

SITUATION OVERVIEW AND HUMANITARIAN NEEDS

The operational environment remained volatile and complex during April and May 2026, driven by Afghanistan–Pakistan tensions, ongoing returnee movements, internal developments, such as intensifying restrictions, and natural hazards.

Despite ongoing diplomatic engagement, including China-facilitated talks with Pakistan, intermittent cross-border clashes impacted Kunar, Khost, and Paktia, including civilians. Shelling in Kunar resulted in at least seven deaths and over 85 injuries while border crossing remained restricted, with Torkham partially operational for returnees only and commercial movement suspended, disrupting trade and livelihoods.

Returns from Pakistan and Iran continued to place pressure on border provinces, particularly Nangarhar, Kandahar, Khost, and Herat. More than 83,000 returnees were recorded in early May alone, increasing needs for shelter, food, healthcare, protection, and other humanitarian assistance.

Internal security remained a concern. A major attack targeting civilians in Herat's Injil District resulted in 11 deaths and 11 injuries. Internal security remained a concern. Security incidents occurred in multiple provinces, including Kabul, Baghlan, Badakhshan, Logar, Balkh, and Herat, while urban crime, including robbery, kidnappings, and targeted killings, continued to rise.

OPERATIONAL CONTEXT

Access constraints intensified during the reporting period due to increased scrutiny of female staff mobility, stricter enforcement of dress code and mahram requirements, expanded monitoring through unplanned inspections by the Ministry for the Propagation of Virtue and Prevention of Vice (PVPV) and new or temporary checkpoints, and the authorities' continued demands for involvement in recruitment, procurement, and staff travel approvals. These measures increasingly affected operational flexibility and staff movement.

Badghis province experienced several devastating floods in which 20 people were killed, as well as hundreds of heads of livestock, and thousands of jeribs of agricultural crops destroyed. Around 20 people including children were killed by devastating floods. Increased rains appear to be increasing the chance of a better harvest this year, but sunn pest is causing significant harm to crops.

Agriculture in **Faryab** has also been affected by severe weather and sunn pest, with large areas of crops - including wheat, barely, pea, tomatoes, okra and eggplant - destroyed alongside fruit trees and vineyards. Thousands of people are therefore thought to have lost their source of income. Communities resorting to the use of insecticides against sunn pest have reported the loss of honey bees.

REACH

During April and May, a total of 223,734 individuals were reached across all sectors. This included 122,217 adults (28,996 males and 93,221 females) and 101,517 children (46,272 boys and 55,245 girls). Among the sectors, Health recorded the highest number of beneficiaries (153,951), followed by Nutrition (25,145) and Food Security (13,666). Additional support was provided through Livelihoods (7,736), MHPSS (7,369), WASH (6,157), Protection (5,532), Cash assistance (3,386), Education (682), and ESCA (110).

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FUNDING

During the reporting period, World Vision Afghanistan:

RESOURCE ACQUISITION FOR APRIL AND MAY

	Donor + SO	Comments
Awarded	GFFO Top Up	
	WV Canada Gift Catalogue	
	FCDO Top Up	
	ADH Christmas Funds (WVG)	
Pipeline - Pending (submitted)	AHF WASH	Re-design (due to non activation of trigger) submitted

Awarded	AHF MPCA	Re-design (due to non-activation of trigger) submitted
	UNHCR Child Protection Eol	Application for Pool of Preferred Partners
	UNHCR Livelihoods Eol	Application for Pool of Preferred Partners
Pipeline - In Preparation	WV NZ	High-level concept note submitted, positive donor meeting, update of CN on the way
	WVUS F&D	CN accepted, in the process of developing Full Proposal
	WV Taiwan PNS	CN accepted, in the process of developing Full Proposal

Local Marketing Funds Raised	HEMAT Center Ghor	Phase 2 of existing project
	FHH Herat	Phase 2 of existing project
	Earthquake Response Phase 2	Extension of Pooled Fund Response
	N/A	

STAFFING

No. of current total staff

596(347 men, 249 women), including 587 nationals (14 new hires), 9 expatriates, 1 consultant)

Regular staff: 281 Stipend staff: 275 Daily staff: 40

RESPONSE HIGHLIGHTS

West Afghanistan Forced Returns Response

Between 1 April and 31 May 2026, Islam Qala Border continued to see significant movement, with a total of 31,135 individuals arriving during the reporting period. This included 905 families, comprising 7,450 individuals, who returned spontaneously, alongside 2,197 families, comprising 23,685 individuals, who were pushed back across the border.

World Vision Afghanistan's Help Desk remained a critical first point of support for returnees, providing phone assistance to 833 individuals, including 229 women and girls and 604 men and boys. In addition, information services reached 10,502 individuals, of whom 1,835 were female and 8,667 were male, helping

new arrivals access essential guidance and understand available services at the border.

Referral pathways were also activated for some of the most vulnerable returnees. A total of 166 unaccompanied and separated children were identified and referred to YHDO for child protection support. Seventy-seven persons with disabilities were referred to partner organisations through IOM, helping connect them with specialised assistance.

Health and nutrition services were also provided through the response. Eighty-eight children, including 47 girls and 41 boys, received vaccination services. A further 97 children, made up of 47 girls and 50 boys, were referred to the Nutrition Department for further assessment and support. In addition, 208 women received Mental Health and Psychosocial Support and health services through outpatient care.

The response at Islam Qala Border was supported through referral partnerships with YHDO and IOM, ensuring that vulnerable returnees could be connected to specialised protection, disability, health, nutrition, and psychosocial services during a critical moment of arrival.

East Afghanistan Earthquake Response

As part of a CAT II Response to the earthquake in East Afghanistan, World Vision continued to provide support through Afghan organisations AWEC and AADA. WASH interventions with AWEC continue to meet urgent community needs while, with AADA, two Mobile Health and Nutrition Teams delivered urgent medical and nutrition services to earthquake-affected populations.

With WVA support, AADA reached 11,669 individuals (2,955 Boys, 3,129 Girls, 1,845 men and 3,740 women including 11 PWD) through health interventions by providing OPD, Consultation, IYCF, SAM, MAM, MHPSS services. AWEC reached 888 individuals (76 Boys, 90 Girls, 292 Male and 430 Females including 22 PWD) through Hygiene Promotion Sessions, WASH and Dignity Kits distribution to the communities most affected by the earthquake.



Partnership and Localisation

During the reporting period, WVA continued to advance its localisation work, promoting equitable partnering, sustainability, and inclusive decision-making. WVA established a consortium with Afghan organisations TDH, YVO and WASSA for an EU proposal, with partners actively involved in the proposal design stage, contributing contextual knowledge and helping shape a locally grounded programme. In parallel, the NAMU civil society incubator initiative further strengthened merit-based localisation, with 152 applications reviewed through an approved evaluation protocol and Technical Committee process. As part of the DAWAM consortium, WVA introduced Technical Working Group co-chair roles for local partners including Nai Qala, AWEC, and AADA. This enhanced local partners' decision-making in MEAL, WASH, Localisation, and Health & Nutrition within DAWAM.



Health & Nutrition

During April and May 2026, World Vision Afghanistan delivered integrated health and nutrition services through 63 service delivery points across Herat, Badghis, Ghor, and Faryab provinces. These included 29 Basic Health Centres, five Sub-Health Centres, 21 Family Health Houses, and eight Mobile Health and Nutrition Teams. Across both static facilities and outreach platforms, 155,389 clients accessed essential health, nutrition, and psychosocial support services, reflecting sustained demand for quality primary healthcare in remote and underserved communities.

Outpatient care remained the largest area of service delivery, with 143,492 consultations provided to children and adults. The continued availability of essential medicines supported uninterrupted access to primary healthcare and treatment for common illnesses.

Maternal and newborn health services were also a key focus during the reporting period. Health facilities provided 7,716 antenatal care visits, including ANC 1-4 and other visits, 2,787 postnatal care visits, and 607 institutional deliveries.

In addition, 9,812 women received family planning services and counselling, supporting improved reproductive health and informed decision-making.

Routine immunisation services continued through both static and mobile platforms. A total of 1,155 children under five received measles vaccinations, while 1,134 children completed PENTA-3 vaccinations. In addition, 1,251 pregnant women and 3,251 women of childbearing age received TT2+ vaccinations, helping to reduce the risk of vaccine-preventable diseases and contributing to improved maternal and child health outcomes.

Mental Health and Psychosocial Support was integrated into primary healthcare delivery, with 5,321 individuals receiving psychosocial support and counselling for mental health concerns, psychosocial distress, and emotional wellbeing needs.

Nutrition services focused on screening, treatment, referral, and counselling for children and women. A total of 15,648 children under five were screened for acute malnutrition, leading to the admission of 368 Severe Acute Malnutrition cases and 418 Moderate Acute Malnutrition cases.

During the reporting period, 194 SAM and 91 MAM cases were cured. In addition, 9,286 pregnant and lactating women received nutrition screening and Infant and Young Child Feeding counselling, while 138 children with severe complications were referred for higher-level care and specialised treatment.

Health promotion and community awareness activities remained central to the response. Through facility-based and outreach sessions, 118,745 people in remote and underserved communities received health and nutrition education on maternal and child health, nutrition, hygiene practices, disease prevention, and care-seeking behaviours.

Overall, WVA health and nutrition programming reached more than 155,000 people with integrated primary healthcare, maternal and newborn health, immunisation, psychosocial support, nutrition treatment and counselling, and community health education. Together, these services helped sustain access to essential care, strengthen prevention and early detection, and improve health and nutrition outcomes for vulnerable communities across four provinces.



Education Achievements

WVA continued to improve access to learning opportunities for vulnerable children across targeted districts in Herat and Ghor provinces. During the reporting period, 327 children benefited from tutorial classes designed to reinforce foundational literacy and numeracy skills and support classroom learning. Additionally, 250 children participated in remedial learning programmes aimed at addressing learning gaps and supporting children who had experienced disruptions in their education.

Through these interventions, a total of 577 children gained access to structured learning support, contributing to improved academic performance, strengthened foundational skills, increased confidence, and enhanced retention in education. These achievements demonstrate continued progress toward ensuring vulnerable children have equitable opportunities to learn, develop, and succeed.



Water, Sanitation, and Hygiene (WASH)

One water system was completed in Herat under DRA funding, providing improved access to safe and clean water to 974 individuals. While several systems are in the design and procurement phases, WVA intends to expand its reach in providing access to safe and clean water to more vulnerable populations with DAWAM, AHF, WVUS and DRA funding. Meanwhile, 5,183 individuals were reached with hygiene messages through awareness campaigns, community dialogue, FGDs, door to door visits and the use of IEC materials across all WVA operation areas. Under the place-based initiatives, 6,570 earth canals have been cleared and constructed through cash for work programming with 78 community members participating in a CFW activity, resulting in the planting of 2,000 trees along the canal to protect the embankment and improve the environment. 100 farmers were trained to manage the canal and trees planted to ensure sustainability.

To improve on community and engagement, participation and the sustainability of the programming, 22 faith leaders in Faryab were trained in basic WASH with US funding, as well as community engagement, monitoring and reporting.

In addition, 30 women in Badghis participated in an FGD session under the UK-funded DAWAM programme, geared towards the identification of barriers behavioural change and possible community driven action to improve practices. A follow up session will be conducted to measure the changes agreed by the community.

18 medical personal (including men and women) across HCF funded under DAWAM in Faryab received trainings on WASH best practices, environmental management and core IPC practices to help improve overall health outcome. The knowledge gained is expected to be applied in day-to-day handling of patients, including maintaining the hygiene and waste and environmental management.

Efforts towards community co-financing of WASH infrastructures is growing through concerted engagement, participation and awareness. 256 household latrines have been fully financed by the community as part of a WVUS project in Faryab, benefiting 1,792 individuals. This achievement not only demonstrates strong community ownership and commitment to improve sanitation but also highlights the effectiveness of sustained social mobilisation and behaviour change efforts. In addition, this effort has led to the elimination of open defecation community-wide, in just two months. This serves as a model for scaling up community led approaches in other locations.



Food Distribution, Cash, Livelihoods

The programme delivered integrated support to strengthen food security, livelihoods, agricultural productivity, and community resilience.

Capacity-strengthening activities reached 800 farmers with training on pre-harvest wheat management, while 175 farmers were trained on climate-smart agriculture practices. In addition, 12 community animal health workers received training on common livestock diseases, and 287 beneficiaries were trained on livestock nutrition and stable management, strengthening technical capacity across both crop and livestock production.

Agricultural support was provided to more than 433 households through the distribution of seeds, agricultural tools, and targeted agriculture kits.

This included seed support for 200 households and agricultural tools for 200 households, helping improve seasonal production and household productivity. Livestock support also reached 287 households through deworming assistance, improving animal health and reducing disease risks alongside training on sustainable livestock management.

Cash-based assistance was a major component of the response. A total of 1,077 households received cash-for-food assistance across two combined rounds, with each household receiving the equivalent of USD 83.4. A further 419 households benefited from two rounds of cash-for-work support, improving access to income while contributing to the creation and rehabilitation of community assets.

Community engagement and mobilisation were carried out at scale, including beneficiary selection, verification, and mobilisation processes. These activities reached more than 858 beneficiaries under resilience and livelihoods programming and helped ensure transparent, inclusive, and accountable targeting.

The programme also supported natural resource management, climate-resilient infrastructure, and environmental restoration. This included the construction of 70 metres of irrigation canals, the rehabilitation of 50 jeribs of land through water management and soil conservation measures, and the preparation of materials for additional irrigation systems.



Advocacy

In Western Afghanistan and nationally, WVA continued to promote integration and child wellbeing through the policy decisions of the clusters and new Joint Platforms, which are integrating humanitarian and 'basic human needs' coordination, as well as participating in the national Humanitarian Country Team. Responding to floods in western Afghanistan WVA led provincial multisector coordination around needs assessment on behalf of OCHA and, based on these findings, called on in-country and donor decision-makers to increase their support for Community Based Disaster Risk Mitigation (CBDRM).

Under ACBAR auspices WVA led the collective engagement of our sector with the Afghanistan Coordination Group of donors gathered in Istanbul, urging

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greater consistency of partnership with NGOs to inform a more sustainable response. WVA also met with FCDO officials in London and Scotland to discuss the integration and alignment of UK agriculture, food security and nutrition investments.

WVA continued to work with UNICEF on co-leadership of the integrated framework milestone of the London Compact on Food Security and Nutrition, as part of its ENOUGH campaign advocacy.

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A child collects safe water from a new solar-powered water system in Faryab Province, bringing clean water closer to families' homes.

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