

World Vision Afghanistan

Sustained Humanitarian Response (WVA-SHR)

Situation Report 07 | Period: 1 October - 30 November FY25

SITUATION OVERVIEW AND HUMANITARIAN NEEDS

The effects of the many interconnected crises affecting Afghanistan - natural disasters on top of massive returns from neighbouring countries, devastating drought, and the sudden withdrawal of international assistance - became starkly apparent during the reporting period. The national Integrated Phase Classification (IPC) workshop held in November in Kabul anticipated a surprisingly large seasonal increase in food insecurity and malnutrition, indicating a reversal of (modest and qualified) gains in these areas over recent years.

In addition, restrictions by the authorities have intensified, in particular in the west of the country where World Vision is headquartered. This led to a reorientation of its West Afghanistan Forced Returnees Response (WAFRR) away from the Islam Qala border, where the number of returnees has returned to below 1000 people per day, and towards places of destination.

Nevertheless, World Vision remains fully operational, through the WAFRR response, the East Afghanistan Earthquake Response (EAER) to the Kunar earthquakes, and the wider Sustained Humanitarian Response. Headcount has increased modestly after restructuring earlier in 2025, driven primarily by aid cuts.

Coordination with peers, UN agencies and the authorities is enabling access to at-risk communities in all provinces of operation, albeit with some local bureaucratic impediments. This is in the context of severely underfunded wider humanitarian response: as of the end of this reporting period, only 36% of required funding outlined in the Humanitarian Needs Response Plan (HNRP) for FY25 has been secured.

OPERATIONS

Overview and approach

World Vision Afghanistan continues to deliver coordinated assistance in health, nutrition, WASH, food security, protection, and education, focusing on the most vulnerable children and families in Badghis, Faryab, Ghor and Herat - as well as Kunar and Nangarhar through its EAER response.

Since June, WV Afghanistan has scaled up efforts to assist communities affected by the influx of returnees from Iran, both through the WAFRR response and via existing projects, combining mobile health and nutrition services, emergency cash assistance, WASH rehabilitation, and psychosocial and protection support. These actions ensure a timely and coordinated lifesaving response while strengthening local systems for sustained recovery.

Grounded in the Humanitarian-Development-Peace (HDP) Nexus, WV Afghanistan's approach connects immediate relief with longer-term resilience and community stability. The organisation's strong field presence, trusted partnerships, and adaptive management enable rapid reprogramming and a flexible response to emerging needs. Working closely with UN clusters, government counterparts, local NGOs, and community structures, World Vision promotes alignment, burden-sharing, accountability, and inclusion across all interventions. Guided by its core principles of localisation, safeguarding, and gender equality, WV Afghanistan continues to support communities by protecting lives, empowering families, and restoring hope for those affected by conflict, disasters, and economic hardship.

REACH

During the reporting period, World Vision reached a total of 265,283 individuals (108,318 women, 45,963 men, 60,018 girls, and 50,984 boys) across 34 projects, delivering integrated humanitarian and recovery assistance across multiple sectors. By sector, healthcare interventions benefited 182,955 people with essential health services, nutrition support, MHPSS and disease prevention activities. Food Security and Livelihoods programming reached 11,913 individuals, contributing to improved household food access and resilience, while WASH interventions supported 22,196 people with access to safe water, sanitation, and hygiene services.

Protection and Education activities reached 3,928 children and adults, strengthening safe learning environments and protective services, and dedicated ESCA initiatives engaged 205 individuals, supporting environmentally responsible and climate-adaptive practices. In addition, Faith and Development (F&D) activities reached 29,930 individuals, supporting community cohesion, psychosocial well-being, and values-based community engagement. Emergency response activities remained targeted, reaching 21,278 individuals in total, including 11,775 people affected by the Eastern Earthquake in Kunar and 9,503 returnees supported in Herat, ensuring timely life-saving assistance in acute contexts.

Based on geographic analysis of program implementation and beneficiary data, it is estimated that approximately 65,000 individuals benefited from interventions across more than one sector during the reporting period.

Impact

Sanam*, a 25-year-old woman, experienced severe psychological distress following separation from her family, economic hardship, and ongoing family-related stressors. Beginning in January 2025, she received structured mental health and psychosocial support through a World Vision-supported health facility, implemented by partner Organization for Community Coordination and Development (OCCD), under the GFFO-funded project. She participated in eight counselling sessions focused on psychological empowerment, including Cognitive Behavioural Therapy and anxiety management techniques. By the end of the intervention, Sanam showed clear improvement in emotional regulation, coping capacity, and overall mental wellbeing, demonstrating the positive impact of World Vision's mental health programming for women.

*Name changed to protect identity.

FUNDING

During the reporting period, World Vision Afghanistan:

Secured \$7.07 million, including:

- Family Health House Project: World Vision Hong Kong
- EU Education Project: European Union- Directorate General for International Partnerships (INTPA)
- WASH Capacity Building: WVUS
- HEAL Project: WV Taiwan
- R-Live Project: WVUS
- East Afghanistan Earthquake Response: Government of Hong Kong

STAFFING

No. of current total staff

789 (449 male, 340 female), including 639 nationals (11 new hires), seven expatriates, four deployments)

Regular staff: 292 Stipend staff: 358 Daily staff: 12

RESPONSE HIGHLIGHTS

West Afghanistan Forced Returns Response

Despite the refocusing of WVA's WAFRR response away from Islam Qala, teams continued to deliver humanitarian assistance to the most affected populations.

- Health and nutrition services reached a total of 17,891 returnees, including 1,717 adult men, 8,309 adult women, 3,939 boys, and 3,926 girls.
- 992 people were supported to meet immediate household needs following return through Multipurpose Cash Assistance (MPCA). Of those assisted, 790 were male and 202 were female beneficiaries, reflecting targeted outreach to vulnerable households, including female-headed families.
- Protection interventions reached 3,986 returnees, comprising 2,406 men, 712 women, 455 boys, and 413 girls.
- WASH assistance was provided to 150 returnee households (46 female and 104 male), enhancing access to Hygiene kits and hygiene promotion sessions.

East Afghanistan Earthquake Response

As of the end of the reporting period, 11,128 individuals had been supported in Kunar and Nangarhar as part of World Vision's EAER partnership response: 1,843 boys, 2,178 girls, 2,515 men, 4,586 women, 27 people living with disabilities. Again, the majority of these, 7,794, benefited from healthcare interventions, 1,585 from nutrition support, and 1,751 from livelihoods support.

The locations of 50 household latrines have been identified with construction being designed and prepared.

The Pakistan border situation, combined with the onset of winter, are increasing anxiety among affected communities.



Health & Nutrition

During the reporting period, World Vision Afghanistan (WVA) reached a total of 182,955 individuals (30,625 girls, 30,897 boys, 87,492 women, and 33,941 men) with integrated health and nutrition services across Herat, Badghis, Ghor, and Faryab provinces. Services were delivered through 71 service delivery points, including 51 Static Health Centres (SHCs), 20 Family Health Houses (FHHs), and Mobile Health and Nutrition Teams (MHNTs).

Interventions prioritised underserved and hard-to-reach populations, particularly women, children under five, and households in remote rural areas.

Outpatient and essential health services provided 164,781 outpatient department (OPD) consultations to children, adolescents, and adults. In total, 182,955 new and returning clients accessed health and nutrition services during the reporting period.

Maternal and child health services remained a core priority. A total of 12,403 antenatal care (ANC) visits were conducted, including 5,976 first visits, 2,930 second visits, 1,571 third visits, 983 fourth visits, and 943 follow-up consultations. Postnatal care (PNC) services reached 3,101 women, while 267 institutional deliveries were supported at WVA-assisted facilities. In addition, 2,768 women accessed family planning services and related awareness sessions.

Immunisation services continued to protect children and women against vaccine-preventable diseases. During the reporting period:

- 610 children under five received measles vaccinations
- 727 children completed PENTA-3
- 988 pregnant women received TT2+
- 2,261 women of childbearing age were vaccinated with TT2+

Health education and community awareness activities reached 136,783 individuals (97,015 women and 39,768 men), covering key topics such as hygiene promotion, nutrition, disease prevention, and timely health-seeking behaviour, with particular emphasis on remote communities.

A total of 25,025 children under five were screened for malnutrition. Of these, 837 children were admitted for Severe Acute Malnutrition (SAM) and 2,285 for Moderate Acute Malnutrition (MAM). Treatment outcomes remained strong, with 621 SAM cases and 1,853 MAM cases successfully treated during the reporting period.

Support for pregnant and lactating women (PLW) continued through Targeted Supplementary Feeding Programmes (TSFP) and Infant and Young Child Feeding (IYCF) interventions. A total of 1,858 women received targeted nutrition support,

while 5,326 women were screened and counselled on optimal infant and young child feeding practices.

93 children under five with severe illnesses or SAM-related complications were referred to higher-level facilities for specialised care.

Mental Health and Psychosocial Support (MHPSS) services reached 7,259 individuals (5,259 women and 2,000 men), providing psychosocial counselling to reduce distress and strengthen resilience among conflict-affected and vulnerable households.

Capacity Building and Quality Improvement

During October and November 2025, the Health and Nutrition sector conducted five key trainings to strengthen frontline service delivery. These included:

- Emergency Triage Assessment and Treatment (ETAT): 2 rounds (32 participants)
- Integrated Management of Newborn and Childhood Illness (IMNCI): 16 participants
- Integrated Management of Acute Malnutrition (IMAM): 12 participants
- Mental Health and Psychosocial Support (MHPSS): 16 participants

In total, 76 health workers were trained, including 41 men (54 percent) and 35 women (46 percent).



Education

Education activities included catch-up and tutorial classes for 705 children, addressing learning loss and supporting continued engagement in unstable contexts. Continuous new registrations ensured the inclusion of out-of-school and recently displaced children in structured learning programmes. Through coordinated referrals and advocacy, 13 children were formally re-enrolled in government schools, bridging informal support and the formal education system. Institutional linkages were strengthened through 37 coordination meetings with

government school officials to align approaches and streamline referrals. In addition, 142 community leaders participated in coordination meetings, reinforcing local ownership, oversight, and advocacy for sustainable education service delivery.



Water, Sanitation, and Hygiene (WASH)

A total of 910 individuals gained access to safe and clean water through the construction of a new water supply system in Badghis province, funded by AHF. The system includes a drilled well, solar-powered pumping system, a water reservoir, and household-connected tap stands. As a result of this intervention, the entire target community now has improved access to safely managed drinking water.

Three water systems were rehabilitated, and two Reverse Osmosis (RO) water treatment plants were constructed in Badghis Province, improving access to safe and clean water for 18,684 individuals (4,759 women, 4,497 men, 4,758 girls, 4,670 boys). In addition, five health facilities in Badghis received WASH upgrades, including the construction of sanitation and handwashing facilities, waste management systems, and the installation of water services at points of care. These improvements will enhance the quality of healthcare services and outcomes while reducing public health risks.

Activities aligned with the global ENOUGH Campaign to end child hunger and malnutrition were strongly demonstrated across all provinces through hygiene promotion sessions focused on safe food handling and food preparation demonstrations. These activities reached more than 3,500 individuals, enhancing community awareness of hygiene practices and safe nutrition behaviours.

Prior the suspension at Islam Qala, WASH assistance for returnees from Iran reached 12,605 individuals (3,602 women, 3,580 men, 2,877 girls, and 2,546 boys) through hygiene awareness sessions conducted at the border. The sessions focused on small group engagements, the use of Information, Education and Communication (IEC) materials, and demonstrations of hygiene best practices.



Food Distribution, Cash, Livelihoods

World Vision Afghanistan's Food Security and Livelihoods (FSL) interventions reached 27,756 individuals across Herat, Badghis, Ghor, and Faryab provinces. These activities aimed to strengthen household resilience, improve food security, and support income generation through cash assistance, Cash-for-Work activities, and the distribution of agricultural inputs, including certified wheat seeds and fertilisers.

To strengthen livestock-based livelihoods, Community Animal Health Workers (CAHWs) were trained to expand access to essential animal health services.

As part of the response to returnees from Iran, women and returnees were supported through livelihood diversification and small business initiatives, promoting economic self-reliance and sustainable income opportunities.

Activities aligned with the ENOUGH Campaign were implemented across all provinces through hygiene sessions on food handling and food demonstration preparation where more than 3,500 people benefitted.

During the reporting period, communities also benefited from clean energy cooking solutions, climate adaptation awareness, and the development of Community Action Plans (CAPs) to strengthen disaster preparedness.



Advocacy

Domestically, significant attention has been upon dialogue with peers and authorities around the situation at Islam Qala, with advocacy directed towards the inclusion of female staff in activities delivered at the border, notwithstanding WVA's decision to suspend its own activities. Regular engagement with clusters and working groups at the national and zonal level has continued.

Internationally, in November, the UK Foreign, Commonwealth and Development Office (FCDO) Afghanistan desk convened a conference on food security and nutrition producing the London Compact, a collaborative statement of key principles for improving FS&N outcomes in Afghanistan. WVA participated actively in shaping the document of the London Compact, and the series of events and webinars

that led to the conference, alongside peer NGOs, UN agencies, researchers and donors, all engaging seriously with key technical, political and substantive challenges, as well as points of principle.

Meanwhile, WVA has been collaborating with UN agencies and peer NGOs to raise awareness about the worsening food security and nutrition picture, amplifying each other's social media posts as part of a pre-agreed plan.

WVA continues to participate in engagements aimed at ensuring the humanitarian-BHN reset future proofs the coordination of all relevant actors, for the sake of maximising impact for at-risk Afghan communities.



Partnership and Localisation

WVA conducted a Safety (SAINT) training from 21–23 October 2025, for WV partners under DAWAM, DRA & GFFO projects.

31 employees of partner organisations AADA, AWEC, ACF, VDO, and OCCD participated in the training, all of them women. The participants fulfil different roles such as Nutrition Nurse, Midwife, GBV Officer, Safeguarding Officer, Hygiene Promoter, Community Mobiliser, and Project Supervisor.

The purpose of these trainings was to enhance partner capacity in safety protocols, emergency preparedness, and compliance, contributing to stronger safeguarding, threat prevention and security risk management in field operation. Conducting SAINT training for external organisations was a new departure for World Vision and well-received by our partners.

On 12–13 November, WVA facilitated procurement and compliance trainings for partner organisation VDO, attended by 12 staff members. The sessions covered key areas including procurement planning, compliance checks, sanctions compliance, due diligence in the use of financial intermediaries, programme compliance management, financial risk management, and cost share requirements. The purpose of these trainings was to enhance partner capacity in effective resource management, accountability, and compliance with organisational and donor standards.

During the reporting period, World Vision Afghanistan developed further the draft of its localisation 'incubator' plan: NAMU (Persian: growth), Nurture, Activate, Maximise, Unleash, due for roll-out in the new year.

World Vision Afghanistan Sustained Humanitarian Response (WVA-SHR)

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AFGHANISTAN



Yusuf, aged two years, suffering from severe fever and diarrhoea, receiving medicine from a World Vision mobile health team.

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