

76civilians reported
killed**213**civilians reported
injured**115K**newly displaced due
to conflict**6**provinces with
reported
displacements**10**provinces with
reported airstrikes or
clashes

SITUATION OVERVIEW

The Pakistan-Afghanistan conflict continues with no ceasefire or dialogue mechanism gaining traction to date. As of 16 March, UNAMA documented at least 76 civilians killed and 213 injured, including 59 women (9 killed, 50 injured) and 104 children (31 killed, 73 injured). Women and children comprise over half of all civilian casualties.

Pakistan has conducted airstrikes, artillery, mortar and drone attacks across at least ten Afghan provinces, while DfA forces have continued ground assaults on border points and carried out drone strikes inside Pakistan. The conflict expanded geographically in mid-March. Between 12–13 March, DfA forces reportedly struck multiple Pakistani military installations, with intercepted debris injuring civilians near Islamabad. Pakistan responded on 14 March with airstrikes in Kabul, killing at least four civilians and injuring 14, according to UNAMA, after President Zardari declared that a 'red line' had been crossed. On 16 March, additional airstrikes struck multiple locations in Khost, Nangarhar and Laghman provinces, as well as a drug rehabilitation facility in Kabul, reportedly killing and injuring scores of patients.

Strikes have been particularly concentrated in Kandahar Province. On 12–13 March, Pakistan targeted the Tarawo training centre and associated logistical infrastructure, as well as a fuel depot linked to private carrier Kam Air, reportedly destroying an estimated 1,500 tonnes of fuel. Overnight on 14–15 March, Pakistan confirmed additional strikes on a tunnel in Kandahar.

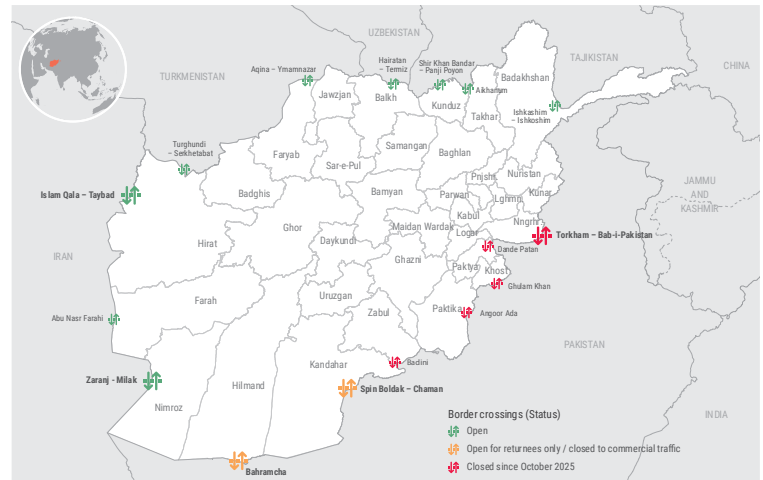
Initial reports from partners indicated approximately 115,000 people (around 16,400 families) had been displaced due to the conflict. While Community Rapid Needs Assessments are still ongoing, 40,000 displaced people (approximately 5,600 families) have been assessed to date, while 318 shelters have been verified as destroyed or severely damaged. Priority needs include shelter, water and health services, as well as access to food. As of 17 March, rapid needs assessments have been completed in 75 villages and settlements. In addition, about 49,000 people (7,000 families) remain displaced following the 31 August 2025 eastern region earthquake. The DfA has ordered pre-existing IDPs across seven displacement sites in Kunar Province to return to their areas of origin in Chawkay and Nurgal districts, with two sites – Khas Kunar and Patan – already fully vacated.

Damage to civilian and humanitarian infrastructure has been widespread: the IOM Transit Centres in Torkham and Spin Boldak were directly affected by fighting and have suspended all humanitarian operations since early March. The ATOMA telecommunications tower in Paktia Province was destroyed in mid-March, severing communications for residents and humanitarian partners. Civilian housing has been damaged across multiple provinces, and UXO contamination continues to pose risks in border districts.

The Narai (Kunar)–Kamdesh/Bargimatal (Nuristan) road has been closed for nearly three weeks due to border clashes, restricting market access and humanitarian assistance to Kamdesh and Bargimatal districts. Local bazaars report food shortages and rising prices, while work on an alternative Parun–Kamdesh (Nuristan) route continues but is slowed by snow and difficult terrain.

In the education sector, 9,000 students remain without schooling due to disruptions to learning facilities. Health and nutrition services have also been severely disrupted: eleven nutrition sites remain closed across Khost, Kunar, and Nangarhar provinces, while 25 health facilities have closed or suspended operations, including ten facilities damaged by shelling and airstrikes. One health sub-centre in Paktika Province funded by the Afghanistan Humanitarian Fund (AHF) has also sustained direct damage.

Border crossings with Pakistan have remained closed since October 2025, leaving bilateral trade largely at a standstill and placing pressure on Afghan supply chains. Only Spin Boldak and Bahramcha crossings are open for returnees, however the number of returns is significantly lower than at the same time last year due to the ongoing clashes at the border. As Pakistan is a major source of essential goods, including rice, sugar, vegetable oil, sanitary products, medicines and building materials, disruptions are affecting the availability and affordability of basic commodities. Market monitoring data shows price increases for key food staples, including imported rice (40 per cent) and vegetable oil (20 per cent) since December 2025. Humanitarian cargo also remains stranded at ports and warehouses in Pakistan, with demurrage and storage charges continuing to accumulate. In parallel, the recent escalation of hostilities in Iran and the wider region has increased uncertainty for movements that would normally transit through Iran as an alternative route, effectively pausing the use of the Iran corridor for many humanitarian consignments.



While more than 160,000 Afghans have returned from Pakistan so far this year, compared to 899,000 in 2025, cross-border movements could increase sharply if Pakistani authorities resume large scale pushbacks. Pakistan is estimated to host around 1.92 million Afghans, including 1.07 million Proof of Registration (PoR) card holders, 666,000 Afghan Citizen Card (ACC) holders and approximately 169,000 undocumented Afghans.

ASSESSMENTS

Multi-sector rapid needs assessments have been completed in 75 villages and settlements to date. The districts of Kamdesh (Nuristan), Durbaba and Lalpur (Nangarhar), and parts of Nari (Kunar) remain inaccessible due to active conflict and risk of mortar shelling, with assessment teams on standby. In the southeastern region, three Joint Assessment Teams (JATs) are deployed to affected districts in Paktia, Khost and Paktika provinces since 12 March.

HUMANITARIAN NEEDS AND RESPONSE

Overall Response

Education

Needs:

- As of 12 March, 135 Community-Based Education (CBE) classes (4,725 students) and 233 Temporary Learning Spaces (TLS) in conflict-affected areas remain closed, continuing to limit children's access to learning.
- While the total number is pending assessment data, many school-aged children are experiencing disruptions to their education due to displacement and conflict. This includes more than 9,000 students (including 3,600 girls) currently out of school due to 227 public schools closed or disrupted.
- Children face increased protection and GBV risks, including unsafe travel to school, overcrowded learning spaces, lack of gender-sensitive WASH facilities, and a heightened risk of dropout and early marriage, particularly among displaced girls.

Response:

- Education Cluster partners have resumed 125 CBE classes and 466 TLSs, in coordination with provincial and district education authorities.
- Partners are integrating GBV risk mitigation measures, including staff safeguarding training, engagement of female teachers, provision of gender-sensitive WASH facilities, and establishment of referral pathways for GBV survivors.

125

CBE classes have resumed

- The cluster is actively engaging with the Ministry of Education (MoE), Provincial Education Directorates (PEDs) and District Education Departments (DEDs) and partners to support data collection, track class suspensions, and inform monitoring and response planning.

Food Security and Agriculture

Needs:

- Approximately 160,000 people are estimated to be exposed to worsening food insecurity due to conflict and displacement across the affected provinces, including those previously displaced by the August 2025 earthquake in the eastern region. Many of the conflict-affected communities were already experiencing crisis or emergency levels of food insecurity, alongside high rates of malnutrition.

3,368

HH received High-Energy
Biscuits

Response:

- WFP has distributed High-Energy Biscuits to 3,368 households across 10 districts in four provinces: Khost (Gurbuz, Jaji Maydan, Terezayi), Paktika (Shekin, Surobi, Urgun), Paktya (Jaji Ayoub, Laja Mangel, Lija Ahmad Khel), and Zabul (Shamul Zayi) - with distributions ongoing.
- FSAC partners plan to provide two months of full food rations to IDP households. To maximize cost-efficiency, approximately 95 per cent of assistance will be delivered through cash-based transfers, with in-kind support prioritized for areas where markets are inaccessible.

Gaps & Constraints:

- Pipeline breaks for the already limited hotspot response are expected as early as April due to funding shortfalls and logistical challenges.

Health

Needs:

- 25 health facilities have closed or suspended operations, including ten facilities damaged by shelling and airstrikes.
- Access to emergency and trauma care remains limited for conflict-affected populations in the border districts of Nangarhar, Kunar, Laghman, Kabul and Nuristan. In addition, 27 per cent of assessed facilities do not provide mental health and psychosocial support (MHPSS), despite increased needs linked to conflict-related trauma.
- Health partners also report an elevated risk of outbreaks of diarrhoeal diseases and acute respiratory infections, particularly in the context of displacement and overcrowded conditions in temporary settlements.

4.5 MT

of medical supplies
deployed

Response:

- WHO had previously pre-positioned 37 Trauma Emergency Surgery Kits (TESKs) and 28 Inter-Agency Emergency Health Kits (IEHKs) across priority provinces. These supplies are sufficient to treat approximately 5,550 trauma patients and provide basic health services for around 73,000 people for three months.
- Following the escalation in hostilities, WHO deployed 4.5 metric tons of contingency medical supplies and distributed 44 additional TESKs to frontline hospitals in Kandahar, Herat, Jalalabad, and Gardez to reinforce trauma care capacity. WHO also distributed five Mental Health and Psychosocial Support (MHPSS) kits to support mental health services for affected populations.
- UNICEF-supported providers are on standby nationwide, with additional ambulances deployed to border districts; available health supplies and kits can support the treatment of over 50,000 injured and emergency cases across the regions.
- Trauma care units have been established in multiple hospitals, including five units in the southern region, to manage emergency cases.

- Static health facilities continue to provide essential health services, with referral systems supporting access to secondary and specialized care. ICRC is supporting Wazir Akbar Khan Hospital in Kabul with emergency kits to help manage approximately 100 casualties.
- HealthNet TPO is providing healthcare, MHPSS and trauma services through 27 health facilities located near the zero point in Paktya, Kunar and Nangarhar provinces, reaching 54,676 people
- Health partners have enhanced privacy by establishing separate consultation areas for men and women and increasing the deployment of female health workers, midwives, and psychosocial counsellors in border-adjacent districts. Routine services now integrate clinical management of rape (CMR) and gender-based violence (GBV)-sensitive practices, with strengthened referral pathways for faster survivor support. Community sessions have raised awareness of available GBV and sexual and reproductive health (SRH) services, and protection from sexual exploitation and abuse (PSEA) messaging has been incorporated into regular outreach and mobile health activities.
- A Dubai IHC charter flight is under discussion (free of charge) to transfer health supplies from Dubai to Kabul.

Gaps & Constraints:

- Severe shortages of medical supplies and essential medicines, including trauma kits, emergency drugs, and consumables, are limiting the ability of referral hospitals and frontline facilities to manage injuries and maintain routine services. UNICEF estimates that more than 70 containers of health-related supplies are facing transportation challenges due to border closure.

Nutrition

Needs:

- An estimated 3,158 children under five and 9,677 pregnant and breastfeeding women (PBW) require nutrition support across the six provinces of Khost, Kunar, Nangarhar, Paktika, Paktia, and Nuristan based on preliminary planning figures. Among children under five, an estimated 800 require treatment for Severe Acute Malnutrition (SAM), 600 require treatment for high-risk Moderate Acute Malnutrition (MAM) and 1,700 require treatment for early MAM.
- Sixteen nutrition sites (13 Outpatient Therapeutic Programs, one Stabilization Centre, and two Mobile Health and Nutrition Teams) had initially suspended services last week; four health facilities in Kunar have since reopened and 1 nutrition site in Khost relocated. At the Torkham border, all nutrition services remain closed. As a result, 1,016 children under five and 211 PBWs currently lack access to nutrition services.

13,000

children U5 and pregnant
and breastfeeding
women estimated to
require nutrition support

Response:

- Treatment of severe acute malnutrition and High-Risk MAM is ongoing. UNICEF is managing the immediate response using available in-country supplies, complemented by air shipments, with additional nutrition supplies expected during the month.
- Targeted Supplementary Feeding Programme (TSFP): WFP will treat malnourished (moderate acute malnutrition, MAM) children under five and pregnant and breastfeeding women displaced due to the conflict.
- Infant and Young Child Feeding counselling is being provided to primary caregivers of children under two to promote appropriate feeding practices during the emergency.

Gaps & Constraints:

- Urgent funding is required to relocate and sustain nutrition services and to deploy temporary Mobile Health and Nutrition Teams to reach displaced and hard-to-access populations.
- Critical nutrition supplies remain underfunded, while internationally procured supplies are subject to costly alternative delivery routes and extended lead times due to the prolonged Afghanistan-Pakistan border closure. WFP estimates significant supply shortfalls, including 1,500 metric tons of LNS-LQ for targeted supplementary feeding for children under five, 1,100 metric ton for pregnant and breastfeeding women, and Blanket Supplementary Feeding Programme gaps of 1,100 metric tons of LNS-MQ for children and 900 metric tons for pregnant and breastfeeding women. UNICEF continues to manage the response using available in-country stocks, complemented by ongoing air shipments.

Protection

Needs:

- An estimated 50,255 individuals are estimated to be at risk of gender-based violence, including almost 48,300 women and girls, 39,000 of whom are of reproductive age and 19,000 of whom are adolescent girls. This includes more than 3,800 pregnant women, with approximately 425 expected to give birth within the next month, increasing protection and health risks.
- A total of 1,236 children have lost access to structured MHPSS services following the suspension of 20 Child-Friendly Spaces (CFS) and two Women Friendly Spaces (WFS) in Khas Kunar camp, Gurbaz camp, and Zeri Baba camp in Kunar Province and at the Torkham border in Nangarhar Province.
- Recent border skirmishes have led to initial reports of potential new explosive ordnance contamination, including cluster munitions, in Jaji Maidan and Alisher districts of Khost province, with a high likelihood of further contamination in other border districts due to ongoing conflict.

2,481

people benefitted from
GBV services

Response:

- A Protection Rapid Needs Assessment was conducted from 12 to 15 March 2026 across affected districts in Kunar and Nangarhar to identify key protection risks and inform response planning. Similar assessments are planned next week in Paktika, Paktia and Khost provinces.
- A total of 447 individuals (303 children and 144 caregivers) in Muhmandara district (Nangarhar) have received mental health and psychosocial support through existing child protection services. In addition, four CFSs, expected to benefit around 240 children, are planned to be set up next week in Muhmandara.
- Community-based CFSs previously established in Khas Kunar district remain operational, supporting host communities, displaced families and households affected by the earthquake.
- Gender-based violence (GBV) services have reached 1,741 individuals (54 boys, 352 girls, 193 men and 1,142 women) across Kandahar (Spin Boldak), Nangarhar (Dara-e-Nur) and Laghman (Alingar), providing psychosocial and wellbeing support.
- Safety audits focusing on GBV and psychosocial risks are ongoing in the eastern and south-eastern regions to complement current protection assessments.
- A mine action quick response team was deployed to Jaji Maidan and Alisher to assess contamination; however, physical assessments were not possible as ongoing conflict and district authorities restricted access to affected areas.

Gaps & Constraints:

- Several areas remain inaccessible due to security constraints, including parts of Kamdesh (Nuristan), Durbaba and Lalpur (Nangarhar), and Nari (Kunar).
- Administrative procedures and delays in obtaining authorisations continue to slow assessment activities in key urban areas, particularly in Jalalabad city.
- Mine action operations in border districts remain suspended, with teams relocated elsewhere in the province, limiting immediate response capacity in high-risk areas.

Shelter, Land and Site Coordination

Needs:

- Urgent needs include emergency shelter assistance, including tents, tarpaulins and cash for rent, as well as essential non-food items for newly-displaced families.

Response:

- Cluster partners have provided cash for non-food items (NFIs) and emergency shelter to 900 families in Nangarhar province and 99 families in Kunar province.

900

families received shelter
assistance

Water, Sanitation and Hygiene

Needs:

- Displacement following the escalation along the Afghanistan–Pakistan border is placing increased pressure on WASH services, including access to safe drinking water, sanitation facilities and hygiene supplies, in Khost, Kunar Nangarhar, Paktika and Paktia provinces. The strain is particularly acute in areas hosting displaced populations and in camp settings.

625

families received hygiene kits

Response:

- Based on initial reports, 625 displaced families in Kunar and Nangarhar provinces have received hygiene kits.
- UNICEF has provided an additional 2,000 hygiene kits to implementing partners to support response efforts for affected households identified through ongoing assessments in Kunar and Nangarhar Provinces.
- In the Central Region, including Kabul, Logar and Maidan Wardak provinces, WASH partners have pre-positioned emergency supplies to enable a rapid response in the event of displacement. These include over 15,000 hygiene kits, 4,500 jerrycans, 3,700 buckets, 133,000 bars of soap, water treatment supplies (11,600 Aquatabs and 1,500 PUR sachets), and 19 collapsible water tanks (5,000 to 10,000 litres).

Gaps & Constraints:

- WASH services at the Torkham border crossing and the Omari Transit Centre have been temporarily suspended, disrupting response activities for returnees.

Multipurpose Cash Assistance (MPCA)

Needs:

- An estimated 17,500 households receiving food assistance require partial multipurpose cash assistance (MPCA) for two months (US\$90 per month). A further 3,500 women headed households and/or caring for persons with disabilities require MPCA with a top-up for two months (US\$204 per month). Additionally, 2,300 households not receiving food assistance require standard MPCA for two months (US\$170 per month).

\$779K

MPCA funding gap to cover outstanding needs

Response:

- Out of Humanitarian Needs and Response Plan (HNRP) and funding: ICRC, in collaboration with the Afghan Red Crescent Society (ARCS), is providing AFN 15,000 in cash assistance to 17,000 households (127,000 people). Distributions completed between 15–17 March include 3,000 households in Paktia (Dand Wa Patan: 2,458; Zazi Aryoub: 542) and 3,500 households in Nangarhar (Achin: 1,750; Ghani Khil: 1,750). Ongoing distributions on 17–18 March cover 4,100 households in Kunar (Asadabad: 2,455; Narang: 1,645). Planned distributions for 29–31 March include 2,300 households in Paktika (Shkin: 655; Barmal: 1,310; Terwa: 335), 3,000 households in Khost (Zazi Maidan: 1,200; Ali Sher: 1,000; Gurbuz: 800), and 1,100 households in Kandahar (Spin Boldak, Maruf and Shorabak).
- HNRP funding: Cash Working Group (CWG) partners are providing MPCA to 5,068 households (35,476 people), amounting to US\$621,500, across the above-mentioned provinces in addition to Zabul, targeting locations not covered by ICRC to ensure complementarity of the response.

Guidance and local markets:

- Despite price spikes of select basic commodities the [December 2025 Afghanistan Minimum Expenditure Basket guidance](#)¹ and its associated MPCA packages remain fit for purpose. The CWG continues to monitor markets and issue updated transfer value guidance as operationally required.
- The March 2026 (69th) round of the [Joint Market Monitoring Initiative](#),² is underway while local rapid market assessments are being considered in conflict affected areas.

¹ <https://www.unocha.org/publications/report/afghanistan/afghanistan-minimum-expenditure-basket-and-multi-purpose-cash-assistance-transfer-value>

² <https://dashboards.impact-initiatives.org/afq/immi/>

- The [Afghanistan JMMI Update: Market Impacts of Conflict and Border Closures – March 2026](#)³ finds that escalating conflict and border closures with Pakistan, alongside instability in Iran, are increasing pressure on markets through disrupted trade routes, rising fuel and transport costs, and higher prices for key imports such as rice and vegetable oil. Markets largely remain functional and communities continue to prefer cash assistance; however, declining purchasing power, localized supply disruptions and access constraints in conflict-affected areas require close monitoring of prices and market functionality. In line with CWG guidance, partners must conduct local market assessments prior to delivering cash assistance.⁴
- Partners are encouraged to regularly consult the [Community Rapid Needs Assessment](#) dataset and dashboard,⁵ which include information that indicatively signals market functionality, physical accessibility, and the availability of food and NFI commodities at the settlement level.

Note: Standard MPCA and MPCA+ Top-up packages cover monthly recurring basic needs (food, basic health, hygiene, water, education supplies, rent, and limited transportation and communication costs) for an average household of seven members. The Partial MPCA package excludes food, as it provides complementary assistance to households that have already received or are expected to receive food assistance. One-off and seasonal needs are not included in the calculation of any MPCA package.

COORDINATION

OCHA is coordinating the emergency response in the eastern and southeastern regions in collaboration with UN and NGO partners. Four joint meetings of the OCTs in Nangarhar, Kunar and Nuristan have been conducted. In addition, two coordination meetings have been held with the Provincial DfA in Kunar and Nangarhar provinces. An ad-hoc Humanitarian Access Working Group meeting was conducted on 17 March to explore how to strengthen notification arrangements. Inter Cluster Coordination Team meetings were held on 2 and 10 March to discuss emerging humanitarian needs, response priorities, challenges and constraints.

Background on the crisis

Escalating hostilities between Afghanistan and Pakistan since late February have resulted in airstrikes, cross-border shelling and armed clashes affecting multiple provinces across eastern and central Afghanistan. From 26 February onward, incidents were reported in Kabul, Kandahar, Khost, Kunar, Laghman, Nangarhar, Nuristan, Parwan, Paktia and Paktika provinces. The escalation followed several days of rising tensions along the Afghanistan–Pakistan border, during which airstrikes reportedly caused civilian casualties and damage to civilian infrastructure. On 27 February, Pakistan’s Defence Minister, Khawaja Asif, publicly stated that Pakistan was in a state of “open war” with Afghanistan, reflecting the seriousness of the confrontation. Hostilities have included airstrikes in major urban centres and border districts, drone activity and exchanges of artillery fire. While fighting initially affected several provinces, by early March the situation appeared increasingly concentrated along border areas, with continued reports of insecurity and population displacement in affected districts.

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[facebook.com/UNOCHAafghanistan](https://www.facebook.com/UNOCHAafghanistan) | x.com/OCHAafg

³ <https://repository.impact-initiatives.org/document/impact/bee83a06/JMMI-Markets-Conflict-Emergency-Overview.pdf>

⁴ Partners may contact REACH or the CWG for market assessment tools and training.

⁵ <https://response.reliefweb.int/afghanistan/afghanistan-community-rapid-needs-assessments-crna>