

<b>Emergency appeal №: MDRAF019</b> <b>Emergency appeal launched:</b> 3 September 2025 <b>Operational Strategy published:</b> 19 September 2025	<b>Glide №:</b> <a href="#">EQ-2025-000153-AFG</a>
<b>Operation Update #2</b> <b>Date of issue:</b> 27/11/2025	<b>Timeframe covered by this update:</b> From 03/09/2025 to 31/10/2025
<b>Operation timeframe:</b> 28 months (03/09/2025 – 31/12/2027)	<b>Number of people being assisted:</b> 41,464 <sup>1</sup>
<b>Funding requirements (CHF):</b> IFRC Secretariat Funding requirements: CHF 22 million Federation-wide Funding requirements: CHF 25 million	<b>DREF amount initially allocated:</b> CHF 1 million



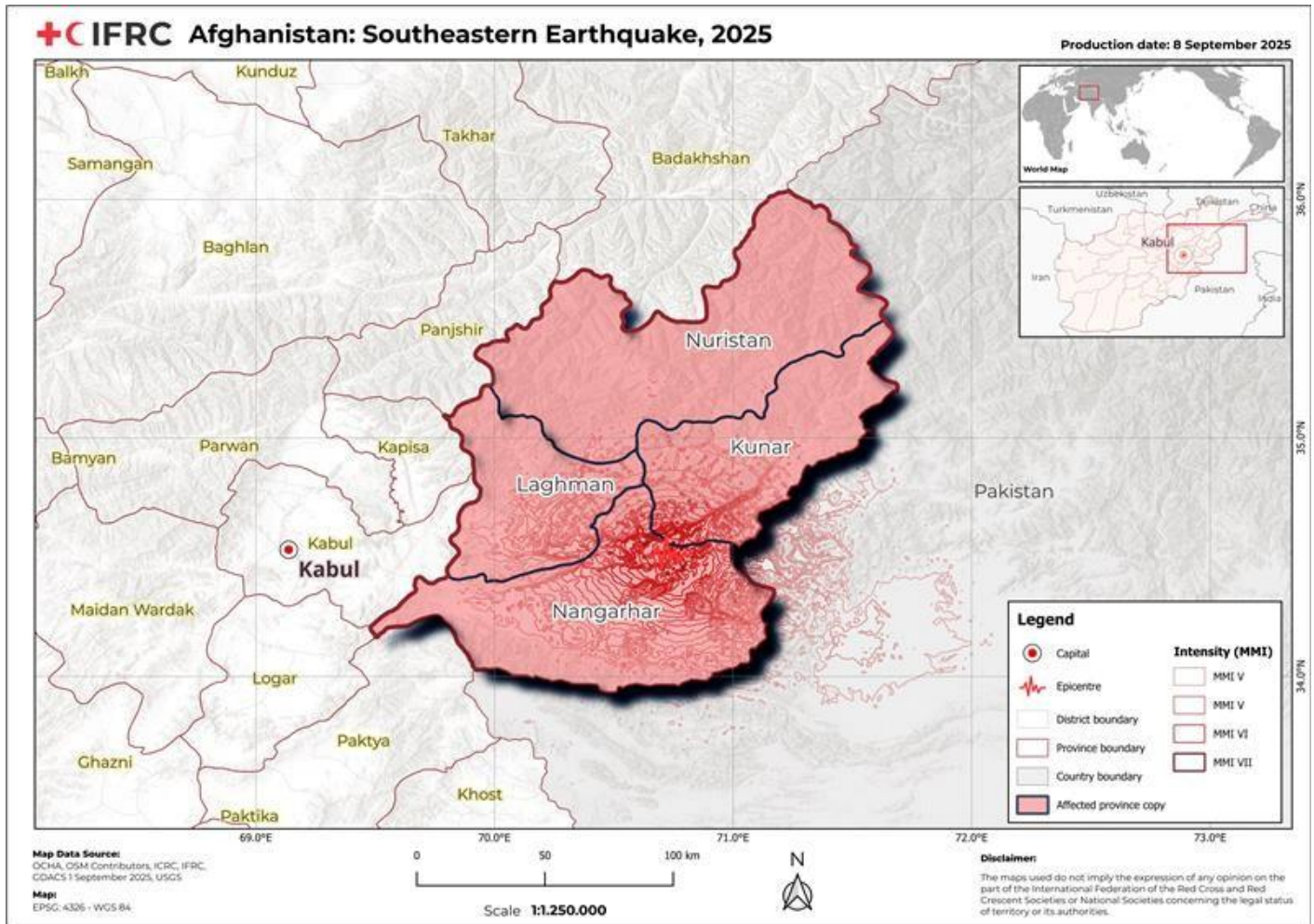
ARCS health staff and volunteers attended to the affected population since the onset of the crisis (Photo: ARCS)

<sup>1</sup> Following the initial verification process, the current figures have been validated and provide a more accurate representation of the situation.

To date, this Federation-wide Emergency Appeal, which seeks CHF 25,000,000, is 32% 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. 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. 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,

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

displacing tens of thousands, while hospitals and health centres are overwhelmed and struggling to provide care amid limited resources.

Due to aftershocks in the weeks that followed, roads were blocked; however, heavy machinery was deployed to provide access to the affected communities. UNDP continues to support debris removal and road clearance efforts. Main roads have now been cleared, improving access, although progress in more remote areas remains slower. Access to the earthquake-affected areas in eastern Afghanistan is being maintained through key security corridors. While these routes remain operational, they are highly vulnerable to landslides, aftershocks, and movement restrictions, with particular challenges for the deployment of female staff and volunteers.

Telecommunications and mobile coverage are available with certain blackout spots as a result of the geography of the areas impacted by the earthquake. At the end of September, there was a nationwide communication cut off, impacting both telecommunications and internet lines, that lasted for approximately three days. The issue has since been resolved for the most part.

Key infrastructure damage has obstructed roads, limiting access to essential services, while assessments have revealed that 68 water sources have been destroyed, exacerbating the impact of recent heavy rains and floods. The Food and Agriculture Organization (FAO) reports that an estimated 756,000 livestock in Nangarhar and 633,000 in Kunar have been affected.

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.

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.

On the 23 September, another earthquake with the 4.9-magnitude struck eastern Afghanistan. The earthquake occurred at a depth of 10 kilometres (6.2 miles) and was centered approximately 23 kilometres (14 miles) from Jalalabad, the capital of Nangarhar province. Strong aftershocks felt at 5 am in Darinoor and Nangarhar as well as damage being reported.

## **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 prepared for deployment to expand the response. Community health volunteers were deployed to provide awareness on household water treatment, community health promotion, PFA, and basic health services including MHPSS in Kunar province.

ARCS is coordinating closely with ANDMA, MoPH, and local authorities in line with its auxiliary role to public authorities, while maintaining its neutral and independent humanitarian mandate. Movement partners are working together through established coordination mechanisms to ensure harmonized needs assessments, joint planning, and resource mobilization. ARCS' strong presence across Kunar, Laghman, Nuristan, and Nangarhar—with a volunteer network of more than 29,000 people—enabled rapid assessments and immediate support in hard-to-reach areas. Volunteers continue to provide primary health care, hygiene promotion, and urgent assistance.

IFRC deployed staff and volunteers to support rapid needs assessments in Nangarhar, Laghman, and Kunar, 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 EOC meeting with all in-country Movement partners, including IFRC, ICRC, Danish Red Cross, Norwegian Red Cross, Qatar Red Crescent, and Turkish Red Crescent, reinforcing coordinated and principled humanitarian action.



*ARCS staff and volunteers visiting the earthquake affected areas. (Photo: ARCS)*

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.

With IFRC technical support, ARCS has conducted needs assessments and deployed emergency response teams to the affected areas. IFRC, ICRC, and in-country PNSs have begun mobilizing organizational and technical assistance, in-kind supplies, human resources, and financial support. An Emergency Appeal for CHF 25 million was launched on 3 September to support ARCS' immediate response and recovery plans.

ARCS maintains a presence in all 34 provinces of Afghanistan, including Nangarhar, Kunar, and Laghman. The Branch Disaster Response Team (BDRT) teams from Maidan Wardak, Parwan, Paktya, and Kunar were deployed to Kunar, while Laghman BDRT teams are responding within their province. NDRT members and the regional DRU have also been deployed to support the operation. Frontline response efforts continue to be supported by IFRC and Movement partners (NorCross, QRCS, TRCS, DRC), along with UN agencies and other humanitarian actors.

### **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.



*ARCS staff and volunteers attending to the wounded and support with their evacuation. (Photo: ARCS)*

## **Key Achievements (as of 31 October 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:**

- Initially 13 Mobile Health Teams (MHTs) were deployed to reach affected individuals, including maternal and child health services. Out of those, now 5 MHTs are operational that are supported by IFRC in Nurgal district as well as DRC and NorCross in Sawkai district. Of these, 1 MHT provides services inside one of the ARCS camps.
- 21,589 Outpatient Department (OPD) consultations have been conducted.
- Total 2,786 people were reached with MHPSS services.
- 5,528 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.
- Referral pathways are strengthened for remote communities.

### **Relief and Shelter:**

- NFI including one tent, seven blankets, one tarpaulin, two jerrycans, one kitchen set, and one solar light have been distributed to camp residents to help them meet their immediate shelter and household needs.
- Daily hot meals distributions to the camp residents are continuing with the support of TRCS, DRC and QRCS ensuring continuous access to cooked food for displaced families.
- Temporary camps in Chawkay district established with 924 tents installed. Out of those 500 tents has been set up by the ICRC.
- Facilities that are set up include male/female health clinics, staff housing, WASH facilities, and kitchens.
- Japan/JICA contribution has contributed to Non-Food Items (NFIs) including sleeping pads, large tents, foldable tanks, blankets, and jerry cans.
- Further coordination is ongoing to identify any additional gaps in shelter coverage, particularly for vulnerable households and new arrivals.

### **Water and Sanitation:**

- ARCS installed 200 water tanks (1000 liters) at strategic locations, connected with the water supply line installed by ICRC along the fence of both camps. Beneficiaries are collecting safe water from there for drinking, cooking, bathing and washing as well. During the first month, ARCS distributed 450,000 litres of water per day.
- A total of 200 ventilated pit latrines were installed in camps 1 and 2 in Kunar. The people in the camps were using latrines. Besides, 140 mobile (60) and tarpaulin pit latrines (80) were installed through ICRC support. Ten PWD-friendly latrines will be installed, which are in the plan of the Afghanistan Red Crescent Society.
- Out of the 350 handwashing stations procured, 67 have been installed in the two camps. However, their usage by camp residents has been limited due to the unavailability of water in the tanks. Additional handwashing stations will be installed near the toilets and connected to the main water supply line to ensure regular use.
- Hygiene kits are distributed to 834 households. Another 500 family hygiene kits are prepositioned in the IFRC Kabul warehouse to distribute later. Danish Red Cross is going to procure another 1300 family hygiene kits.
- 400 females were reached through ARCS volunteers on MHM education. In total, 1,000 MHM kits will be distributed before the end of November, while the beneficiary registration is completed through Red Rose. Another 1500 MHM kits from the Canadian Red Cross were prepositioned in the warehouse of IFRC Kabul to distribute in future. Besides, DRC planned to procure another 1300 MHM kits to distribute in the camps.
- The rollout of hygiene promotion training (2 batches) is in the planning stage. Once the volunteer training is completed, the hygiene promotion sessions will be rolled out in the camps. Although MSF Health Promoters

are conducting hygiene promotion sessions, these efforts are not sufficient to effectively sensitize camp residents to practice handwashing with soap and adopt other hygiene behaviors.

- There are 177 waste collection bins installed currently in camps 1 and 2 in Kunar.

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

Community feedback mechanisms are established, with targeted engagement of vulnerable groups to enable them to safely share their opinions, concerns, and suggestions about services. To date, more than 3,500 feedback submissions have been collected from affected communities in Kunar province, providing valuable insights into local priorities and needs. All feedback is documented in Kobo, supporting evidence-based program adjustments. Volunteers received ongoing guidance on registering, documenting, and addressing feedback to ensure the process remains systematic, confidential, and responsive.

### **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 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>3</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.

There is an urgent need for structured shelter reconstruction assistance for households whose shelters were fully or partially damaged. A phased reconstruction plan led by the community is recommended, prioritizing the most vulnerable families. Vocational training should be introduced for local laborers and affected community members inside the camps to strengthen local recovery capacity and support livelihood restoration. There is an immediate need for winterization items and thermal protection measures, especially in densely occupied camps where the installation of heating modules and insulation materials remains challenging due to limited space. Regular joint monitoring visits by ARCS, IFRC, and Movement partners should be planned to track progress, identify challenges, and adjust support as needed.

**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):** Although water sources and latrines were installed in camps 1 and 2 in Kunar, there is a lack of activities regarding hygiene promotion. MSF clinic reported the cases of communicable diseases including Acute Watery Diarrhea (AWD), Acute Respiratory Infection (ARI), malaria and scabies.

Priority actions include construction of PWD-friendly latrine and relocation and upgrading of the handwashing stations, distribution of hygiene kit and MHM kit, construction of improved bathing and washing facilities, construction of drainage system to prevent the water logging and stopping the breeding of vectors (mosquitoes) and volunteered hygiene promotion sessions to enhance safe hygiene practices.

**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.

**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.

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<sup>3</sup> [Assessment by Islamic Relief](#)

## 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.
- Nationwide or local telecommunication cut off can cause potential delays in timely support arrangement.
- Border closure would delay the delivery of any aid items purchased from the neighboring countries.

## 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 house	Rapid assessments ongoing; winter preparedness prioritized
<b>Livelihoods &amp; Basic Needs</b>	70,000 individuals, prioritizing children, pregnant/lactating women, elderly	Kunar, Laghman, Nuristan, Nangarhar	Emergency food packages, ready-to-eat meals, cash assistance, skills training, agricultural support	Focus on immediate food security and 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, bathing facilities, hygiene kits, MHM kits, and 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



ARCS volunteer distributing hot meal to affected population. (Photo: ARCS)

## 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

**Objective:** *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*

	Indicator	Actual	Target
<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). So far, 924 tents have been set up, of those, ICRC has installed 500 tents. The 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.

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.

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, whilst IFRC provided essential non-food items

to households at the Nurgul Camp. These efforts are part of a coordinated response to meet the urgent needs of the affected communities in Kunar.

	<b>Livelihoods</b>	<b>People Reached: 30</b>	
		Female > 18: 0	Female < 18: 0
		Male > 18: 30	Male < 18: 0
<b>Objective:</b>	<i>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.</i>		

	Indicator	Actual	Target
<b>Key indicators:</b>	Number of targeted households reached with livelihood support (livestock, agriculture)	0	3,000
	Number of people receiving temporary employment opportunities (cash for work)	30	30
	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

As part of the ongoing efforts to improve community health, hygiene, and livelihood recovery in earthquake-affected areas, the Afghan Red Crescent Society (ARCS), with support from the International Federation of Red Cross and Red Crescent Societies (IFRC), launched a community-based waste management initiative under the Cash-for-Work (CfW) modality.

This initiative aims to enhance environmental sanitation while simultaneously providing short-term income opportunities to vulnerable families affected by recent shocks.

#### Key Activities and Achievements:

#### Tools and Equipment Procurement:

Each participant received conditional cash assistance of 5,000 AFN to procure the necessary waste management

tools and personal protective equipment (PPE) required for their work. This approach not only promoted ownership and accountability among participants but also supported local markets through cash circulation.

**Cash-for-Work and labour Mobilization:**

The first month’s wages for all 30 labourers were successfully disbursed through a Financial Service Provider (FSP) directly and through the cash-in-hand approach. Each labourer received a monthly salary of 12000 AFN equal to 180 USD. The labourers were selected and mobilized through a participatory, community-based approach to engage in waste management and cleaning activities in targeted areas. Selection criteria prioritized vulnerable households with limited income sources and those most affected by the disaster. The timely payment ensured continued engagement of participants, contributing to meeting their families’ immediate needs such as food, rent, and healthcare.



30 labourers supported by IFRC for Waste Management through CfW initiative, equipped with necessary tools. (Photo: IFRC)



**Multi-purpose Cash**

**People Reached: 41,464**

Female > 18:  
8,997

Female < 18:  
11,559

Male > 18: 9,840

Male < 18:  
11,068

**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)*

41,464

60,000

**Fed-wide Achievement:**

In continuation of the humanitarian response to support earthquake-affected families in eastern Afghanistan, the second round of Multi-Purpose Cash Assistance (MPCA) distribution was successfully carried out to help vulnerable households meet their urgent basic needs.

During the first round of cash distribution 2,000 HH were targeted in Kunar (1,500), Laghman (200) and Nangarhar (300) benefiting 15,415 individuals (7,780 male and 7,635 female). Through the second round, a total of 2,750 HH received life-sustaining cash assistance across three provinces. Of these, 2,100 families were supported in Nangarhar, 350 families in Laghman, and 300 families in Nuristan provinces benefiting 26,049 individuals (13,128 male, 12,921 female). Each family received 10,500 AFN equal to 150 USD as recommended by Cash working group to meet the minimum expenditure baseket of the affected people we serve. The assistance aimed at enabling families to cover essential household expenses such as food, shelter repair, health care, and other immediate needs during this critical recovery phase.

In addition, the DRC has distributed cash (10,500 AFN), among 600 HH.

The cash support provided through this intervention continues to serve as a vital lifeline for families who lost their homes, livelihoods, and belongings during the devastating earthquake. Beneficiaries expressed deep appreciation for the timely support, which has allowed them to purchase essential items of their choice and restore a sense of dignity and stability in their daily lives.

In the coming days, the humanitarian response will further expand to reach an additional 5,500 earthquake-affected families in Kunar province. The upcoming distribution will focus on the most severely impacted districts, ensuring that the most vulnerable and at-risk households receive the necessary support to cope with the aftermath of the disaster.

Through this coordinated effort, humanitarian partners remain committed to addressing the immediate needs of affected families, promoting resilience, and supporting recovery across earthquake-hit communities in eastern Afghanistan.



*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: 21,589**

Female > 18:  
4,586

Female < 18:  
6,333

Male > 18:  
4,481

Male < 18:  
6,189

### 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.*

	Indicator	Actual	Target
Key indicators:	<i>Number of mobile health teams functional to provide quality primary health care.</i>	5	8
	<i>Number of consultations through primary health care mobile units operated by the National Society.</i>	21,589	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>	1,741	11,520
	<i>Number of U5 children screened for malnutrition status</i>	5,528	19,200
	<i>Number of people provided with health education.</i>	15,400	96,000
	<i>Number of people reached with first aid services and PFA</i>	15,400	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>	15,400	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.

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, 5 remain active, providing vital health services. The MHTs are supported by IFRC and DRC and NorCross. The MHTs providing essential primary health services including OPD consultations, nutrition screening, maternal and child health and health education. DRC MHT in Kunar, Nurgal has supported a total of 5,792 people, i.e. 3,186 female and 2,606 male patients and of those there are 1,274 females under 18 and 1,042 males under 18 years of age.



*ARCS Volunteers supporting a beneficiary affected by the earthquake at Kunar Province.*

**(Photo: ARCS)**

The common health issues reported are Acute Watery Diarrhea cases and Acute Respiratory Infection cases, with children at higher risk.

With the support of DRC, ARCS provided MHPSS services to 2,786 people during the reporting period in Kunar and Nurgal, i.e. Female 1,309, Male 1,477 (Female under 18: 524, Male under 18: 591). Further support which aims to start from late November will be for volunteers who have been deployed to the Kunar Camps, to work alongside MHPSS counsellor couples to provide structured and non-structured MHPSS services in both the camp and the surrounding affected communities. Their responsibilities will include managing the community centre and conducting tent-to-tent outreach to families. A new community centre is also under construction within the camp. Once operational, it will offer recreational areas, activities, and PSS services for boys, men, girls, and women, along with a dedicated child-friendly corner.

In total, there have been 21,589 Outpatient Department (OPD) consultations, addressing common health issues and providing essential primary health care services. Additionally, 1,741 individuals received Antenatal Care (ANC) and Postnatal Care (PNC) services provided by ARCS midwives, and 5,528 under-five children were screened for malnutrition. A total of 15,400 people benefited from health education, first aid, and psychosocial support (PFA) sessions delivered by the ARCS teams.

The initiative has seen the active involvement of ARCS Community-Based Health and First Aid (CBHFA) volunteers since the outset, who have collectively contributed to promoting hygiene, first aid, and psychosocial support in the

community. Overall, 15,400 people have been reached with key health and hygiene messages through CBHFA-trained volunteers.



## Water, Sanitation and Hygiene

**People Reached: 7,000**

Female > 18: -

Female < 18: -

Male > 18: -

Male < 18: -

### Objective:

*To ensure access to clean water, improve sanitation facilities, and promote good hygiene practices among earthquake populations thereby enhancing overall health and well-being*

	Indicator	Actual	Target
Key indicators:	<i>Number of people reached for improved water source in emergencies.</i>	7,000	18,900
	<i>Number of portable latrines installed</i>	200	500
	<i>Number of people covered with hygiene promotion activities.</i>	15,490	89,600
	<i>Number of family hygiene kits distributed</i>	834	5,000
	<i>Number of MHM kits distributed</i>	0	5,000
	<i>Number of women reached by MHM awareness sessions</i>	400	3,600




Camp residents are provided with clean water. (Photo: ARCS)

## Fed-wide Achievement:

In Kunar province, hygiene kits were distributed to 834 families. In addition, 500 family hygiene kits are prepositioned to be distributed in the near future. ARCS has installed 200 Portable latrines (50 for male and 150 for female). ARCS WASH team considered privacy, particularly for female beneficiaries as well as other considerations for disabled beneficiaries. ARCS WASH unit has also provided 200 safe water tanks and 200 handwashing facilities to the vulnerable people in the Kunar earthquake response. Out of these, 67 handwashing stations were placed near the water tanks, awaiting the connection from the water line.

During the reporting period, 400 females were reached for MHM education through the 20 volunteers of ARCS. The distribution of 1000 MHM kits will be completed by the end of November. Each kit included a bag, disposable pads, fellahin fabric, bathing soap, laundry powder, facial tissues, wipes, under wears, gloves, hairbrush, pegs, scissors, spools of thread, hand needles, clips, measuring tape and flashlight. Another 1500 MHM kits from the Canadian Red Cross were prepositioned in the warehouse of IFRC Kabul to distribute in future. Besides, DRC planned to procure another 1300 MHM kits to distribute in the camps.

 <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>	42	13
	<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>	Under distribution process	1000
	<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>	1	Yes
<i>ARCS has a developed PGI operation guideline/PGI policy</i>	Under development	0

**Fed-wide Achievement:**

The IFRC Protection, Gender, and Inclusion (PGI) focal point, in close collaboration with the Community Engagement and Accountability (CEA) focal point and the Afghan Red Crescent Society (ARCS) Gender Department, has undertaken several initiatives to strengthen protection, inclusivity, and community engagement among affected populations, particularly women and girls.

To enhance awareness and access to services, the team developed informative leaflets in Pashto and Dari containing essential protection messages, information on preventing harassment, available health services, presence of female health volunteers, and guidance on how to raise concerns and seek help. These leaflets are distributed in dignity kits and used by female health volunteers to reach out to women. Menstrual Hygiene Management (MHM) kits were also updated—based on GBV Cluster findings—to include women’s clothing, sandals for men, women, and children, and torch lights to improve safety and mobility at night, though further needs remain.

The PGI focal point conducted Focus Group Discussions (FGDs) with women receiving Multi-Purpose Cash Assistance (MPCA) to gather feedback and ensure programming remains responsive to gender-specific risks. PGI considerations have been integrated into the multisectoral assessment questionnaire to better capture diverse needs, vulnerabilities and capacities of different groups within the affected population. The information gathered will inform more inclusive and targeted programming across sectors.

PGI trainings were conducted for 42 ARCS staff (17 at HQ and 25 in Laghman), including members of the Gender and Legal Departments, youth, Marastoon, volunteers, and presidential advisors, leading to the establishment of a PGI Policy Development Taskforce. Further two-day PGI and CEA trainings are planned for Danish Red Cross (DRC) volunteers providing MHPSS support in Kunar. In parallel, IFRC and ARCS held complaint and feedback desk trainings for male and female volunteers, emphasizing confidentiality, inclusivity, and gender sensitivity, supported by mobile and digital tools for real-time data collection.

Coordination with DRC and ARCS is ongoing for the establishment of a Women-Friendly Space (WFS)/ and two family-friendly recreational tents in Kunar Camp to support social and psychosocial well-being. FGDs are planned to inform activities, and MHPSS volunteers in Jalalabad and Nangarhar are identifying vulnerable groups including people with disabilities, widows, orphans, and the elderly. Children in the camps have access to UNICEF-supported child-friendly spaces and education.

These efforts reflect the IFRC and ARCS's commitment to gender-sensitive, inclusive, and accountable humanitarian action that protects dignity and strengthens community resilience.



## Community Engagement and Accountability

**People Reached: 4,000**

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.*

	Indicator	Actual	Target
<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>	3500	100

### Fed-wide Achievement:

During the reporting period, ARCS, with the support of IFRC, implemented several activities to strengthen CEA in Kunar province. Meetings were conducted with the Eastern Regional Head, Kunar Branch Head, CEA focal points, and volunteers in Chawkay and Dewagal to review CEA approaches, coordination, and ongoing challenges. Direct observations of living conditions were undertaken in both ARCS camps and host communities, complemented by informal discussions with community members to gather feedback on the assistance received.

A review of feedback collection and documentation practices was completed, and five trained volunteers, including two female volunteers, were deployed to systematically collect, record, 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.

Four key methods have enabled communities to actively participate in planning and managing services. Beyond consultation and feedback, these approaches provided direct, meaningful input that shaped programme decisions:

- **Household Visits:** Collected priority needs and concerns at the household level, used to adjust planning.
- **Key Informant Interviews:** Engaged community leaders and representatives whose recommendations informed operational decisions.
- **Surveys and Feedback Forms:** Gathered broader community input to identify gaps and guide programme improvements.
- **Focus Group Discussions:** Allowed different community groups to jointly discuss issues and propose solutions that shaped programme adjustments.

Trained volunteers regularly provide information to affected individuals on selection criteria, available services, and referral systems, ensuring that communities are well informed and can access support effectively.

A comprehensive community feedback mechanism has been established to enable people to safely share their opinions, concerns, and suggestions about services. To date, more than 3,500 feedback submissions have been collected from affected communities in Kunar province, providing valuable insights into local priorities and needs. All feedback is documented in Kobo, supporting evidence-based programme adjustments. Volunteers received ongoing guidance on registering, documenting, and addressing feedback to ensure the process remains systematic, confidential, and responsive. Based on feedback collected from the community, ARCS has already implemented a number of programme adjustments. For instance, concerns regarding the lack of culturally appropriate latrines prompted a review and adaptation of latrine designs to ensure alignment with local cultural practices, resulting in improved acceptance and use. Additionally, in response to feedback about insufficient electricity and cooling options, ARCS, with support from DRC, provided solar systems, batteries, fans, and lighting to address these needs.

Communities have consistently expressed the need for clear information regarding the selection criteria for MPCA and other forms of support provided by ARCS. In response, ARCS trained volunteers shared information about the selection criteria and available services in bother camps through consultation meetings with affected people and during surveys. These efforts aimed at reaching and informing more than 500 community members. At the Same time ARCS plans to strengthen two-way communication through multiple channels, including the establishment of help desks and complaint boxes in both ARCS camps, with dedicated volunteers assigned to ensure timely follow-up. Several consultation meetings have been held with community members in camps and surrounding areas to identify their information needs and priorities. This participatory approach has enhanced transparency, accountability, and trust between ARCS and the communities it serves.

## 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.*

	<b>Indicator</b>	<b>Actual</b>	<b>Target</b>
<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

In keeping with the assessments undertaken to appreciate the needs of the human resources, particularly the volunteers supporting the ongoing operations, visibility items as well as protective clothing have been procured. Steps are also underway to strengthen the guidance for the engagement of human resources with specific focus on duty of care and general considerations for the preservation of health and overall welfare.

Logistics and inventory management has also been brought into focus with preparations being made to undertake an in-depth assessment of the logistics and warehousing capacity of the Kunar, Nangarhar and Laghman branches with a view to optimizing their operations.



## **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.*

	<b>Indicator</b>	<b>Actual</b>	<b>Target</b>
<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 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.*

	<b>Indicator</b>	<b>Actual</b>	<b>Target</b>
<b>Key indicators:</b>	<i>Percentage of financial reporting respecting IFRC procedures</i>	0	100%
	<i>Number of technical and monitoring visits conducted</i>	2	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 31 October, the following Rapid Response profiles were confirmed and deployed (some remote) to support the operation:

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

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

### **Safety and Security**

IFRC is actively monitoring the evolving situation along the Afghan–Pakistan Durand Line and remains in continuous communication with ARCS leadership and the Security Department.

Coordination with external security stakeholders has been initiated to ensure access to timely and accurate information, improving situational awareness, and decision-making. Internal coordination mechanisms are being strengthened to support ARCS in developing a more structured and consistent security management approach.

The priority remains for the safety of personnel, operational continuity, and minimizing exposure to security risks.

### **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 5 fed-wide situational report.
- Data collection quality improvement at the field level is ongoing.
- PMER continues close engagement and supports the ARCS PMER unit.

### **Monitoring visits:**

During the reporting period, two technical monitoring visits were conducted by the NSD and the Operations team. The findings and recommendations from these visits were shared with all the sectoral teams. A presentation summarizing the key points was also shared with the respective teams.

## D. FUNDING

IFRC Secretariat Coverage	Amount Raised (CHF)	Funding Gap (CHF)	Coverage %
Hard Pledges + In kind + Soft Pledges as of 15 September 2025	8,340,239	13,659,761	38%
Federation-wide Coverage	Amount Raised (CHF)	Funding Gap (CHF)	Coverage %
ARCS domestic income + IFRC Secretariat + Bilateral support to NRCS	8,380,109	16,619,891	34%

As of 31 October 2025, 36% 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:

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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.