



A Nurse at Yusufkhail Health Sub-Centre of Yusufkhail District, Paktika Province, taking blood pressure of a pregnant woman. (Photo: IFRC)

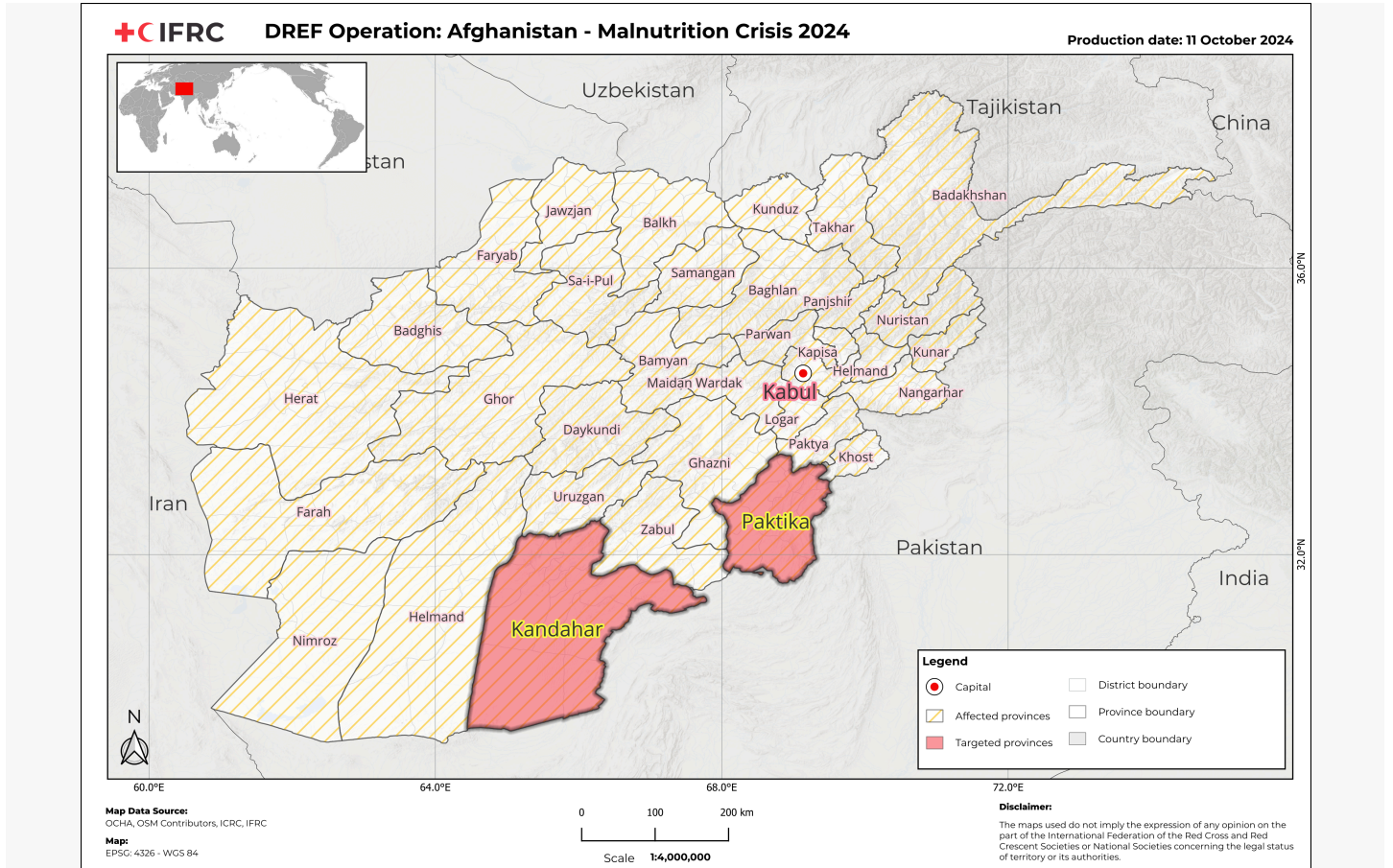
Appeal: MDRAF017	Country: Afghanistan	Hazard: Other	Type of DREF: Response
Crisis Category: Orange	Event Onset: Slow	DREF Allocation: CHF 500,834	
Glide Number: OT-2024-000184-AFG	People Affected: 2,920,657 people	People Targeted: 62,834 people	
Operation Start Date: 18-10-2024	Operation Timeframe: 6 months	Operation End Date: 30-04-2025	DREF Published: 20-10-2024
Targeted Areas: Kandahar, Paktika			

Description of the Event

[Crisis Category Supporting Document](#)

Date when the trigger was met

10-10-2024



What happened, where and when?

The burden of malnutrition has been a major public health concern in Afghanistan for decades due to intricate, underlying, and immediate causes including prolonged drought, natural shocks, displacement of populations, sudden rise in the cost of living, food insecurity and massive unemployment.

Although the aforementioned factors have been insidiously contributing to malnutrition over years, the situation deteriorated significantly between May and September 2024, when levels of malnutrition reached unprecedented and alarming levels, calling for concerted, lifesaving, humanitarian efforts. There was a sudden spike in the trends of acute malnutrition among children and pregnant and lactating women across the country. This trend on the field has been further confirmed and validated with the release of the 2024 Global Hunger Index on the 10 of October 2024, highlighting that the malnutrition and hunger situation in Afghanistan has further deteriorated, with news reports indicating the worsening of situation due to factors such as increasing in humanitarian need with the decrease seen in humanitarian funding. While this affects the entire country, Kandahar and Paktika provinces were among the worst affected provinces in Afghanistan. The situation and fatalities are expected to deteriorate further with the onset of the winter season hence the need to reduce acute hunger before its peak in December and February to avoid significant loss of lives.

Scope and Scale

3.2 million children under five years and 840,000 pregnant and lactating women are now suffering from acute malnutrition in Afghanistan. Out of these, 1.7 million children are suffering from severe acute malnutrition and associated medical complications, a situation that has pre-disposing them to premature death and other lifelong complications including poor cognitive performance and stuntedness.



Kandahar and Paktika provinces are among the worst affected provinces in Afghanistan. With an estimated population of 2,067,723 people, outcomes of the 2024 Integrated Phase Classification (IPC) report for Afghanistan revealed a Global Acute Malnutrition (GAM) rate of 15.5 in Kandahar province, which is categorized as "critical," with 103,386 children under five years suffering from severe acute malnutrition and 41,354 pregnant and lactating women suffering from moderate acute malnutrition. Likewise, with an estimated population of 852,934 people, Paktika province is the worst affected, with a GAM rate of 17.5 which is classified as "crisis," according to the 2024 IPC report. Over 47,647 children and 17,058 pregnant and lactating women in Paktika province are suffering from acute malnutrition, a situation which has never been experienced before. In total, 151,033 children under five years and 58,412 pregnant and lactating women in Kandahar and Paktika provinces (collectively) are suffering from severe acute and moderate acute malnutrition respectively and are in dire need of urgent life-saving interventions.

Through 13 ARCS-supported MHTs and 15 static health facilities in Paktika and Kandahar, 6257 children and 4283 PLW were screened in the months of August and September using mid-upper arm circumference (MUAC). Out of these, 4280 children (68 per cent) and 2654 PLW (62 per cent) had severe and moderate acute malnutrition respectively. Additionally, in the month of September alone, MHTs and static health facilities reported a death rate of 6.4 per cent among children due to malnutrition and associated medical complications - a malnutrition related death rate that is significantly beyond the SPHERE recommended threshold of <3 per cent.

The aforementioned cases of acute malnutrition are increasing daily, a situation that continues to exert more pressure on limited available supplies and capacities of existing health facilities and MHTs hence the need for urgent response through this DREF allocation, without which there will be high levels of malnutrition that will be significantly beyond the capacities of available health facilities and MHTs. Lack of immediate intervention will also lead to steady increase in the number of malnutrition-related deaths, particularly among children under five years. Without urgent intervention, pregnant women will be at the risk of delivering low-birth-weight infants with other related congenital malformations which, regardless of the efforts made to address them, may not be cured throughout their lifetime and will have permanent growth, developmental and cognitive effects. As a preventive measure for malnutrition, children less than 6 months of age ought to breastfeed exclusively, then be introduced to complementary foods in addition to continued breastfeeding up to 2 years. However, without these emergency interventions, malnourished lactating women will not be able to breastfeed adequately and as a coping mechanism, they will resort to mixed feeding of the infants who ought to be breastfed exclusively - a practice that will predispose them to malnutrition, common infections due to their compromised immunity, stunted growth, poor cognitive function and untimely death.

The current situation will be exacerbated by the onset of the winter season which will be at the peak between December 2024 and February 2025. It is therefore imperative for these life-saving interventions to start immediately because most of the locations in Paktika and Kandahar provinces will be completely inaccessible due to heavy snowing, a situation that will impede logistical arrangements including delivery of essential supplies, leading to deterioration of the nutrition status of the beneficiaries. It is worth noting that winter-related infections including Acute Respiratory Infections (ARIs), and diarrheal diseases will further worsen the situation and predispose more children to premature deaths. Based on 'community-based integrated management of acute malnutrition' protocols, children with severe acute malnutrition without any underlying medical complications require at least 2 months of intensive treatment using RUTF in order to recover completely and be discharged from the treatment program. It therefore means 'treatment of malnutrition' interventions ought to begin immediately so that children can be treated and be discharged before peak of winter season. Otherwise, the situation will undoubtedly get out of control such that even with concerted efforts after winter season, the impact will be minimal.

Source Information

Source Name	Source Link
1. Integrated Phase Classification Report - Afghanistan	https://www.ipcinfo.org/ipc-country-analysis/details-map/en/c/1157027/
2. Afghanistan Humanitarian Situation Report	https://www.unicef.org/afghanistan/topics/situation-report

Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	Yes
Did it affect the same population group?	Yes
Did the National Society respond?	Yes



Did the National Society request funding form DREF for that event(s)	No
If yes, please specify which operation	-

If you have answered yes to all questions above, justify why the use of DREF for a recurrent event, or how this event should not be considered recurrent:

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Lessons learned:

1. Use of mobile health teams to provide emergency lifesaving interventions has proven to be effective because MHTs are able to access the most remote and underserved locations to maximize on impact, access and coverage.
2. Apart from treatment of malnutrition, MHTs will also provide other health services. This integrated approach has paid rich dividends as it relates to timeliness and efficiency in that the affected/ targeted population would be incorporated into the process at once while simultaneously or shortly being recipients of assistance. The National Society also benefits in that it uses fewer human resources (though scaled up with the need), allowing for same to be allocated to other service points or provide support to other aspects of the operations.
3. Use of Community Volunteers is an effective approach to programming because it fosters strong community acceptance, ownership and participation in the program, which will in turn maximize the impact of program interventions and ensure sustainability.

Current National Society Actions

Start date of National Society actions

01-05-2024

Health	While the National Society has not commenced specific full-fledged interventions towards addressing the current crisis, it has been providing 'treatment of severe acute malnutrition' services through health facilities as a routine activity. This also included collection of routine screening and treatment data. Although with limited capacity (lack of supplies, limited coverage and staffing gaps), the NS is currently monitoring trends, screening SAM and MAM cases and reporting.
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IFRC Network Actions Related To The Current Event

Secretariat	<p>The IFRC Country Delegation supports ARCS to coordinate with clusters, inter-agency working groups, and other international humanitarian actors at national and sub-national levels. IFRC is an active member of the Nutrition Cluster in Afghanistan.</p> <p>The IFRC has participated in the Emergency Taskforce meeting convened by the ARCS</p> <p>The IFRC continues to monitor the evolution of the situation across the impacted provinces and maintain communications with the ARCS accordingly.</p> <p>The IFRC has offered support for the development of the DREF application and the drafting of field reports for sharing on go.ifrc platform.</p> <p>The IFRC will take lead in coordinating with UNICEF and WFP for provision of RUTF and RUSF respectively. IFRC will also take lead in procurement of additional stock of RUTF and RUSF to supplement the food commodities that will be provided by UNICEF and WFP.</p>
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Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes
National authorities	The government has established committees for coordinating the responses to the needs across the affected provinces.
UN or other actors	Led by UNICEF and WFP, the UN and other humanitarian agencies have scaled up their responses to the malnutrition crisis across Afghanistan, particularly in the most affected provinces. UNICEF is taking lead in coordinating the interventions through the Nutrition Cluster at National level.

Are there major coordination mechanism in place?

The Nutrition Cluster is serving as the strategic, policy level, and decision-making forum that ensures unified response to malnutrition through monthly coordination meetings, regular reporting and provision of continuous technical support.

The ARCS and IFRC are members of and participate in national level monthly coordination meetings of the Nutrition Cluster. IFRC is a member of the Technical Working Group (TWG) of the Nutrition Cluster.

Additionally, IFRC and ARCS are also active members of Food Security and Agriculture Cluster, Cash and Voucher Working Group, Emergency Shelter and Non-Food Items (ES-NFI) Cluster, Accountability to Affected Population Working Group, Health Cluster, WASH Cluster, and Gender in Humanitarian Action Working Group. IFRC also attends the Inter-cluster Coordination Team meeting. The Clusters system was established as a sectoral coordination mechanism at the national and regional levels to clarify the roles and responsibilities of each partner, including non-governmental organizations, United Nations (UN) agencies, public authorities, and other stakeholders. Cluster meetings occur monthly at the national level, coordinated by the respective cluster lead agencies such as shelter, food security and agriculture, health, WASH, protection, and nutrition which is coordinated through OCHA.

IFRC is coordinating closely with the various nutrition cluster members at national and sub-regional levels to ensure unified response and to avoid duplication, while ensuring meeting people's needs in a timely and efficient manner.

Needs (Gaps) Identified



The multi-sectoral rapid needs assessment conducted in April 2024 revealed an alarming nutrition situation in the Southern provinces of Afghanistan including Kandahar and Paktika. Outcomes of the assessment revealed a significant reduction in meal size for children less than 5 years of age in 51 per cent of families, while 20.25 per cent reported a decrease in the frequency of complementary feeding. Regarding breastfeeding practices for newborns and infants aged 0 to 2 years, the outcomes of the assessment indicated 34.7 per cent of children were not breastfed because of lack of breast milk as a result of malnutrition among lactating women.

Additionally, using mid-upper arm circumference (MUAC), 6,257 children and 4,283 PLW were screened on an ongoing basis in the months of August and September through 13 ARCS-supported MHTs and 15 static health facilities in Paktika and Kandahar provinces. Of these, it was discovered that 2654 (62 per cent) of the pregnant and lactating mothers and 4280 (68 per cent) of children had severe and moderate acute malnutrition respectively. Furthermore, MHTs and static health facilities reported a 6.4 per cent fatality rate among children in the month of September alone as a result of malnutrition and related medical complications; this is a death rate that is far higher than the <3 per cent SPHERE recommended threshold.

The most overarching needs include high levels of malnutrition among children and pregnant/lactating women, low coverage as most affected communities are in extremely remote locations, lack of sufficient therapeutic and supplementary food commodities (RUTF and RUSF) for treatment of severe and moderate malnutrition, lack of basic knowledge in infant and young child feeding (IYCF) and lack of knowledge in basic hygiene practices and prevention of malnutrition at household level. Lack of RUTF and RUSF is attributable to the fact that malnutrition-related caseload is currently high and supplies from UNICEF and WFP are insufficient. In addition to RUTF and RUSF that will be provided by UNICEF and WFP respectively, IFRC plans to procure more supplies locally. The quality of the locally procured supplies will be ascertained by the Afghan Food and Drugs Authority (AFDA) before distribution to the beneficiaries.





Water, Sanitation And Hygiene

Outcomes of the multisectoral needs assessment conducted in the Southern region revealed that 32.15 per cent of the population relied on public hand pumps while 21.5 per cent of the population relied on private hand pumps and piped water, with 69.35 per cent lacking treated water and 79.55 per cent facing issues of insufficient access (79.55 per cent), especially during droughts. Outcomes of the assessment also revealed that 32.05 per cent of households use pit latrines without slabs or platforms while 32.05 per cent engaged in open defecation

Due to poor sanitation and hygiene practices, the risks of infectious diseases remain high in Kandahar and Paktika provinces - a major predisposing factor to malnutrition. Diarrheal and other WASH-related diseases among children predispose them to malnutrition and other associated medical complications.



Protection, Gender And Inclusion

Protection and gender issues cut across all other sectors. Women continue suffering from gender-based violence, sexual violence, lack of freedom including inability to travel to public places (even for health care) without Mahrams. Most children not only suffer from malnutrition and other health issues but also have other protection concerns. It is therefore imperative that these PGI interventions be mainstreamed in the proposed 'treatment of malnutrition' interventions.



Community Engagement And Accountability

Although ARCS has a network of Volunteers working in the communities, there is need to involve them more extensively in program activities including screening, defaulter tracing, active case finding and dissemination of key health, nutrition and WASH messages. Currently, ARCS does not have robust community feedback mechanisms through which community members can share their feedback on the impact and effectiveness of the program.

Any identified gaps/limitations in the assessment

The assessment focused a bit more on returnee families and not the entire population because of limited resources. This means the burden of malnutrition is higher than what was revealed in the outcomes of the assessment. ARCS' MHTs and static health facilities only screened beneficiaries who managed to access the service delivery points. Because of high opportunity costs and other factors, chances are high many beneficiaries could not access service delivery points hence they were not screened. This means the burden of malnutrition could be higher than what was revealed in the assessment.

[Assessment Report](#)

Operational Strategy

Overall objective of the operation

To support the Afghan Red Crescent Society (ARCS) to provide emergency, life-saving nutrition interventions to 45,310 children and 17,524 pregnant and lactating women (a total of 62,834 beneficiaries) in Kandahar and Paktika provinces. The proposed DREF operation is designed to support provision of therapeutic and supplementary nutrition interventions to malnourished children under 5 years and pregnant and lactating women respectively.

Operation strategy rationale

1. TREATMENT OF MALNUTRITION: IFRC will Support existing ARCS' MHTs to provide 'treatment of Severe Acute Malnutrition (SAM)' services to children under 5 years through for Outpatient Therapeutic Programme (OTP) as well as 'treatment of Moderate Acute Malnutrition (MAM)' interventions to Pregnant and Lactating Women (PLW) through Targeted Supplementary feeding Programme (TSFP). Children with SAM will be treated using RUTF while PLW with MAM will be treated using RUSF, each carton box containing 150 sachets of RUSF. The number of sachets distributed to children will be in line with their weight, each carton box containing 150 sachets of RUTF. Caregivers will be educated on domestic use of RUTF while ensuring hygiene standards are adhered to, to prevent infections.



SAM and MAM beneficiaries will be identified through routine anthropometric screening using Mid-Upper Arm Circumference (MUAC) as well as assessment of oedema and where possible, Weight-for-Height (WFH). Screening will be conducted at MHT and health facility level by Nutrition Counsellors. Community Volunteers will also be trained and supported to conduct screening at community level on an ongoing basis. Volunteers will also support with active case finding and referral of SAM and MAM cases, continuous dissemination of key nutrition and hygiene messages and follow up of defaulters and absentees. Volunteers will be trained in anthropometric screening including MUAC, assessment of oedema, measurement of Weight for Height (WFH), timely identification and referral of SAM children with medical complications. The key messages that Volunteers will disseminate at community level will include, proper handwashing, use of safe drinking water at household level, safe disposal of wastes, domestic utilization of RUTF and RUSF, exclusive breastfeeding for the first 6 months and complementary feeding thereafter with continued breastfeeding up to 2 years, nutrition during lactation and pregnancy and utilization of locally available foods.

ARCS is operating in extremely remote districts of Kandahar and Paktika provinces with no other humanitarian actors. While the Ministry of Public Health (MoPH) is making efforts to address the current burden of malnutrition through sparsely distributed health facilities, the impact is minimal as the health few health facilities can only cater for <20 per cent of the needs. This means chances of duplicating interventions are minimal. With robust support through provision of supplies, support for human resources and capacity building, ARCS remains in the best position to provide 'treatment of malnutrition' interventions in Kandahar and Paktika provinces and alleviate the burden of maternal and child morbidity and mortality due to malnutrition.

2. WASH: IFRC will support ARCS to develop and distribute IEC materials with WASH messages translated in the local language. The messages will include domestic hygiene, handwashing, safe disposal of wastes and use of safe drinking water. Community Volunteers will conduct hygiene promotion sessions at community level on an ongoing basis.

3. PROTECTION, GENDER AND INCLUSION: During routine 'treatment of malnutrition' services, ARCS will also be screening children for any protection concerns and providing counselling to caregivers and/or referring them for specialized support. Besides nutrition services, women will also be screened for any gender/ protection related issues (including GBV, rape etc.) and referring them to tertiary health facilities for specialized/ clinical management. During service provision, staff will be trained to prioritize female beneficiaries at triage level based on the severity of their conditions. Female beneficiaries will be handled only by female staff and privacy will be ensured at both MHT and health facility level. As a way of bolstering the capacity of women, ARCS will ensure women are included in all trainings including the Community Management of Acute Malnutrition (CMAM) training.

4. COMMUNITY ENGAGEMENT AND ACCOUNTABILITY: Program activities will be primarily anchored on Community Volunteers and beneficiaries. Volunteers will play a pivotal role in disseminating key messages to the community as well as screening, referral, active case finding and follow up of defaulters and absentees. ARCS staff will ensure community members are provided with all necessary information about the program and they are also given chance to give feedback on the impact or effectiveness of the interventions, setbacks and remedial measures that ought to be taken.

5. SECRETARIAT SERVICES: MHTs and health facilities will collect program data on an ongoing basis and report on the same using standard reporting tools in order for ARCS and IFRC to monitor the trends and impact being made by the program. ARCS, IFRC and MoPH will also conduct 2 joint monitoring and supervision visits to program areas to ensure quality service provision and any challenges are addressed in time.

6. NATIONAL SOCIETY STRENGTHENING: In quest to fulfil its core mandate of developing the national society, IFRC will ensure ARCS staff are trained in community management of acute malnutrition (CMAM) and are supported to translate the skills gained into hands-on work. As IFRC is already an active member of the Nutrition Cluster, it will ensure ARCS also attends the meetings at national level.

EXIT STRATEGY: Because interventions associated with this proposed program are lifesaving and emergency in nature, the program will not be sustainable, but it will only be meant to address critical life-threatening needs. IFRC will work in close collaboration with Afghan Red Crescent Society to strengthen its capacity so that it can continue providing the same services beyond this DREF period. IFRC will not set up any new structures or systems but will operate within existing ARCS structures and will make efforts to strengthen them including building the capacity of staff to ensure continuity of service provision. Apart from IFRC's contingency procurement, additional RUTF and RUSF will be provided by UNICEF to ARCS through the MoPH for sustainability and ownership of the program by the MoPH and ARCS. Because interventions will be emergency and lifesaving ones, beneficiaries will also be educated in more sustainable and locally acceptable ways of preventing malnutrition including combination of locally available foods into a balanced diet, basics of infant and young child feeding (IYCF) as well as nutrition during lactation and pregnancy. With this exit strategy, IFRC will uphold its 'Do No Harm' principle such that a large-scale program will not be set up for a short time then beneficiaries be left to suffer. IFRC and ARCS will also ensure all beneficiaries enrolled in the nutrition program are treated and discharged from the program. To continue providing life-saving interventions in Paktika, Hong Kong Red Cross will implement a one-year pilot project that will include construction of check dams to mitigate effects of flooding, treatment of malnutrition and support for Grandmother committees to establish kitchen gardens as a more sustainable approach to prevention of malnutrition.



Targeting Strategy

[Targeting Strategy Supporting Document](#)

Who will be targeted through this operation?

The ARCS will target 45,310 children under five years and 17,524 pregnant and lactating women (62834 beneficiaries) in Kandahar and Paktika provinces. While the estimated total numbers of children with severe acute malnutrition and pregnant/ lactating women with moderate acute malnutrition are 151,033 and 58,412 respectively (based on the targeted affected population), it is estimated 12,586 children and 4,868 PLW will be reached per month. Because the initial cycle of the DREF period will be six months, it is estimated 75,517 children and 29,206 PLW will be reached. However, 100 per cent of this target may not be reached. Considering the areas of operation are both rural and urban, coverage is estimated at 60 per cent hence 45,310 children and 17,524 pregnant and lactating women.

Based on the outcomes of the 2024 IPC Acute Malnutrition Report for Afghanistan, provinces like Badakhshan, Balkh, Faryab and Ghazni had GAM levels of 16.6, 15.5, 17.6 and 16.7 respectively, all classified as 'critical.' Inasmuch as these provinces are severely affected by acute malnutrition and are equally in need of life-saving assistance, Kandahar and Paktika provinces were instead selected for this DREF response, not only based severity of acute malnutrition (GAM rates of 15.5 and 17.5 respectively) but also due to ARCS' strong presence. ARCS is already operating MHTs and static health facilities in the mentioned locations hence has a good understanding on the context and interventions can be implemented with minimal constraints.

Explain the selection criteria for the targeted population

The interventions will primarily focus on treatment of malnutrition among children less than 5 years of age as well as pregnant and lactating women. Selection of beneficiaries will be through the following criteria:

1. Children aged less than 5 years
2. Children screened through anthropometric (using MUAC) and found to have severe acute malnutrition (SAM) i.e. MUAC of <11.5 cm and no medical complications including oedema.
3. Pregnant women in the second and third trimester screened through anthropometry (using MUAC) and found to have moderate acute malnutrition (MAM) i.e. MUAC of <21.0 cm
4. Lactating women within less than 6 months of lactation screened through anthropometry (using MUAC) and found to have moderate acute malnutrition (MAM) i.e. MUAC of <21.0 cm

Total Targeted Population

Women	17,524	Rural	100%
Girls (under 18)	24,921	Urban	0%
Men	0	People with disabilities (estimated)	10%
Boys (under 18)	20,389		
Total targeted population	62,834		

Risk and Security Considerations

Please indicate about potential operation risk for this operations and mitigation actions

Risk	Mitigation action
Ethnic and social tensions	The ARCS will work through its branches to fully understand the social setting in targeted communities prior to conducting any intervention and use the information provided to design appropriate strategies that takes into consideration mores which goes counter to community cohesion. In the event that the security situation deteriorates, ARCS will adhere to its security



	protocols during its operations including, where necessary, temporary suspension of activities.
Possible breakages in the supplies pipeline due to delays in procurement, long approval processes, signing agreements/ contracts with UNICEF, WFP or local suppliers, harsh weather conditions and unforeseen countrywide shortage of supplies	IFRC will assess all possible impediments in time and take necessary precautionary measures including agreeing on timelines with local suppliers, delivering supplies to service delivery points in time, budgeting for in-country transportation and lobbying with the senior leadership to expedite approvals.
Change in security situation. While the security situation remains generally stable across the country, there is always a possibility that this could change.	The IFRC constantly monitors the security situation in Afghanistan and works closely with various partners to potentially pre-empt changes in the country. It also provides advice on the deployment of team members internally and conducts routine assessment in areas it operates or intend to operate. Further, the risk of exposing IFRC staff is minimal as the implementation of the DREF operation will be carried out primarily by ARCS operatives who are also guided by security protocols.
Seasonal Changes which could bring additional strain on the population through the impacts on their health, livelihoods and property.	There is constant monitoring of the weather situation across the country and care is taken to not establish Humanitarian Service Points in vulnerable areas.

Please indicate any security and safety concerns for this operation

While the security situation in Paktika and Kandahar provinces remains relatively stable, chances are the situation may change any time because of unforeseen conflicts between IEA and armed opposition groups as well as between communities. This might have a significant negative impact on this operation.

Has the child safeguarding risk analysis assessment been completed?

Yes

Planned Intervention



Budget: CHF 438,905

Targeted Persons: 62,834

Indicators

Title	Target
# of children screened using MUAC	45,310
# of PLW screened using MUAC	17,524
# of children successfully treated and discharged from the program	27,186
# of PLW successfully treated and discharged from the program	10,514
# of group nutrition counselling sessions conducted	42
% cure rate for SAM children under 5 years	85
# of SAM children with medical complications referred for inpatient care	240

Priority Actions

1. Anthropometric screening of children < 5 years and pregnant and lactating women
2. Distribution of RUTF to SAM children
3. Distribution of RUSF to MAM children
4. Dissemination of key nutrition messages by MHT and health facility staff as well as Volunteers
5. Referral of complicated cases to nearest stabilization centers for specialized treatment



Water, Sanitation And Hygiene

Budget: CHF 3,195

Targeted Persons: 62,834

Indicators

Title	Target
# of WASH related/hygiene IEC materials procured distributed	2,000
# of people reached with hygiene promotion activities in the response period	50,267

Priority Actions

1. Distribution of IEC materials with hygiene messages translated in the local language
2. Hygiene promotion at community level by Volunteers. This will include dissemination of key hygiene messages by Volunteers and also distribution of IEC materials. Additionally, ARCS will also distribute soap for handwashing which is already available in its preparedness stock hence these will not have budgetary implications



Protection, Gender And Inclusion

Budget: CHF 18,638

Targeted Persons: 3,525

Indicators

Title	Target
# of separated or unaccompanied children identified during the implementation period	174
# of female staff included in the response team (MHTs and health facilities)	55
% of women who report having been subjected to any form of violence	120
# of child friendly spaces established	2
# of staff trained in handling basic disclosure on violence and safeguarding concerns and PFA	35

Priority Actions

1. Identification of children with protection concerns e.g. separated or unaccompanied and providing linkages to their families.
2. Training and inclusion of female staff in MHTs and health facilities.
3. Prioritization of female beneficiaries at triage level during routine activities
4. Training of staff in Community based management of acute malnutrition, with special consideration of female staff

5. Establish child friendly spaces. These will be established with strict adherence to standard guidelines and principles including keeping the CFS free of violence, abuse, exploitation, and neglect, ensuring that CFS volunteers do not use physical punishment on children and are aware of and use 'positive discipline' techniques, and work to reduce violence among children.
6. Identification and providing referral support for women subjected to any form of violence
7. Train staff in handling basic disclosure on violence and safeguarding concerns and Psychological First Aid. The training will also include referral of these cases for specialized medical or MHPSS care.



Community Engagement And Accountability

Budget: CHF 3,728

Targeted Persons: 255

Indicators

Title	Target
# of Community Volunteers trained and engaged in program activities	135
% of people of who feel their opinion is taken into account in decisions about services, programs and operations	60
# of defaulters traced and re-admitted in the program	312

Priority Actions

1. Train and engage Community Volunteers in various project activities including dissemination of key messages
2. Set up community feedback mechanisms within the targeted communities
3. Conduct defaulter tracing through Community Volunteers



Coordination And Partnerships

Budget: CHF 0

Targeted Persons: 6

Indicators

Title	Target
# of Nutrition Cluster meetings attended by IFRC and ARCS	6
# of Nutrition Technical Working Group meetings attended by IFRC and ARCS	3

Priority Actions

1. Attendance and participation in nutrition cluster meetings at national and sub-national levels
2. Participation in Nutrition Technical Working Group (N-TWG) meetings



Secretariat Services

Budget: CHF 12,141

Targeted Persons: 0

Indicators

Title	Target
# of joint monitoring and supervision visits conducted	2
# of MHTs submitting monitoring data/ reports	8
# of health facilities submitting monitoring data/ reports	12
	-

Priority Actions

1. Conduct joint monitoring and supervision of program interventions (ARCS, MoPH and IFRC)
2. Collection of program data and regular reporting by MHTs and health facilities for monitoring purposes



National Society Strengthening

Budget: CHF 24,229

Targeted Persons: 180

Indicators

Title	Target
# of NS staff trained in CMAM	45
# of Volunteers mobilized to participate in program interventions	135
# of Lessons Learned Workshops conducted	1

Priority Actions

1. Train National Society staff in community-based management of acute malnutrition (CMAM)
2. Mobilize and training Community Volunteers to participate in program activities
3. Conduct Lessons Learned Workshop with ARCS

About Support Services

How many staff and volunteers will be involved in this operation. Briefly describe their role.

135 ARCS Volunteers will support with anthropometric screening at community level, dissemination of key nutrition messages, active case finding and referral of SAM and MAM cases. More than 45 staff members will provide hands-on nutrition interventions, coordination support at the provincial and regional levels as well as sharing the required information with Movement partners and other stakeholders.

Out of the 45 staff, 15 will be new recruitments while the rest will be existing staff. The new recruitments will be supported 100 per cent by this DREF and will provide hands-on interventions at the malnutrition treatment center. The building where the treatment center will be set up will be provided by the MoPH hence it is expected the MoPH will take over the 15 staff and all other operations of the treatment center after the DREF implementation period. However, IFRC will also explore other funding streams to continue supporting the center beyond the DREF implementation period.



If there is procurement, will it be done by National Society or IFRC?

IFRC will undertake all procurements with strict adherence to its procurement procedures and standards. Considering the urgent need to start interventions, IFRC plans to procure RUTF and RUSF locally in Afghanistan. Additionally, IFRC and ARCS will also explore the option of getting RUTF from UNICEF (through the MoPH) and RUSF from WFP. It is expected RUTF and RUSF will be sufficient to treat all targeted beneficiaries up to full recovery and no stockouts will be experienced. However, this will only be possible if program activities commence before full onset of the winter season so that supplies can be delivered to all locations before they are cut off by snow.

How will this operation be monitored?

With support from IFRC, ARCS will conduct a rapid baseline assessment to get a clearer picture of the trends of acute malnutrition and other needs in the targeted areas. Data from the assessment will form the basis for implementation and ongoing monitoring.

Monitoring will be an integral part of the operation and will be undertaken involving those assisted through the interventions as well as other stakeholders utilizing participatory approaches throughout the operation's timeframe. With support from IFRC, ARCS will monitor the trends of cases of malnutrition on an ongoing basis and take remedial actions. IFRC, ARCS and the MoPH will conduct 2 joint monitoring and supervision visits during which any challenges will be addressed. Use of standard reporting and monitoring tools will be assessed as well as adherence to recommended screening and admission criteria. Joint discussions will be held to discuss remedial measures to be taken. Joint monitoring and supervision reports will also be shared.

In the event that this DREF operation ends within 6 months, ARCS and IFRC will submit the final report within three months after the end of the implementation period. The final report will capture key operational achievements and planned activities for projected period under DREF operation. It will also reflect the numbers of beneficiaries (disaggregated by gender, age and disabilities) who received nutrition services. Additionally, the report will also include information on meetings with key stakeholders and monitoring visits.

In the event that the DREF period extends beyond 6 months, ARCS and IFRC will submit the Financial and Operation Progress Report 1 month before end of the operation period i.e. in the 5th month.

Through the beneficiary/community feedback mechanisms, community members will be given chance to share their opinions regarding the services being provided in the program. Simple feedback sheets (translated in the local language) will be provided in all service delivery points, community members will be sensitized on the same and will be free to write their feedback. ARCS will be able to review all the feedback and provide responses (if any) during promotion sessions.

Please briefly explain the National Societies communication strategy for this operation

IFRC will support the ARCS communications team to communicate with external audiences with a focus on the situation and the Red Cross and Red Crescent humanitarian actions in assisting the affected people.

The communications will generate visibility and support for humanitarian needs and the Red Cross Red Crescent response. Close collaboration will be maintained between the Asia Pacific IFRC regional communications unit, IFRC Country Delegation and the National Society to ensure a coherent and coordinated communications approach.



Budget Overview



DREF OPERATION

MDRAF016 - Afghan Red Crescent Society Afghanistan Malnutrition Crisis 2024

Operating Budget

Planned Operations	464,465
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	0
Health	438,905
Water, Sanitation & Hygiene	3,195
Protection, Gender and Inclusion	18,638
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	3,728
Environmental Sustainability	0
Enabling Approaches	36,370
Coordination and Partnerships	0
Secretariat Services	12,141
National Society Strengthening	24,229
TOTAL BUDGET	500,834

all amounts in Swiss Francs (CHF)



Contact Information

For further information, specifically related to this operation please contact:

National Society contact: Dr. Faisal Ahmadzai, Health Director, dr.faisal@arcs.af, +93702882299

IFRC Appeal Manager: Necephor Mghendi, Head of Delegation, necephor.mghendi@ifrc.org, +93700274881

IFRC Project Manager: Enock Wandabwa, Health Coordinator, enock.wandabwa@ifrc.org, +93707410431

IFRC focal point for the emergency: Nusrat Hassan, Operations Coordinator, OpsCoord.SouthAsia@ifrc.org

Media Contact: Meer Abdullah Rasikh, Audio Visual Officer, meerabdullah.rasikh@ifrc.org, +93781888289

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