

SITUATION OVERVIEW AND HUMANITARIAN NEEDS

The reporting period was marked by a sharp escalation in hostilities over the disputed Pakistan-Afghanistan border, resulting in numerous fatalities and, in the words of one Pakistani official, 'all out war'. Attacks reached Kabul and Kandahar, while being mostly concentrated in border provinces. Meanwhile, instability resulting from US-Israeli attacks on Iran and Iranian retaliation has affected prices in Afghanistan and a modest increase in the number of people crossing into Afghanistan, mostly Afghan nationals. World Vision's primary operational areas in the west and northwest have not been directly affected by the fighting between Afghan and Pakistani forces.

OPERATIONAL CONTEXT

During February and March 2026, Afghanistan's overall Context Risk Rating (CRR) remained high, with no material improvement. Border closures with Pakistan have compounded difficulties with importing essential goods, including pharmaceuticals which are in short supply in Afghanistan. Meanwhile, prices have risen in the wake of conflict in the near neighbourhood, especially of staple imports from Iran including fuel.

During the reporting period, the authorities continued to apply strict enforcement of restrictions especially affecting women and girls.

Conflict dynamics, combined with economic decline, funding shortfalls, and movement constraints, continued to impede aid delivery. Large-scale humanitarian needs persisted nationwide, with heightened pressure in border provinces due to displacement and returnee movements from Pakistan and Iran. Infrastructure risks were compounded by seasonal hazards (earthquakes, flooding, harsh winter conditions) and damage to health and transport infrastructure, increasing operational disruptions and access constraints.

Internationally, UN-related processes, including UNAMA mandate renewal discussions and sanctions-related reviews, took place, while the review of the humanitarian and basic human needs architecture continues. None of these have yet produced a clear 'new normal'.

New and emerging risks identified include the potential normalisation of cross-border military actions, increased exposure of humanitarian actors near border areas, spillover effects from broader regional instability, and growing strain on humanitarian systems due to sustained high needs and limited resources.

REACH

During the reporting period, World Vision reached a total of 463,622 individuals, including 155,633 women, 102,965 men, 106,523 girls, and 98,501 boys, through multisectoral humanitarian and recovery programming implemented across targeted provinces.

Across sectors, WASH interventions supported 282,613 people, providing access to safe water, improved sanitation services, and hygiene promotion. Health programming reached 114,892 individuals, delivering essential health services and disease prevention activities. In addition, Nutrition interventions supported 19,049 individuals with life-saving nutrition services, while MHPSS programmes reached 7,290 individuals through community-based psychosocial support and counselling.

Within the Food Security and Livelihoods (FSL) portfolio, a total of 1,778 individuals were reached, including 300 people through Food Security assistance and 1,478 individuals through Livelihoods activities.

World Vision Afghanistan

Sustained Humanitarian Response (WVA-SHR)

Furthermore, 14,732 individuals were supported through (F&D) interventions, and 15,080 people received multi-purpose cash assistance through CASH programming to meet urgent household needs.

Additional sector-specific activities supported vulnerable groups, including 773 individuals through Protection services and 457 individuals through Education programming.

Geographic and beneficiary data indicate considerable overlap among sectors, as many households accessed support from more than one intervention. This reflects the integrated nature of World Vision's programming, ensuring communities received layered, complementary assistance aligned with their evolving needs.

FUNDING

During the reporting period, World Vision Afghanistan:

RESOURCE ACQUISITION FOR February and March

Awarded	Visser Fund	754,203\$	Project Start Date: April 1st
	WFP - TSFP	322,123\$ (GIK) + 42,258\$	
Pipeline - Pending (submitted)	GFFO Top Up	1,505,703\$	
	WV Taiwan PNS	150.000 \$	
	ADH Christmas Funds (WVG)	764,000 \$	

RESOURCE ACQUISITION FOR February and March

	AHF MPCA+FSL	1,100,000 \$	Pre-awarded, waiting for confirmation
	AHF WASH	550.000 \$	Pre-awarded, waiting for confirmation
	FCDO Top Up	7,800,000 \$	Amount shared btw Consortium Partners. WVA share: 2,073,500\$
	WVUS F&D CN	600,000 \$	CN accepted, now preparing Full application
	WVCanada GC	60,500\$	
	UNHCR Child Protection Eol		Application for Pool of Preferred Partners
	UNHCR Livelihoods Eol		Application for Pool of Preferred Partners
	WVNZ	10,000\$	
Prepared earlier – still pending	WVNZ	500,000\$	High-level concept note submitted
	CDCS WVF	700,000\$	Concept was submitted in November
Pipeline In Preparation	Al Basma Foundation TBC (WVUK)	1300,000\$	Due 24th April

STAFFING

No. of current total staff

603(366 male, 237 female), including 583 nationals (10 new hires), 8 expatriates, 3 deployments)

Regular staff: 289 Stipend staff: 217 Daily staff: 97

RESPONSE HIGHLIGHTS

West Afghanistan Forced Returns Response

During the reporting period, the West Afghanistan Returnees Response delivered humanitarian assistance to 16,068 of the most vulnerable individuals, with a particular focus on women and children.

Help Desk Services: A total of 11,993 returnees (1,665 women and 10,328 men) received information on available services and were referred to relevant organizations through help desk interventions

WASH Assistance: WASH support was provided to 2,667 returnee (1,324 girls and 1,241 boys). This included hygiene promotion sessions (WASH UP). In addition, 392 hygiene kits were distributed.

Phone call Services: A total of 1,016 individuals (297 women and 719 men) received assistance through phone call services.

The interventions at Islam Qala Border Crossing significantly improved access to essential information and basic services for vulnerable returnees, reaching over 25,000 individuals. Help desk and remote support services enhanced awareness and facilitated timely referrals, enabling beneficiaries to access critical assistance upon arrival. WASH interventions contributed to improved hygiene practices and reduced immediate health risks, particularly among women and children in transit conditions. Overall, the response strengthened the dignity, safety, and resilience of returnees during the critical point of entry and initial reintegration.

East Afghanistan Earthquake Response

World Vision's partner response to the earthquake in East Afghanistan continued through two Afghan partner organisations. In partnership with AWEC, 58 latrines were constructed to meet urgent community needs. In collaboration with AADA, two Mobile Health and Nutrition Teams delivered urgent medical and nutrition services to earthquake-affected populations.

With World Vision support, AADA reached 9,276 individuals (2,319 boys, 2,306 girls, 1,189 men and 3,462 women including 8 PWD through health interventions by providing OPD, Consultation, IYCF, SAM, MAM, MHPSS services. Additionally, another local partner, AWEC reached 28,904 Individuals (344 boys, 325 girls, 20,634 men and 7,601 women including 210 PWD under Food and Hygiene kits distributions, and protection activities (PSS and kit distribution) to the most affected communities by the earthquake.



Partnership and Localisation

During the reporting period, World Vision Afghanistan continued to advance its localisation agenda by strengthening partnerships with national and local actors. A key milestone was the announcement of the NAMU – Nurture, Activate, Maximise, Unleash – initiative, which seeks to incubate local capacity. The NAMU call generated strong interest and resulted in the receipt of 158 applications from national organisations, CBOs and other association. In parallel, a series of meetings was conducted with ACDO to support and guide the procurement process under the milestone project, with the WV Procurement unit providing frequent technical advice to strengthen compliance, clarity, and operational efficiency.

Meetings were held with partners under WVA's EU and GPE grants, to review budgets, revise allocations, and ensure local actors had full engagement with the process. This was complemented with a three-day SAINT (Safety and Security) training which brought together 46 participants from partners' programmes, health, nutrition, protection, supply chain, finance, security, and support services teams.

The sessions aimed to strengthen staff awareness of safety protocols, risk mitigation, and compliance requirements, thereby enhancing operational readiness and accountability across partnership-supported interventions.



Health & Nutrition

During the reporting period (February–March 2026), World Vision Afghanistan provided integrated health and nutrition services through 63 service delivery points, including Basic Health Centres (BHCs), Family Health Houses (FHHs), Mobile Health and Nutrition Teams (MHNTs), and static health centres. A total of 124,008 new individuals accessed essential health and nutrition services, including 77,521 women and 46,487 men, reflecting continued demand and utilisation of primary healthcare services.

Outpatient Services:

Outpatient consultations remained the largest component of service delivery, with 111,919 consultations provided, including 67,635 women and 44,284 men across both under-five and over-five populations. Service delivery was supported by the availability of essential medicines, enabling uninterrupted provision of curative care across facilities.

Maternal Health Services:

Maternal health services continued to be a core focus, with a total of 7,383 antenatal care visits (ANC 1–4 and other) and 2,748 postnatal care visits, all provided to women. Additionally, 662 institutional deliveries were conducted at supported facilities. A total of 8,260 women received family planning services and counselling, contributing to improved reproductive health outcomes.

Immunisation Services:

Routine immunisation services reached 1,070 children under five with measles vaccinations (540 girls and 530 boys) and 1,020 children with the PENTA-3 vaccination (520 girls and 500 boys). In addition, 976 pregnant women and 2,581 women of childbearing age received TT2+ vaccinations, contributing to strengthened protection against vaccine-preventable diseases.

MHPSS Services:

Mental health and psychosocial support services were provided to 5,972 individuals, including 4,183 women and 1,789 men, addressing psychosocial distress and improving wellbeing among affected populations.

Nutrition Services:

Nutrition interventions included screening of 17,851 children under five, including 9,498 girls and 8,353 boys, and 5,100 pregnant and lactating women (PLW). A total of 565 SAM cases (359 girls and 206 boys) and 488 MAM cases (280 girls and 208 boys) were admitted for treatment, with 380 SAM cases cured (247 girls and 133 boys) and 325 MAM cases cured (179 girls and 146 boys). Additionally, 8,960 PLW received Infant and Young Child Feeding (IYCF) counselling. A total of 65 complicated SAM cases (43 girls and 22 boys) were referred to higher-level facilities for specialized care.

Community Engagement and Health Education:

A total of 110,142 individuals were reached through health education and awareness sessions, including 75,640 women and 34,502 men, strengthening community-level prevention and health-seeking behaviours.



Education Achievements

During this period, the education component focused on tutorial classes and registration support for out-of-school children. A total of 156 children (87 girls, 69 boys) participated in regular tutorial classes, strengthening their foundational literacy and numeracy. In the month of March alone, 51 children (20 girls, 31 boys) received registration and educational activities. Girls represented 56% of tutorial class participants, indicating strong community acceptance of girls' education. These tutorial classes served as a critical bridge to formal schooling, particularly for children who were also receiving psychosocial support through the protection sector.



Water, Sanitation, and Hygiene (WASH)

During February and March, World Vision Afghanistan, with funding support from DAWAM and the Afghanistan Humanitarian Fund (AHF), made significant progress in improving access to safe water, sanitation, and hygiene services across Herat, Badghis, Ghor, and Faryab provinces.

A total of 8 new solar-powered water supply systems were constructed, providing sustainable access to safe and clean drinking water for 16,917 individuals, while 12 existing water systems were rehabilitated, benefiting an additional 15,088 individuals. To strengthen health service delivery, WASH facilities were rehabilitated in 10 health facilities, reaching an estimated 96,688 people.

Sanitation conditions were improved through the construction of 40 household latrines, benefiting approximately 800 individuals. In parallel, 4,774 hygiene kits were procured locally and distributed across 15 targeted communities, reaching 18,502 individuals and reinforcing safe hygiene practices, particularly in flood-affected and high-risk areas.

Behaviour changes and community capacity strengthening remained a priority. Hygiene promotion sessions conducted through community WASH Groups reached 10,487 individuals, while 15 Water Management Committees were trained, building the capacity of 75 community members to sustainably manage local water systems. To support continued operation and maintenance, toolkits were distributed to 15 communities.

Overall, with the support of DAWAM and AHF, these interventions have strengthened access to safe and clean water, improved basic sanitation and hygiene practices, and enhanced community ownership and sustainability of WASH services across the targeted provinces.



Food Distribution, Cash, Livelihoods

During the reporting period, the Food Security and Livelihoods (FSL) Sector supported affected communities to survive, adapt, and thrive amid ongoing shocks. Food assistance reached 8,373 households (58,611 individuals), helping vulnerable families cope with food shortages and protect basic nutrition.

Agricultural support, including drought-resistant seeds, fertilizers, tools, and climate-smart practices, was provided to 1,095 households (7,665 individuals), strengthening production, food security, income, and future resilience. In addition, 104 integrated fruit and vegetable gardens were established using intercropping approaches, improving dietary diversity while creating longer-term food and income opportunities through fruit tree cultivation.

Community-Based Disaster Risk Management (CBDRM) played a central role in FSL interventions. Four CBDRM committees (25 members each, including women and youth) were established, trained, and equipped to respond to anticipated shocks such as floods.

A total of 662 households received climate awareness and advisory services to support informed cropping decisions, while 720 individuals participated in cash-for-work activities to rehabilitate and strengthen community assets.

Furthermore, livelihood grants contributed to recovery and self-reliance among vulnerable groups, particularly returnees and non-farm-dependent households. 134 returnee households received business grants alongside financial literacy training and market linkages, enabling them to launch small businesses and generate sustainable income. As part of environmental protection efforts, 40,000 fruit and non-fruit trees were planted across operational areas. To strengthen local capacity, 16 Community Animal Health Workers were trained, equipped, and linked with herders, expanding access to veterinary services and protecting livestock-based livelihoods.



Advocacy

World Vision Afghanistan launched its report, 'Compounding Returns: A Study on Remittance Loss and the Cost of Deportations in Afghanistan', conducted by Samuel Hall, in March. The launch event was attended by multiple donor governments, UN agencies and other multilateral actors, and NGO peers. On the basis of this report, WVA has been able to engage with the Government of the Netherlands, the European Union, and the Government of the United Kingdom, as well as the World Bank and the International Council of Voluntary Organisations in Geneva, with other engagements planned.

World Vision Afghanistan Sustained Humanitarian Response (WVA-SHR)

World Vision
AFGHANISTAN

World Vision Afghanistan supported ACBAR's preparations for engaging with the Afghanistan Coordination Group through co-chairing the Advocacy Working Group, and initiated the establishment of an interagency ACBAR-convened committee to engage the Ministry of Agriculture, Irrigation and Labour (MAIL), with the promotion of nutrition through dietary diversity top of its agenda.

WVA participated in the launch of the London Compact technical working groups, convened by the UK Foreign, Commonwealth and Development Office.

WVA continued its regular engagements with: the Western Region Nutrition Cluster; the Strategic Technical Working Group for Resilient Agriculture, Natural Resources, and Livelihoods; the Tertiary Education and Skills Development WG; North and West regions WASH cluster meetings; the National Health Cluster; and the National FSA Cluster.

Donors

 Austrian
Development
Agency

 **AHF** Afghanistan
Humanitarian
Fund

 In partnership with
Canada

 **RELIEF
ALLIANCE**

 **german
humanitarian
assistance**
DEUTSCHE HUMANITÄRE HILFE

 **GPE**
Transforming
Education

 **UKaid**
from the British people

 **WFP**
World Food
Programme

Learn more about World Vision Afghanistan:
[Afghanistan](#) | [Field Office](#) | [World Vision International \(wvi.org\)](#)

Follow us on social channels:



Children in Bala Morghab, Badghis no longer rely on contaminated water sources far from home; they now have access to clean water nearby, leading to better health and overall well-being.

FOR FURTHER INFORMATION, PLEASE CONTACT:

Thamindri De Silva
National Director
Thamindrde_silva@wvi.org

Blerina Lako
Operations Director
blerina_lako@wvi.org

Janbogetu Zewdie
Programme Development & Quality Director
janbogetu_zewdie@wvi.org

Mark Calder
Communications, Advocacy and Policy Director
Mark_calder@wvi.org