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<p><b>Operation update #3</b>  <b>Date of issue:</b> 13/01/2026</p>	<p><b>Timeframe covered by this update:</b>          From 03/09/2025 to 30/11/2025</p>
<p><b>Operation timeframe:</b> 28 months          (03/09/2025 – 31/12/2027)</p>	<p><b>Number of people being assisted:</b>          48,891</p>
<p><b>Funding requirements (CHF):</b>          IFRC Secretariat Funding requirements: CHF 27 million Federation-wide Funding requirements: CHF 30 million</p>	<p><b>DREF amount initially allocated:</b>          CHF 1 million Southeast          CHF 1 million Northern</p>

To date, this Federation-wide Emergency Appeal, which seeks CHF 30,000,000, is 28 per cent 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. This operation was made possible through the support of the International Committee of the Red Cross (ICRC), Irish Government, the Government of Japan (JICA), the Swiss Red Cross, the Spanish Red Cross, the Government of Canada, the British Red Cross, the German Red Cross, The Hong Kong branch of RCSC and the Finnish Red Cross, as well as the in-country Partner National Societies, namely the Danish Red Cross, the Turkish Red Crescent, the Qatari Red Crescent, and the Norwegian Red Cross.



MPCA distribution to affected household in the Kunar Province. (Photo credit: IFRC)

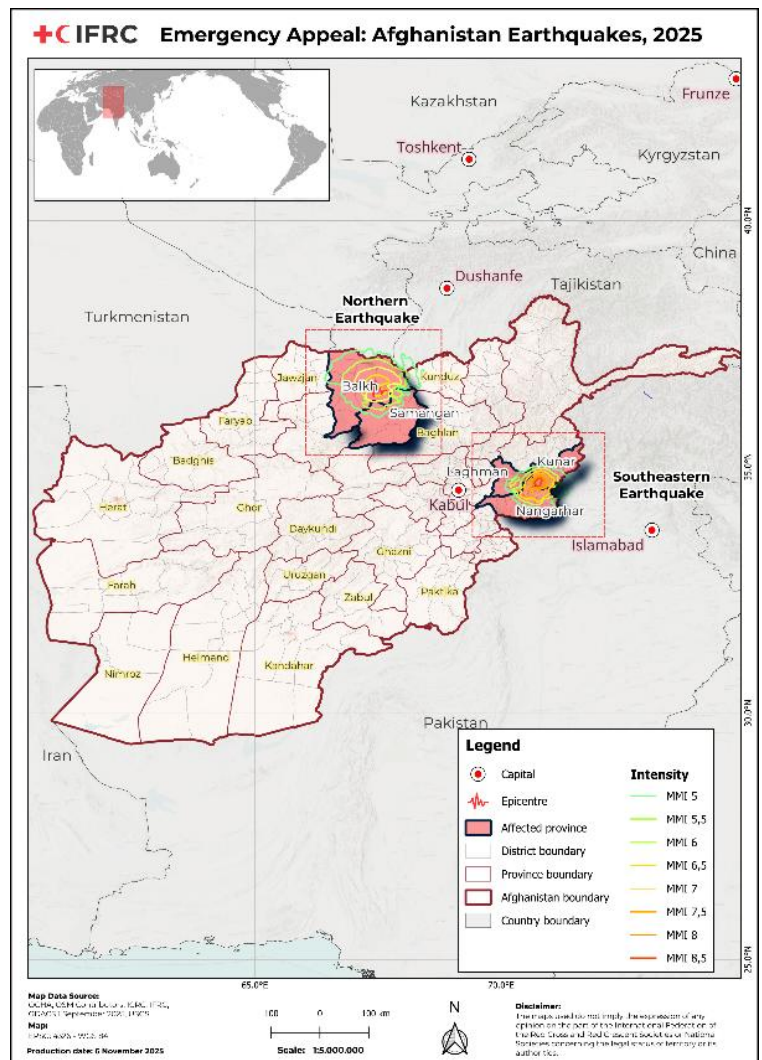
# A. SITUATION ANALYSIS

## Description of the crisis

On 31 August 2025, a 6.0-magnitude earthquake struck southeastern Afghanistan near Jalalabad, about 30 km from Momand Dara (Nangarhar) and Nurgal (Kunar), causing major shaking across Kunar and Nangarhar, with impacts extending to Laghman and Nuristan. Significant aftershocks (5.2, 4.5, 5.6) followed immediately and again on 5 September, worsening the effects and complicating early response.

On 23 September, another earthquake with 4.9-magnitude struck eastern Afghanistan. The earthquake occurred at a depth of 10 kilometres (6.2 miles) and was centred approximately 23 kilometres (14 miles) from Jalalabad, the capital of Nangarhar province. Key infrastructure, including water sources, was also damaged, with reports of livestock and farmland decimated.

The southeastern Afghanistan earthquake caused severe destruction, killing over 2,200 people, injuring more than 3,600, and affecting up to 3 million. Thousands were displaced after widespread housing collapse in Kunar and Nangarhar, with over 3,000 families currently reside in at least five major sites for internally displaced people (IDP) across two districts, with many smaller areas of displacement across the entire earthquake affected area. <sup>1</sup> As winter is already ongoing, winterisation support remains a priority.



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 neighbouring 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, healthcare, food assistance, and protection.

On 3 November 2025, a second major earthquake of 6.3 magnitude hit northern Afghanistan near the Balkh-Samangan border at a depth of 28 km. The tremor was widely felt across northern and central Afghanistan and as far as Uzbekistan and Kazakhstan.

<sup>1</sup> [UNHCR: Afghanistan Earthquake: One month impact report](#)

The second quake in Balkh and Samangan hit already vulnerable communities, causing 26 deaths, over 1,170 injuries, while approximately 1.53 million people experienced intense shaking around the epicentre <sup>2</sup>. More than 220,000—including IDPs, returnees, and highly vulnerable groups—were already in precarious conditions before the shock. The earthquake damaged over 2,000 homes, disrupted key services including health facilities, and temporarily blocked the Balkh–Kabul highway, highlighting fragile access routes and risks such as landslides and rockfall. The earthquake affected districts across Samangan and Balkh provinces hosted an estimated 220,311 people (52% male and 48% female), including 9,129 internally displaced persons (IDPs), 12,032 IDP returnees, and over 16,404 returnees from abroad in highly vulnerable conditions prior to the earthquake <sup>3</sup>.

The earthquakes have left thousands of households without adequate food, shelter, or financial means, worsened by widespread loss of crops, livestock, and infrastructure. Although some remote markets were temporarily disrupted, most markets remain functional and suitable for cash-based assistance. Agricultural cycles in Nangarhar, Laghman, and Kunar have been interrupted, deepening debt and reducing farmers' incomes, creating urgent needs for livelihood support, including in-kind aid and CVA.

Health services, already limited before the disaster, require reinforcement, especially through mobile health teams. Water and sanitation systems have been damaged, necessitating emergency water supply, sanitation solutions, and later rehabilitation to reduce public health risks. Disease risks, including Acute Watery Diarrhoea (AWD), scabies, malaria, dengue, and respiratory infections, are elevated in overcrowded, camp-like settings, underscoring the need for health and hygiene promotion.

Protection concerns are rising, particularly for women and girls with reduced mobility and limited access to information. Shelter needs remain severe: many families are living in inadequate temporary structures, facing heightened risks with winter approaching. Immediate winterization, home repairs, and long-term safe shelter solutions are essential. Hosts supporting displaced families also require assistance.

The earthquakes have profoundly affected communities physically and emotionally, creating an urgent need for emergency health services, including deployed health teams, referrals for severe cases, and supplies such as medicines and equipment. Many people are experiencing severe psychological distress after losing family members, homes, and livelihoods, with pre-existing psychosocial issues often worsened. Communities reported grief, anxiety, and fear, while health staff cited urgent shortages of medicines and trained providers. Based on the WHO report <sup>4</sup>, scaling up outreach, counselling, and community-based MHPSS remains critical, with women, children, and older persons highlighted as priority groups.

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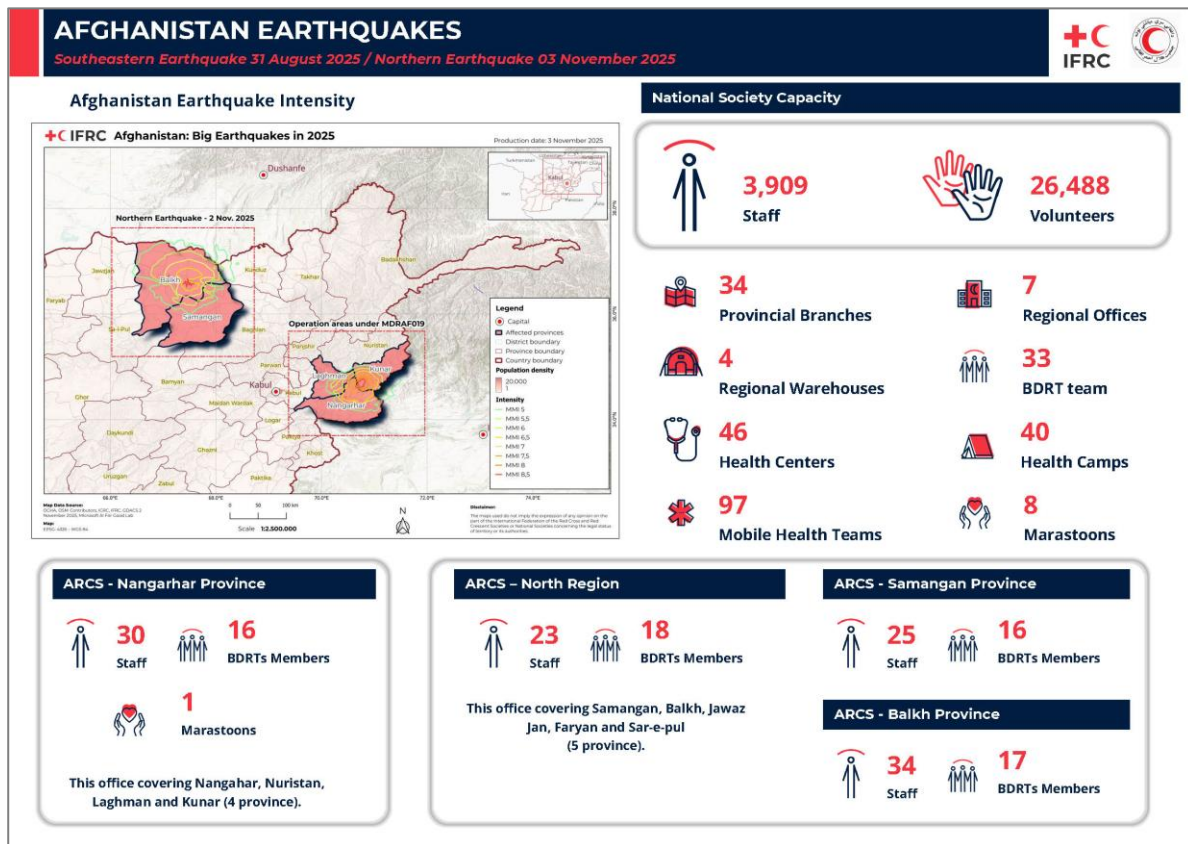
<sup>2</sup> [Afghanistan: Earthquake - Nov 2025 | ReliefWeb](#)

<sup>3</sup> [Flash-Update-3-Earthquake-in-Northern-Afghansitan-IOM-10-November-2025.pdf](#)

<sup>4</sup> [afghanistan-earthquake-sitatuion-report-11-18-september-2025.pdf](#)

# Summary of response

## Overview of the host National Society and ongoing response



On 1 September 2025, ARCS convened the first Emergency Operations Centre (EOC) meeting, bringing together all in-country Movement partners. Participating National Societies with an in-country presence—Danish Red Cross, Norwegian Red Cross, Qatar Red Crescent Society, and Turkish Red Crescent—are providing technical, financial, and in-kind support in areas including primary healthcare, essential medicines, MHPSS, hygiene kits, and food security. IFRC is working closely with Participating National Societies under the Federation-wide approach to support harmonised planning, monitoring, reporting, and coordination, and to consolidate multilateral and bilateral assistance to ARCS.

ARCS maintains a presence in all 34 provinces of Afghanistan, including the earthquake-affected areas in southeastern and northern Afghanistan. Branch Disaster Response Teams (BDRTs) were deployed and responded within their respective provinces. Additionally, 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. With IFRC technical support, ARCS has conducted needs assessments and deployed emergency response teams to the affected areas. IFRC, ICRC, and in-country Participating National Societies 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, which was later revised to CHF 30 million following the second earthquake in the north to support ARCS' immediate response and recovery plans.

Following the first earthquake at the end of August in the Kunar region, ARCS rapidly mobilised five Mobile Health Teams (MHTs) to the most affected areas, delivering life-saving primary health services. These included outpatient consultations, distribution of essential medicines, reproductive health services, nutrition support, and basic mental

health and psychosocial support (MHPSS). ARCS also established two temporary camps in Kunar Province to provide shelter and integrated assistance to approximately 1,000 households. Support at these sites included multipurpose cash assistance, hot meals, non-food items (NFIs), WASH facilities, continued deployment of MHTs, and psychosocial services.

Following the second 6.3 magnitude earthquake in Balkh and Samangan provinces, ARCS rapidly mobilized its disaster response capacity. Fifty staff and volunteers from Branch Disaster Response Teams (BDRTs) and Disaster Response Units (DRUs) were deployed to conduct aerial and field assessments and deliver immediate relief. ARCS distributed essential non-food items (NFIs) and shelter materials—including tents, tarpaulins, blankets, kitchen sets, and hygiene kits to 500 households within three to four days of the disaster. Relief stocks were sourced from IFRC's Kabul warehouse and complemented by donations from partners such as the King Salman Humanitarian Aid and Relief Center.

Vulnerability-based targeting criteria were applied for multi-purpose cash assistance (MPCA), prioritizing households whose homes were fully collapsed or severely damaged, female-headed households, families with elderly persons or persons with disabilities, and those without immediate income sources. Registration and distribution of MPCA for 1,000 affected people commenced to ensure timely support for basic needs.

To address urgent health needs in the north, ARCS deployed two MHTs supported by Norwegian Red Cross, providing primary healthcare, triage, and referrals. Over 862 people received outpatient consultations, and 849 were assisted with first aid, while common conditions such as acute respiratory infections and diarrhoea were treated. ARCS also reinforced health services through its Health Base Centre in Balkh despite infrastructural challenges. Coordination with local authorities, IFRC, and partners remains ongoing to ensure effective targeting and distribution of assistance. ARCS additionally initiated WASH assessments and strengthened community engagement mechanisms, expanding feedback systems and inclusive communication approaches to keep affected families informed and involved in the response.

### **ICRC Actions Related to the Current Event**

The ICRC is actively engaged in the response through participation in ARCS Task Force meetings and has provided CHF 425,000 in financial support since the onset of the crisis. It is advising Movement partners on security analysis, emblem use, external communications (jointly with IFRC), and supporting ARCS in implementing the Safer Access Framework. The ICRC has also delivered in-kind assistance, including body bags, RFL (Restoring Family Link) emergency kits, medical dressing and IV packages, and essential medical supplies to Nangarhar Regional and Kunar Provincial hospitals, along with crutches and wheelchairs. The response prioritizes life-saving assistance such as emergency shelter, essential household items, and winterization support, and includes providing vehicles to the Kabul ambulance service and equipment and supplies to the ARCS Eastern region branch. The ICRC is supporting access to safe drinking water through well construction and the rehabilitation of water supply systems. In addition, it has implemented Cash-for-Work activities to clear roads and improve access to affected areas.

### **Key Achievements (as of 30 November 2025)**

#### **Initial 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.
- For the northern affected area, ARCS started the search and rescue mission by deploying Branch Disaster Response Teams (BDRTs) and Disaster Response Units (DRUs).
- ARCS actively participated in the government task force meeting to ensure every ARCS humanitarian assistant to the affected people is delivered in a coordinated manner.

## **Health Services:**

- Initially 13 Mobile Health Teams (MHTs) were deployed to the southeast earthquake affected areas to provide emergency medical services to the 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, alongside a Health Camp (HC) supported by DRC.
- ARCS with the support the NorCross deployed 2 MHTs to the northern earthquake affected areas to provide emergency primary health services including providing outpatient consultations, distribution of essential medicines, maternal and reproductive health care, nutrition support, and basic mental health and psychosocial assistance to affected populations.
- 53,172 Outpatient Department (OPD) consultations have been conducted. The most common infections diagnosed included Acute Respiratory Infections (ARIs), Diarrheal diseases, malaria, typhoid fever, and other non-communicable diseases including hypertension, diabetes, renal complications and cardiovascular disease.
- 12 MHPSS volunteers were deployed with support from DRC to the Kunar IDP camps to provide structured and unstructured PSS services, and 24 in Samangan and Balkh province to provide PFA and basic PSS to affected communities. In the meantime, construction for a community centre to provide space for social, recreational and PSS activities inside the IDP camp has begun.
- 8,112 under-5 children were screened for malnutrition using MUAC, throughout the Kunar province (4,705 female, 3,407 male). Some cases were directly treated by the ARCS health team and other acute cases are referred to other agencies.
- Ambulance services evacuated as estimated 419 injured individuals from danger zones.
- Referral pathways are strengthened for remote communities.
- Please mention the internal/external coordination done in the health sector.

## **Livelihood:**

- Daily hot meals distributions to the camp residents are continuing with the support of TRC, DRC and QRCS ensuring continuous access to cooked food for displaced families. This will transition in December to provision of food through DRC established kitchens in each camp, whilst TRC plans to distribute more food parcels among households.
- 30 people receiving temporary employment opportunities under the cash for work scheme.

## **Shelter:**

### East EQ response:

- ARCS established two temporary displacement camps in Chawkay district, installing 924 tents to provide immediate shelter for internally displaced families. In addition, each household received a comprehensive NFI package, including one tent, seven blankets, one tarpaulin, two jerrycans, one kitchen set, and one solar light, to support immediate shelter, safety, and essential household needs.
- Winterisation plans for tents have been finalised, with installation scheduled to begin on 18 December.
- Agreement with IOM on support to camp management training, planned for 16-18 December.
- Further coordination is ongoing to identify any additional gaps in shelter coverage, particularly for vulnerable households and new arrivals.

### North EQ response:

- 680 families received immediate support through the distribution of the following Non-Food Items (NFIs): sleeping pads, large tents, foldable tanks, blankets, and jerry cans.

## **Water and Sanitation:**

### Southeast EQ response:

- In the ARCS camps ARCS installed 200 water tanks (1000 litres) at strategic locations, connected with the water supply line installed by ICRC along the fence of both camps. Beneficiaries collect 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 through water trucking including approximately 1.5million litres delivered to 7,000 earthquake-affected people in East Kunar.

- A total of 200 ventilated pit latrines were installed in camps 1 and 2 in Kunar. The people in the camps were using latrines. Additionally, 60 mobile and 80 tarpaulin pit latrines were installed with support from ICRC. 10 PWD-friendly latrines have so far been installed by the Afghanistan Red Crescent Society.
- Out of the 350 handwashing stations procured, 295 have been installed in the two camps, linked to ICRC water infrastructure that pumps water from the TRC supported the drilling of a water well in the camp
- Further distribution of Hygiene kits is planned with hygiene promotion being a key priority in the camp. To date ARCS has distributed 1,500 hygiene kits.
- The TRC planning to distribute hygiene kits to 2,400 families, whilst DRC is planning to procure another 1,300 family hygiene kits.
- 1,870 female beneficiaries have so far been reached with MHM education through ARCS Volunteers and a total of 1,000 MHM kits were distributed during the reporting period and beneficiary details registered in RedRose. Distribution planning is currently under way for an additional 1,500 MHM kits from the Canadian Red Cross. Besides, DRC planned to procure another 1,300 MHM kits to distribute in the camps.
- There are 177 waste collection bins installed in camps 1 and 2 in Kunar.
- 30 labourers from the host community have been recruited to support with the waste management.

North EQ response:

- With support from IFRC, ARCS's established emergency water supply systems, distributing 2 jerrycans per family to an estimated 500 families, ensuring 4,819 households in Balkh and 580 households in Samangan received clean drinking water and chlorine tablets

### **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. The feedback is regularly reviewed and analysed to understand common trends, priority concerns, and gaps in services. The findings are shared with relevant sector teams and management and are used to inform practical adjustments to programs, improve the quality and relevance of assistance, and strengthen accountability to affected populations. Key issues raised by communities are followed up through corrective actions, referrals, and clear communication back to communities, helping people see how their feedback leads to tangible improvements in support. 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 after the earthquake in the southeast. 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.

Following the earthquake on the north, UN team on the ground were also assessing urgent needs for medical aid, temporary shelter, food supplies, and winter assistance.

# Needs analysis

## Overview:

Following the earthquakes in both the southeast and the north of Afghanistan, people 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:** Immediate needs include food assistance, cash assistance, emergency shelter and household items, emergency health services, MHPSS including Psychological First Aid (PFA), Restoring Family Links (RFL), and targeted protection support for women, girls, orphaned children, and widowed women. Complementary priorities focus on improving camp safety and living conditions through installation of firefighting equipment, safer tent layouts with fire corridors, strengthened camp management capacity, drainage to address water stagnation, improved bathing and washing facilities, and hygiene promotion activities.
- **Medium-term needs:** Winterisation of tents inside the camp, restoring livelihoods, continued provision of clean water and sanitation and primary health and care services. There is a need to strengthen the referral pathway between the community and existing health facilities to ensure easy and timely access to healthcare. Support to meet food needs through ARCS camp kitchens supported by DRC and IFRC. 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, child and family friendly spaces supported by the DRC, 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, sustainable healthcare and WASH interventions and concerted efforts to address underlying causes of morbidity including chronic malnutrition. National Society Development including preparedness for effective response.

After the northern earthquake, a joint multi-sector rapid assessment (MSRAF)<sup>5</sup> conducted with 10 mixed-gender teams from multiple humanitarian partners, covering Balkh and Samangan provinces and extended to affected areas in Sari-e-Pul, Jawzjan, and Faryab provinces. The MSRAF, conducted to assess the impact of the earthquake on affected communities, concluded on 14 November 2025. It found that 3,893 families (23,968 individuals; 11,978 male and 11,990 female) across 198 villages were affected, with 74 per cent of houses severely damaged and 26 per cent completely destroyed, highlighting urgent shelter and multi-sectoral needs.

## Sector Updates:

**Shelter, Housing & Settlements:** Due to the extensive damage in affected areas, shelter reconstruction is a critical priority. Eastern and northern Afghanistan have suffered devastating impacts from the earthquakes of 31 August and 3 November 2025, with 8,489 houses destroyed in Kunar, Nangarhar, and Laghman and 874 houses destroyed with 2,153 damaged in Balkh, Samangan, Jawzjan, Faryab, and Sari Pul.<sup>6</sup> Thousands of families are residing in temporary tents, damaged structures, or with host families, facing urgent shelter, winterisation, and protection needs. The approaching winter season heightens vulnerability, particularly for women, children, persons with disabilities, and recent returnees, who face limited access to aid and risks from unsafe structures, overcrowding, and harsh climatic

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<sup>5</sup> <https://reliefweb.int/report/afghanistan/iom-flash-update-1-earthquake-northern-afghanistan-04-november-2025>

<sup>6</sup> <https://reliefweb.int/report/afghanistan/iom-flash-update-earthquakes-eastern-and-northern-afghanistan-7-december-2025>

conditions. Current needs include transitional shelters, reinforced housing solutions, winterisation kits, and essential household items to ensure safety, dignity, and protection against extreme weather.

Recovery-focused needs highlight the urgent requirement for debris clearance, reconstruction, and building back safer approaches to reduce ongoing risks. Assessments indicate critical gaps in thermal insulation, reinforced construction materials, and fire safety measures, particularly in densely occupied camps such as those managed by ARCS in Kunar, where fire hazards and unsafe winterization practices threaten lives. Community-led, phased shelter reconstruction targeting the most vulnerable households is essential, supported by vocational training and skills development for local masons to strengthen recovery capacity. Winterization of tents and shelters, combined with awareness on safer construction, will mitigate exposure to harsh winter conditions, while prepositioned NFIs and shelter stocks provide immediate relief. Funding limitations currently restrict structured reconstruction to 250 households, emphasizing the need to prioritize interventions, integrate recovery measures, and ensure durable solutions for affected families.

**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 included emergency food packages, ready-to-eat hot meals and cash assistance. In the north, the initial rapid assessment done by the IFRC, showed that the earthquake has caused the loss of livestock, which are the primary sources of livelihood for these affected communities. Additionally, around 100-250 livestock, including cows, sheep, and goats, were lost. And livestock has severely impacted the food security and household incomes, necessitating urgent support to restore agricultural activities and prevent further economic hardship.

**Health:** In the southeast, local health facilities are overstretched. Maternal and child health services, reproductive care, and safe deliveries are major concerns. These services are currently being provided through MHTs. However, there is need for additional support because of limited health facilities. Initial observations by the IFRC at the onset of the crisis in the north showed that access to healthcare remained a significant challenge for affected communities, as the nearest health facilities were located approximately two to three hours away. This situation was further compounded by damaged infrastructure. In response, the Afghan Red Crescent Society (ARCS) deployed mobile health teams to the affected areas within the first hours following the earthquake.

**Water, Sanitation & Hygiene (WASH):** In the southeast, water sources and latrines were installed in camps 1 and 2 in Kunar, and community volunteers are conducting hygiene promotion and health education sessions on an ongoing basis. MSF clinic reported the cases of communicable diseases including Acute Watery Diarrhoea (AWD), Acute Respiratory Infection (ARI), malaria, and scabies. Through its network of volunteers, ARCS continues to provide hygiene education in quest to prevent hygiene-related infections and to sensitize communities on available health services. Based on the initial observation of the IFRC in the northern areas, The affected communities primarily relied on spring water system, including wells and small canal rivers, as their main sources of drinking water. However, these sources were affected and contaminated by the earthquake. The destruction caused by the disaster has led to a severe shortage of safe drinking water.

Ongoing activities include improvement 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 volunteer-led hygiene promotion sessions to enhance safe hygiene practices.

**Migration & Displacement:** The southeastern EQ affected area of Nangarhar and Kunar host large numbers of returnees from Pakistan and Iran, many with limited resources. The number of returnees from the Pakistan side shows an increase, with the highest number of returnees, 225,433 people, in November 2025 alone.

**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:** The camps 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

- Gaps in WASH infrastructure and need for hygiene promotion.
- Few humanitarian actors, despite immense health and WASH related needs.
- The need for winterization due to the extreme cold.
- Need for more nutritional food for individuals.
- Border closure would delay the delivery of any aid items purchased from the neighbouring countries.
- Local suppliers running out of needed items such as clothing and blankets.
- Frequent diarrhoea related infections, particularly because of overcrowding in the camps.

## B. OPERATIONAL STRATEGY

### Update on the strategy

Following the recent earthquake in northern Afghanistan, the Operational Strategy was revised to reflect the response to the multiple earthquakes. The revised Operational Strategy aims to support the ARCS in addressing the immediate, medium-term, and long-term needs of people affected in the southeast (Nangarhar, Kunar, Laghman, and Nuristan provinces) as well as those in the north (Balkh and Samangan provinces). It seeks to reach 170,000 people, through an integrated, 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. Targeted 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 funding ask has increased from 25 to 30 million.


During the revision of the Operational Strategy, some of the indicators, targets and budgets on activities level have slightly changed to meet the needs of an extended appeal. In some cases, the wording of the indicators has been refined, without changing the nature of the original indicator. The changes have been reflected under each detailed operational report's key indicator sections.

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.

## C. DETAILED OPERATIONAL REPORT

### STRATEGIC SECTORS OF INTERVENTION

	<b>Shelter, Housing and Settlements</b>	<b>People Reached: 17,010</b>	
		Female > 18: 3,585	Female < 18: 4,777
		Male > 18: 3,708	Male < 18: 4,940

**Objective:** *Provision of safe and secure shelter solutions for people who have been severely affected by the earthquake in southeastern and northern EQ affected areas of Afghanistan, enhancing their safety, dignity and well-being while supporting longer-term*

	Indicator	Actual	Target
<b>Key indicators:</b>	<i>Number of households that received winterisation kits /winterisation support</i>	0	3,000
	<i>Number of households that received essential household non-food items</i>	2,430	3,000
	<i>Number of households provided with emergency shelter/tents</i>	1,158	3,000
	<i>Number of HHs that received CCCM sessions to understand camp rules, safety, service access, and complaint mechanisms</i>	0	8,000
	<i>Number of targeted households reached with orientation on safer construction, no-build zones, and landslide risk mitigation</i>	0	2,200
	<i>Number of households who received cash assistance. (conditional cash for shelter construction-community based)</i>	0	950

The earthquake response has successfully reached 1,158 households with emergency shelters/tent, of those 658 were installed in the southeast and 500 in the north. In addition, ICRC has installed 500 tents. 2,430 households (17,010 people) were supported with essential NFIs, contributing to immediate protection and improved living conditions for affected families. Significant progress has also been made in the establishment of temporary camps in Chawkay district of Kunar province by ARCS, providing organized, safe, and managed shelter for affected families. These camps serve as key hubs for distributing NFIs, conducting community services, and coordinating further emergency support.

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. The response has been implemented across Northern, and Southeastern earthquake-affected areas, ensuring that both prepositioned, in-kind from partners, and newly procured resources reach the most vulnerable households. Follow-up actions focus on completing winterisation distributions, CCCM sessions, and safer construction guidance to achieve remaining targets.

#### **Winterisation kits /winterisation of tents support:**

Winterisation Kits and Winterisation of Tents aim to ensure affected households are adequately prepared for harsh winter conditions. A total of 2,800 winterisation kits is currently under procurement, with distributions planned to be completed by December 2025. For the winterisation of 924 tents inside the camps, the initial plan was to use IFRC standard winterisation modules sourced internationally, but due to border closures, a local solution was developed, which has proven to be an innovative and environmentally friendly approach. This solution uses sustainable materials such as cotton, is reusable over multiple years, and can also support additional household needs such as blankets and mattresses, contributing not only to immediate protection but also to longer-term recovery efforts for the affected communities.

#### **Emergency Shelters and Tents:**

A total of 1,000 family tents has been successfully distributed to earthquake-affected households, including 500 tents by ICRC to ARCS Patan Camp in Kunar, and 500 tents by IFRC to households in Samangan (Khulm) and Balkh (Marmol) districts. Additionally, 178 IFRC tents, including 4 refugee tents, have been mobilized from IFRC stock.

#### **Essential household non-food items:**

- 2,430 households have received essential household items, including blankets, kitchen sets, jerrycans, tarpaulins, and dignity kits, contributing to improved living conditions for affected families.

#### **Key distributions include:**

- ICRC funded 500 HHs in Kunar: 2,945 high thermal blankets, 1,000 jerrycans, and 500 family tents.
- In the northern provinces, 500 NFI sets were distributed, while 1,000 sets were provided for the southeastern earthquake response, including ARCS-managed camps in Kunar. Distributions included blankets, jerrycans, kitchen sets, and tarpaulins, following the IFRC/ARCS standard NFI package of 2 tarpaulins, 1 kitchen set, 2 jerrycans, and 7 high thermal blankets per household, with most households receiving the full package. The standard IFRC/ARCS NFI package comprises 2 tarpaulins, 1 kitchen set, 2 jerrycans, and 7 high thermal blankets per household. Although minor variations occurred, particularly with in-kind donations, most households received the full standard package. 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.

#### **PNS Contribution:**

- JICA in-kind contributions for 250 families in Kunar: 1,620 sleeping pads, 250 large-size tents, 250 foldable tanks, and 1,620 blankets. Additionally, JICA provided in-kind non-food items; 1,080 sleeping pads and 1,080 blankets for 180 households in northern provinces.
- During the reporting period, the Qatar Red Crescent Society (QRCS) distributed non-food packages to 800 HHs in the Kunar province, specifically in the Chawkey 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. DRC has provided solar panels for 1000 tents/families in the Nurgal camps.
- Several in-kind items are currently prepositioned at the IFRC warehouse, awaiting the finalization of distribution lists by ARCS. From the German Red Cross, 232 family tents, 8 multipurpose tents, 1,040 kitchen sets, and 10 major trauma bags are ready for distribution.

- The HK Branch of RCSC has purchased 3,600 jerrycans, 4,080 tarpaulins, and 3,600 high thermal blankets but not yet able to deliver to the country because of border close issue.
- The Government of Canada has provided 500 buckets, 1,000 foldable jerrycans, 1,000 woven tarpaulins, 500 shelter toolkits, 500 solar lamps, 2,500 medium thermal blankets, 500 kitchen sets, and 150 family tents, all held in the warehouse pending beneficiary identification.

### Challenges:

- The limited capacity of local suppliers is significantly constraining the timely delivery of critical assistance, particularly the provision of winterization kits and the winterization of tents, in the earthquake-affected eastern and northern regions.
- Overcrowded camps, unsafe winterization practices, and fire hazards increase risks for families, particularly women, children, and people with disabilities. These risks are amplified in both temporary and semi-permanent shelters, if people residing inside the tents use stoves, open flames, or improvised heating, making fire prevention awareness and mitigation measures a critical component of humanitarian support.



*ARCS preparing for the relief items distribution at Khulm, Samangan province. (Photo Credit: IFRC)*

Japan International Cooperation Agency (JICA) supported relief items, including 1,080 sleeping pads and 1,080 blankets, are currently undergoing official clearance procedures. Furthermore, preparations are underway to equip frontline CBHFA volunteers with 100 winter clothing kits, each containing a winter coat, winter boots, a hat, gloves, socks, and a scarf to ensure their safety and comfort during ongoing response operations in harsh winter conditions.



Handover of JICA NFI relief items to IFRC to support the northern EQ affected family. Photo Credit: IFRC (Photo Credit: IFRC)



### Livelihoods

**People Reached: 30**

Female > 18: 0

Female < 18: 0

Male > 18: 30

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.

	Indicator	Actual	Target
Key indicators:	Number of targeted households reached with livelihood support (livestock, agriculture)	0	3,000
	Number of people receiving temporary employment opportunities (cash for work)	30	3,000
	Number of people receiving vocational/ soft skill training (disaggregated by types)	0	400

	<i>Number households receiving support for income generation activities.</i>	0	3,000
	<i>Number of women and youth at risk received support for vocational training and tools for starting income-generation activities.</i>	0	300

**Hot meal**


With support from partners ARCS have distributed over 20,000 hot meals to meet food security needs of affected populations.

**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:**

As part of the ongoing efforts to improve community health, hygiene, and livelihood recovery in earthquake-affected areas, ARCS, with the support from the 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. The first month's wages for all 30 labourers were successfully disbursed through a Financial Service Provider (FSP). The labourers were selected and mobilized through a participatory, community-based approach to engage in waste management and cleaning activities in targeted areas, and the timely payment of 12,000 AFN (180 USD) per month enabled them to meet their families' immediate needs, including food, rent, and healthcare, while maintaining their engagement in the cleaning activities in targeted areas.. Selection criteria prioritized vulnerable households with limited income sources and those most affected by the disaster. The outlook for the remaining activities under the Cash-for-Work and labour mobilization initiative is on track, with all planned interventions expected to be completed by August 2026.

	<p><b>Multi-purpose Cash</b></p>	<p><b>People Reached: 48,891</b></p>	
		<p>Female &gt; 18: 10,469</p>	<p>Female &lt; 18: 13,663</p>
		<p>Male &gt; 18: 11,271</p>	<p>Male &lt; 18: 13,488</p>
<p><b>Objective:</b></p>	<p><i>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.</i></p>		
<p><b>Key indicators:</b></p>	<p><b>Indicator</b></p>	<p><b>Actual</b></p>	<p><b>Target</b></p>

<i>Number of people provided with unconditional cash assistance (MPCA)</i>	48,891	85,750
<i>% of households surveyed reported that the cash provided was sufficient to cover their most important needs</i>	0	80
<i>% of people surveyed reporting that satisfaction with the cash distribution process</i>	0	80
<i># of post distribution monitoring conducted</i>	1	2

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). In addition, 5,490 earthquake-affected families received Multi-Purpose Cash Assistance (MPCA) in Kunar Province. This support was delivered to 400 families in Wata Poor, 200 families in Dara-e-Pech, 300 families in Chapadara, 1,500 families in Chawkai, and 3,090 families in Nurgal districts, further strengthening household resilience and recovery following the earthquake.

The assistance aimed at enabling families to cover essential household expenses such as food, shelter repair, healthcare, and other immediate needs during this critical recovery phase. In addition, the DRC has distributed cash 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. The multi-purpose cash support allowed the beneficiaries to purchase essential items of their choice and restore a sense of dignity and stability in their daily lives.

Regarding the northern earthquake, ARCS, with support from IFRC, provided multipurpose cash assistance to earthquake-affected households in Balkh and Samangan provinces. A total of 1,000 families received support—500 families in Kishindi and Marmol districts of Balkh, and 500 families in Hazrat-e-Sultan and Feroz Nakhchir districts of Samangan.

Each family received 10,500 AFN (approx. CHF 130), enabling them to address their most urgent and essential needs. With an average household size of seven, the assistance reached an estimated 7,000 individuals. The amount to be distributed was agreed by the Cash Working Group.

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.

Distribution of MPCA for 600 HHs that DRC supported were completed in September in the mountainous areas of Nangarhar. There is also a plan to support 2,450 HHs in Samangan and Balkh.



## Health & Care

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

**People Reached: 27,115**

Female > 18:  
5,835

Female < 18:  
8,056

Male > 18:  
5,553

Male < 18:  
7,671

### 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
<b>Key indicators:</b>	<i>Number of mobile health teams functional to provide quality primary healthcare.</i>	5	8
	<i>Number of fully equipped pre-positioned ambulances.</i>	0	2
	<i>Number of Female MHPSS counsellors are recruited (Balkh and Samangan MHTs).</i>	0	2
	<i>Number of People received MHPSS services through MHTs (Balkh and Samangan)</i>	0	9,600
	<i>Number of consultations through primary healthcare mobile units operated by the National Society.</i>	27,115	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>	2,079	11,520
	<i>Number of U5 children screened for malnutrition status</i>	7,223	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 Trained volunteers in First Aid</i>	0	100
	<i>Number of Community health awareness sessions conducted by trained volunteers</i>	0	7,680
	<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 CBHFA and Health Promotion training conducted</i>	0	2

<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 neighbouring provinces. Initially, 13 MHTs were operational; currently, 5 remain active, providing vital health services. The MHTs are supported by IFRC and DRC, QRCS 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 is supporting patients. In addition, following the northern earthquake, ARCS deployed 2 MHTs supported by NorCross for the response, one in Balkh and one in Samangan, providing primary health-care services, triage, and referrals for the injured. In addition, DRC has supported the establishment of a Health Camp in Nurgal IDP Camps, which offers a wide range of services including doctors, nurses, wives, pharmacy, nutritionist, delivery room and vaccinations. The Health Camp will run for 6 months. Procurement of an ambulance to serve the Nurgal Camps and increase access to specialized services is underway,

With the support of the DRC, 12 MHPSS volunteers were deployed to the Kunar IDP camps to provide structured and unstructured PSS services, and 24 in Samangan and Balkh province to provide PFA and basic PSS to affected communities. Construction for a community centre to provide space for social, recreational and PSS activities inside the IDP camp has begun. The community centre will serve both boys and men and women and girls with various activities and services.

The common health issues reported in both southeastern and northern areas are Acute Watery Diarrhoea (AWD) cases and Acute Respiratory Infection cases, with children at higher risk.

In total, there have been 27,115 Outpatient Department (OPD) consultations, addressing common health issues and providing essential primary healthcare services. Additionally, 2,079 individuals received Antenatal Care (ANC) and Postnatal Care (PNC) services provided by ARCS midwives, and 7,223 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.

Health services in Balkh are being reinforced through the ARCS Health Base Centre (HBC), which continues to operate despite infrastructural challenges like road blockages.

With the support of NorCross, two MHTs are deployed in different locations; one in Balkh and one in Samangan, providing primary health-care services, triage, and referrals for the injured.

**People Reached: 30,800**



## Water, Sanitation and Hygiene

Female > 18: 6,364

Female < 18:  
8,728

Male > 18: 6,624

Male < 18: 9,084

### 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
<b>Key indicators:</b>	<i>Number of people who have been supplied by RCRC with an improved protected source of drinking water (according to WHO and Sphere standards)</i>	7,000	51,400
	<i>Number of portable latrines installed, or new latrine constructed</i>	200	600
	<i>Number of handwashing stations installed</i>	200	350
	<i>Number of improved bathing, laundry and ablution units installed</i>	-	20
	<i>Number of people covered with hygiene promotion activities.</i>	30,800	42,000
	<i>Number of family hygiene kits distributed</i>	834	5,000
	<i>Number of MHM kits distributed</i>	1,000	5,000
	<i>Number of women reached by MHM awareness sessions</i>	1,000	9,600
	<i>Number of female volunteers trained on MHM</i>	0	100

### Fed-wide Achievement:

ARCS has installed Portable latrines, considering 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.

1,000 female beneficiaries have so far been reached with MHM education through ARCS Volunteers and a total of 1,000 MHM were distributed during the reporting period and beneficiary details registered in RedRose.

In response to the northern earthquake affecting remote communities in the Balkh and Samangan regions, ARCS conducted a WASH technical assessment to identify priority needs and gaps. Initial findings indicate the need for the distribution of safe drinking water and jerry cans as part of the NFI response. The roll-out of hygiene promotion training for volunteers, as well as community hygiene promotion sessions, is being planned by the ARCS CBHFA unit. In addition, options for the installation of emergency latrines or the rehabilitation of existing latrines through cash transfer modalities are under discussion with ARCS and will be further defined following completion of the final WASH technical assessment report.

	<b>Protection, Gender and Inclusion</b>	<b>People Reached: 48,891</b>	
		Female > 18: 10,102	Female < 18: 13,854
		Male > 18: 10,515	Male < 18: 14,420
<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 trainings for staff and volunteers to apply the PGI Minimum Standards in emergency and development programming</i>	2	8
	<i>Number of sectoral or multisectoral assessments conducted using the PGI Minimum Standards, with documented recommendations integrated into program design.</i>	1	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	1,000
	<i>Number of individuals reached through PGI-sensitive services or activities (e.g., referrals, safe</i>	0	2,000

<i>spaces, inclusive distributions), disaggregated by sex, age, disability, and vulnerability status.</i>		
<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>Number of ARCS 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	Yes

**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 and the volunteers read and explain the leaflet message to women they could not read. 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 male at HQ and 25 females in Laghman), including members of the Gender and Legal Departments, Youth and Volunteers Directorate and Marastoon, and presidential advisors, leading to the establishment of a PGI Policy Development Taskforce. Further two-day PGI and CEA, Safeguarding and code of conduct trainings are planned for Danish Red Cross (DRC) volunteers providing MHPSS support in Kunar. In parallel, IFRC and DRC will conduct women and children joint need assessment, 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, also known as the Community Centre, in Kunar Camp that includes Child Corner (child friendly space) offering activities, recreation and PSS services for men and boys and women and girls. 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.

Regarding the PGI activities in the earthquake affected areas in the north, several coordination meetings were conducted with PNS and various ARCS departments to support the ARCS Gender Department.

In close coordination with the ARCS Gender Department, a PGI training plan for male and female staff and volunteers as well as field visit has been finalized, both to be conducted soon. In addition, through close coordination with the ARCS Youth and Volunteers Department, 10 female volunteers were deployed to support the northern earthquake-affected population in Samangan Province. The deployment of additional female volunteers to Mazar is currently under communication with the concerned ARCS departments. Close coordination with IFRC is ongoing to improve inclusive and dignify programming.

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

 <b>Community Engagement and Accountability</b>		<b>People Reached: 4,000</b>	
		Female > 18: 0	Female < 18: 0
		Male > 18: 0	Male < 18: 0
<b>Objective:</b>	<i>To ensure meaningful community engagement with earthquake-affected individuals and communities through inclusive feedback and communication mechanisms that support transparency, participation, and accountability.</i>		
	<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>	25	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	6
	<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>	2	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>	3,500	170

## Fed-wide Achievement:

During the reporting period, ARCS, with IFRC support, continued strengthen CEA in Kunar province through targeted coordination meetings with the. with the Eastern Regional Head, Kunar Branch Head, CEA focal points, and volunteers in Chawkay and Dewagal villages. These discussions focused on addressing gaps identified in previous reporting periods and agreeing on practical actions to improve two-way communication. 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. In total 25 ARCS male staff and volunteers have been trained on CEA, PGI and Safeguarding against a target of 100. Volunteers were oriented on confidential handling of sensitive feedback and referral pathways for protection and safeguarding concerns. Structured community feedback is operational, with over 3,500 feedback submission collected and documented in Kobo. Two community perception and feedback reports have been produced and shared internally within ARCS to inform program adjustments.

Community highlighted the need for clearer information on MPCA selection criteria and available services. In response ARCS volunteers shared information through regular community meetings, face-to-face outreach, printed materials to address limited network coverage. These efforts reached more than 500 community members. Women-only consultation sessions were facilitated by female volunteers to ensure safe and inclusive participation.

In northern EA-affected areas, ARCS is strengthening existing feedback systems by expanding the use of local volunteers and community leaders to reach remote and hard-to-reach areas. Coordination with the Health team has been initiated to align messaging on health, hygiene, and psychosocial support and reduce misinformation.

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.

Community engagement activities will be further scaled up through additional CEA, PGI and Safeguarding trainings, while coordination continues to harmonize information materials and strengthen two-way communication between communities and response teams.

## 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>	2	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.*

	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	6
	<i>Number of MOC meetings coordinated.</i>	4	9

### Red Cross Red Crescent Movement Coordination

ARCS, IFRC, ICRC and Partner National Societies (PNSs) present in Afghanistan – including DRC, NorCross, QRCS and TRC – 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. To enable structured discussion, strengthen coordination and collaboration, and ensure alignment and harmonisation of specific operational interventions ARCS have held both EOC and MoC meetings as well as participated in sectoral technical working group meetings.

### IFRC Support to ARCS

IFRC is actively monitoring the evolving situation and maintaining close communication with ARCS, regarding all the affected areas. To bolster ARCS's efforts, IFRC provides direct support to the Operations Department, including to the Directorates of Disaster Management and Health. Additionally, IFRC is participating in both the Humanitarian Country Team and the Inter-Cluster Coordination Team to ensure effective coordination and facilitate frequent information sharing.

### 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.

Following the northern earthquake, IFRC is actively engaging with the Emergency Shelter and Non-Food Items (ES-NFI) Cluster to coordinate the response to the earthquake in Balkh and Samangan provinces. Stakeholder mapping is ongoing to identify key partners and existing interventions, ensuring an effective response and avoiding duplication of efforts.



## Secretariat Services

### Objective:

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

	Indicator	Actual	Target
<b>Key indicators:</b>	<i>Percentage of financial reporting respecting IFRC procedures</i>	0	100%
	<i>Number of technical and monitoring visits conducted</i>	3	14
	<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	8

### Rapid Response

As of 30 November, the following Rapid Response profiles were confirmed and deployed (some remote) to support the operation:

- Operation Coordinator (2 rotations)
- Health in Emergency Coordinator
- Planning, Monitoring, Evaluation and Reporting Officer (PMER) – remote
- Shelter, Housing and Settlement Coordinator
- Water, Sanitation and Hygiene Coordinator
- Strategic Partnerships and Resource Mobilisation Coordinator (SPRM) - remote
- Protection, Gender and Inclusion Coordinator (PGI)
- Security Coordinator

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

### 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.

The security surge worked closely with delegation colleagues to develop operation location specific security regulation.

**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 various reports and strategic documents, such as:
  - 2 DREF applications (southeastern and north),
  - Emergency appeal and the revision of the Emergency appeal, following the northern earthquake
  - Publication of 5 fed-wide Situational Reports for the southeastern and 4 for the northern earthquake
  - Publication of 2 Operational Updates
  - Initial Operational Strategy (OS) documents as well as the revision of the OS, following the northern earthquake
  - Detailed Burget for the emergency appeal
  - Implementation Plan for the southeastern and northern earthquake
- Data collection quality improvement at the field level is ongoing.
- PMER continues close engagement and supports the ARCS PMER unit as well as providing PMER related guidance to the delegation staff

**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	8,271,647	18,728,353	31%
Federation-wide Coverage	Amount Raised (CHF)	Funding Gap (CHF)	Coverage %
ARCS domestic income + IFRC Secretariat + Bilateral support	8,311,517	21,688,4836	28%

As of 30 November 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 November books.*

## Contact information

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

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### 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.