significant gap in services.

OTHER MOVEMENT RESTRICTIONS

Aside from the Mahram and dress code requirements, movement restrictions related to curfews, generalised insecurity, discrimination, and harassment and intimidation from authorities affect men, women, boys, and girls. Host, IDP, and returnee communities are impacted by DFA-enforced curfews from as early as 6pm to 5am. Women without Mahram, people without access to civil and legal documentation (including returnees), and people who worked for the previous government fear moving through or experiencing harassment, verbal abuse, and discrimination at checkpoints. People who worked for the previous government highlighted generalised fear of arrest, detention, and harassment by the DFA. Between October 2025–June 2026, UNAMA documented at least 27 killings of former Afghan National Defence and Security Forces personnel and government officials, generally by unidentified men, with some sources reporting higher figures.¹

'DFA limitations make it difficult for people to travel or reach services freely. Fear of checkpoints and lack of proper documents also add to the challenges, making many families stay close to home' – Returnee man in Kandahar province

Rising levels of unpaid debt and resulting disagreements also drive restricted movement, leading to fear of harassment or violence from creditors.

While host community support for returnees remains extensive in many communities, in some cases, returnees experience active tension with host communities that discourages them from moving freely, or harassment and intimidation by local authorities, particularly targeting returnees without community connections and women without Mahram.

RISK 2

Discrimination and stigmatization – denial of resources, opportunities, services, and/or humanitarian access

Discriminatory DFA laws and policies continue driving denial of resources, opportunities, services, and humanitarian access on the basis of gender, disability, and other characteristics, reinforcing longstanding norms in Afghanistan that stigmatise women and girls, people with disabilities, and minority groups. Growing contextual pressures, including the ongoing influx of returnees from Pakistan and Iran, rising prices, and shrinking humanitarian funding, intensify discrimination in authorities', communities' and households' distribution of increasingly scarce resources and opportunities.

The DFA's implementation of new restrictions on women and girls and greater enforcement of existing ones increasingly deprive women and girls of access to essential services, assistance, and livelihoods. In 2026, UNAMA documented DPVPV enforcers instructing healthcare centres not to treat women without Mahram in Uruzgan, Paktya and Kandahar provinces.^{xlix} In November 2025, women staff and patients were temporarily banned from public hospitals for alleged non-compliance with dress codes.¹ Women have reported being turned away from services, including healthcare, without a Mahram, either by the service provider or by the 'DFA', potentially referring to *de facto* public servants, police, or DPVPV enforcers. Others have described being denied access to healthcare by their families, in most cases indirectly, when male relatives did not have time to accompany them.

'They said where is your mahram and when we don't have a mahram the DFA does not allow to them to let us access services'

Returnee woman in Kandahar province

'Women are restricted from every activity and it's like they are in prison and can't raise their voice'

Returnee woman in Kandahar province

Decreasing availability of women service providers and aid workers also drives unequal gendered access to services and assistance, as women and girls often require a Mahram to receive services or assistance from men, compromising their agency and privacy. In some cases, women and girls are unable to receive healthcare from male providers even with a Mahram present.^{li} The DFA's enforcement of the ban on women working with

the UN and other interference in women's aid work, including the October 2025 ban on almost all Afghan women staff at the Islam Qala border crossing, have limited availability of women aid workers, which was the access barrier most frequently mentioned by affected communities after the August and November 2025 earthquakes.^{lii} While healthcare and education remain two of only three public sectors in which women are technically permitted to work, the UN Special Rapporteur on Human Rights in Afghanistan found that the exemption for women healthcare workers is implemented unevenly, requiring constant negotiation with local authorities, community leaders, and families. The Mahram requirement also limits the ability of women healthcare workers to continue practising, with some provinces mandating that a Mahram accompanies a woman to and from work and stays nearby during her shift, which is prohibitive for many working men.^{liii} Partly as a result of these constraints, UNICEF found that the number of women employees in both health and education had declined by 2024. It is likely to decrease further by 2030, with an estimated 5,400 fewer women healthcare workers and 20,000 fewer skilled teachers, because of the ban on girls' education after 6th grade.^{liv} This ban had affected over 2.6 million adolescent girls by 2026,^{lv} with a lack of female teachers, poor infrastructure, and safety concerns driving some families to keep girls as young as 6 out of school.

DFA laws and policies have built on and reinforced discriminatory attitudes and unequal power structures at the community level, which also drive denial of services, employment, and assistance to varied groups. Denial of humanitarian assistance was reported as a top protection concern for men, women, boys, and girls nationwide. While this may be partly driven by decreasing humanitarian assistance relative to consistently high needs,^{lvi} diverse communities described what they perceived to be unfair and/or discriminatory aid distribution. This included DFA and community leader interference in assessments and distributions, or NGOs requesting beneficiary lists from local authorities and community leaders, who were

'The assistance that comes does not reach all the people. The elders give it to their relatives and friends, but women who do not have guardians do not get it, and we do not know where to complain'

Returnee woman in Ghor province

'NGOs give the chance to community leaders to choose the vulnerable people and they [the leaders] are not honest'

Woman in Herat province

perceived to prioritise their own families and tribes. Communities emphasised that distributions through male-dominated mosques and other community structures from which women, returnees, ethnic and religious minorities, and people with disabilities are often excluded, along with ineffective monitoring and complaint mechanisms and inadequate information on how to obtain assistance, also perpetuate exclusion.

Contextual pressures, including the ongoing influx of

returnees and economic stress, drive rising competition over scarce resources and associated discriminatory practices. Some returnees report decreased material and social support from host communities in recent months, partly driven by the negative impact of sustained, large-scale influxes on prices and availability of employment.^{lvii} Others describe being perceived as 'outsiders' or 'burdens' and excluded from community decision-making and protection mechanisms, resources, and aid.

'Returnees require fair access to humanitarian aid. Aid should not depend on local elders or tribal connections'

Returnee woman in Badakhshan province

Harmful sociocultural norms, compounded by resource constraints and poverty, continue driving discrimination against people with disabilities. In some communities, people with disabilities are perceived as 'burden' to their families and communities and publicly mocked, harassed, and physically abused, reflecting sociocultural assumptions that disability is a curse or a punishment, which may lead families to keep people with disabilities at home. People with disabilities also report self-imposing movement restrictions, avoiding accessing services for fear of discrimination, and being excluded by community leaders who are distributing resources. The physical inaccessibility of schools, health facilities, distribution sites, and other

'The community members believe that the people with disabilities are a burden on them and cause shame, that is why they stay away from them. Some of them care for them, but can't pay for their needs'

Returnee woman in Parwan province

key locations, combined with a lack of trained teachers, health professionals, and other service providers, inaccessible information (e.g. not in braille, no pictorials), and limited or no access to assistive devices, compound discriminatory attitudes to isolate people with disabilities from community life.

These institutional, contextual and community-level drivers of discrimination often reinforce discriminatory practices within

households, leading to exclusion of women and people with disabilities. DFA restrictions reinforce traditional gender norms that limit women's and girls' involvement in decisions surrounding resource allocation at the household level, sometimes leading to deprioritisation of women and girls for food, assistance, and other often-scarce resources.^{lviii}

Discrimination and denial of access to resources, services, and assistance have severe consequences for affected communities' health, mental health, and wellbeing in a context of significant humanitarian need. Women from Kabul to Badakhshan provinces explained that the lack of women healthcare workers forces women in their communities to travel long distances to access care (if they have an available Mahram) or to stay at home without care, including to deliver babies. This has resulted in the death of women, including pregnant women, and children.

Women heads of households, including divorced, widowed, and unmarried women and women whose husbands have migrated for work, are particularly severely impacted by their lack of access to a Mahram and the ban on women's employment. This forces them to rely on male relatives for access to shelter and services, including urgent healthcare, and to adopt coping mechanisms with potentially harmful consequences, including begging on the street, which may expose them and their families to violence and exploitation. As noted above, dependence on men for access to resources and services can increase the risk of IPV, family violence, and exploitation. DRC found higher reported rates of child labour in woman-headed returnee households because of barriers to women's access to employment and other income-generating activities.^{lix} These restrictions are also driving higher severe food insecurity in women-headed households.^{lx} Discrimination against people with disabilities may also increase reliance on potentially harmful coping mechanisms, particularly when the head of household has a disability and is excluded from employment opportunities.

'A widow lost her husband two years ago and has had no breadwinner since then. Last year, she lost two of her children due to illness and malnutrition. She survives day and night on support received from neighbors, and most of the time she has to put her children to sleep with empty stomachs. Their bodies have become weak due to prolonged hunger'

Returnee woman in Takhar province.

Denial of access to women aid workers has especially severe consequences for returnee women arriving in Afghanistan, including at the Islam Qala border crossing, with significant health and protection needs.^{lxi} Returnee women are also particularly impacted by movement restrictions after not having faced such constraints abroad. In some cases, these new restrictions are compounded by stigmatization of returnees as "outsiders," which women returnees described as increasing their vulnerability to harassment and forcing them to self-impose movement restrictions. Returnee households are also particularly likely to rent shelters and to lack civil and legal documentation, both of which are challenging for a woman without a Mahram. Women-headed returnee households, comprising one-third of returnee households in the past year,^{lxii} face compounded vulnerabilities.

'Most returnee women are heads of household and single parents and they can't go anywhere without mahram and can't even rent a house. Because of this issue some of the families install tents but in some areas the DFA does not let the families install tents if they are not accompanied by Mahram'

Returnee woman in Parwan province

There is little to no recourse at the community level for those experiencing discrimination, particularly where community mechanisms exclude women, girls, and marginalised groups. Communities requested better community education and awareness, using radio, television and social media where available, along with dialogue facilitated by community leaders, in some cases emphasising the need for awareness and education to target leaders themselves. To ensure fair assistance

distribution, communities requested that organisations directly identify beneficiaries and implement improved post-distribution monitoring, complaint, and feedback mechanisms. Protection monitoring indicates that nearly 3 in 4 people have no knowledge of feedback or reporting mechanisms to report concerns or complaints related to services or behaviour of staff.

'The role of mullahs, imams, and community elders is very important, as people tend to listen to and be influenced by them'

Woman in Hilmand province

'Awareness campaigns should be conducted for the entire community, especially religious leaders and elders, to change people's mindset and promote inclusion' Returnee woman in Badakhshan province.

Recourse at the legal and institutional level is also narrowing. The new Criminal Procedure Code institutionalises several discriminatory practices affecting men and boys as well as women and girls. Article 9 divides society into ‘scholars’, ‘the elite’, the ‘middle class and ‘the lower class’, with punishments for different crimes determined by an alleged perpetrator’s socioeconomic status (the lower status, the more severe punishment). Several articles also formalise discrimination against religious minorities, who are deemed as ‘heretics’.^{lxiii}

LACK OF ACCESS TO CIVIL AND LEGAL DOCUMENTATION

Lack of access to civil and legal documentation is widely discussed as a protection risk in communities, especially in relation to missing Tazkira (both paper and E-Tazkira). The process for all Afghans to obtain or replace documentation is expensive, complicated, and lengthy. Cost, including the cost of transport, hotels, processing fees, incidentals (like photocopying fees), and days of lost work (including for Mahram), particularly for the more expensive e-Tazkira, remains a major barrier. Communities also highlight distance to distribution centres and bureaucratic obstacles, including the need for many applicants to return to their birthplace to apply and to obtain supporting documents, as significant challenges, especially for returnees and IDPs who may be living far from their birthplace.^{lxiv} These barriers reinforce one another; people are unable to rent hotels in other provinces without a Tazkira, despite being required to stay in other provinces to obtain the Tazkira.

‘Last year three times I went to the disabled department to register myself and receive some assistance but they said “your Tazkira is not from this province, so you must go to Ghor province and reconfirm it and then come to us.” I didn’t have Jihad background or money to go to Ghor, so in the end I decided to decline their help’ – Man in Herat province

Women and girls face particularly high gendered barriers imposed by both authorities and families, requiring a Mahram’s accompaniment and authorisation to obtain a Tazkira.^{lxv} Dependence on family members to be willing and available to act as Mahram, pay for the process, and provide other support, such as witnessing, leads to delays and denial for many women, as well as some older people, children, people with disabilities. In some households, high costs mean that obtaining a Tazkira is only feasible for the head of a household, leading to a high risk that women in man-headed households are excluded. Children also face specific barriers; those born at home in remote areas may be less likely to receive birth certificates. Unaccompanied and separated children sometimes lack the supporting family records they need to obtain Tazkira.

While host communities face barriers to accessing e-Tazkira because of its higher cost and the distance to processing centres, returnees are likely to lack even paper Tazkira, which is a necessary pre-requisite to obtaining the electronic version.^{lxvi} Without either, it is difficult or impossible for returnees to claim their rights, services and assistance. UNHCR found that over 50% of surveyed returnee households in 2025 lacked access to Tazkira for all members, rising to around 70% for returnees from Pakistan, restricting access to essential services including health, education, and housing.^{lxvii} **Potential arrest, detention, harassment, intimidation, and fines at checkpoints are both a consequence of not obtaining documents and a deterrent to travelling to obtain documents**, leading to a vicious cycle of restricted movement, especially for returnees. Not having legal documentation also increases exposure to exploitation, particularly forced labour, and reliance on potentially harmful coping mechanisms, including debt. Lacking Tazkira also poses a barrier to accessing humanitarian assistance for both returnees and host communities.

‘Due to absence [of civil documentation], [people] are excluded from aid. In most schools, it is requested. On main roads, they are stopped by the police and asked for an identity card. Due to absence, they face problems in land disputes. They cannot get SIM cards. They cannot spend the night in a hotel in another province’ – Man in Kandahar province

While the General Statistics and Information Authority has built up infrastructure for identity documentation, particularly E-Tazkira, in recent years, an NRC study found that demand is “alarmingly low” in many communities because of cost and low awareness of the need for Tazkira and process for obtaining it. Shrinking funding also limits humanitarian provision of information, legal assistance, and cash support.^{lxviii} Communities called for the DFA to reduce or remove processing fees, streamline and simplify the overall process, increase awareness of these processes (including through community leaders and other influencers), bring more documentation services to the community, and provide transportation and support for women, people with disabilities, illiterate people, and other groups facing specific access barriers.

RISK 3 Child labour in dangerous or hazardous conditions and exposure to exploitation

In 2026, child labour has hit its highest peak in recent years according to case management data, reflecting its increasing normalisation as a harmful coping mechanism across families in Afghanistan. Nearly 1 in 4 households report children working, while child labour is now the third most reported child protection case in Afghanistan, after neglect and psychological distress. These figures likely represent significant underreporting, given stigma and legal concerns surrounding

child labour. Many communities described children engaging in hazardous forms of work, including “dangerous” work in brick factories and mechanics, “hard” agricultural labour and “heavy” domestic work that is beyond children’s physical capabilities, begging on the streets, and collecting and packing metal and plastic waste. While child labour is particularly likely to affect boys, girls’ labour may be underreported, especially when it involves domestic work within homes.^{lxix}

Major drivers of child labour include rising poverty, income loss, and parental unemployment, which has increased in recent years because of severe restrictions on women’s employment, requiring boys to compensate for lost women’s earnings in some households.^{lxx} Livelihood loss related to climate and natural hazards, particularly Afghanistan’s prolonged drought, also drives child labour; Save the Children found that nearly two-thirds of drought-affected households surveyed in Balkh, Faryab, Jawzjan, and Sar e Pul provinces reported an increase in child labour since 2024.^{lxxi} Communities frequently highlighted leaving or reducing school as both a driver and impact of child labour, mentioning children as young as seven leaving school to work. DRC found that both the cost of education and the need for additional earners in a household forces returnee parents to prioritise work over schooling for their children.^{lxxii} Data on boys’ enrolment in secondary school indicates a steady downward trend by 2024, driven by household poverty and deteriorating quality of schooling resulting from significant under-investment, along with a decrease in women teachers.^{lxxiii}

‘Many [heads of household with disability] are forced to send their children to do hard labor in order to cover basic family expenses’

Man in Maidan Wardak province

‘I am a widow and do not have a breadwinner. I have to go out and work for my children, but there are no jobs available. In the community, I am forced to beg with one of my children. Begging on the street poses a risk for me and my child because the weather is cold. If I do not beg, my children are at risk of food shortages, and also, we are at threat of being evicted from our home due to nonpayment of rent’

Returnee woman in Ghor province

Boys are more likely to engage in agricultural work, waste collection, and casual labour as porters or waiters, while girls are most likely to engage in cooking, cleaning, or fetching water, and in some communities in carpet weaving, tailoring, and agriculture. Some of these tasks are described by communities as work that appears to meet the ILO definition of hazardous work, particularly in returnee households, in which adults are more likely to rely on precarious daily wage labour, which may increase the need for children to work to supplement unstable household income.^{lxxiv} Children living in women-headed households and households headed by people with disabilities are also at heightened risk of relying on child labour as a coping mechanism for limited livelihood opportunities. Whole of Afghanistan Assessment data for 2025 found that 26% of women-headed households reported at least one child working, compared with 16% of man-headed households.^{lxxv}

The physical, mental, and psychosocial consequences of child labour are severe, with children working on the streets exposed to physical and psychological violence. Communities and media sources have reported the arrest and detention of

‘Most of the community members rely on child labour, especially the undocumented returnees and the women and families who lost their male members or are addicted to drugs. They send the children not even asking that what they have to do or where they are going for work...the children are busy with heavy work and also work with addicted males so that children also would like to use the drugs’

Returnee women in an informal settlement in Kapisa province

children working or begging in Kabul and other urban centres, along with allegations of beating (including beating to death), sexual abuse, and denial of access to food and medical care in detention.^{lxxvi} While many parents expressed distress at the need for their children to work or described being ‘forced’ to rely on child labour for their household’s survival, some communities described parents beating or verbally abusing children who did not want to work. Children have also been injured, killed, or arrested when undertaking irregular labour migration.

To reduce the risk of child labour, women and men particularly emphasised the need for more livelihood programming, strengthened access to education, and holistic support, including awareness raising, psychosocial, material (food and cash) and social support for children and families, highlighting the interlinked drivers of child labour. Some called for a stronger response to child labour through regulation, enforcement, and monitoring, generally led by local authorities and community leaders. Others mentioned the need for more child protection services generally, including child-friendly spaces.

However, **the child protection response is severely constrained by humanitarian funding cuts and bureaucratic restrictions on the humanitarian response.** Only 26 of 45 child protection partners were actively reporting as at June 2026, and 234 child-friendly spaces providing structured psychosocial support to over 14,000 children closed in the first half of 2026.^{lxxvii} This has left 32,000 children at risk of losing access to case management services and 650,000 caregivers at risk of losing any support. The DFA has also closed child protection centres providing specialised support, including to child survivors of sexual abuse, with some girls transferred to DFA-run orphanages and boys to religious schools.^{lxxviii}

In addition, the DFA has suspended key child protection laws, including the 2019 Law on the Protection of Child Rights, leaving Afghanistan without a legal definition of a child.^{lxxix} The legal framework pertaining to child labour in Afghanistan remains inconsistent with international standards on the minimum age for work and prohibition of practices similar to slavery, and the DFA lacks a dedicated mechanism for enforcing the laws that do exist.^{lxxx} The passage of the Criminal Procedure Code for courts criminalises only some types of physical violence against children by teachers, but does not prohibit other types of physical violence, or psychological and sexual violence. It also uses the term “slave” in some sections, which several actors have interpreted as a formal recognition of slavery.^{lxxxi}

RISK 4 Presence of mines and other explosive ordnance

Afghanistan was the third-most mine contaminated country worldwide in 2025 and recorded the third-highest number of annual casualties.^{lxxxii} Between July 2025 and June 2026, the Protection Cluster recorded 923Km2 of contaminated areas and 490 casualties (116 deaths and 374 injuries), with the highest number of casualties reported in Nangarhar (49), Kandahar (45), Kunar (43), Helmand (39) and Faryab (35) provinces.

While mines and EO result from decades of conflict, the escalation in hostilities between Afghanistan and Pakistan in October 2025 and from February 2026 has created new contamination in provinces close to the border. UNAMA has documented cases of civilian casualties linked to explosive remnants left behind following border clashes, including a June 2026 explosion in Barmal district, Paktika province, which killed seven civilians (three girls, two boys, two men) and injured six others (two girls and four boys).^{lxxxiii}

Children are at a particularly high risk of EO incidents, with boys comprising the primary victims between July 2025–June 2026 (70 killed, 212 injured), followed by men (28 killed, 79 injured), girls (15 killed, 57 injured), and women (3 killed and 26 injured). Some men and boys face a particular risk because of their higher movement around communities and involvement in agricultural and pastoral work. Women and girls also face risks when collecting firewood or water. Returnee children may be particularly vulnerable because they lack awareness of the risks, and because returnee households may unknowingly settle on contaminated land. Farmers and shepherds face a high risk of both mine incidents and the impact from lost livestock; there were 74 reported livestock casualties across Afghanistan between July 2025–June 2026.

The physical consequences of mines and EO, including death, injury, and long-term disability, remain severe, as does the mental health impact, with communities expressing fear, anxiety, and stress based on past incidents. In some communities, this anxiety has continued despite clearance activities because of persistent uncertainty whether and where clearance was completed, and whether it was done comprehensively. Contamination continues to limit access to agricultural land, grazing areas, forests or wooded areas where people collect wood and forage plants, schools, healthcare, WASH facilities, and other essential services, with a few communities mentioning that humanitarian workers struggled to access their area because of EO risk. Several villages in Uruzgan mentioned that there had been recent displacement from contaminated areas in their community.

‘People face serious risks from mines and explosive ordnance in the community. They fear accidents while going to fields, schools, or markets. Some have lost family members or suffered injuries from past explosions. This also limits their movement and prevents access to land for farming or homes. Many children are at high risk and families feel unsafe leaving their homes. The presence of mines reduces livelihood opportunities and increases stress and fear in daily life’

Returnee man in Kandahar province

Significant funding cuts continue to constrain the Mine Action response, with a funding gap of USD 72.2 million in the period under analysis. Communities requested more mine clearance and improved mine awareness and education, including child-

focused education and programmes targeting returnees. Uncertainty in some communities over whether contamination is still present despite clearance being completed potentially indicates gaps in communication with affected communities.

RISK 5 Psychological/emotional abuse and inflicted distress

Psychological and emotional abuse and distress are inflicted daily on Afghans due to restrictive policies, discriminatory treatment, forced return, and chronic deprivation of access to basic needs, services, and assistance, including mental health and psychosocial support (MHPSS). In September 2025, WHO estimated that 20% of Afghans lived with a mental health condition.^{lxxxiv} Actual rates are likely higher, as sociocultural stigma and significant gaps in access to MHPSS services, particularly for women and girls, drive under-reporting. UN Women's nationally representative surveys in 2025 and 2026 found that 70% of women respondents described their mental health as bad or very bad.^{lxxxv}

'Men are under psychological pressure due to unemployment; their children suffer in front of them, but they cannot do anything because of economic problems'
Returnee woman in Herat province

'There are no job opportunities for young people, which has left them hopeless and unmotivated'
IDP man in Ghor province

Across Afghanistan, communities described a sense of paralysis in the face of insurmountable obstacles to meeting their basic needs and ensuring the survival of their families, driven by shrinking access to services, assistance, employment and other livelihood opportunities. Protection monitoring indicates that nearly 60% of households experience regular stress, primarily driven by lack of income, food insecurity, and lack of livelihood opportunities, along with constrained access to services and shelter, driving mental health problems including depression, anxiety, insomnia, social

withdrawal, and aggression. Communities emphasised that recurrent climate shocks and natural hazards, including repeated flooding and the 2025 earthquakes, not only aggravate economic stressors, but also generate specific and localized mental health and psychosocial problems, especially in communities that have not received recovery assistance.^{lxxxvi}

DFA restrictions on women and girls continue to pose a serious threat to their psychological safety, contributing to reports of depression, feelings of hopelessness and worthlessness, isolation, frustration, anger, insomnia, social withdrawal, and fear and anxiety around complying with restrictions. Nearly 60% of women reported deteriorating mental health in the six months prior to May 2026.^{lxxxvii}

'Schools are closed, so our daughters have become illiterate and depressed at home.'

Returnee woman in Herat province

'Lack of access to work opportunities has made many minds distressed for women and the hope of life is destroyed for them. I feel that I am just breath and even forgetting the meaning of life'

Returnee woman in Takhar province

Ongoing returns drive significant trauma and distress,

with returnees reporting depression, anxiety, trauma, grief, feelings of loneliness and isolation, substance abuse, and suicidal ideation. Some described severe psychological impacts from family separation during the return process, anxiety from uncertainty about family members' whereabouts, and trauma from other protection risks faced during deportation or return,

'Sometimes we don't feel accepted in the community, especially when people don't understand our lifestyle differences. This makes it hard to build support networks and can lead to isolation. If local associations or support groups existed where we could share our experiences, our confidence would increase and it would be easier to reintegrate into society'

Returnee women in Badghis province

including physical violence, harassment, and seizure of personal property by authorities. Returnee women, particularly women heads of households, and unaccompanied and separated children face severe protection risks and associated distress during the return process, but often lack access to protection and health services, including mental health and psychosocial support, on arrival at the border.^{lxxxviii} After leaving the borders, returnees describe feeling stigmatised by some communities and forgotten by the DFA and humanitarian response, creating overall feelings

of extreme isolation in the face of severe material challenges. In 2025, over two-thirds of returnees reported stress severe enough to disrupt daily life, nearly all of whom cited unemployment and financial strain as their main stressor, followed by uncertainty about the future and food insecurity.^{lxxxix}

Physical and verbal abuse of people with disabilities by their communities and in some cases their families, linked with stigmatisation of disability, along with inaccessible employment, services, and assistance, undermine their dignity, create feelings of depression and shame, and increase social isolation. Families also face stress from caring responsibilities.

'Sons and men of families turned to drugs because of unemployment and depression' Returnee woman in Takhar province

As a consequence of these varied stressors, communities reported increased risk of 'family tension', 'family problems', 'bad behaviour with family members', and 'domestic violence'. As noted under Risk 1, both chronic stress and shocks may increase

the risk of men perpetrating IPV and family violence. Communities also highlighted substance abuse as a coping mechanism for stress, particularly for men and male youth, and mentioned suicidal ideation, including among young girls and in returnee communities. It is highly likely that suicide is underreported because of social stigma and the DFA's religious interpretation of suicide as prohibited.^{xc}

Nearly 3 in 4 Afghans rely on family members for support with mental health and psychosocial problems, with only 1 in 4 seeking support from an MHPSS counsellor. Traditional healing and rituals also remain a relatively common coping mechanism. While some people seek community leaders' or religious support, women, girls, returnees, people with disabilities, and other marginalised groups face limited access to social and community support. Stigma continues preventing some people from seeking support.

'I have four sons, and three of them suffer from severe mental problems.. ...To provide food for them and the rest of the family, my daughter is forced to go from house to house in the village to collect a small amount of bread or dry food so that we have something to eat, because we have no stable income... the lack of income, illness in the family, and shortage of basic facilities have made our life very difficult and full of stress and worry, and I live in constant exhaustion and anxiety'

Woman in Hilmand province

In March 2025, the DFA Ministry of Public Health approved a national health policy prioritising non-communicable disease prevention and care, including mental health, which WHO has been supporting to implement.^{xc} Despite this progress, communities emphasised ongoing gaps in MHPSS service provision, including inadequate integration into primary healthcare,

'People are mainly concerned with daily survival needs, while mental health is not prioritized' Returnee woman in Kabul province

'There are no mental health doctors. People think mental illness is not real'
Returnee man in Bamyān province

unsystematic and inadequate referral systems, and a lack of tailored support for women and girls, people with disabilities, and those dealing with substance use disorders. Communities called for mobile mental health services, peer support groups, and awareness-raising to address these barriers. Women and girls also highlighted the need for economic empowerment programmes to increase their social connectivity and opportunities to exert agency.

RESPONSE

PROGRESS MADE ON PROTECTION

Protection partners managed to reach over 80% of the target population across 396 districts from January to December 2025, with most people receiving at least three protection services. Despite the reduction in funding, partners were able to reach a higher number than the previous year due to adoption of innovative approaches including mobile teams, set light operational offices, integration, and working through volunteers. Women and girls constituted more than 50% of people reached despite enormous challenges, enabled by adaptations such as integrating GBV activities in other programmes. By July 2026, protection partners had reached 52% of the target population for this year.

In 2025, protection monitoring was revamped to enable wider reach in 258 districts, mostly in severity scale 3 and 4, and was expanded to include qualitative data collected through Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs), which have formed the basis of this PAU. All partners were trained and the tools were reviewed to ensure better quality. In 2026, qualitative data management has been further improved. The Cluster also produced a thematic PAU following the August and November 2025 earthquakes, along with localised vulnerability assessments and rapid protection analysis in collaboration with ACAPS.

Cash for Protection (C4P) has been adopted as a preferred modality, including for delivery of individual protection assistance linked to CM, especially to reach people facing serious protection risks, most of whom are returnees and women. The process will continue to be improved through training, quality assurance and development of tools. There are currently more than 20 partner agencies delivering C4P.

Mine Action partners cleared 91km², enabling 210,000 people to restart agricultural activities and eased their movement.

The cluster has been engaging with different line ministries including the Ministry of Labour and Social Development, Ministry of Refugees and Repatriation, and Afghanistan National Disaster Management Authorities especially during the response to disasters, when negotiating MoU approvals, and for engagements on other protection access issues. Capacity building remained a critical element of the response delivered through nine divided into 18 sessions “Learning series” reaching 1,687 people including 660 female and 1,027 male, including trainings on protection risk analysis, integrated climate and protection risk analysis, and qualitative data collection led by ACAPS.

In 2026, under Afghanistan’s new aid architecture, the Protection Cluster transitioned to the Protection Coordination Group, maintaining two distinct, complementary functions: humanitarian protection coordination, retaining core cluster responsibilities; and basic human needs (BHN)-linked protection coordination, supporting longer-term risk reduction and safe, equitable access to services, while safeguarding humanitarian principles and independent protection analysis and advocacy.

HUMANITARIAN ACCESS CONSTRAINTS

Across the reporting period, access to protection services in Afghanistan remained highly constrained due to a convergence of security, administrative, cultural, and funding barriers, including enforcement, from September 2025, of the ban on Afghan women staff entering UN premises across Afghanistan, along with the ban on most Afghan women staff at Islam Qala, access constraints posed by the Afghanistan-Pakistan conflict, and other constraints described under ‘Context’. By June 2026, protection was among the 3 sectors where organisations were least likely to report authorisations for women’s participation.^{xcii}

Despite improvement in MOU approval efficiency by some DFA Ministries, slow or obstructed MOU approvals continue to cause significant delays in assistance and service delivery, with approvals frequently taking up to six months and in some cases one year. Other forms of DFA interference in humanitarian activities also pose a barrier, including in programme implementation, staff recruitment, and beneficiary selection, along with delays and denials of organisational registration and permission to operate, restrictions on women and girls, and the forced suspension of activities or closure of facilities.^{xciii}

CRITICAL GAPS IN FUNDING AND POPULATION REACHED

According to FTS, in 2025, the Protection sector received 92.9 million of 149.4 million requested, leaving a funding gap of 38% for protection partners to meet critical needs of people affected by high protection risks and needs in Afghanistan (noting that partners often receive funding that is not reported on FTS). From January to July 2026, the Protection sector received 61 million of 136 million requested for the entire year, leaving a funding gap of 66%.^{xciv}

Protection partner presence is increasingly limited, as funding constraints have forced many partners to decrease their operational footprint, with zero reach in five (5) districts and less than 50% in 101 districts in 2025. From January to June 2026, 66 districts in intersectoral and protection severity 4 had less than 50% reach, including 17 with zero reach, while 142 districts in intersectoral severity 3 and protection severity 4 had less than 50% reach, including 38 with zero reach.

RECOMMENDATIONS

The following measures should be taken by all humanitarian and BHN agencies in Afghanistan, the DFA, and donors to reduce the exposure to and mitigate the impact associated with the protection risks identified in this analysis:

RISK 1 Gender-Based Violence

DfA

- Reverse discriminatory provisions in laws and directives that condone or enable IPV and child, early, and forced marriage, and that restrict women's and girls' movement, education and employment, including Mahram and dress-code requirements, and remove barriers preventing survivors from seeking protection and justice.

HC, RC and HUMANITARIAN and BHN COMMUNITIES

- Enhance engagement with Member States at the international level, and with local and national DFA authorities (including the Ministry of Foreign Affairs, MOLSA, the MPVPV, and Ministry of Economy), to advocate for the removal of barriers to women's and girls' access to services and for action to address GBV risks.
- All partners across the response to provide safe responses to GBV disclosures and confidential referrals to functioning specialised services, including for women and girls with disabilities.
- Prioritise restoring specialized GBV services, including confidential case management, psychosocial support and safe spaces for women and girls, in locations where service points have closed since 2025, with safe access arrangements for women and girls facing movement restrictions.
- Engage, build the capacity of, and work with women-led organisations and trusted community actors to prevent IPV and child, early, and forced marriage, connecting women and girls at risk—particularly in women-headed and returnee households—to confidential protection and economic support.

DONORS and MEMBER STATES

- Use coordinated diplomatic engagement with the DFA to seek reversal of provisions denying access to education, employment and essential services, including restrictions on women humanitarian and health workers.
- Protect continuity of confidential GBV case management and referral services, including those delivered by women-led organisations, and support restoration of services in provinces with no remaining service points.

RISK 2 Discrimination and stigmatization – denial of resources, opportunities, services, and/or humanitarian access

DfA

- MPVPV and MOLSA: Develop, in collaboration with humanitarian and BHN agencies, guidelines to enable women and girls to safely access healthcare and other essential services.
- DFA civil documentation authorities: Collaborate with humanitarian and BHN agencies to simplify Tazkira issuance and replacement through mobile services, fee waivers for people unable to pay, and alternatives to birthplace travel and family-document requirements that exclude returnees, IDPs, women, and unaccompanied or separated children.
- MOLSA and the Ministry of Economy: Engage with community leaders and local authorities to stop and prevent discriminatory interference by community members and local officials in the delivery of services and assistance by agencies with approved MOUs.

HC, RC and HUMANITARIAN and BHN COMMUNITIES

- Urgently develop common advocacy messages and practical asks on women's and girls' access to services, with leadership from the Centrality of Protection team in collaboration with the Protection Coordination Group and other cross-cutting groups.
- Legal assistance partners: provide documentation case support and help with transport and application costs for people excluded from assistance and services because they lack Tazkira, prioritising returnees, women without a Mahram, IDPs, persons with disabilities and unaccompanied or separated children.

- Humanitarian agencies: verify beneficiary selection directly with affected people, scale up accessible and confidential Community Feedback Mechanisms, and correct exclusion linked to gender, disability, ethnicity, returnee status or missing documentation, in coordination with the Humanitarian Access Working Group.
- Prioritise partnerships and other meaningful engagement with organisations of persons with disabilities and women-led organisations to remove physical, communication and discriminatory barriers at assistance and service points, including targeted support for people unable to reach or use existing services, adopting disability mainstreaming across programs and implementing targeted programmes for persons with disabilities.
- Engage, mobilise, and capacitate community leaders, including elders and religious leaders, to actively address stigma, harmful norms and institutional discrimination against people with disabilities, returnees, and other stigmatised groups, including by implementing accessible community-wide awareness campaigns and participatory community dialogues.

DONORS

- Require partners to commit to ensure mainstreaming of disability inclusion through intentional targeting of a minimum of 16% persons with disabilities and the consistent use of disability inclusion-specific indicators.
- Continue support for protection partners to ensure monitoring of protection risks, access barriers and discriminatory practices to inform the HCT's and UNCT's advocacy and interventions addressing rights violations and humanitarian access challenges.

RISK 3 Child labour in dangerous or hazardous conditions and exposure to exploitation

DfA

- MOLSA and relevant DFA authorities: establish and enforce protections against child labour, including hazardous work in brick factories, mechanic workshops, waste collection and other sites identified in the analysis, linking affected children to protection services and school reintegration.
- Implement, in 2027, in coordination with HC, humanitarian and BHN community, the outcomes of the 2024 Labour Conference that address skills building for youth, in collaboration with ILO, UNDP, and other BHN agencies.

HC, RC and HUMANITARIAN and BHN COMMUNITIES

- Child protection, health, education and food security/livelihoods partners: combine case management with household cash or livelihood support and school reintegration to reduce reliance on child labour, prioritising returnee households, women-headed households, households headed by persons with disabilities, and households in the most drought-affected provinces.
- Engage with, build the capacity of, and mobilise community leaders, including elders, religious leaders, and Child Protection Action Network Members, addressing the reported normalisation of child labour and associated violence and exploitation.

DONORS

- Maintain child protection case management capacity threatened by service closures, prioritising children undertaking hazardous work and linking their protection plans to household support, including cash for protection programmes and livelihood opportunities for caregivers, that reduce the need for children to work.
- Use engagement with the DFA to seek reopening of specialised child protection services closed by the authorities, including services for children exposed to exploitation and sexual abuse.

RISK 4 Presence of mines and other explosive ordnance

DfA

- Support mine action operations through the provision of resources, including equipment, personnel, and logistical assistance, specifically in Nangarhar, Kandahar, Kunar, Hilmand and Faryab.
- ANDMA: Expedite the review and signing of MOUs with mine action organizations to enable survey, clearance and risk education in newly contaminated border areas.
- ANDMA and DMAC: Finalize and issue a national policy on scrap metal collection and management to reduce risks and prevent civilian casualties.

- ANDMA and DMAC: By 2027, develop and implement a policy requiring humanitarian and BHN actors to integrate EO risk assessments and mitigation measures into their programme planning and implementation frameworks and support the expansion of EO risk education services.
- Ministry of Public Health (MOPH): collaborate with humanitarian and BHN partners to systematically integrate victim assistance services for child and adult survivors of EO incidents into the national health system.

HC, RC and HUMANITARIAN and BHN COMMUNITIES

- Prioritise the integration of EO risk education across humanitarian programmes, particularly in high-risk and contaminated areas.
- Humanitarian and BHN actors: Conduct EO risk assessments before supporting settlement or activities on potentially contaminated land, particularly for returnees unfamiliar with local hazards, and implement identified mitigation measures before activities begin.
- BHN actors: Design and implement livelihoods and resilience programmes in highly contaminated communities to address the socioeconomic drivers of risky behaviours, including scrap metal collection, which remains a significant cause of EO incidents, particularly among children.

DONORS

- Preserve survey, clearance and targeted risk-education capacity in the highest-casualty provinces and newly contaminated border areas, prioritising locations where EO blocks civilian access to essential services and livelihoods.
- Integrate EO risks into the risk mitigation framework of funded projects and allocate the necessary resources and funding during the design and development phases.

RISK 5 Psychological/emotional abuse and inflicted distress

DfA

- MOLSA, MPVPV, and MOE: expedite MOU approvals and authorise mobile and community-based MHPSS services to reach women and girls confined at home, returnees and persons with disabilities unable to access existing services.

HC, RC and HUMANITARIAN and BHN COMMUNITIES

- Integrate PSS into all programs targeting the specific MHPSS needs of different population groups to connect people experiencing mental health and psychosocial problems driven by violence, deprivation, discrimination, family separation, and other drivers discussed in this analysis, along with substance abuse, to appropriate MHPSS and protection services.
- Support community-based PFA, PSS, and other related services to enable easy access for all affected people, through mobilising community and peer support groups, including for women and girls.

DONORS

- Sustain free, accessible MHPSS through primary healthcare and mobile or community services, prioritising people excluded by cost, gendered movement restrictions or disability-related barriers.

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Methodology

This publication was prepared by ACAPS under the leadership of the Protection Coordination Group (PCG), with contributions from Protection partners who collected data. The analysis is based on both quantitative and qualitative data from the Afghanistan Protection Monitoring tool, including over 1,200 Focus Group Discussions (FGDs, referred to as 'the FGDs' or 'protection monitoring FGDs' throughout) and nearly 12,400 household surveys conducted with women and men in returnee, host, and IDP communities across Afghanistan between July 2025–April 2026. Girls and boys were not included in the FGDs but risks affecting them were discussed by women and men participants. **This is the first Afghanistan Protection Analysis Update to draw directly on qualitative data from FGDs with communities, representing protection risks as expressed in their voices.** The trends and dynamics discussed in FGDs are corroborated and elaborated on using the Afghanistan Protection Monitoring survey, key protection reports, assessments, and other secondary data sources covering events from July 2025 to June 2026, and consultations with Workstreams, the PCG Strategic Advisory Group members, sub-national coordinators, and partners. This product has been made possible by the generous support of the Australian Department of Foreign Affairs and Trade (DFAT).

Limitations

Data collection and case management have proven to be challenging for humanitarian protection partners due to ongoing interference and restrictions from the DfA, particularly regarding the hiring of women staff, the Mahram requirement, and access to women community members. These operational constraints and challenges affect the level of protection data that can be collected and used to analyse protection risks. In addition, for issues perceived as highly sensitive by communities and the DFA, the data gathered may not offer a definitive assessment of the extent of the protection risks.



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