



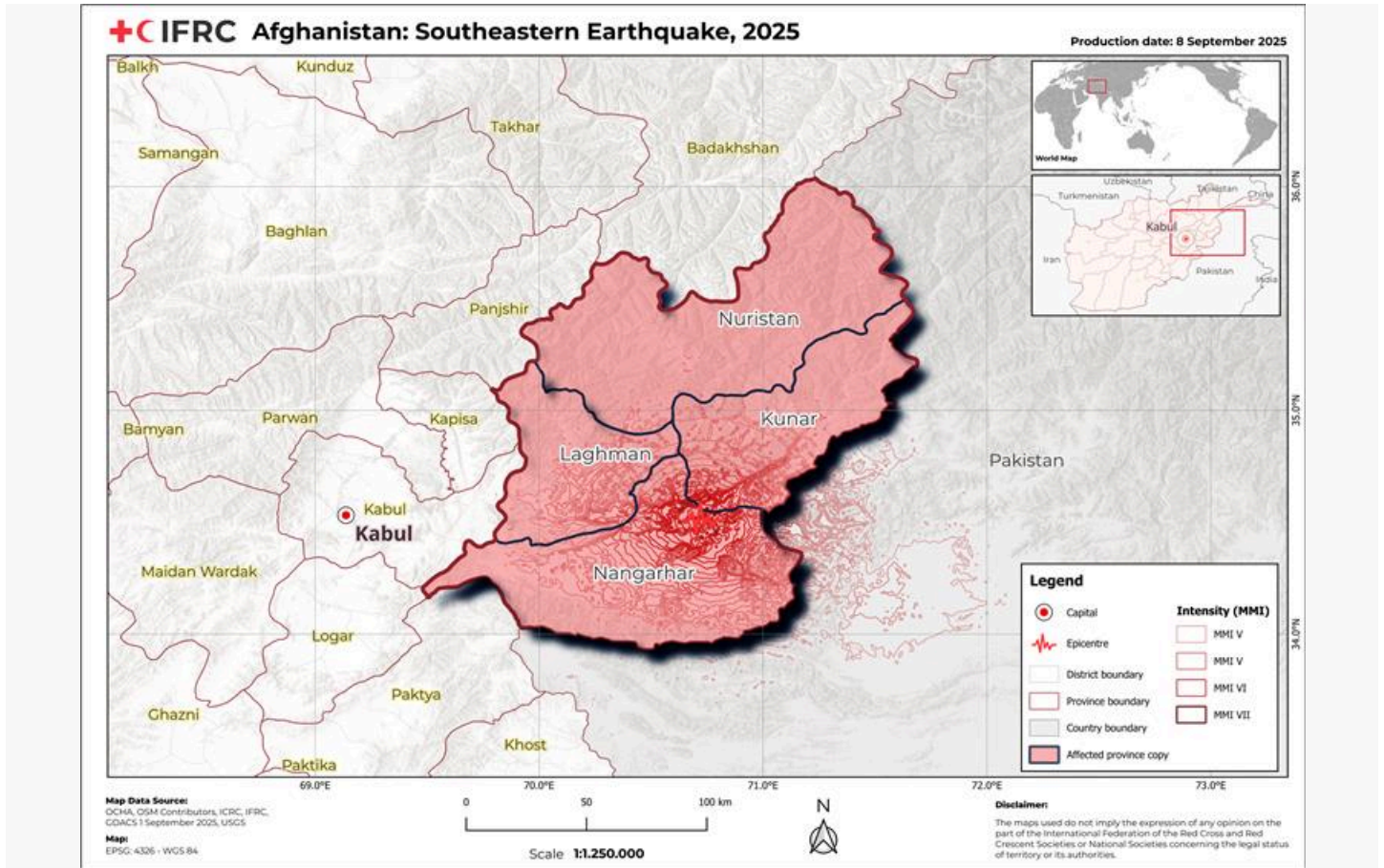
ARCS volunteers in search & rescue in Kunar province. (Photo credit: IFRC)

Appeal: MDRAF019	Country: Afghanistan	Hazard: Earthquake	Type of DREF: Response
Crisis Category: Orange	Event Onset: Sudden	DREF Allocation: CHF 1,000,000	
Glide Number: EQ-2025-000153-AFG	People at Risk: 1,301,000 people	People Targeted: 70,000 people	
Operation Start Date: 07-09-2025	Operation Timeframe: 9 months	Operation End Date: 30-06-2026	DREF Published: 09-09-2025

Targeted Regions: **Kunar, Laghman, Nangarhar, Nuristan**

Date of event

01-09-2025



Map of Afghanistan affected area. (Map: IFRC, IM)

What happened, where and when?

Late in the evening of 31 August 2025, a 6.0 magnitude earthquake struck southeastern Afghanistan, with the epicenter near Jalalabad. The epicenter was approximately 30 kilometres northeast of the Momand Dara district of Nangarhar province and Nurgal district of Kunar province. The tremors severely affected Kunar and Nangarhar provinces, with impacts extending to Laghman, Nuristan and Panjshir. Several strong aftershocks, including quakes of magnitude 5.2 and 4.5, followed in the hours after the main shock.

The disaster has caused widespread devastation. According to the Afghan Red Crescent Society (ARCS)'s Eastern regional and branch office, as of 2 September 2025 at least 1,100 people have been confirmed dead, with some estimates placing fatalities above 1,200, while over 3,000 people are reported injured. Rescue operations are facing severe challenges due to the rugged and mountainous terrain, blocked roads and infrastructure damage caused by landslides and aftershocks. Initial figures indicate that up to 84,000 people are directly and indirectly affected with thousands displaced, as homes collapsed in Kunar and Nangarhar provinces the most impacted areas. Mountainous terrain, heavy rains and landslides have blocked access routes to affected districts, slowing relief and medical response. Hospitals in Jalalabad and the surrounding areas are overwhelmed, struggling to cope with the influx of casualties. Similarly, health centres in three districts of Kunar reported minor structural damages. Military helicopters have conducted around 40 evacuation flights, transporting hundreds of the injured and deceased to health facilities, however, resources remain critically insufficient.

The authorities have issued an urgent appeal for international aid due to the limitations of the response capacity in the country. The earthquake strikes at a time of deep crisis in Afghanistan. A prolonged economic downturn, shrinking international assistance, and forced returns from neighbouring countries have already left millions in need of support. Women and children are disproportionately affected further restricting their access to urgent medical care.

The humanitarian needs are vast and growing rapidly with entire communities destroyed, thousands still believed to be trapped under rubble, and the threat of further landslides due to heavy rains. In the villages of Nangarhar and Kunar, the widespread collapse of mud structures has caused immediate suffering and further deepened Afghanistan's already fragile humanitarian crisis.



ARCS staff and volunteers on rescue through helicopter. (Photo: IFRC)

Scope and Scale

Preliminary reports indicate at least 1,100 people killed and more than 2,900 injured, with an estimated 56,000 people directly and indirectly affected. These figures remain provisional and are expected to rise as search and rescue teams reach remote valleys. The mountainous terrain is making rescue and relief far more complicated.

The recent earthquake in Kunar, Laghman, Nuristan, and Nangarhar has deeply shaken communities—both physically and emotionally. Entire families have lost their homes, their livelihoods, and in some cases, their loved ones. The damage to infrastructure has made it difficult to access health care, clean water, and even basic shelter, leaving thousands exposed to the elements and struggling to meet their daily needs.

The people most affected are those who were already vulnerable:

- Children, who are now at risk of malnutrition and illness
- Women headed households.
- Elderly individuals, many of whom have mobility issues and limited support
- People with disabilities, who face extra barriers in accessing aid
- Pregnant and breastfeeding women, who need specialized care
- Internally displaced persons (IDPs) and returnees, who were already living in unstable conditions before the earthquake

Many of these families live in remote, mountainous areas where roads are damaged or blocked, making it hard for help to reach them quickly. In past earthquakes, similar regions have seen long-term disruptions to livelihoods, education, and health services, especially when recovery efforts were delayed or under-resourced.

Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	No
Did it affect the same population group?	-



Did the National Society respond?	-
Did the National Society request funding form DREF for that event(s)	-
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:

-

Lessons learned:

From the past Herat Earthquake in Afghanistan on October-2023, emergency response faced significant challenges due to difficult terrain and security issues, complicating beneficiary registration and relief distribution. The ARCS would consider the time and resources to reach the difficult terrain and update the security register as lessons learnt from the operation. Efficient planning process prevents delays and ensures that assistance reaches affected people in a timely and effective manner. Community engagement during the Herat Earthquake response revealed cultural barriers, particularly regarding gender interactions, which initially restricted communication with affected women. Deploying female volunteers helped bridge this gap, allowing for improved community engagement which would also be continued in this operation.

The experiences from the Herat Earthquake response underlined the necessity for advanced training for volunteers, especially in cash-based interventions (CVA). Issues such as leadership changes and staff turnover also delayed the operation highlighting the need for robust community engagement strategies. The IFRC Afghanistan Country Delegation Operations team has provided continuously refresher training to staff on the guidelines. Additionally, concerted efforts would be made to provide the orientation on cash-based assistance to volunteers and ensure that the National Society actively participates in current and future IFRC-DREF procedures. Besides this after 4 or 5 days of disaster, ARCS team did a market assessment related to the cash to make sure that every affected person has access the market.

Additionally, providing orientation and training for staff is essential to enhance operational efficiency. The use of standardized systems, such as RedRose for household registrations, proved to be highly effective in managing data accurately and streamlining the registration process. Well-trained personnel and reliable digital systems contribute to improved coordination and service delivery. Another critical lesson was the need for community engagement before project implementation. Clearly communicating project criteria and objectives to the affected population fosters transparency, improves trust, and enhances understanding among stakeholders. This proactive approach helps manage expectations and ensures that aid is distributed fairly and efficiently.

Finally, the operation highlighted the importance of conducting exit surveys to collect real-time feedback from aid recipients. These surveys provide valuable insights into the effectiveness of distribution efforts and help identify areas that require improvement. By incorporating feedback mechanisms, future operations can continuously refine their approaches to better meet the needs of affected communities.

Did you complete the Child Safeguarding Risk Analysis in previous operations, what was risk level?	No
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Current National Society Actions

Start date of National Society actions

01-09-2025

Health	ARCS has mobilized and dispatched five (5) MHTs to the affected areas to provide life-saving primary health services, in addition to medical supplies. The MHT provides emergency primary health services, OPD services, distribution of medicines, reproductive health, nutrition services, and basic mental health support. ARCS is in the process of mobilizing additional MHTs to the affected areas.
Coordination	ARCS continues to maintain close coordination with the Afghanistan National Disaster Management Authority (ANDMA), the Ministry of Public Health (MoPH) and local



	<p>authorities in line with its role as auxiliary to public authorities while maintaining neutral and independent humanitarian action. The components of the RCRC Movement are internally coordinating and working in complementarity to develop effective response strategies.</p> <p>Movement coordination mechanisms—bringing together the host National Society, IFRC, and ICRC are ensuring a harmonized approach to needs assessments, response planning and resource mobilization.</p> <p>This unified approach not only strengthens operational effectiveness on the ground but also enhances the Movement's overarching response efforts.</p>
National Society Readiness	<p>ARCS has a strong presence across Afghanistan, including in Kunar, Laghman, Nuristan and Nangarhar, where it responded with agility to assess the situation and scale of the crisis and respond to immediate needs of people affected. With established local networks and over 29,000 volunteers, ARCS was able to reach affected communities in remote areas, supporting assessments, primary healthcare services, hygiene promotion, and immediate assistance. Their experience in disaster preparedness, response, and management continues to demonstrate their role as a critical local humanitarian actor on that ground that makes a real impact to all the communities that they serve.</p>
Assessment	<p>IFRC deployed staff and volunteers' assessment team to Nangarhar, Laghman, and Kunar provinces to conduct rapid needs assessment. Similarly, IFRC joined ECHO on an airlift to conduct an aerial assessment in order to gain an understanding of the scale of the crisis and gather initial field assessments findings in Jalalabad, Nangarhar's provincial capital.</p>
National Society EOC	<p>ARCS convened the first Emergency Operations Center (EOC) meeting on the 1 September 2025 bringing together all Movement partners present in-country to ensure effective coordination, technical alignment, and collective support to ARCS' response efforts. The IFRC, ICRC, Danish Red Cross, Norwegian Red Cross, Qatar Red Crescent, and Turkish Red Crescent - are supporting the ARCS, as per their area of expertise and available capacity, with technical, financial and in-kind support.</p>

IFRC Network Actions Related To The Current Event

Secretariat	<p>ARCS and IFRC supply chain teams are actively supporting the operation to ensure timely and efficient delivery of pre-positioned stocks and relief supplies to affected areas. The IFRC has released and transferred CHF 1,000,000 to the Afghan Red Crescent Society to support the continuation of life-saving services through its Emergency Advance Payment mechanism, activated under the Immediate Response Protocol (IRP), a key operational component of the IFRC Emergency Response Framework (ERF). Additional support is being provided in scenario planning, resource mobilization, coordination, and engagement with inter-agency mechanisms. A situation reports has been published on the GO platform. An IFRC rapid assessment team has been deployed to the affected areas to evaluate immediate needs.</p>
Participating National Societies	<p>ARCS convened the first Emergency Operations Center (EOC) meeting on the 1 September 2025 bringing together all Movement partners present in-country to ensure effective coordination, technical alignment, and collective support to ARCS' response efforts. The IFRC, ICRC, Danish Red Cross, Norwegian Red Cross, Qatar Red Crescent, and Turkish Red Crescent - are supporting the ARCS, as per their area of expertise and available capacity, with technical, financial and in-kind support.</p>



ICRC Actions Related To The Current Event

The ICRC participated in the ARCS Task Force meeting on 1 September 2025 and committed an immediate financial contribution of approximately CHF 40,000. In addition, the ICRC will advise Movement partners on security analysis and developments, provide guidance on the use of the emblem and external communications messaging, and support ARCS in implementing the Safer Access Framework to ensure safe and effective operations in the affected areas. Additionally, the ICRC has supported the ARCS with body bags, RFL emergency kits, 3 dressing and 2 intravenous packages, in addition to supporting Nangarhar Regional Hospital and Kunar Provincial Hospital with medical supplies.

Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes
National authorities	ARCS is coordinating closely with national and local authorities as auxiliary to the authorities.
UN or other actors	Following the recent earthquake in Kunar, Laghman, Nuristan, and Nangarhar, UN agencies and humanitarian partners rapidly scaled up their response to support affected communities, working together in a coordinated approach to ensure resources are used efficiently and reach those most in need. OCHA is leading the emergency coordination on behalf of humanitarian partners, convening a joint Operational Coordination Team (OCT) meeting on the morning of 1 September with relevant partners from Kunar, Laghman, Nuristan, and Nangarhar, provinces to assess the situation, map response capacity, and identify immediate priorities. An ad-hoc meeting of the Kabul-based Inter-Cluster Coordination Team has also taken place to support broader response and recovery efforts, with the Humanitarian Country Team meeting scheduled for 2 September.

Are there major coordination mechanism in place?

IFRC is closely coordinating with the various cluster members at national and sub-regional levels to ensure a coordinated approach to avoid duplication, ensuring meeting people's needs in a timely and efficient manner. At the national level, the Humanitarian Country Team (HCT) serves as a strategic, policy-level, and decision-making forum guiding principled humanitarian action in Afghanistan, with the IFRC attending weekly as a representative of the membership. Both ARCS and IFRC participate in monthly coordination meetings of sectoral clusters and working groups, including the Food Security and Agriculture Cluster, Cash and Voucher Working Group, Emergency Shelter and Non-Food Items (ES-NFI) Cluster, Accountability to Affected Populations Working Group, Health Cluster, WASH Cluster, and Gender in Humanitarian Action Working Group, while IFRC also attends the Inter-Cluster Coordination Team meetings. The cluster system, coordinated nationally by lead agencies such as OCHA, clarifies roles and responsibilities of all partners, including NGOs, UN agencies, public authorities, and other stakeholders. At the field level, ARCS participates in sector-specific coordination, health, and WASH cluster meetings co-chaired by the Ministry of Public Health and WHO. IFRC maintains close coordination with cluster members at both national and sub-regional levels to ensure a harmonized approach that avoids duplication and meets affected people's needs in a timely and efficient manner.

Needs (Gaps) Identified



Shelter Housing And Settlements

After the recent earthquake in Kunar, Laghman, Nuristan, and Nangarhar provinces, shelter needs have become urgent. Many families have lost their homes or are living in unsafe conditions, and with winter fast approaching, the situation is becoming even more critical. People are sleeping in open spaces or in makeshift shelters that offer little protection from the cold, and even those staying with relatives are facing overcrowding and pressure on limited resources.

The ES-NFI Cluster is adjusting its plans to respond to these growing needs. Emergency shelter, household items, and winter clothing are top priorities to help families stay safe and warm. A planned needs assessment will help identify:



1. Immediate needs.
2. Intermediate needs.
3. Long-term needs.

The goal is to make sure families affected by the earthquake get the support they need—not just to survive the winter, but to begin rebuilding their lives with dignity. To help meet these urgent needs, and based on Shelter Cluster guidance, each household will receive:

- 7 blankets
- 2 jerricans
- 2 tarpaulins
- 1 kitchen set



Livelihoods And Basic Needs

Following the recent earthquake in Kunar, Laghman, Nuristan, and Nangarhar provinces, affected families are facing critical food insecurity, requiring immediate humanitarian assistance. The scale of need has overwhelmed existing response capacities, prompting local authorities and humanitarian partners to call for additional support. While emergency food aid is urgently needed, the lack of long-term food security and livelihood support poses serious challenges to recovery and resilience in these provinces.

Vulnerable groups—including children, pregnant and lactating women and the elderly—are at heightened risk of malnutrition due to limited access to nutritious food. Without sustainable livelihood options, many families remain dependent on short-term aid, unable to rebuild their lives or contribute meaningfully to their communities. The absence of detailed assessments and direct engagement with affected populations further limits the effectiveness of food and livelihood interventions.

To address these challenges, the response must prioritize scaling up emergency food assistance, ensuring the availability of ready-to-eat meals and food packages in affected areas. At the same time, comprehensive needs assessments are essential to guide tailored, context-specific interventions. A multi-sectoral approach—including skills training, cash assistance and agricultural support will be key to promoting self-reliance and enabling families to recover with dignity and stability.



Health

Since the earthquake hit Kunar, Laghman, Nuristan, and Nangarhar provinces, the demand for health services has grown rapidly, but local facilities are struggling to keep up. There's a serious shortage of medicine, medical supplies, and trained staff—especially female health workers, which makes it difficult to provide essential care like maternal and child health services. Many clinics are overcrowded, and the lack of space is affecting patient privacy and the ability to offer safe deliveries and reproductive health support. In the affected provinces of Kunar, Laghman, and Nangarhar, an estimated 16,143 women and 19,500 girls are among the 70,000 targeted population, with a significant proportion being pregnant or of reproductive age. These women face heightened vulnerability due to disrupted access to maternal health services, compounded by damaged health infrastructure, shortage of female health workers, and cultural barriers that limit their ability to seek care from male providers. Many are residing in temporary shelters with poor sanitation, increasing the risk of complications during pregnancy and childbirth. The socioeconomic situation—marked by widespread poverty, displacement, and loss of livelihoods—further exacerbates their health risks. Targeting maternal health care is therefore essential to prevent avoidable maternal and neonatal deaths, ensure safe deliveries, and provide antenatal and postnatal care. Services will be delivered through Mobile Health Teams (5MHTs) deployed in hard-to-reach areas, supported by trained female staff and volunteers, and coordinated with local health authorities to ensure culturally appropriate and accessible care.

Mental health and psychosocial support (MHPSS) are another critical gap that must be addressed. The earthquake has left many families severely affected, especially those who have lost loved ones, homes, livelihoods, and those who are still looking for their missing family members. Children are particularly vulnerable, showing signs of distress and anxiety, while adults are struggling to cope with grief and uncertainty. Unfortunately, mental health services are extremely limited in the affected provinces, and stigma around seeking psychological help remains a barrier. There is a need to prioritize integrating MHPSS into its emergency response, training local staff and volunteers in PFA skills, and establishing safe spaces for community healing and support.

Additionally, access to emergency transportation and referral systems is severely constrained. Many remote communities affected by the earthquake are cut off due to damaged roads and infrastructure, making it difficult for patients to reach health facilities in time. Pregnant women, injured individuals, and those with chronic conditions are at particular risk. The response should consider deploying mobile health teams and strengthening referral pathways in coordination with local authorities and other humanitarian actors. This will ensure timely access to life-saving care and help bridge the gap between isolated communities and essential services.

On top of that, water and sanitation conditions are poor. Many areas do not have proper toilets, washing stations, or waste management



systems, which increases the risk of disease outbreaks. Families also lack access to clean drinking water and basic hygiene supplies. Malnutrition is also a major concern, especially for children and pregnant or breastfeeding women. This is due to food shortages and limited nutrition programmes.

In addition to these challenges, there is a critical need to integrate Community-Based Health and First Aid (CBHFA) approaches. This will empower community members to take an active role in their health and well-being by providing first aid and health education at the grassroots level. By training community volunteers in first aid, epidemic control for volunteers (ECV), hygiene promotion, communicable disease management, and mobilization for behavior change, we can enhance local capacity to respond to health emergencies, promote preventive measures, and address the specific health needs of the population.

Volunteers will be equipped with first aid kits to provide essential first aid services. Additionally, they will conduct household visits to transfer key messages and provide psychological first aid (PFA) in earthquake-affected areas.

To respond effectively, we need to scale up emergency health and nutrition services, improve WASH infrastructure, and work closely with communities to raise awareness and provide support that meets their real needs



Water, Sanitation And Hygiene

After the earthquake in Kunar, Laghman, Nuristan, and Nangarhar provinces, many families have been moved into temporary shelters, mostly tents, school buildings, or other makeshift spaces. With the rainy season just around the corner, these already tough living conditions are becoming even harder. Leaking roofs, muddy floors, and overcrowded spaces are putting people, especially children, the elderly, and those with health issues—at serious risk. On top of that, water and sanitation conditions are poor. Many areas do not have proper toilets, washing stations, or waste management systems, which increases the risk of disease outbreaks. Families also lack access to clean drinking water and basic hygiene supplies. Clean drinking water is hard to come by, leading to cases of dehydration and waterborne diseases.

Sanitation is also a major concern. With only a few latrines available, many people are forced to relieve themselves in the open, which is causing a rise in illnesses, including respiratory infections and diarrhea. There's an urgent need to improve WASH services, this means clean water, proper toilets, handwashing stations, and better waste management. These basic services are essential for protecting people's health and dignity during this difficult time. Additionally, the distribution of hygiene kits is crucial, and the role of trained volunteers in the field to promote hygiene practices to further enhance community health and well-being is critical.



Migration And Displacement

The earthquake struck in Nangarhar and Kunar provinces, areas already hosting large numbers of Afghan returnees from Pakistan. These areas were under strain prior to the disaster, and the quake has compounded the vulnerabilities of displaced families. Thousands of families are now living in damaged shelters, tents, or makeshift sites with limited access to safe water, sanitation, and health services. Overcrowding and inadequate facilities have heightened protection risks, particularly for women and children, while the lack of livelihoods is driving dependency on aid.

Since January 2025, approximately 2.5 million Afghans have returned from Pakistan and Iran. Since April 2025, 443,100 people returned from Pakistan including 337,000 through the Torkham crossing point in Nangarhar. According to UNHCR, 24% of returnees originate from Nangarhar province (top province of return for returnees from Pakistan). See: Document - Pakistan-Afghanistan - Returns Emergency Response #41 Returnees – particularly those deported – have returned with few possessions, resources and had left livelihoods behind in Pakistan and Iran. In addition to the impacts of the EQ, many returnees experience traumatic events and situations in Pakistan during the process of return and deportation to Afghanistan, compounding mental health and PSS needs. 82% of returnees identified food as their primary need, before the EQ struck, highlighting compound vulnerabilities.



Community Engagement And Accountability

The assessment of current community engagement practices has highlighted gaps in timely information sharing, structured feedback collection and inclusion of vulnerable groups including women, children, minorities, people with disabilities, and elderly. Effective CEA is crucial to address these gaps, as it ensures that communities are informed, consulted, and actively involved in decisions that affect them. Strengthening CEA enables ARCS to respond to community needs more effectively, build trust, and enhance the relevance and impact of its programs. Prioritizing activities such as feedback collection, targeted field visits, and capacity building of staff and volunteers will directly address these gaps, ensuring that vulnerable population are included and that interventions are adaptive to the community's



evolving needs.

In the aftermath of the recent earthquake in Kunar, Laghman, Nuristan, and Nangarhar, coordination discussions with humanitarian partners have highlighted critical gaps in service provision for affected populations. Many individuals, particularly elderly people, persons with disabilities, and unaccompanied minors—are facing challenges in accessing support due to the absence of structured guidance at key entry and service points.

There is limited awareness among affected families about what services are available, where to find them and which organizations are providing support. Mobility assistance, such as wheelchairs, walking aids, and escorts, remains insufficient, leaving those with physical challenges at greater risk. Without clear guidance and accessible support, these vulnerable groups face heightened protection concerns.

To address these gaps, efforts must be strengthened to ensure clear and visible guidance on service access, improve the availability of mobility support equipment and enhance risk communication, particularly around weapon contamination and safety messaging. A coordinated and inclusive approach will be essential to ensure no one is left behind in the response and recovery process.



Environment Sustainability

Since the earthquake hit Kunar, Laghman, Nuristan, and Nangarhar, temporary transit centers have been set up to shelter displaced families and provide them with food and basic support. These centers have been a lifeline for many, offering safety and relief in a time of crisis.

But as more people arrive and stay longer, a new challenge is emerging: solid waste buildup. Much of it comes from ready-to-eat meals and packaging, and unfortunately, the current waste management systems at these sites just aren't equipped to handle it. Piles of trash are starting to form in and around the centers, creating health risks and putting pressure on the environment.

Without proper waste disposal, these areas could quickly become unsafe—not just physically, but in terms of hygiene and disease prevention. ARCS would focus on:

- Improve waste collection and disposal
- Raise awareness among residents about keeping the area clean
- Work with local authorities and partners to get the right systems in place

Keeping the transit centers clean and healthy is part of protecting the dignity and well-being of the families who rely on them.

Any identified gaps/limitations in the assessment

ARCS and IFRC have carried out rapid needs assessments and launched emergency relief efforts across the hardest-hit areas in Kunar, Laghman, and Nuristan. These assessments were done in close coordination with ANDMA, PMDCs, and other humanitarian partners. Alongside ARCS's field reports, ARCS also drawn secondary data, situation updates from OCHA, and media coverage to shape a clear picture of what communities need most.

Needs and Gaps.

Emergency shelter: is the most urgent priority. Many families have lost their homes entirely or are living in unsafe, damaged structures. With winter approaching fast, there is a real need for tents, tarpaulins, and proper guidance on how to install and insulate them. The forecasted snowfall in these mountainous regions makes this even more critical.

Food: is also a pressing need. Many households lost their food stocks when their homes collapsed, and others are staying with host families or outdoors, unable to earn income. While ARCS is already distributing food using its own and partner resources, food support is being managed separately from this plan.

Non-food items (NFIs): like hygiene kits, cooking sets, and bedding are essential. People need basic supplies to get through the coming weeks, especially as supply chains are disrupted and winter conditions threaten to cut off access to markets.

Winter clothing: is another key need. Women and children are especially vulnerable to cold-related illnesses. ARCS is planning to distribute jackets for children, shawls for women, and patus (traditional wool wraps) for men to help protect against the cold.

Psychosocial support: is vital, especially for children who have experienced trauma. ARCS is also prioritizing support for ARCS staff and volunteers working in remote and high-risk areas under intense pressure.

Risks and Challenges



The situation is complex. These provinces face not only natural hazards but also security risks from armed groups. While some actors have expressed neutrality toward humanitarian workers, recent incidents remind that safety can't be taken for granted. Security assessments are essential before any distributions take place.

Access is another major challenge. Damaged roads and rugged terrain already make it hard to reach some communities. With heavy snow expected, delays could grow—and that risks losing community trust.

Target beneficiaries:

ARCS is focusing on the most vulnerable households—those who haven't received enough support from other sources. This includes:

- Families who lost loved ones or have injured members.
- People are displaced and living in tents or with host families.
- Households with limited resources to meet basic needs
- Families with many children, elderly members, or people with disabilities

ARCS teams will clearly communicate the selection criteria with communities to ensure transparency and reduce any potential frustration or misunderstanding.

[Assessment Report](#)

Operational Strategy

Overall objective of the operation

The response aims to support ARCS in addressing the immediate humanitarian needs of 70,000 affected people in Kunar, Laghman, Nuristan, and Nangarhar provinces.

The primary objective is to ensure immediate life-saving assistance, including emergency shelter and essential household items such as tents, blankets, mattresses, and ready-to-eat hot meals. Additionally, access to safe water, sanitation and health services will be prioritized, with a particular focus on mental health and psychosocial support (MHPSS) through psychological first aid (PFA) in earthquake affected areas.

To meet these urgent needs and facilitate the transition from emergency response to early recovery, an Emergency Appeal has been launched. This appeal seeks to scale up the response capacity, enhance resilience, and ensure that those affected can begin rebuilding their lives with dignity and hope.

ARCS welcome all partners, stakeholders, and members of the international humanitarian community to review and support this appeal as a vital step toward alleviating suffering and restoring a sense of normality to the lives of those impacted by earthquake.

Operation strategy rationale

A key component of the response is the mobilization of volunteers to provide direct support services to the affected people by earthquake for early recovery, the strategy will focus on shelter assistance, food security, livelihood support, and healthcare, with an emphasis on community health and MHPSS. These interventions aim to strengthen resilience and coping mechanisms at both individual and household levels, ensuring a more sustainable reintegration for the affected on their residential areas.

Urgent Needs:

The operation targets the following urgent needs:

- Emergency shelter and essential household items for displaced families.
- Access to safe drinking water and sanitation facilities.
- Comprehensive health services, including MHPSS.
- Hot meals.
- Safe Drinking water.

Main Priorities:

Priorities were established based on the context of the emergency, focusing on:

- Immediate life-saving support for those displaced.
- Health services, including maternal and child health and mental health support.
- Community engagement to ensure that aid is relevant and effectively delivered.

Justification of Methods and Actions:



The methods selected, such as deploying mobile health teams and providing community-based health and first aid, are expected to effectively address the immediate health needs while integrating community participation. Utilizing local volunteers and established networks enhances trust and encourages timely assistance, ensuring that vulnerable populations receive necessary support.

Key Factors Influencing Strategy:

Several factors were considered in shaping the operation:

- The geographical challenges posed by the mountainous terrain, which complicates access and delivery of aid.
- The need for community engagement to foster transparency and trust.
- Previous lessons learned from past operations, emphasizing the importance of timely registration and effective communication with affected populations.
- Coordination with local authorities and humanitarian organizations to ensure a comprehensive and inclusive response.

The Communications unit at IFRC APRO and IFRC Afghanistan CD will work collaboratively to regularly inform external regional/global audiences with a focus on the situation and the Red Cross and Red Crescent humanitarian actions in assisting the affected people. This includes, but not limited to, capturing and in-detail documenting of spontaneous in-action photos, short videos, in-depth stories of people affected, and more on ARCS/IFRC teams and volunteers working on the ground with beneficiaries. The produced materials will be further used as content for social media, news media, reporting purposes, and any other visibility and diplomacy efforts by relevant parties. CD Afghanistan alongside ARCS is the main party responsible for the procuring and sharing of all the materials mentioned.

While immediate life-saving needs are being addressed through current DREF however, the earthquake Emergency Appeal focuses on longer-term support for affected communities in Kunar, Laghman, and Nangarhar provinces. This includes the restoration of livelihoods, access to essential health and water services, durable shelter solutions, and continued mental health and psychosocial support.

With the necessary funding, ARCS can expedite sustainable recovery activities in the earthquake-affected areas and reach more people in need—ultimately saving more lives and restoring dignity.

Global solidarity is vital at this critical time. ARCS calls on partners and the international community to contribute generously to this appeal and stand with the affected communities on their path to recovery and resilience.

Targeting Strategy

Who will be targeted through this operation?

Since the earthquake struck Kunar, Laghman, Nuristan, and Nangarhar provinces, many families have been displaced and are in urgent need of support, especially pregnant women, mothers with young children, older people with mobility challenges, and those living with disabilities or injuries. Some are arriving at temporary shelters needing immediate medical care or assistance just to move around safely. The disaster has directly affected 12,000 households covering 84,000 people who have lost one of their family members or have injured people on their family and an estimated 1,301,000 people in four provinces (Laghman, Kunar, Nangarhar and Nuristan)- across eastern Afghanistan whose shelter got completely or impartially destroyed and lost their livelihood options (agriculture land/plate and livestock). The ARCS targets to reach 70,000 most affected people from the devastating earthquake.

This response is now being prioritized in these provinces to make sure the most vulnerable are not left behind. That includes providing wheelchairs, transport to health facilities, and extra care for those who can't access services on their own. The goal is to ensure that everyone, regardless of age, health, or ability, can get the help they need to recover with dignity and feel safe during this difficult time.

Explain the selection criteria for the targeted population

When responding to the recent earthquake in Kunar, Laghman, Nuristan, and Nangarhar provinces, it is important to make sure support reaches those who need it most. The communities and humanitarian teams typically identify and prioritize people for assistance:

- Families whose homes were destroyed or badly damaged.
- Pregnant women, breastfeeding mothers, and young children.
- Elderly people and those with disabilities.
- People with injuries or chronic illnesses.
- Families with no income or support system.
- Remote or hard-to-reach communities

Local volunteers, elders, and community leaders would help to verify who needs what, making sure the process is fair and transparent. The goal is simple: to make sure no one is left behind, especially in moments like this when every bit of support counts.



Total Targeted Population

Women	16,143	Rural	-
Girls (under 18)	19,500	Urban	-
Men	16,139	People with disabilities (estimated)	7%
Boys (under 18)	18,218		
Total targeted population	70,000		

Risk and Security Considerations (including "management")

Does your National Society have anti-fraud and corruption policy?	Yes
Does your National Society have prevention of sexual exploitation and abuse policy?	Yes
Does your National Society have child protection/child safeguarding policy?	Yes
Does your National Society have whistleblower protection policy?	Yes
Does your National Society have anti-sexual harassment policy?	Yes

Please analyse and indicate potential risks for this operation, its root causes and mitigation actions.

Risk	Mitigation action
Harsh weather conditions	Timely project planning and prepositioning of materials
Displaced population, inadequate shelter and damaged water and sanitation systems raise the risk of disease outbreaks and long-term public health crises, especially as winter approaches.	Coordinate with health, WASH, shelter cluster and local authorities through ARCS so far integrated response. Map and monitor areas at risk of being cut off and set up contingency plans for sustained access. Deploy mobile health team and support existing health facilities Conduct hygiene promotion campaigns.
Lack of female aid workers due to restrictions on women's participation reducing access to female survivors. Cultural barriers hinder women and children from receiving timely care, as male responders may not be permitted to assist them	Engage female health workers where possible through humanitarian diplomacy with ARCS authorities and negotiated with local community leaders including advocacy and coordination with partners. Mobilize local female volunteers and community health workers.
Topography and security access constraints in quake-affected areas result in significant response challenges.	Effective coordination with local authorities and NGOs is essential to ensure clear and reliable information on community access routes and to reach earthquake-affected areas in Kunar, Laghman, Nuristan, and Nangarhar. By working closely with those on the ground, humanitarian teams can better understand local dynamics, identify safe and accessible pathways, and deliver timely assistance to those in need. This collaboration also helps avoid duplication, ensures resources are used efficiently, and strengthens trust with the communities we aim to support.



Delays in the procurement of medical kits may hamper service delivery through MHTs	The Country Delegation Logistics and APRO is working on several options including sourcing abroad and reaching out to international organizations in Afghanistan to procure the medical kits.
Key security threats in Kunar include militant activity and cross-border shelling in border districts, criminality along main transit routes, and community unrest at aid distribution points. Protection risks are elevated for women and vulnerable groups in displacement areas.	<p>Strict movement tracking and check-in procedures.</p> <p>Use of 4x4 vehicles with recovery equipment and emergency supplies.</p> <p>Pre-identification of safe shelters and earthquake assembly points.</p> <p>Coordination with ARCS, UN, and INGO security focal points of local SLT framework.</p> <p>Activation of hibernation, relocation, or evacuation plans if security or earthquake aftershocks further degrade access.</p> <p>Mandatory completion of IFRC Minimum Security Requirements and Stay Safe training for all staff.</p>
In the aftermath of the recent earthquake in Kunar province, one of the most alarming challenges facing response teams and affected communities is the presence of unexploded mines and remnants of war. Current assessments indicate that approximately 25% of the earthquake-affected areas in Kunar remain contaminated, posing a serious threat to both humanitarian operations and the safety of residents.	<ul style="list-style-type: none"> • Before any field deployment, conduct security briefings and route assessments to avoid contaminated zones. • Establish safe corridors for aid delivery in coordination with demining experts. • Equip field teams with basic Mine awareness training and emergency protocols.
Please indicate any security and safety concerns for this operation:	
<p>Considering the significant earthquake threats in the area, including issues like disrupted road access, landslides, and potential aftershocks, comprehensive measures will be taken to ensure the safety and security, of all RCRC personnel involved in this operation. These measures include but are not limited to continuous monitoring of the situation, timely security and safety updates, tracking of staff movements (via phone or WhatsApp), security assessments in operational areas, and pre-deployment safety briefings on the current security environment. Contingency plans and completion of relevant IFRC e-learning course (eg, Basic Knowledge and Prevention Measures for Responders, Personal Security, Security Management, Volunteer Security) are mandatory. The IFRC CD security team maintains close coordination with external humanitarian actors in the country, particularly regarding the earthquake-affected areas, and collaborates closely with ARCS branches and local administrations in the operational regions.</p>	
Has the child safeguarding risk analysis assessment been completed?	No

Planned Intervention



Shelter Housing And Settlements

Budget: CHF 200,000

Targeted Persons: 14,000

Indicators

Title	Target
# of families received non food items	2,000

Priority Actions

1. Beneficiary verification.
2. Generating the distribution list.



3. Procurement & Provision of the non-food items the affected people by earthquake



Livelihoods And Basic Needs

Budget: CHF 37,500

Targeted Persons: 20,000

Indicators

Title	Target
# of people received hot meals in earthquake effected provinces	20,000

Priority Actions

1. Distribution of hot meals to affected people



Multi Purpose Cash

Budget: CHF 312,000

Targeted Persons: 2,000

Indicators

Title	Target
# of affected people received MPCA	2,000
# of post distribution monitoring conducted	1

Priority Actions

1. Community mobilization & beneficiary verification.
2. Cleaning the distribution list & coordination with related stock older & FSP.
3. Distribution of multiple purpose cash to the affected people by earthquake.
4. Conduct post distribution monitoring



Health

Budget: CHF 225,000

Targeted Persons: 42,000

Indicators

Title	Target
# of OPD consultations conducted	36,000
# of women of reproductive age who receive TT vaccination	7,200
# of women of reproductive age who are provided with ANC and PNC services	2,880



# of beneficiaries who receive education on key health issues	36,000
# of MHTs operational	5
# of volunteers trained on CBHFA/ECV/Hygiene Promotion	400
# of people reached by key messages through CBHFA trained volunteers	42,000
# of staff and volunteers trained on MHPSS	60
# of people received MHPSS interventions	8,000
# of under-5 children provided with routine vaccination.	1,440

Priority Actions

Primary Health Care:

1. Deploy emergency Mobile Health Teams to provide primary health care and emergency health services to the affected population.
2. Procurement and supply of essential medicines, medical consumables and equipment to the ARCS health teams providing services to the affected populations.
3. Provide mandatory trainings recommended by the MoPH for MHT staff.
4. Provide health and routine immunization services through the MHTs.
5. Provide MHPSS and PFA refresher training to the staff and volunteers.
6. Provide psychological first aid and other MHPSS interventions to the target population as well as to RCRC volunteers and staff.

Community-based health and first aid

7. Training of male and female volunteers on CBHFA, ECV, HP
8. Mobilization of trained volunteers to conduct household visit and reach people with key messages
9. Equipment of volunteers with first aid kits to provide first aid services

Note: During the response period, the focus would be on first aid and trauma care through MHTs, prehospital care, as well as (refresher) training on CBHFA with emphasis on first aid. ECV could focus on probable diseases relevant to the context. Additionally, during the recovery period, ARCS will emphasize on OPD services, maternal and childcare, and management of malnutrition and NCDs.



Water, Sanitation And Hygiene

Budget: CHF 43,000

Targeted Persons: 50,000

Indicators

Title	Target
# of people provided with clean drinking water (at least 30 liters per family per day)	45,800
# of people reached with hygiene promotion activities & hygiene kits distribution in the response period	2,100
# of Family hygiene kits distributed	2,100

Priority Actions

1. Provision of cleaning drinking water through water trucking or construction of boreholes with solar pumps.
2. Hygiene promotion at community level by Volunteers. This will include dissemination of key hygiene messages by Volunteers and distribution of IEC materials. Additionally, ARCS will also distribute soap for handwashing.
3. Distributuion of family hygiene kits



Protection, Gender And Inclusion

Budget: -

Targeted Persons: 10,000

Indicators

Title	Target
# of staff and volunteers oriented in PGI sensitization and minimum standards	100
National Society applies the IFRC minimum standards for protection, gender and inclusion in emergencies.	1

Priority Actions

1. Train staff and volunteers on a) PGI sensitive assessment, b) PGI mainstreaming. under technical sectors and c) sex and age disaggregated data (SADD) collection.
2. Ensure diversity of staff and volunteers, including male and female.
3. Distribution of dignity kits to female beneficiaries whom affected.
4. Ensure reach of all including female-headed households.
5. Conducting Child Safeguarding Risk Assessment, and related work.
6. Develop and use PGI minimum standard checklist for WASH, livelihood, Health and MPCA sectors.



Community Engagement And Accountability

Budget: CHF 8,000

Targeted Persons: 70,000

Indicators

Title	Target
# of feedback channels established	4
# of people reached through dissemination of key information and messages	70,000

Priority Actions

1. Disseminate accurate and timely information to communities.
2. Develop accessible materials (local language, visual aids for low literacy).
3. Establish structured feedback channels, survey, focus groups, suggestion boxes.
4. Integrate feedback into decision making processes quickly to demonstrate responsiveness
5. Conduct training ahead of major activities to ensure preparedness.
6. Conduct training on CEA, PGI, Safeguarding, and feedback collection and inclusive practices for involved staff and volunteers.
7. Conduct visits to validate effectiveness of information sharing and feedback collection.
8. Develop a question-and-answer sheet for volunteers to use when in communities to help them share consistent information.
9. Conduct separate sessions for women and men during the project socialization and community organization activities.



Secretariat Services

Budget: CHF 53,467

Targeted Persons: -



Indicators

Title	Target
% of financial reporting compliance to IFRC procedures	100
# of monitoring visits conducted	4

Priority Actions

1. Provide technical and management support for the operation
2. Provide membership services, including security, reporting, procurement, communication, and resource mobilization.
3. Conduct monitoring visits



National Society Strengthening

Budget: CHF 60,000

Targeted Persons: 100

Indicators

Title	Target
# of volunteers recruited and mobilized	100
# of lesson learned workshop conducted	1

Priority Actions

1. Recruit volunteers and sensitize the volunteers on the operation
2. Mobilize volunteers in response activities
3. Conduct lesson learned workshop

About Support Services

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

In response to the recent earthquake in Kunar, Laghman, Nuristan, and Nangarhar, 21 ARCS staff will be partially supported under the IFRC-DREF operation, with a system in place to ensure proper time allocation. These staff members will be drawn from the affected provinces and operational areas, including four staff per branch (totaling sixteen), four from relevant regional offices, and one roving staff member from headquarters. Together, they form the core team responsible for activating and operationalizing the lifesaving activities in the earthquake-affected areas. The team includes specialists such as PSS counselors, RFL officers, volunteer management officers, and DRR officers, ensuring a multi-sectoral and rapid response.

To support this operation, existing technical resources from the ongoing Emergency Appeal will be leveraged. These include the IFRC operations manager, disaster management coordinator, PMER delegate, CEA consultant, senior emergency cash officer, operations officer, two information management officers, PGI officer, senior monitoring, evaluation and learning officer, and planning and reporting delegate, all backed by Programme support services. Additionally, the deployment of an operations coordinator from APRO is planned to further strengthen field support.

On the ground, ARCS has mobilized three Branch Disaster Response Teams (BDRTs), each with around 20 active volunteers—to support relief efforts in the affected provinces. Furthermore, four ARCS Mobile Health Teams (MHTs) are actively providing essential health services to displaced families and communities in temporary shelters.



This coordinated response aims to ensure timely, inclusive, and effective support to those most impacted by the earthquake.

Will surge personnel be deployed? If yes, please provide the role profile needed.

Yes
Operation coordinator
Communicate coordinator
PMER Officer- remote support.
Health in Emergency coordinator

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

All procurements are handled by IFRC. Food and other supplies available locally will be procured in the country, while medical kits and nonfood items will be imported. The medical kits consist of over 90 items which will pose some challenges in the supply chain to be procured within the required timeframe. Recognizing the challenges, the CD Logs and APRO is working on several options including sourcing abroad and reaching out to international organizations in Afghanistan to procure the medical kits & noon food items.

How will this operation be monitored?

ARCS leadership and the IFRC Head of Delegation will ultimately be accountable for the timely implementation, compliance, financial management, and reporting of the operation. This will be done with the support of the operations manager. Furthermore, ARCS operation team supported by IFRC will primarily be responsible monitoring of the intervention at operation level.

ARCS/IFRC PMER and CEA team will support the operation team to develop M&E plan and solicit feedback from the target population. The operating team will carry out M&E activities based on the plan. IFRC-DREF progress monthly reports will be compiled by the National Society, informing the IFRC on the progress and challenges of the operation, along with a monitoring plan / indicator tracking table to map out, ensure the collection, and keep track of the key indicators.

Accordingly, progress reports will be shared with the IFRC APRO to inform them of the operation's progress. A lesson learned workshop will be conducted at the end of the implementation to follow up on key operational and organizational learnings and document the findings as a reference for future interventions.

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 team 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

MDRAF019 - Afghan Red Crescent Society(ARCS) Afghanistan Eastern- Earthquake

Operating Budget

Planned Operations	881,785
Shelter and Basic Household Items	213,000
Livelihoods	39,938
Multi-purpose Cash	333,006
Health	239,625
Water, Sanitation & Hygiene	45,795
Protection, Gender and Inclusion	0
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	0
Environmental Sustainability	10,421
Enabling Approaches	118,215
Coordination and Partnerships	10,650
Secretariat Services	41,535
National Society Strengthening	66,030
TOTAL BUDGET	1,000,000

all amounts in Swiss Francs (CHF)



Contact Information

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

National Society contact: Molavi Ruhullah Mohmand, Under Secretary General, ir@arcs.af, +937289000

IFRC Appeal Manager: Joy Singhal, Acting Head of Delegation, Joy.Singhal@ifrc.org, +60 19 -274 49 58

IFRC Project Manager: Fahim Hoshmand, Senior Response officer, fahim.hoshmand@ifrc.org, 0702051675

[Click here for the reference](#)

