

<p><b>Emergency appeal No:</b> MDRAF019  <b>Emergency appeal launched:</b> 3 September 2025  <b>Operational Strategy published:</b> 19/09/2025</p>	<p><b>Glide No:</b>  <a href="#">EQ-2025-000153-AFG</a></p>
<p><b>Operation update #1</b>  <b>Date of issue:</b> 10/10/2025</p>	<p><b>Timeframe covered by this update:</b>          From 03/09/2025 to 17/09/2025</p>
<p><b>Operation timeframe:</b> 28 months          (03/09/2025 – 31/12/2027)</p>	<p><b>Number of people being assisted:</b> 89,173<sup>1</sup></p>
<p><b>Funding requirements (CHF):</b>          IFRC Secretariat Funding requirements: CHF 22 million          Federation-wide Funding requirements: CHF 25 million</p>	<p><b>DREF amount initially allocated:</b>          CHF 1 million</p>

To date, this Federation-wide Emergency Appeal, which seeks CHF 25,000,000, is 24% funded with the preparedness efforts of and provide humanitarian assistance and protection to people affected by the earthquake. Further funding contributions are needed to enable the Afghan Red Crescent Society (ARCS), with the support of the IFRC, to continue with the preparedness efforts of and provide humanitarian assistance and protection to people affected by the earthquake.

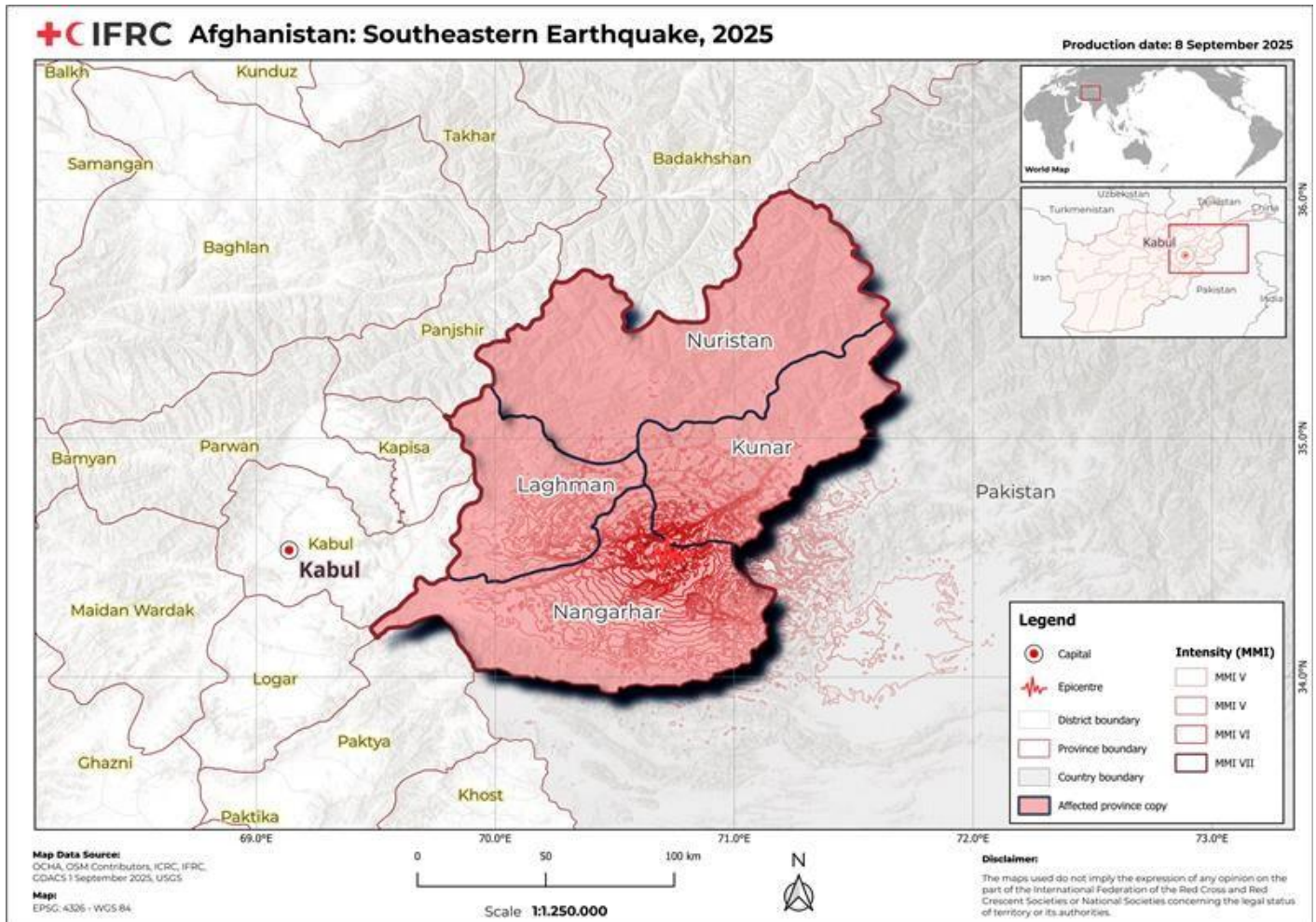


A female aid recipient receiving cash distribution in the affected district of Kunar Province. (Photo: IFRC)

<sup>1</sup> All figures presented are preliminary and currently being validated. Data was collected during the onset of the emergency and may be adjusted as verification continues.

# A. SITUATION ANALYSIS

## Description of the crisis



*Southeastern Afghanistan earthquake impact map, 2025. (Map: IFRC, IM)*

On 31 August 2025 at 22:48 local time, a 6.0 magnitude earthquake struck southeastern Afghanistan, with the epicentre near Jalalabad, severely impacting Kunar and Nangarhar provinces and affecting Laghman and Nuristan<sup>1</sup>. The earthquake and subsequent aftershocks – including magnitudes 5.2 and 4.5 – caused widespread devastation across Kunar and Nangarhar provinces, with significant impacts extending to Laghman, Nuristan, and Panjshir. By 2 September, assessments by the ARCS Eastern Regional Office confirmed at least 1,100 fatalities, with some estimates exceeding 1,200 deaths, and more than 3,000 people injured. The government later confirmed the total number of deaths to be approximately 2,200<sup>2</sup>. Initial figures indicate up to 1,301,000 people directly and indirectly affected, with thousands displaced after their homes collapsed – especially in the mountainous districts of Kunar and Nangarhar, the worst-affected provinces. Over 8,000 houses were destroyed or damaged, displacing tens of thousands, while hospitals and health centres are overwhelmed and struggling to provide care amid limited resources.

<sup>2</sup> [Afghanistan earthquake death toll rises to 2,200 | Earthquakes News | Al Jazeera](#)

Landslides, damaged infrastructure, and blocked access routes have severely hampered rescue and relief operations. Water and sanitation systems have been disrupted, increasing the risk of communicable diseases, while food insecurity, livelihood losses, and lack of shelter are placing additional strain on already vulnerable households. Schools and other community facilities have been destroyed, leaving children without safe learning spaces. Rescue and relief operations remain extremely challenging. Blocked roads, landslides, and damaged infrastructure continue to hinder access, while ongoing aftershocks and heavy rains pose risks of additional landslides. Hospitals in Jalalabad and surrounding areas are overwhelmed, struggling to manage the influx of casualties. Health centres in at least three districts of Kunar also sustained minor structural damage, further limiting their functionality. To date, military helicopters have carried out approximately 40 evacuation flights, transporting hundreds of injured people and deceased victims to regional hospitals. Despite these efforts, resources remain critically insufficient to meet the scale of needs.



*ARCS staff assessing the needs of the people from the earthquake affected areas. (Photo: IFRC)*

The earthquake struck at a time when Afghanistan is already facing a severe humanitarian crisis, marked by prolonged economic downturn, shrinking international assistance, and the forced return of migrants from neighboring countries. Vulnerable groups, particularly women and children, face disproportionate risks and reduced access to urgent medical care. The humanitarian situation is dire and evolving rapidly. Entire villages in Nangarhar and Kunar have been destroyed, with thousands still believed trapped under rubble. The combination of fragile housing (mostly mud structures), heavy rainfall, and unstable terrain has deepened the impact of the disaster, creating urgent and large-scale needs for shelter, health care, food assistance, and protection.

# Summary of response

## Overview of the host National Society and ongoing response

ARCS mobilized five Mobile Health Teams (MHTs) to the most affected areas in the immediate aftermath of the earthquake, delivering lifesaving primary health care services, including outpatient consultations, distribution of medicines, reproductive health, nutrition, and basic mental health and psychosocial support. Additional MHTs were also prepared for deployment to expand the response.

ARCS is coordinating closely with the Afghanistan National Disaster Management Authority (ANDMA), the Ministry of Public Health (MoPH), and local authorities, in line with its auxiliary role to public authorities, while upholding its neutral and independent humanitarian mandate. Internally, Movement partners are working together through established coordination mechanisms to ensure harmonized needs assessments, joint planning, and resource mobilization.

ARCS' strong local presence, with branches across Kunar, Laghman, Nuristan, and Nangarhar and a volunteer network of more than 29,000 people, enabled rapid assessments and immediate support in hard-to-reach areas. Volunteers are providing primary health care, hygiene promotion, and urgent assistance, demonstrating ARCS' critical role as a trusted and agile local humanitarian actor.

The IFRC has deployed staff and volunteers to support rapid needs assessments in Nangarhar, Laghman, and Kunar provinces, and joined an aerial assessment with ECHO to better understand the scale and impact of the disaster.

On 1 September 2025, ARCS convened the first Emergency Operations Centre (EOC) meeting, bringing together all Movement partners present in-country, including the IFRC, ICRC, Danish Red Cross, Norwegian Red Cross, Qatar Red Crescent, and Turkish Red Crescent. These partners provide technical, financial, and in-kind support, reinforcing ARCS' leadership in delivering an effective, coordinated, and principled humanitarian response.

### ICRC Actions Related to the Current Event

The ICRC participated in the ARCS Task Force meeting on 1 September 2025, committing an immediate CHF 40,000 financial contribution. It will also provide ongoing support to Movement partners through security analysis, guidance on the use of the emblem, external communications, and implementation of the Safer Access Framework to ensure safe and effective operations. In addition, the ICRC has supported ARCS with body bags, RFL emergency kits, medical dressing and IV packages, and supplied Nangarhar Regional Hospital and Kunar Provincial Hospital with essential medical materials. The operation prioritizes immediate life-saving assistance through the provision of emergency shelter tents, essential household items, and winterization support.

## Key Achievements (as of 17 September 2025)

### Key Response Actions:

- Helicopter evacuations conducted in remote areas, road clearance with excavators restoring access, and ambulance services transferring the injured.
- Road clearance using excavators to clear blocked roads, restoring vital access for affected communities.

### Health Services:

- Mobile Health Teams deployed to reach 70,000 affected individuals, including maternal and child health services
- 5,932 Outpatient Department (OPD) consultations (2,950 male, 2,982 female).

- Initially 13 Mobile Health Teams (MHTs) were deployed. Out of those, now only 4 MHTs are operational, 2 IFRC teams' MHT in Nurgal district as well as 1 DRC team's and 1 NorCross team's in Sawkai district. Of these, 1 MHT provides services inside one of the ARCS camps.
- Total 1,552 people were reached with MHPSS services.
- 192 under-5 children screened for malnutrition, throughout the Kunar province (104 male, 88 females).
- Ambulance services evacuated injured individuals from danger zones.
- Health services provided at Kunar and Jalalabad public hospitals, with rescue operations supported by the ANDMA.
- Approximately 70,000 people are targeted with assistance, including 16,143 women and 19,500 girls.
- Referral pathways are strengthened for remote communities.

#### **Relief and Shelter:**

- Emergency shelter kits including seven blankets, one tarpaulin, one kitchen set and one solar light prepared for distribution to 5,000 households
- Daily hot meals for 3,000 people since 2 September; 66,671<sup>3</sup> people reached (20,100 through IFRC; 29,571 through Turkish Red Crescent, 15,000 through DRC and 2,000 through QRCS).
- Temporary camp in Chawkay district established with 1,674 tents (674 IFRC & 1,000 ICRC), accommodating 11,718 people, and supported by household items including 3,000 jerry cans, 1,000 tarpaulins, 500 kitchen sets, 100 water tanks, 150 washing facilities, 49 dignity kits, 4 community tents, and 9,175 blankets; facilities include male/female health clinics, staff housing, WASH facilities, and kitchens.
- Japan/JICA contribution: 250 Non-Food Items (NFIs) including 1,620 sleeping pads, 250 large tents, 250 foldable tanks, 1,620 blankets, and 250 jerry cans, benefiting 250 households (1,750 people).

#### **Water and Sanitation:**

- Hygiene kits distributed to 5,000 households: WASH interventions underway in temporary shelters
- Waste management and hygiene promotion was initiated at transit centers.

#### **Community Engagement and Accountability:**

- Community feedback mechanisms are established, with targeted engagement of vulnerable groups.

#### **Other Actors' Actions Related to the Current Event**

The Government of Afghanistan has officially requested international assistance, with ARCS coordinating closely as auxiliary to the national authorities.

UN agencies and humanitarian partners rapidly scaled up their response in the affected provinces of Kunar, Laghman, Nuristan, and Nangarhar. OCHA convened a joint Operational Coordination Team (OCT) meeting on 1 September, bringing together relevant actors to assess needs, map response capacities, and define immediate priorities. An ad-hoc meeting of the Kabul-based Inter-Cluster Coordination Team also took place, while the Humanitarian Country Team (HCT) was scheduled to meet on 2 September to guide broader response and recovery efforts.

## **Needs analysis**

#### **Overview:**

Following the earthquake, thousands of families in Kunar, Laghman, Nuristan, and Nangarhar provinces are facing urgent humanitarian needs. Many have lost their homes, access to food, livelihoods, and essential services. With winter approaching, rapid response is critical to protect lives, health, and dignity. ARCS, in coordination with IFRC and other humanitarian partners, has conducted rapid needs assessments, deployed emergency relief, and prioritized

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<sup>3</sup> All figures presented are preliminary and currently being validated. Data was collected during the onset of the emergency and may be adjusted as verification continues.

shelter, health, WASH, livelihoods, and psychosocial support. Vulnerable groups—including women, children, the elderly, and persons with disabilities—remain the focus of all interventions.

- **Immediate needs:** food assistance, winterization assistance, cash assistance, emergency shelter, household items, emergency health, MHPSS including psychological first aid (PFA), restoring family links (RFL), drinking water, hygiene, and sanitation (WASH) support, including hygiene, menstrual hygiene management (MHM) kits and addressing protection needs of women, girls and children who have been orphaned and women who have been widowed.
- **Medium-term needs:** support for transitional shelter, restoring livelihoods, provision clean water and sanitation and primary health and care services. The branch development framework will further strengthen the branch system process and procedure with volunteer management guidelines for integrated programme delivery. Continuous mental health and psychosocial support such as but not limited to PFA, recreational activities for children, and other activities to assist the recovery of the affected population.
- **Long term needs:** durable shelter, restoring livelihoods and income generating initiatives, improving food security, water and sanitation facilities, National Society Development including preparedness for effective response.

### **Sector Updates:**

**Shelter, Housing & Settlements:** The assessment<sup>4</sup> conducted by the Islamic Relief in Kunar province found 65% of buildings completely destroyed and 33% damaged, leaving just 2% standing without damage. Affected households are currently resorting to makeshift arrangements, such as staying in open areas, damaged structures, or with host families. With temperatures approaching winter, emergency tents alone will not be sufficient, and there is a critical need for reinforced shelter solutions, thermal insulation materials, and repair assistance for partially damaged houses. Emergency shelter, household items, and winter clothing are top priorities. Each household is planned to receive 7 blankets, 2 jerricans, 2 tarpaulins, and 1 kitchen set.

**Livelihoods & Basic Needs:** Food insecurity is critical. Vulnerable groups—including children, pregnant and lactating women, and the elderly—are at high risk of malnutrition. Response priorities include emergency food packages, ready-to-eat meals, cash assistance, skills training, and agricultural support.

**Health:** Local health facilities are overstretched. Maternal and child health services, reproductive care, and safe deliveries are major concerns.

**Water, Sanitation & Hygiene (WASH):** Temporary shelters have poor water and sanitation facilities, increasing disease risk. This was accompanied by evidence of an increasing trend of communicable diseases including Acute Watery Diarrhea (AWD) – 1,522 cases, Acute Respiratory Infection (ARI) – 1,226 cases, and scabies.

Priority actions include safe drinking water provision, latrine and handwashing station construction, hygiene kit distribution, and volunteer-led hygiene promotion.

**Migration & Displacement:** Nangarhar and Kunar host large numbers of returnees from Pakistan and Iran, many with limited resources. Since April 2025, 443,100 returnees have arrived, facing compounded vulnerabilities from prior displacement and the earthquake.

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<sup>4</sup> [Assessment by Islamic Relief](#)

**Community Engagement & Accountability (CEA):** Gaps in timely information sharing and inclusion of vulnerable groups have been identified. ARCS is enhancing feedback collection, conducting targeted field visits, building staff capacity, and improving accessibility and service guidance.

**Environmental Sustainability:** Transit centers face solid waste buildup from food and packaging. Actions include improving waste collection and disposal, hygiene awareness, and coordination with authorities to maintain safe and dignified living spaces.

## Operational risk assessment

- Frequent aftershocks in Nurgul district have caused road blockages, making travel difficult and delaying the timely delivery of aid.
- Lack of electricity or solar systems for cooling (fans) or lighting at night in camps.
- Insufficient latrines to meet the needs of families living in tents.

## B. OPERATIONAL STRATEGY

### Update on the strategy

The [Operational Strategy](#) for the Afghanistan Southeastern earthquake aims to support the ARCS in addressing the immediate, medium-term, and long-term needs of people affected in Nangarhar, Kunar, Laghman, and Nuristan provinces. It seeks to reach 150,000 people directly through IFRC Secretariat support and 170,000 people Federation-wide, providing a coordinated response that reduces pressure on fragile communities and overstretched services. The strategy emphasizes reaching households with multiple vulnerabilities, enabling them to re-establish health, water and sanitation, shelter, and livelihoods in a dignified and sustainable way. Target people include displaced households, families with injured members, and households with children, elderly, or people with disabilities. Selection criteria are communicated transparently to maintain trust. The overall strategy was issued in this timeframe and remains the same with no changes throughout the reporting period.

The response framework prioritizes life-saving services such as emergency shelter, household items, WASH facilities, basic healthcare, and MHPSS. In parallel, it incorporates early recovery and resilience-building activities, including providing durable shelter, restoring livelihoods and income-generating initiatives, improving food security, water and sanitation facilities, and National Society Development, including preparedness for effective response.

Finally, the strategy outlines a transition towards longer-term recovery by December 2027, complementing ARCS's ongoing and future programmes. It strengthens ARCS's auxiliary role and ensures complementarity with government and other humanitarian actors, avoiding duplication and maximizing outcomes. With a Federation-wide approach, the strategy leverages ARCS's nationwide presence and the support of IFRC and partner National Societies to deliver an integrated response that combines humanitarian relief with pathways to recovery and resilience.

### Summary Table of Planned Support

Sector	Target Beneficiaries	Locations	Planned Support / Items	Notes
<b>Shelter, Housing &amp; Settlements</b>	5,000 most vulnerable households	Kunar, Laghman, Nuristan, Nangarhar	7 blankets, 2 jerricans, 2 tarpaulins, 1 kitchen set per household	Rapid assessments ongoing; winter preparedness prioritized
<b>Livelihoods &amp; Basic Needs</b>	70,000 individuals, prioritizing children,	Kunar, Laghman,	Emergency food packages, ready-to-eat meals, cash assistance,	Focus on immediate food security and

	pregnant/lactating women, elderly	Nuristan, Nangarhar	skills training, agricultural support	longer-term livelihood recovery
<b>Health</b>	70,000 individuals (16,143 women; 19,500 girls)	Kunar, Laghman, Nuristan, Nangarhar	Mobile Health Teams (5 MHTs), maternal & child health services, MHPSS, CBHFA interventions	Female staff prioritized; outreach to remote areas; referral systems strengthened
<b>WASH</b>	5,000 households in temporary shelters	Kunar, Laghman, Nuristan, Nangarhar	Safe drinking water, latrines, handwashing stations, hygiene kits, hygiene promotion	Targeting disease prevention and hygiene awareness
<b>Migration &amp; Displacement</b>	Returnees & displaced families (~443,100 since April 2025)	Nangarhar, Kunar	Shelter support, food, NFIs, psychosocial support	Compound vulnerabilities from return, displacement, and earthquake
<b>Community Engagement &amp; Accountability (CEA)</b>	All affected populations, especially vulnerable groups	Kunar, Laghman, Nuristan, Nangarhar	Feedback collection, field visits, capacity building of staff & volunteers, risk communication	Focus on inclusion, transparency, and accessible service guidance
<b>Environmental Sustainability</b>	Residents of temporary transit centres	Kunar, Laghman, Nuristan, Nangarhar	Waste collection & disposal, hygiene awareness, coordination with authorities	Reduce health risks and maintain dignity at transit centres

## C. DETAILED OPERATIONAL REPORT

### STRATEGIC SECTORS OF INTERVENTION

 <b>Shelter, Housing and Settlements</b>		<b>People Reached: 4,718</b>	
		Female > 18: 975	Female < 18: 1,337
		Male > 18: 1,015	Male < 18: 1,391
<b>Objective:</b>	<i>Provision of safe and secure shelter solutions for people who have been severely affected by the earthquake in Kunar, Nangarhar and Laghman provinces of Afghanistan, enhancing their safety, dignity and well-being while supporting longer-term</i>		
	<b>Indicator</b>	<b>Actual</b>	<b>Target</b>
<b>Key indicators:</b>	<i>Number of people reached with shelter support</i>	4,718	5,600
	<i>Number of households (HH) that received essential household items</i>	800	20,000
	<i>Number of people taking part in cash-for-work (CFW) schemes related to shelter and settlement activities.</i>	0	4,000

	<i>Number of people trained in shelter and settlement vocational programmers (Mason)</i>	0	200
	<i>Number of households who received cash assistance (conditional cash for shelter construction-community based)</i>	0	800


**Fed-Wide Achievement:**

During the reporting period, temporary camps were established by the ARCS in the Chawkay district of Kunar Province, with the first phase designed to accommodate over 1,600 tents for an estimated 11,200 individuals (approximately 7 people per tent) by 16 September 2025 in support of IFRC (674 tents accommodating 4,718 people) and ICRC (1000 tents accommodating 7000 people). These camps are equipped with essential facilities to support the displaced population, including health clinics for both males and females, housing for ARCS staff and volunteers, basic water, sanitation, and hygiene (WASH) facilities, and a kitchen that provides three hot meals a day. This comprehensive setup aims to ensure the well-being and dignity of the affected community during their time in the camps.

Until 12 September, the installation of 500 tents in the Patan camp of Nurgal district was successfully completed. Since then, more tents have been set up by the ICRC, due to the increase in the number of displaced families affected in the Patan camp.

During the reporting period, the Qatar Red Crescent Society (QRCS) distributed non-food packages to 800 HHs in the Kunar province, specifically in the Chawkay and Nurgal districts. Following this IFRC provided essential non-food items to 50 households at the Nurgal Camp. These efforts are part of a coordinated response to meet the urgent needs of the affected communities in Kunar.

Each household received a comprehensive set of supplies, including seven blankets, one family tent, one tarpaulin, one kitchen set and one solar light. Selection of household was conducted through joint verification with community elders and ARCS volunteers to ensure transparency and inclusion. Each distribution was accompanied by basic orientation on safe shelter setup and fire safety.


 <b>Livelihoods</b>	<b>People Reached: 0</b>	
	Female > 18: 0	Female < 18: 0
	Male > 18: 0	Male < 18: 0

**Objective:** *To provide sustainable livelihood opportunities for earthquake families through a community-based approach that promotes economic self-reliance, strengthens local markets, and supports long-term reintegration and stability within their communities.*

	<b>Indicator</b>	<b>Actual</b>	<b>Target</b>
<b>Key indicators:</b>	<i>Number of targeted households reached with livelihood support (livestock, agriculture)</i>	0	3,000
	<i>Number of people receiving temporary employment opportunities (cash for work)</i>	0	1,000

Number of people receiving vocational/ soft skill training (disaggregated by types)	0	300
Number households receiving support for income generation activities.	0	2,000
Number of women and youth at risk received support for vocational training and tools for starting income-generation activities.	0	300
Number of women and youth at risk received support for vocational training and tools for starting income-generation activities.	0	300

No update at this stage of the operation.

 <b>Multi-purpose Cash</b>	<b>People Reached: 15,415</b>	
	Female > 18: 3,413	Female < 18: 4,222
	Male > 18: 3,798	Male < 18: 3,982

**Objective:** To support families affected by earthquakes to meet their basic needs and access essential items - such as food, household goods, and vital dignity-related services - through multi-purpose cash assistance (MPCA) grants, ensuring their safety, dignity, and overall well-being.

Key indicators:	Indicator	Actual	Target
	Number of people provided with unconditional cash assistance (MPCA)	15,415	60,000

**Fed-wide Achievement:**

During the reporting period, 2,000 households received multi-purpose cash assistance in Kunar (1,500), Nangarhar (300) and Laghman (200). It benefited 15,415 individuals (7,780 male, 7,635 female). Each household received an amount of 10,500 AFN (approximately CHF 127) aligned with the Cash Working Group’s MEB standard.



Cash distribution to the people affected at the Kunar region. (Photo: IFRC)



## Health & Care

(Mental Health and psychosocial support / Community Health / Medical Services)

**People Reached: 5,933**

Female > 18:  
1,253

Female < 18:  
1,730

Male > 18:  
1,239

Male < 18:  
1,711

### Objective:

*To contribute to the overall humanitarian response by safeguarding the health, dignity, and mental health and psychological well-being of earthquake-affected populations in southeastern Afghanistan.*

	<b>Indicator</b>	<b>Actual</b>	<b>Target</b>
<b>Key indicators:</b>	<i>Number of mobile health teams functional to provide quality primary health care.</i>	4	8
	<i>Number of consultations through primary health care mobile units operated by the National Society.</i>	5,933	96,000
	<i>Number of people reached with immunization services</i>	0	23,040
	<i>Number of ANC and PNC visits provided by the ARCS midwife.</i>	590	11,520
	<i>Number of U5 children screened for malnutrition status</i>	192	19,200
	<i>Number of people provided with health education.</i>	0	96,000
	<i>Number of people reached with first aid services and PFA</i>	0	N/A
	<i>Number of volunteers trained on CBHFA/ECV/Hygiene Promotion</i>	0	1280
	<i>Number of people reached by key messages through CBHFA trained volunteers</i>	0	89,600
	<i>Number of community health committees established</i>	0	43
<i>Number of grandmother committees established</i>	0	43	

## Fed-wide Achievement:

A significant achievement in the health response has been the provision of comprehensive health services and medical treatment for individuals sustaining injuries, facilitated by two public hospitals in Kunar and Jalalabad. Ambulance services have been crucial in evacuating injured individuals from danger zones, while Rescue Teams from the ANDMA have supported rescue and response efforts.



Those with immediate medical needs, receiving support from the ARCS health team. (Photo: ARCS)

Mobile Health Teams (MHTs), including one from the ARCS Kunar branch, have been equipped with essential medicines for immediate distribution, with 12 additional teams deployed from neighboring provinces. Initially, 13 MHTs were operational; currently, 4 remain active, providing vital health services—with 2 supported by the IFRC and 2 by the DRC.

In total, there have been 5,933 Outpatient Department (OPD) consultations, addressing common health issues such as 398 cases of Acute Watery Diarrhea (AWD) and 395 cases of Acute Respiratory Infection (ARI). Additionally, 1,552 individuals received Mental Health and Psychosocial Support (MHPSS) services, 590 Antenatal Care (ANC) and Postnatal Care (PNC) visits provided by the ARCS midwives and 192 under-five children were screened for malnutrition. The initiative has seen the active involvement of 70 ARCS Community-Based Health and First Aid (CBHFA) volunteers since day one, complemented by 60 volunteers from Nangarhar, who have collectively contributed to promoting hygiene, first aid, and psychosocial support in the community. 40 male volunteers from Nangarhar and 20 female volunteers from Kunar were additionally deployed to provide awareness on household water treatment, community health awareness, PFA and basic health services including on MHPSS services.



## Water, Sanitation and Hygiene

**People Reached: 0**

Female > 18: 0

Female < 18: 0

Male > 18: 0

Male < 18: 0


<b>Objective:</b>	<i>To ensure access to clean water, improve sanitation facilities, and promote good hygiene practices among earthquake populations thereby enhancing overall health and well-being</i>		
	<b>Indicator</b>	<b>Actual</b>	<b>Target</b>
<b>Key indicators:</b>	<i>Number of people reached for improved water source in emergencies.</i>	0	18,900
	<i>Number of portable latrines installed</i>	60	500

	<i>Number of people covered with hygiene promotion activities.</i>	350	89,600
	<i>Number of family hygiene kits distributed</i>	350	5,000
	<i>Number of MHM kits distributed</i>	0	5,000
	<i>Number of women reached by MHM awareness sessions</i>	0	3,600

**Fed-wide Achievement:**

In Kunar province, a total of 350 families were reached with hygiene kits, ensuring they had access to essential items for maintaining health and cleanliness. Additionally, the ARCS installed 60 emergency latrines at the site, providing safe sanitation facilities for approximately 3,070 people.

ARCS WASH unit has provided 200 safe water tanks, 2,800 jerry canes, 200 handwashing facilities, 200 clean water saving tanks to the vulnerable people in the Kunar earthquake response.

	<b>Protection, Gender and Inclusion</b>	<b>People Reached: 0</b>	
		Female > 18: 0	Female < 18: 0
		Male > 18: 0	Male < 18: 0
		<b>Objective:</b> <i>To ensure inclusive, meaningful, and safe access to services by disseminating IEC materials, training personnel, engaging communities, distributing essential kits, and empowering female volunteers—thereby promoting equitable and secure service delivery for all.</i>	
	<b>Indicator</b>	<b>Actual</b>	<b>Target</b>
<b>Key indicators:</b>	<i>Number of staff and volunteers trained to apply the PGI Minimum Standards in emergency and development programming, disaggregated by sex, age, and disability</i>	0	3
	<i>Number of sectoral or multisectoral assessments conducted using the PGI Minimum Standards, with documented recommendations integrated into program design.</i>	0	2
	<i>Number of women, girls, and people who menstruate reached through inclusive and culturally appropriate MHM information sessions, disaggregated by age and disability.</i>	0	500
	<i>Number of individuals reached through PGI-sensitive services or activities (e.g., referrals, safe spaces, inclusive distributions), disaggregated by sex, age, disability, and vulnerability status.</i>	0	2,000
	<i>ARCS systematically applies the IFRC PGI Minimum Standards across all emergency response operations, with documentation of compliance and lessons learned.</i>	0	Yes

<i>ARCS has a trained safeguarding focal point with an active role in prevention and response to safeguarding concerns.</i>	0	4
<i>ARCS has a Protection, Gender and Inclusion (PGI) male and female focal persons</i>	0	2
<i>ARCS has a developed PGI operation guideline</i>	0	Yes

**Fed-wide Achievement:**

The IFRC Protection, Gender, and Inclusion (PGI) focal point, in close collaboration with the IFRC Community Engagement and Accountability (CEA) focal point and the Afghan Red Crescent Society (ARCS) Gender Department, has undertaken several key initiatives to enhance the protection and well-being of affected populations, particularly women and girls.

As part of these efforts, the team jointly developed an informative leaflet aimed at raising awareness among affected communities about the range of available services. The leaflet includes essential protection messages, information on how to prevent harassment, and guidance on how to raise their concerns and to whom to reach out if they face any mis conduct. This initiative is vital in ensuring that individuals, especially those in vulnerable situations, are aware of their rights and the support systems in place to safeguard their dignity and safety.

In addition to the dissemination of the leaflet, IFRC PGI focal point conducted Focused Group Discussions (FGDs) with women who have received Multi-Purpose Cash Assistance (MPCA). These discussions provided a platform for women to share their experiences, express concerns, and provide feedback on the services they received. Such engagement is crucial in ensuring that programming remains responsive to the specific needs and protection risks faced by women, particularly in crisis settings.

Furthermore, a proposal to establish a Women-Friendly Space (WFS) is currently under discussion with ARCS. The WFS would serve as a safe and supportive environment where women and girls can access information, psychosocial support, and some other services while required and acceptable based the culture. Establishing such a space is an important step toward promoting gender-sensitive humanitarian action and reducing barriers to access for women in conservative or high-risk settings.


To ensure that PGI considerations are fully integrated into the broader humanitarian response, PGI-related questions have been incorporated into the multisectoral assessment questionnaire. This integration enables the collection of more comprehensive data on the specific needs, vulnerabilities, and capacities of different groups within the affected population. The information gathered will inform more inclusive and targeted programming across sectors.

As part of ongoing efforts to strengthen accountability and ensure that affected populations can safely and effectively voice their concerns, the IFRC PGI and CEA focal points jointly organized training sessions for both male and female volunteers.

These training courses focused on equipping volunteers with the knowledge and skills required to manage complaint and feedback desks, an essential part of ensuring two-way communication between communities and humanitarian actors. Volunteers were trained in how to properly receive, document, and escalate complaints, including sensitive protection-related concerns, in a confidential and respectful manner. They were also instructed on how to collect feedback from community members in a way that is inclusive, culturally appropriate, and gender sensitive.

To support their role effectively, the volunteers were provided with the necessary tools, including mobile and applications for digital data collection and other materials needed to manage feedback systems in the field. These

digital tools enhance efficiency and ensure real-time documentation and analysis of the concerns raised by affected individuals. IFRC current MHM packages updated based on the GBV cluster findings and key recommendation added women clothes, women, men and children's sandals, portable light sources to ensure the safety, mobility, and protection of women and girls at night but still there are some need that required to be addressed.

	<b>Community Engagement and Accountability</b>	<b>People Reached: 0</b>	
		Female > 18: 0	Female < 18: 0
		Male > 18: 0	Male < 18: 0

**Objective:** *To ensure meaningful community engagement with earthquake-affected individuals and communities through inclusive feedback and communication mechanisms that support transparency, participation, and accountability.*

	<b>Indicator</b>	<b>Actual</b>	<b>Target</b>
<b>Key indicators:</b>	<i>Number of staff, volunteers, and leadership trained in community engagement and accountability</i>	0	100
	<i>Number of methods established to communicate with communities on what is happening in the organisation, programme, and operation, including selection criteria if these are being used</i>	2	4
	<i>Number of methods used to enable communities to participate in planning and managing services, programmes, and operations</i>	4	5
	<i>Number of community perception and feedback reports produced</i>	0	12
	<i>Number of feedback comments collected, disaggregated by sex, age, and disability, including sensitive feedback linked to SEA, fraud, corruption or protection concerns</i>	481	100

**Fed-wide Achievement:**

During the reporting period, ARCS, with the support of IFRC, conducted a series of activities to strengthen CEA in Kunar province. Meetings were held with the Eastern Regional Head, Kunar Branch Head, CEA focal points, and volunteers in Chawkay and Dewagal to discuss CEA approaches and coordination. Direct observations of living conditions were carried out in both the ARCS camp and host communities, complemented by informal discussions with community members to gather feedback on the aid received.

A review of current feedback collection and documentation practices was conducted, and five trained volunteers, including two female volunteers were deployed to systematically collect, document and refer community feedback. A CEA assessment was carried out, and the findings have been shared with relevant operational

colleagues to inform program adjustments and ensure that community perspectives are incorporated into ongoing interventions.

## Enabling approaches



### National Society Strengthening

**Objective:** *To strengthen the ARCS capacity to deliver timely and effective humanitarian assistance by addressing gaps in systems, logistics, and resources, enhancing volunteer management and safety, pre-positioning emergency stocks, and leveraging technical expertise to refine operational plans, ensuring ARCS remains a resilient, trusted, and capable humanitarian actor in Afghanistan, particularly in response to crises such as earthquakes.*

	Indicator	Actual	Target
<b>Key indicators:</b>	<i>Number of branches with enhanced disaster and crisis response capability.</i>	0	4
	<i>Number of branches with strengthened logistics, supply chain, and warehousing capacity.</i>	0	4
	<i>Number of branches with enhanced volunteer management practices, engagement, registration to new VMS and volunteers' mobilization kits.</i>	0	4
	<i>Enhanced youth engagement in awareness and disaster response.</i>	0	1
	<i>Enhanced digitalization and digital transformation for IM and IT between headquarters and branches.</i>	0	4
	<i>ARCS to strengthen community engagement, building trust and enhanced auxiliary role at headquarters and branches at provincial level.</i>	0	4
	<i>ARCS to have better and stronger resources enhancement strategy and capacity.</i>	0	6
	<i>Number of branches and HQ with strengthened communication strategy and outreach</i>	0	4
	<i>Number of branches with enhanced facilities and operational capacity enriched.</i>	0	4
	<i>Number of staff and volunteers trained in the Movement's principled approach to Migration &amp; Displacement.</i>	0	100

No update at this stage of the operation. More details will be provided in the next reporting cycle.



## Coordination and Partnerships

**Objective:** *Strengthening coordination and collaboration among members to ensure a timely and effective humanitarian response efforts supporting people affected by earthquake and frequently engage relevant stakeholders around humanitarian diplomacy interventions aimed at influencing positive outcomes for people affected by earthquake.*

	Indicator	Actual	Target
<b>Key indicators:</b>	<i>Number of strategic partnerships the National Society is engaged in.</i>	6	4
	<i>External HD meetings conducted.</i>	0	4
	<i>Number of MOC meetings coordinated.</i>	0	5

### Red Cross Red Crescent Movement Coordination

ARCS, IFRC, ICRC and Partner National Societies (PNSs) present in Afghanistan – including Danish Red Cross (DRC), Norwegian Red Cross (NorCross), Qatar Red Crescent Society (QRCS) and Turkish Red Crescent Society (TRCS) – are working in coordination and consultation to effectively align response efforts to the earthquake. Regional task force meetings have been conducted among IFRC Country Delegation, ARCS, Asia Pacific Regional Office (APRO) and the regional team to discuss progress, challenges and support required for ARCS to effectively respond to the ongoing crisis.

### IFRC Support to ARCS

IFRC is actively monitoring the evolving situation and maintaining close communication with ARCS. To bolster ARCS's efforts, IFRC provides direct support to the Operations Department, including to the Directorates of Disaster Management and Health.

### Coordination with Authorities

ARCS continues to maintain close coordination with the ANDMA, the Ministry of Public Health (MoPH), and local authorities, in line with its role as auxiliary to public authorities, while maintaining neutral and independent principled humanitarian action. Among others, ARCS is working closely with MoPH on mobilization of healthcare personnel, medicines, and medical equipment.

### Humanitarian System Coordination

IFRC is an observer to the Humanitarian Country Team (HCT) and an active participant in the Inter-Cluster Coordination Team (ICCT), as well as relevant Cluster or Inter-Agency Working Group meetings/forums. At sectoral level, IFRC and ARCS participate in national and sub-national coordination mechanisms, and efforts are pursued to include Red Cross/Red Crescent teams in multi-agency needs assessments to avoid duplication.

## Communications and Information Sharing

The communications team of the IFRC Afghanistan Country Delegation is closely monitoring media coverage and sharing preliminary information with international and local media outlets regarding ARCS's response activities. Furthermore, IFRC continues to support reports preparation, initial needs assessments, effective coordination, initiating media contacts, and collaborating closely with other relevant partners. The IFRC Secretariat is also supporting the initial sharing of information with partners who are expressing interest.



## Secretariat Services

### Objective:

*The IFRC Secretariat ensures high quality support services to in-country IFRC member societies.*

	Indicator	Actual	Target
Key indicators:	<i>Percentage of financial reporting respecting IFRC procedures</i>	0	100%
	<i>Number of technical and monitoring visits conducted</i>	0	10
	<i>Number of IFRC monitoring and support missions</i>	0	12
	<i>Number of evaluations conducted (MTR and final evaluation)</i>	0	2
	<i>Number of surges profiles deployed</i>	6	6

## Rapid Response

As of 17 September, the following Rapid Response profiles were confirmed for deployment to support the operation, pending visas for travel:

- Operation Coordinator
- Communication Coordinator
- Health in Emergency Coordinators
- Planning, Monitoring, Evaluation and Reporting Officer (PMER) - remote
- Strategic Partnerships and Resource Mobilisation (SPRM) - remote
- Protection, Gender and Inclusion (PGI)

## Safety and Security

IFRC security unit conducted the safety and security assessment of:

- Roads leading to earthquake impacted areas
- Camp
- Accommodation
- And office space

The team also carried out meetings with regional and provincial security focal points.

### PMER support:

- Exit surveys for multi-purpose cash assistance have been conducted.

33 exit interviews in Laghman province and 45 exit interviews were conducted in Nangarhar including the site observation.

- Supported to develop the DREF, emergency appeal and Operational Strategy documents and published 3 fed-wide situational report.
- Data collection quality improvement at the field level is ongoing.
- PMER continues close engagement and supports the ARCS PMER unit.

The Federation has also provided technical expertise in terms of Communication, Logistics, Information Management (IM) and Security.

## D. FUNDING

IFRC Secretariat Coverage	Amount Raised (CHF)	Funding Gap (CHF)	Coverage %
Hard Pledges + In kind + Soft Pledges as of 15 September 2025	6,214,803	15,785,197	28%
Federation-wide Coverage	Amount Raised (CHF)	Funding Gap (CHF)	Coverage %
ARCS domestic income + IFRC Secretariat + Bilateral support to NRCS	6,254,673	18,785,197	24%

As of 17 September 2025, 28 per cent of the total funding requirement has been successfully pledged to the IFRC Secretariat Emergency Appeal.

*\*Note: It is anticipated that there may be **revisions to the final figures** upon completion of the September books.*

## Contact information

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

### In the Afghan Red Crescent Society:

- Molavi Ruhullah Mohmand - Acting Secretary General email: [sg@arcs.af](mailto:sg@arcs.af)
- International Relations Department - email: [ir@arcs.af](mailto:ir@arcs.af)

### In the IFRC Afghanistan Country Delegation, Kabul:

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- Homa Nader, Interim Deputy Head of Delegation: email: [homa.nader@ifrc.org](mailto:homa.nader@ifrc.org)
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- Regional Head, PMER and Quality Assurance: Alice Ho; email: [alice.ho@ifrc.org](mailto:alice.ho@ifrc.org)

### Reference documents



Click here for:

- [Previous Appeals and updates](#)
- [Operational Strategy](#)
- [Emergency landing page](#)

## How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief, the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable, to **Principles of Humanitarian Action** and **IFRC policies and procedures**. The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.