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<p>Operation update #4</p> <p>Date of issue: 5/14/2026</p>	<p>Timeframe covered by this update: From 03/09/2025 to 31/03/2026</p>
<p>Operation timeframe: 28 months (03/09/2025 – 31/12/2027)</p>	<p>Number of people being assisted: Fed-wide Reach: 446,555 Secretariat Reach: 157,018</p>
<p>Funding requirements (CHF): IFRC Secretariat Funding requirements: CHF 27 million Federation-wide Funding requirements: CHF 30 million</p>	<p>DREF amount initially allocated: Southeastern: CHF 1 million Northern: CHF 1 million</p>

To date, this Federation-wide Emergency Appeal, which seeks CHF 30,000,000, is 31 per cent funded. Further funding contributions are needed to enable the Afghan Red Crescent Society (ARCS), with the support of the IFRC, to sustain preparedness efforts and continue providing humanitarian assistance and protection to people affected by the earthquakes. 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.



The IFRC Regional Director and Head of Delegation, Afghanistan visiting the ARCS camp in Kunar Province to meet with communities affected by earthquake. (Photo: Mir Abdullah Rasikh/IFRC)

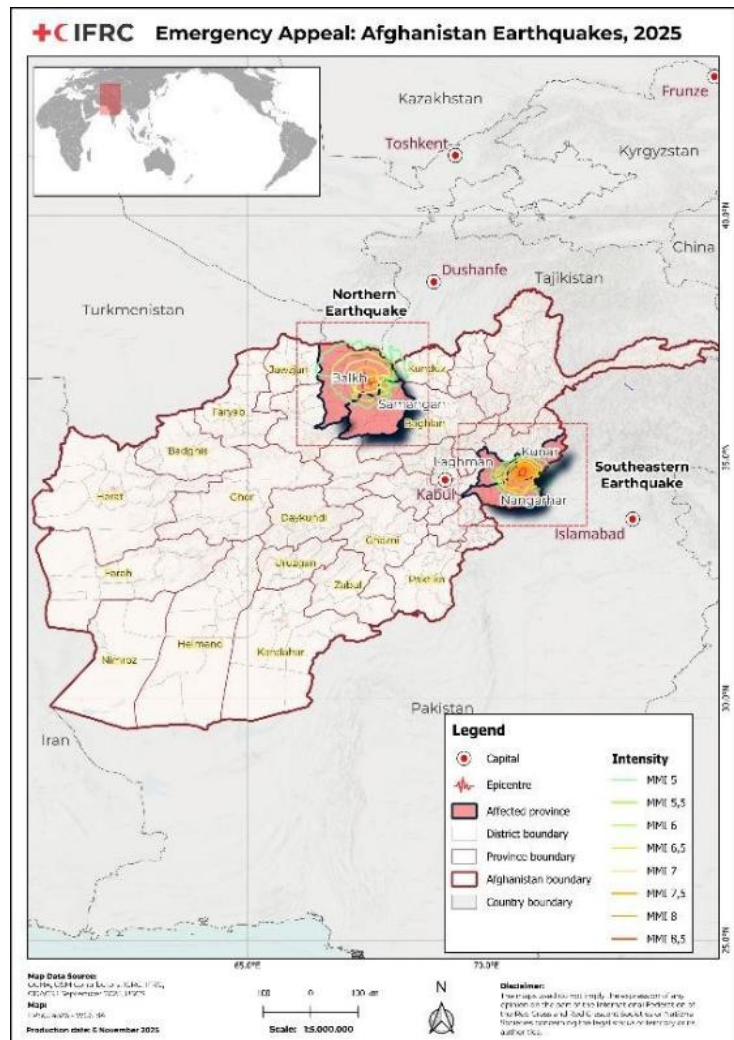
A. SITUATION ANALYSIS

Description of the crisis

On August 31, 2025, a 6.0-magnitude earthquake struck southeastern Afghanistan near Jalalabad, approximately 30 km from Momand Dara (Nangarhar) and Nurgal (Kunar). The earthquake caused significant shaking across Kunar and Nangarhar, with effects also felt in Laghman and Nuristan. There were considerable aftershocks measuring 5.2, 4.5, and 5.6 that followed immediately after the initial quake and again on September 5. These aftershocks exacerbated the damage and complicated early response efforts.

On September 23, a 4.9-magnitude earthquake struck eastern Afghanistan. The quake occurred at a depth of 10 kilometers (6.2 miles) and was centered approximately 23 kilometers (14 miles) from Jalalabad, the capital of Nangarhar province. Key infrastructure, including water sources, was damaged, and there were reports of livestock and farmland being decimated.

The southeastern Afghanistan earthquake caused severe destruction, killing over 2,200 people, injuring more than 3,600, and affecting up to 3 million. According to OCHA (Humanitarian Update, February 2026), nearly half a million people were affected and more than 221,000 people remain in urgent need of humanitarian assistance six months after the earthquake¹. Thousands were displaced after widespread housing collapse in Kunar and Nangarhar, with over 3,000 families were displaced in the immediate aftermath of the earthquake and 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. As winter was ongoing during the reporting period, winterization support remained a priority.



The earthquake occurred at a time when Afghanistan is already facing a severe humanitarian crisis characterized by a prolonged economic downturn, decreasing international assistance, and the forced return of migrants from neighboring countries. Vulnerable groups, particularly women and children, are bearing a disproportionate burden and have limited access to essential medical care. While immediate life-saving needs in the eastern provinces have

¹ OCHA, Afghanistan: Humanitarian Update, February 2026

eased compared to the acute emergency phase, the overall humanitarian situation remains dire, with recovery needs persisting and over 221,000 people still in urgent need of assistance (OCHA, February 2026). Entire villages in Nangarhar and Kunar have been destroyed, with thousands still with no access to safe and permanent shelter. The combination of fragile housing, primarily mud structures, heavy rainfall and unstable terrain intensified the disaster's impact, creating urgent and widespread needs for shelter, healthcare, food assistance, and protection. As of 31 March 2026, six months into the response, the immediate life-saving phase has transitioned into a recovery-oriented phase.

Both ARCS-managed displacement camps in Kunar were closed in March 2026 due to escalating armed conflict in the area, with displaced families relocated to areas of origin. Recovery needs persist across shelter reconstruction, livelihoods restoration, sustained primary health care, and continued psychosocial support. By February 2026, more than 221,000 people remain in urgent need of humanitarian assistance in the eastern earthquake-affected provinces, while the broader Afghanistan humanitarian context continues to deteriorate with 21.9 million people projected to require assistance in 2026 (OCHA, HNRP 2026)².

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.

The second earthquake in Balkh and Samangan hit already vulnerable communities, 26 deaths and 1172 injuries³. More than 220,000 people 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. According to OCHA (Humanitarian Update, January 2026)⁴, UN assessments confirmed that nearly 4,000 families were affected, with homes either destroyed or damaged, alongside 91 schools and 18 water sources rendered unusable, further disrupting daily life and increasing public health risks. Immediate priority needs identified include winterized shelters, safe drinking water, heating, and basic cooking supplies, with female-headed households, persons with disabilities, the injured, and host families among the most vulnerable groups requiring sustained support.

Earthquakes have left thousands of households without sufficient food, shelter, or financial resources. This situation has been exacerbated by the widespread loss of crops, livestock, and infrastructure. While some remote markets have experienced temporary disruptions, most markets continue to operate effectively, making them suitable for cash-based assistance. Agricultural cycles in Nangarhar, Laghman, and Kunar have been disrupted, leading to increased debt for farmers and diminished incomes. This has created urgent needs for livelihood support, including both in-kind aid and cash-based assistance (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 as winter approaches. Immediate winterization, home repairs, and long-term safe shelter solutions are essential. Hosts supporting displaced families also require assistance. Protection concerns are considered one of the vulnerability criteria for selecting people to be assisted.

² [OCHA, Afghanistan: Humanitarian Needs and Response Plan 2026](#)

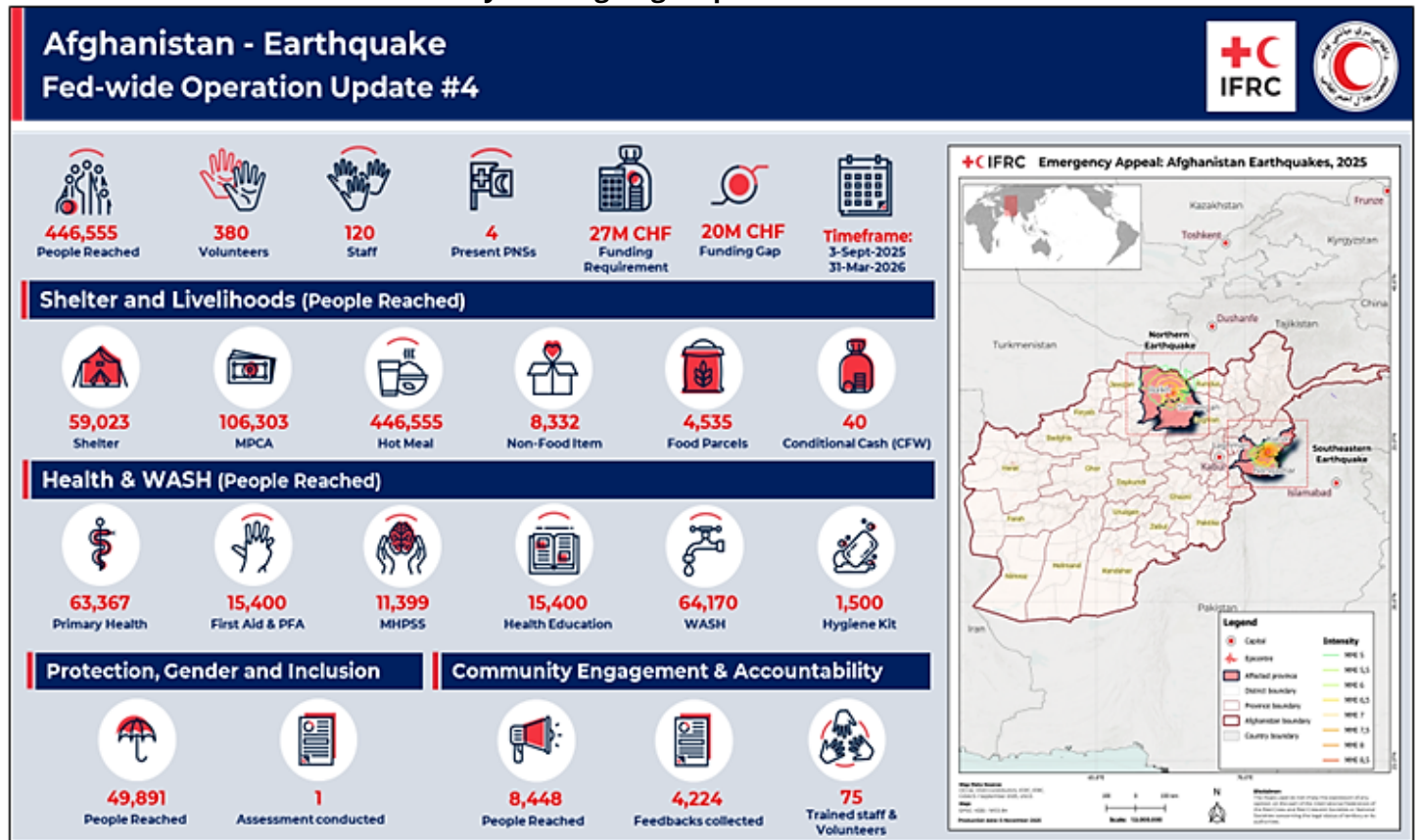
³ [WHO, EARTHQUAKE IN NORTHERN AFGHANISTAN, SITUATION REPORT](#)

⁴ [OCHA, Afghanistan: Humanitarian Update, January 2026](#)

Earthquakes have had a profound impact on communities, both physically and emotionally. This situation has created an urgent need for emergency health services, including deployed health teams, referrals for serious cases, and essential supplies such as medications and equipment. Many individuals are experiencing significant psychological distress due to the loss of family members, homes, and livelihoods, which has exacerbated pre-existing psychosocial issues. Communities have reported feelings of grief, anxiety, and fear, while healthcare staff have indicated a critical shortage of medications and trained professionals. According to a WHO report, it is essential to scale up outreach, counselling, and community-based mental health and psychosocial support (MHPSS). Women, children, and older adults have been identified as priority groups that require immediate attention.⁵

Summary of response

Overview of the host National Society and ongoing response



On 1 September 2025, the Afghan Red Crescent Society (ARCS) convened the first Emergency Operations Centre (EOC) meeting, bringing together all in-country Movement partners to coordinate the earthquake response. Participating National Societies present in Afghanistan, including the Danish Red Cross, Norwegian Red Cross, Qatar Red Crescent Society, and Turkish Red Crescent provided technical, financial, and in-kind support in key sectors such as primary healthcare, essential medicines, mental health and psychosocial support (MHPSS), hygiene kits, and food security. The IFRC worked closely with Participating National Societies under the Federation-wide approach to ensure harmonized planning, monitoring, reporting and coordination, while consolidating bilateral and multilateral support to ARCS.

ARCS maintains an operational presence across all 34 provinces of Afghanistan, including the earthquake-affected areas in the southeastern and northern. Branch Disaster Response Teams (BDRTs) were immediately deployed within

⁵ [WHO, EARTHQUAKE IN NORTHERN AFGHANISTAN, SITUATION REPORT](#)

their respective provinces, enabling a rapid localized response. In addition, IFRC staff and volunteers supported rapid needs assessments in Nangarhar, Laghman, and Kunar, and participated in a joint aerial assessment with the European Civil Protection and Humanitarian Aid Operations (ECHO) to determine the scale and impact of the disaster. ARCS, with IFRC technical support, deployed emergency response teams and carried out assessments in the affected communities, while IFRC, ICRC, and Participating National Societies mobilized additional human, financial, and in-kind resources.

To sustain the response, an Emergency Appeal for CHF 25 million was launched on 3 September 2025 and later revised to CHF 30 million following the second earthquake in northern Afghanistan. The appeal aims to support ARCS' immediate relief operations and early recovery plans. As of the latest reporting period, CHF 7,129,547 has been mobilized, representing approximately 31 per cent of the total funding requirement.

Following the first earthquake in late August in the Kunar region, ARCS rapidly deployed five Mobile Health Teams (MHTs) to the most affected areas, delivering life-saving primary healthcare services. These included outpatient consultations, essential medicines, reproductive health services, nutrition support, and basic MHPSS. ARCS also established two temporary camps in Kunar Province, providing shelter and integrated assistance to approximately 1,000 households. Assistance at these sites included multipurpose cash assistance, hot meals, non-food items (NFIs), water, sanitation and hygiene (WASH) facilities, continued mobile health services, and psychosocial support. In March 2026, due to heightened insecurity linked to armed conflict between Afghanistan and Pakistan, camp residents were relocated back to their areas of origin as a precautionary measure.

Overall, the operation has demonstrated ARCS' strong leadership and nationwide response capacity, supported by the IFRC network and partners. By the reporting period, a total of 380 staff and volunteers were mobilized to conduct rapid assessments, coordinate relief operations, and provide immediate assistance to affected communities. Through the ongoing response, 59,023 people have received shelter support, 106,303 people have benefited from multipurpose cash assistance, 446,555 people have received hot meals, 8,332 people have received non-food items, 4,535 people have received food parcels, and 40 households have benefited from conditional cash-for-work assistance. Relief items distributed includes tents, tarpaulins, blankets, kitchen sets, and other essential household supplies.

Cash assistance targeting was based on vulnerability criteria, prioritizing households whose homes were destroyed or severely damaged, female-headed households, families with older persons or persons with disabilities, and households without reliable income sources. This enabled affected families to address their most urgent needs with dignity and flexibility.

The health response significantly improves access to essential services. ARCS delivered 63,367 primary healthcare consultations, 15,400 first aid and psychosocial first aid services, 11,399 MHPSS consultations, and 56,120 community-based health education sessions. In addition, 64,170 people were reached through WASH activities, and 1,500 hygiene kits were distributed, reducing immediate public health risks in affected communities. Mobile teams and branch health structures also provide referrals, health promotion, and disease prevention services.

Protection, Gender and Inclusion (PGI), together with Community Engagement and Accountability (CEA), remain central throughout the operation. ARCS reached 49,891 people through protection services, conducted community assessments, collected 4,224 feedback submissions, and trained 75 staff and volunteers to strengthen inclusive programming and accountability mechanisms. These efforts ensured that affected communities were informed, consulted, and able to influence the assistance provided.

ICRC Actions Related to the Current Event

The ICRC is actively engaged in 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, including emergency shelter, essential household items, and winterization support. It also includes support to strengthen emergency response capacity through the provision of vehicles for the Kabul ambulance service, as well as equipment and supplies for 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

Health Services:

- Initially, 13 Mobile Health Teams (MHTs) were deployed to the southeastern earthquake-affected areas to provide emergency medical services to the affected individuals, including maternal and child health services. As of 31 March 2026, 3 MHTs remain operational, supported by IFRC in Nurgal district and by DRC and Norwegian Red Cross in Sawkai district. Following the closure of both ARCS-managed camps in Kunar in March 2026 due to escalating armed conflict, MHT services were repositioned from camp-based delivery points to fixed community-based locations to maintain continuity of primary health care for affected populations. The Health Camp (HC) was previously supported by Danish Red Cross (DRC).
- With support from the Norwegian Red Cross, ARCS deployed one Mobile Health Team (MHT), which remained operational as of 31 March 2026. The MHT continues to provide emergency primary health services to affected populations, including outpatient consultations, essential medicines, maternal and reproductive health care, nutrition support, and basic mental health and psychosocial support.
- **Consultations through Primary Healthcare Mobile Units:** 62,054 consultations conducted, significantly improving healthcare access for communities, especially in remote or underserved areas underscoring the effectiveness of mobile units in delivering essential health services, addressing barriers to care, and ensuring that individuals receive timely medical attention.
- **Immunization Services:** 107 individuals received immunization services, highlighting ongoing efforts to prevent vaccine-preventable diseases. While this figure demonstrates some success in reaching vulnerable populations, it also indicates the need for increased outreach and awareness initiatives to improve immunization coverage. Ensuring that more individuals receive vaccinations is crucial for enhancing community health and preventing outbreaks.
- **Antenatal Care (ANC) and Postnatal Care (PNC) Visits:** 7,719 visits provided by the ARCS midwife, supporting maternal and child health. These visits are essential for monitoring the health of mothers and newborns, ensuring safe pregnancies, and promoting healthy practices during the postpartum period
- **Screening for Malnutrition in Children Under 5:** 16,248 children screened, crucial for early identification of malnutrition. This achievement highlights the importance of monitoring children's health and nutritional status to enable timely support and address malnutrition, which is critical for healthy growth and development among vulnerable children.
- **Health Promotion at community level:** 56,120 individuals were provided with awareness around key health messages, empowering communities with health knowledge. These sessions improve health literacy and promotes healthier lifestyles. By providing essential information on health practices and disease prevention, the initiative aims to foster informed decision-making within communities.
- **First Aid Services and Psychological First Aid (PFA):** 15,400 individuals received First Aid and PFA services, addressing immediate health needs and emotional well-being.

Livelihood:

- A total of 446,555 people were reached with hot meal assistance through the collective efforts of the IFRC network and Participating National Societies. The Turkish Red Crescent (TRC) provided the largest share of support, reaching 271,555 people, followed by the Danish Red Cross (DRC) with 155,000 people reached, while

the IFRC directly supported 20,000 people with hot meals. This assistance helped vulnerable families meet their immediate food needs during times of crisis and hardship.

- In addition, 4,535 people benefited from food package distributions containing essential food items to support short-term household consumption. The TRC reached 3,735 people, while the Qatar Red Crescent Society (QRCS) supported 800 people with food packages.

Shelter:

- The German Red Cross, through IFRC, supported the response with 232 family tents, 8 multipurpose tents, 1,040 kitchen sets, and 10 major trauma bags, helping meet urgent shelter and operational needs. The Government of Japan/JICA contributed significant in-kind assistance including 250 large-size tents, 1,620 sleeping pads, 1,620 blankets, and 250 foldable water tanks, strengthening emergency shelter capacity for displaced households.
- The Government of Canada, through IFRC, provided a comprehensive package of relief items, including 150 family tents, 500 shelter toolkits, 2,500 thermal blankets, 1,000 tarpaulins, 1,000 foldable jerrycans, 500 buckets, 500 solar lamps, and 500 kitchen sets, supporting both shelter and household recovery needs.
- In addition, IFRC local stocks were rapidly mobilized to provide 9,175 blankets, 2,000 tarpaulins, 2,000 jerrycans, 1,000 kitchen sets, 49 dignity kits, and 4 refugee tents. To support seasonal preparedness, IFRC also delivered 1,500 winterization kits and facilitated the winterization of 960 tents to protect vulnerable families during colder months.

Water and Sanitation:

- Under the Health and WASH response, ARCS supported affected populations with hygiene supplies, sanitation facilities, and access to safe water across affected areas.
- In Kunar province, 1,500 Menstrual Hygiene Management (MHM) kits, provided as an in-kind contribution from the Canadian Red Cross through bilateral support, were distributed to support the dignity, health, and hygiene needs of women and girls affected by the emergency.
- Hygiene and household WASH items were also distributed inside the camp in Kunar province, including 5,000 antiseptic soaps, 5,000 laundry soaps, 1,000 metal washing basins, 22,000 metres of rope, and 117 waste bins.
- To improve sanitation and hygiene conditions in the camp, 12 laundry washing areas were constructed in Kunar province.
- In Balkh and Samangan, sanitation support is ongoing, with 22 dry latrines being constructed in Balkh and 18 dry latrines being constructed in Samangan.
- Provision of 250 kits each in Balkh and Samangan is ongoing.
- In Samangan, 210,000 litres of drinking water were distributed through water trucking to support a target population of 4,060 people.

Community Engagement and Accountability:

- 8,448 earthquake-affected individuals reached through inclusive and community-centered approaches, with a strong representation of women and children. A total of six communication and feedback mechanisms were established ensuring that communities receive timely and transparent information about the response, including services and selection criteria.
- Community participation was facilitated through multiple channels such as consultations and focus group discussions, enabling affected people to contribute to decision-making processes. Notably, 4,224 feedback comments were collected. These included both general and sensitive feedback, which were systematically documented and used to inform program improvements. Despite producing six perception reports against a target of twelve, the available analysis still provided valuable insights that strengthened accountability and responsiveness throughout the operation.

Other Actors' Actions Related to the Current Event

- The Government of Afghanistan has officially requested international assistance. ARCS, in its auxiliary role to the national authorities, is coordinating closely with the Afghanistan National Disaster Management Authority (ANDMA), the Ministry of Public Health (MoPH), and provincial administrations across the affected areas.
- Following the southeastern earthquake, UN agencies and humanitarian partners rapidly scaled their response across 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 was also held to support broader sectoral coordination, while the Humanitarian Country Team (HCT) convened on 2 September to provide strategic direction for the response and recovery effort. Following the northern earthquake, the UN field team conducted parallel assessments of urgent needs for medical aid, temporary shelter, food supplies, and winter assistance in the newly affected areas.
- Throughout the implementation period, ARCS has maintained close coordination with national and local authorities to ensure a harmonized and non-duplicative humanitarian response. IFRC has continued to participate actively in the cluster system and relevant working groups in Afghanistan, including the Health Cluster, WASH Cluster, ES-NFI Cluster, Cash and Voucher Working Group, and the Accountability to Affected Populations Working Group, at both national and sub-regional levels. This sustained engagement has enabled the operation to align its interventions with the broader humanitarian response, identify coverage gaps, and ensure complementarity with other actors operating in the same provinces.

Needs analysis

Overview:

Six months into the response to the earthquakes in both the southeastern and the northern of Afghanistan, humanitarian needs remain significant across the affected provinces, though their character has shifted. The immediate life-saving phase, focused on emergency shelter, hot meals, trauma care, and psychological first aid, has transitioned into a period where medium-term recovery needs now dominate: winterization of displacement sites, restoration of livelihoods, sustained primary health care, and continued psychosocial support for communities still coping with loss and displacement. ARCS, in coordination with IFRC and humanitarian partners, has conducted needs assessments, deployed emergency relief, and delivered multi-sectoral assistance across shelter, health, WASH, livelihoods, and protection. Vulnerable groups, including women, children, the elderly, and persons with disabilities, have remained the focus of all interventions throughout the implementation period.

- **Immediate needs:** The most urgent needs in the aftermath of both earthquakes centered on food assistance, emergency shelter and essential household items, emergency health services, mental health and psychosocial support including Psychological First Aid (PFA), Restoring Family Links (RFL), and targeted protection support for women, girls, orphaned children, and widowed women. Multi-purpose cash assistance was prioritized to enable affected households to address their most pressing needs with flexibility and dignity. Complementary priorities during this phase included strengthened camp management capacity, drainage to address water stagnation, improved bathing and washing facilities, and hygiene promotion activities.
- **Medium-term needs:** As the response has progressed, the focus has shifted toward sustaining and consolidating the gains of the initial phase while addressing needs that require more sustained engagement. Key medium-term needs include winterisation of tents (making tents warmer and more suitable for cold weather including inside insulation and floor mats) within displacement camps, restoration of livelihoods for families who lost agricultural land, livestock, and income sources, and the continued provision of clean water, sanitation, and primary health care services. Strengthening the referral pathway between communities and existing health facilities remains a priority to ensure timely and accessible health care, particularly for women

requiring maternal health services and children at risk of malnutrition. Food needs continue to be addressed through ARCS camp kitchens supported by the Danish Red Cross and IFRC. Sustained mental health and psychosocial support, including PFA, child-friendly and family-friendly spaces supported by the Danish Red Cross, and community-based healing activities, is essential as affected populations continue to process grief, displacement, and uncertainty. Branch capacity development, including the strengthening of branch systems, procedures, and volunteer management guidelines, is also underway to support integrated programme delivery across all sectors.

- **Long term needs:** Beyond the immediate and medium-term response, this operation also addresses critical recovery needs to support the transition from emergency relief toward durable solutions. Under the current appeal, ARCS and IFRC are planning the construction of 160 permanent shelters to replace transitional arrangements for the most severely affected families whose homes were completely destroyed. WASH infrastructure construction is planned to provide sustainable access to clean water and adequate sanitation facilities, replacing the emergency water trucking and temporary latrine solutions deployed during the initial response phase. Additionally, 100 families will be supported with livelihood recovery assistance to rebuild productive capacity and reduce dependency on humanitarian aid. These recovery interventions are sequenced in the second half of the operational period, building on the community verification, needs assessments, and coordination undertaken during the emergency phase.

After the northern earthquake, a joint Multi Sectoral Rapid Assessments (MSRAF) 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 destroyed, highlighting urgent shelter and multi-sectoral needs⁶.

Sector Updates:

Shelter, Housing & Settlements: As the operation transitions from emergency relief toward recovery, critical gaps persist in debris clearance, thermal insulation, reinforced construction materials, and fire safety measures. Fire hazards and unsafe winterization practices remain a particular concern in densely occupied camps, including those that were managed by ARCS in Kunar prior to their closure in March 2026 due to armed conflict escalation, where overcrowding and improvised heating solutions pose direct threats to life. To address these risks, the operation is prioritizing community-led, phased shelter reconstruction targeting the most vulnerable households, supported by vocational training and skills development for local masons to build local recovery capacity and promote safer construction techniques. Distribution of tents and shelters, combined with community awareness on safer building practices, continues to mitigate exposure during the winter period, while prepositioned NFIs and shelter stocks provide a buffer for continued emergency needs.

Under the current funding envelope, structured reconstruction is planned for 160 permanent shelters in the southeastern earthquake-affected areas. During the reporting period, ARCS and IFRC jointly selected the intervention area for shelter activities. The IFRC technical team provided the required supplies and resources for implementation, along with technical assistance on shelter design, which is planned to commence, May 2026. While this addresses the most critical caseload, it represents a fraction of the total need across both earthquake-affected areas, and the significant gap between verified reconstruction needs and available resources highlights the importance of prioritizing the most vulnerable households, integrating build-back-safer principles into every intervention, and pursuing additional funding to scale the response toward more durable solutions.

⁶ <https://reliefweb.int/report/afghanistan/iom-flash-update-earthquakes-eastern-and-northern-afghanistan-30-november-2025>

Livelihoods & Basic Needs: Food insecurity remains critical across both earthquake-affected areas six months into the response. The destruction of food stocks when homes collapsed, the loss of productive assets, and the disruption of local markets and income-generating activities have left affected households unable to meet basic consumption needs without external support. Vulnerable groups, including children, pregnant and lactating women, and the elderly, are at heightened risk of acute malnutrition, compounded by rising food prices, reduced labour availability, and the depletion of household coping strategies over the extended displacement period.

During the reporting period, the operation has addressed the most acute food gaps by distributing emergency food packages and ready-to-eat hot meals at displacement sites and transit centres, alongside multi-purpose cash assistance to enable affected families to priorities their most pressing needs. These interventions have provided essential short-term relief but do not address the underlying livelihood losses that continue to drive food insecurity and aid dependency.

In the northern provinces, the initial rapid assessment conducted by IFRC confirmed that the earthquake caused significant livestock losses, estimated at 100–250 animals, including cows, sheep, and goats, which constitute the primary livelihood base for the affected pastoral and agro-pastoral communities. The loss of livestock has had a direct and severe impact on both food security and household income, as these animals represent not only a source of nutrition but also a key productive and financial asset. Restoring livelihoods is now a central priority as the operation moves into its recovery phase. Under the current appeal, 100 families will receive livelihood recovery assistance to rebuild productive capacity, reduce dependence on humanitarian aid, and re-establish a foundation for household food security. However, the scale of livelihood losses across both earthquake-affected areas significantly exceeds the resources currently available.

Health: In the southeastern provinces, local health facilities remain overstretched, with demand for services continuing to exceed capacity. Maternal and child health, reproductive care, and safe delivery support are among the most pressing concerns, particularly for women and girls who face compounded barriers, including damaged health infrastructure, a shortage of female health workers, and cultural restrictions on accessing care from male providers. These services are currently delivered through MHTs deployed across Kunar, Laghman, and Nangarhar; however, MHTs alone cannot substitute for functioning fixed facilities, and additional support is needed to sustain primary health care coverage and strengthen referral pathways.

In the northern provinces, IFRC's initial assessment identified access to health care as a critical gap, with the nearest functioning facilities located two to three hours away, a distance compounded by earthquake damage to roads and infrastructure. ARCS deployed mobile health teams within the first hours following the earthquake, providing emergency primary health care and trauma management. The rapid deployment demonstrated ARCS's frontline capacity, but the underlying access constraint persists and will require investment in restoring or extending fixed health infrastructure closer to affected communities.

Across both areas, mental health and psychosocial support (MHPSS) remains a significant and largely unmet need. Communities continue to cope with grief, displacement, and cumulative psychological distress, with limited availability of mental health services and persistent stigma around help-seeking. The operation has delivered PFA and MHPSS interventions through trained staff and volunteers, but sustained community-based psychosocial programming remains essential to support longer-term recovery.

Water, Sanitation & Hygiene (WASH): In the southeastern provinces, water sources and latrines were installed in Camps 1 and 2 in Kunar, and community volunteers conducted regular hygiene promotion and health education sessions until the closure of both camps in March 2026 due to escalating armed conflict. Despite these interventions, communicable disease cases, including acute watery diarrhoea (AWD), acute respiratory infection (ARI), malaria, and scabies, have been reported by the MSF clinic operating in the area, underscoring the continued public health risks associated with overcrowded displacement settings and the need for sustained WASH and hygiene promotion

activities. Through its volunteer network, ARCS continued to deliver hygiene promotion aimed at preventing hygiene-related infections and sensitizing communities on available health services.

WASH activities during the reporting period have included the improvement of latrines to ensure accessibility for persons with disabilities, relocation and upgrading of handwashing stations, distribution of hygiene kits and menstrual hygiene management (MHM) kits, construction of improved bathing and washing facilities, and installation of drainage systems to prevent waterlogging and reduce vector breeding sites. Volunteer-led hygiene promotion sessions continue to reinforce safe hygiene practices across the displacement sites.

In the northern provinces, IFRC's initial observations found that affected communities relied primarily on spring water systems, wells, and small canal rivers as their main sources of drinking water. These sources were damaged and contaminated by the earthquake, resulting in a severe shortage of safe drinking water and elevating the risk of waterborne disease outbreaks in communities already weakened by displacement and limited access to health services.

It should be noted that both camps in Kunar were closed in March 2026 due to escalating armed conflict in the area, necessitating the relocation of displaced families and the suspension of camp-based WASH and health service delivery. The closure has disrupted the continuity of interventions and underscored the volatile operating environment in which this operation is being implemented.

Migration & Displacement: The southeastern earthquake-affected provinces of Nangarhar and Kunar host large numbers of Afghan returnees from Pakistan and Iran, many of whom arrived with limited resources, depleted assets, and few livelihood options. The earthquake has compounded the vulnerabilities of these already fragile populations, layering displacement upon displacement for families who had not yet stabilized after their return.

During the reporting period, the scale of returns from Pakistan continued to increase significantly, placing additional pressure on host communities and humanitarian services in the affected areas. According to UNHCR (March 2026)⁷, an estimated 2.88 million Afghans returned from Iran and Pakistan in 2025, with over 329,500 additional returns recorded in the first quarter of 2026. Per the UNHCR-IOM Flash Update #91 (April 2026)⁸, Nangarhar remains the leading intended province of return for those crossing from Pakistan, accounting for approximately 27 per cent of returnee destinations.

The earthquake-affected provinces of Nangarhar and Kunar host large numbers of returnees from Pakistan and Iran, placing significant additional pressure on host communities, basic services, and the humanitarian response. As per UNHCR (March 2026), more than 232,500 Afghans had returned in the first quarter of 2026 alone, with Nangarhar identified as the leading intended province of return for those crossing from Pakistan.

Community Engagement & Accountability (CEA): Despite ongoing efforts, the operation continues to face persistent gaps in timely information sharing, structured feedback collection, and the inclusion of the most vulnerable groups, particularly women, elderly persons, persons with disabilities, and unaccompanied minors, in community engagement processes. Many affected families remain unaware of what services are available, where to access them, and which organizations are providing support, while the absence of structured guidance at service delivery points has left those with mobility limitations and communication barriers at heightened risk of exclusion.

To address these gaps, ARCS is strengthening its community engagement and accountability mechanisms across all active operations. This includes the establishment and monitoring of structured feedback channels, targeted field visits to validate the effectiveness of information-sharing and feedback-collection mechanisms, and capacity building for staff and volunteers on CEA, PGI, safeguarding, and inclusive practices. Efforts are also underway to improve the

⁷ [UNHCR, Return Dashboard](#)

⁸ [UNHCR-IOM Flash Update #91](#)

accessibility of service points through clearer signage, mobility support, and the development of information materials in local languages and visual formats suitable for populations with low literacy. Community feedback received through these channels is being systematically logged and integrated into operational decision-making to ensure the response remains adaptive to evolving needs.

Environmental Sustainability: During the operational period, solid waste accumulation emerged as a significant environmental and public health concern in the displacement camps, driven primarily by packaging from ready-to-eat meals and relief item distributions that exceeded the capacity of existing waste management systems. To mitigate the associated health and environmental risks, ARCS implemented improvements to waste collection and disposal infrastructure, conducted hygiene awareness campaigns among camp residents, and coordinated with local authorities and partners to maintain safe and dignified living conditions across the sites.

Following the closure of the camps in March 2026 due to the escalation of armed conflict in Kunar, ARCS is planning the systematic dismantling of camp infrastructure and the recovery of reusable materials, including rub halls, structural components, and serviceable WASH and shelter assets, for redeployment in other active operations. This approach ensures responsible site decommissioning, minimizes environmental impact, and maximizes the operational value of investments made during the camp-based response phase.

Operational risk assessment

- Gaps in WASH infrastructure across displacement sites combined with overcrowding have contributed to frequent diarrhoeal infections, AWD, ARI, malaria, and scabies cases, as reported by the MSF clinic in the operational area. To mitigate this, ARCS continues to improve latrines, handwashing stations, bathing facilities, and drainage systems, sustain volunteer-led hygiene promotion, distribute hygiene and MHM kits, and coordinate with the WASH Cluster to address infrastructure gaps that exceed ARCS capacity.
- Limited humanitarian actors are operating in the affected areas despite immense health and WASH-related needs, placing disproportionate demand on ARCS and its partners as frontline responders. To address this, ARCS and IFRC are strengthening coordination with the Health and WASH Clusters to advocate for scaled-up presence by other actors, leveraging MHT deployments and CBHFA volunteer networks to extend coverage in underserved areas, and sharing assessment data with coordination platforms to inform partner decision-making.
- Harsh winter temperatures in mountainous terrain, combined with insufficient thermal insulation in tents and temporary shelters, expose displaced families, particularly women, children, the elderly, and persons with disabilities, to cold-related illness and mortality. In response, the operation has prioritized winterization of tents and shelters, distribution of winter clothing and blankets, and awareness on safer heating practices to reduce fire hazards, alongside prepositioning of winter NFI stocks ahead of forecasted snowfall to mitigate access delays.
- Loss of food stocks, disrupted livelihoods, and limited access to diversified food sources have placed children, pregnant and lactating women, and the elderly at heightened risk of acute malnutrition. The operation continues to address immediate consumption gaps through hot meal distribution and MPCA, while integrating nutrition screening and referral into MHT service delivery and coordinating with the Food Security and Agriculture Cluster on complementary food assistance.
- Periodic closures of border crossing points with Pakistan disrupt the importation of medical kits, NFIs, and other essential supplies that cannot be sourced domestically, delaying the delivery of critical aid items. To reduce this risk, procurement channels have been diversified to include sourcing from international organizations present in Afghanistan, critical supplies are being prepositioned in-country during periods of open border access, and the Country Delegation procurement team and Asia Pacific Regional Office (APRO) continue to work on multiple sourcing options to reduce dependency on any single supply route.
- Sustained demand from the humanitarian response, combined with disrupted supply chains and rising prices, has led to local suppliers running out of essential items such as clothing, blankets, and household goods. Mitigation measures include regular market capacity and pricing assessments, shifting to international

procurement where local supply is insufficient, and coordinating with other actors to avoid concentrated purchasing those further strains local availability.

- The closure of both displacement camps in Kunar in March 2026 due to escalating armed conflict demonstrated the volatility of the operating environment, while cross-border shelling, militant activity, mine contamination in earthquake-affected areas, and damaged road infrastructure continue to constrain humanitarian access. In response, systematic security assessments and route clearance are conducted before every field deployment; strict movement-tracking and check-in procedures are maintained; and coordination with ARCS, UN, and INGO security focal points is ongoing.
- The continued large-scale return of Afghan nationals from Pakistan (returnees from Iran are largely dispersing to western and central provinces such as Herat, Kabul, and Nimroz, while Pakistan returnees remain concentrated in Nangarhar and Kunar; the earthquake-affected provinces. As per UNHCR-IOM Flash Update #91, April 2026), including approximately 872,200 returnees in the same reporting period, placing additional strain on host communities, services, and infrastructure in the earthquake-affected provinces, particularly Nangarhar⁹. To ensure these populations are not excluded from the response, returnee-specific needs are being integrated into targeting and programme design; coordination with UNHCR and IOM is maintained to avoid duplication of services and ensure a coordinated response.

B. OPERATIONAL STRATEGY

Update on the strategy

Following the second 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 southeastern (Nangarhar, Kunar, Laghman, and Nuristan provinces) as well as those in the northern (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.

⁹ [PowerPoint Presentation](#)

C. DETAILED OPERATIONAL REPORT

STRATEGIC SECTORS OF INTERVENTION

	Shelter, Housing and Settlements	Female > 18: 9,160	Female < 18: 12,560
		Male > 18: 9,533	Male < 18: 13,072

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 recovery, safer reconstruction, and community integration.*

	Indicator	Actual	Target
Key indicators:	<i>Number of households that received winterisation kits /winterization support</i>	2,800	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

A total of 2,800 households received winterization kits (typically containing winter clothing, sweater, shoes and additional thermal items such as gloves, and warm socks for vulnerable household members) or winterization support against a target of 3,000 households. This assistance was particularly important for families living in damaged shelters, temporary settlements, or exposed conditions during the winter season. Support typically included blankets, warm clothing, heating materials, insulation supplies, and other cold-weather essentials. As a result, vulnerable families were better protected from freezing temperatures, reducing exposure to cold-related illnesses and negative coping mechanisms such as selling assets, taking on debt, or reducing food consumption to purchase fuel or clothing. The intervention also improved household resilience during one of the most difficult periods following the disaster, especially for children, older people, and people with health conditions.

In addition, 2,430 households received essential household non-food items (NFIs) against a target of 3,000 households. These items included bedding, kitchen sets, jerry cans, hygiene supplies, tarpaulins, and other basic domestic materials necessary for daily living. The provision of NFIs enabled affected families to re-establish minimum household functionality after losing possessions during the earthquake. It reduced immediate hardship, improved hygiene and living conditions, and allowed households to focus their limited resources on other urgent priorities such as food, healthcare, and home repairs. For many families, this assistance represented the first step toward regaining stability and dignity after the shock of displacement and asset loss.



ARCS distributing non-food items (NFIs). (Photo: IFRC)

To address urgent shelter needs, 1,158 households were provided with emergency shelter support, including tents, against a target of 3,000 households. This assistance ensured that families whose homes were destroyed, unsafe, or severely damaged had immediate access to safe temporary accommodation. Emergency shelter reduced overcrowding minimized exposure to harsh weather, and strengthened protection for women, children, and older persons who were particularly vulnerable in open or informal living conditions. By providing secure shelter space, the response helped restore a sense of safety and privacy while households assessed recovery options and began rebuilding their lives.

During the reporting period, the ARCS and IFRC completed the selection of the recovery intervention area for the construction of permanent shelter. This location was identified based on recommendations from the government-established community committee and further validated through field assessments and shelter cluster data. Shelter assistance will be allocated in line with vulnerability criteria, with a strong emphasis on protection needs. Construction of the shelters is scheduled to begin in May 2026.

Progress under Shelter intervention should be read against the operation's funding position: the Federation-wide Emergency Appeal of CHF 30 million is currently funded at 31 per cent (IFRC Secretariat coverage at 34 per cent), and shelter targets in the revised OS were calibrated against a fully funded appeal. As a result, the construction of permanent shelters, conditional cash for community-based shelter construction (target: 950 households), CCCM orientation sessions (target: 8,000 households), and orientation on safer construction, no-build zones, and landslide risk mitigation (target: 2,200 households) have been sequenced into the recovery phase pending additional pledges, while under-coverage on emergency shelter, winterization, and household NFIs reflects the limited funding available for procurement during the reporting period. Continued donor contributions would directly enable ARCS and IFRC to deliver the planned durable shelter solutions for the most severely affected households.

Overall, these interventions reduced the humanitarian impact of the disaster by meeting immediate shelter and household needs during a critical period. They helped affected communities transition from emergency survival toward early recovery, strengthened resilience during winter months, and demonstrated the capacity of ARCS and partners to deliver timely, life-saving assistance at scale.

Partners' Contribution:

- With the generous support of the **German Red Cross**, critical emergency relief items were distributed to affected communities to address urgent shelter, household, and medical needs. A total of 232 family tents were provided to vulnerable households lacking adequate shelter, offering safe and temporary accommodation for displaced families. In addition, 8 multipurpose tents were distributed to support community-level functions such as temporary service points, storage, or communal spaces during the

emergency response. To help families restore basic household functionality and improve living conditions, 1,040 kitchen sets were delivered, enabling households to prepare and store food safely. Furthermore, 10 major trauma bags were supplied to strengthen emergency medical response capacity and support frontline health teams in managing severe injuries and urgent medical cases.

- Government of Japan / JICA:** Through the generous support of the Government of Japan/JICA, critical emergency shelter and household assistance was provided to vulnerable communities affected by displacement and crisis. A total of 1,620 sleeping pads were distributed to improve comfort and insulation for affected families, while 250 large-size tents were provided to households requiring safe temporary shelter. In addition, 250 foldable water tanks were supplied to strengthen emergency water storage capacity in affected locations. To help families cope with cold weather and difficult living conditions, 1,620 blankets benefiting approximately 330 households were also distributed. This timely assistance significantly improved shelter conditions, comfort, and basic household resilience for affected populations.
- Government of Canada:** With valuable support from the Government of Canada, a comprehensive package of emergency relief items was distributed to vulnerable households to address immediate shelter and household needs. This included 500 plastic buckets, 1,000 foldable jerrycans benefiting 500 households, and 1,000 tarpaulins supporting 500 households, which strengthened household water storage and emergency shelter capacity. In addition, 500 shelter toolkits enabled families to undertake temporary shelter repairs and reinforcement, while 500 solar lamps improved lighting and safety in areas with limited electricity access. To support household well-being during cold conditions, 2,500 medium thermal blankets benefiting 500 households were distributed, alongside 500 kitchen sets to restore essential cooking capacity and 150 family tents for households requiring emergency accommodation. This support greatly contributed to improving safety, dignity, and living conditions for crisis-affected families



Livelihoods

Female > 18: **0**

Female < 18: **0**

Male > 18: **40**

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.

Key indicators:

Indicator	Actual	Target
<i>Number of targeted households reached with livelihood support (livestock, agriculture)</i>	0	3,000
<i>Number of people receiving temporary employment opportunities (cash for work)</i>	40	3,000
<i>Number of people receiving vocational/ soft skill training (disaggregated by types)</i>	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
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Hot meal

During the initial emergency phase, ARCS, with support from partners, distributed over 20,000 hot meals to earthquake-affected populations in displacement sites and temporary shelters across the southeastern provinces. The distribution addressed the most acute food security gap in the immediate aftermath of the disaster, targeting displaced families who had lost food stocks and lacked cooking facilities, with priority given to pregnant and lactating women, children under five, and elderly persons.

Cash-for-Work and Livelihood Recovery

As part of the transition from emergency relief toward early recovery, ARCS, with IFRC support, launched a community-based waste management initiative under the Cash-for-Work (CFW) modality. The initiative serves a dual purpose: improving environmental sanitation in earthquake-affected areas while providing short-term income opportunities to vulnerable households whose livelihoods were destroyed by the disaster. A total of 40 workers were selected and mobilized through a participatory, community-based process, with selection criteria prioritizing the most severely affected households and those with limited income sources. Each participant received conditional cash assistance of AFN 5,000 to procure waste management tools and personal protective equipment (PPE), an approach designed to promote ownership and accountability while supporting local markets through cash circulation. Monthly wages of AFN 12,000 (approximately CHF 145) are disbursed through a financial service provider (FSP), enabling participants to cover their families' immediate needs, including food, rent, and health care, while remaining engaged in waste management and environmental cleaning activities across the targeted areas. The cash-for-work component was designed to support the transition phase as the operation moves into recovery, particularly following the precautionary closure of the Kunar camp by the authorities in March 2026 due to the escalation of armed conflict.

Livelihood has been one of the sectors most affected by the funding gap, with the appeal currently funded at 31 per cent and life-saving interventions in shelter, health, and cash necessarily prioritized. As a result, support to households dependent on livestock and agriculture (target: 3,000 households), vocational and soft-skills training (target: 400 people), household-level support for income-generation activities (target: 3,000 households), and dedicated assistance for women and youth at risk (target: 300 people) remain unimplemented, while the Cash-for-Work modality has been deliberately piloted at small scale (40 of 3,000 people reached) until additional funding allows it to be expanded; further donor contributions would directly enable the operation to scale up these activities in the recovery phase, which is critical for households that have lost crops, livestock, productive assets, and income sources.

Fed-wide Achievement:

Federation-wide partners achieved substantial humanitarian impact during the reporting period, reaching large numbers of vulnerable people through coordinated and complementary interventions. The Turkish Red Crescent (TRC) made the largest contribution, reaching 390,885 people through Hot meals and food packages. The Danish Red Cross (DRC) further strengthened the collective response by reaching 155,000 people through targeted community assistance that includes distribution of Dignity kits and NFIs. The Qatar Red Crescent Society (QRCS) supported an additional 6,720 people through food packages and hot meals. Altogether, the Federation-wide network reached 552,605 people, demonstrating the scale, efficiency, and added value of coordinated Movement action in addressing urgent humanitarian needs and supporting community resilience



Multi-purpose Cash

Female > 18: 19,040	Female < 18: 27,084
Male > 18: 19,195	Male < 18: 27,334

Objective:	<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>
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Key indicators:	Indicator	Actual	Target
	<i>Number of people provided with unconditional cash assistance (MPCA)</i>	92,653	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>	90	80
	<i># of post distribution monitoring conducted</i>	1	2

During the reporting period, the ARCS, with support from the IFRC and Movement partners, significantly scaled up multi-purpose cash assistance (MPCA) to support households affected by the earthquakes in eastern and northern Afghanistan. A total of 13,234 households were reached, which accounts for 92,643 people with unconditional cash assistance against a target of 85,750 people, enabling vulnerable families to meet their most urgent needs in a flexible, dignified, and timely manner.

The first phase of cash assistance focused on the most severely affected households in Kunar, Laghman, and Nangarhar provinces. The targeted population selection was guided by vulnerability-based criteria, prioritizing families whose homes were fully destroyed or severely damaged, female-headed households, households with older persons or persons with disabilities, and families without immediate sources of income. This targeted approach ensured that assistance reached those facing the highest levels of risk and economic hardship following the disaster.

As the response progressed, the second phase expanded coverage to Nuristan Province, while a further large-scale distribution was implemented across five districts of Kunar Province: Wata Poor, Dara-e-Pech, Chapadara, Chawkai, and Nurgal. These distributions significantly broadened support for remote and underserved communities that had not been reached during earlier rounds of assistance. In addition, the Danish Red Cross independently supported 600 households through a complementary cash distribution, further increasing overall coverage.

Following the northern earthquake, ARCS and IFRC extended MPCA to newly affected communities in Kishindi and Marmol districts of Balkh Province, as well as Hazrat-e-Sultan and Feroz Nakhchir districts of Samangan Province. Cash transfer values were aligned with Cash Working Group (CWG) guidance and based on the Minimum




The ARCS providing multipurpose cash assistance to 200 families in need at Southeastern Afghanistan. (Photo: IFRC)

Expenditure Basket (MEB) for the affected areas, ensuring that households received sufficient support to meet their priority needs. Each targeted household received a one-off multi-purpose cash grant of 130 CHF (approximately 10,500 AFN), delivered through a contracted Financial Service Provider (FSP).

A total of 13,234 households were assisted. ARCS/IFRC signed a formal agreement with the FSP, which was responsible for facilitating secure and timely cash disbursement to the affected population in both Balkh and Samangan provinces. Despite the appeal being funded at 31 per cent, MPCA has reached more than targeted 85,750 people, demonstrating both ARCS's delivery capacity and the central role of cash in this response.

Fed-Wide Achievement:

Federation-wide partners delivered coordinated humanitarian assistance that generated meaningful results for affected communities during the reporting period. The Danish Red Cross (DRC) reached 600 households (8,400) people through MPCA/Emergency Cash, while the Norwegian Red Cross (NRC) supported 250 Households (5,250) people through MPCA as well. In addition, TRC supported the provision of fresh and dry food including food parcel to 84000 people. In total, the Federation-wide network reached 89,650 people through MPCA intervention, and food security.

 Health & Care <i>(Mental Health and psychosocial support / Community Health / Medical Services)</i>		Female > 18:	Female < 18:
		Male > 18:	Male < 18:
		16,275	21,601
		13,833	19,604
Objective:	<i>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.</i>		
	Indicator	Actual	Target
Key indicators:	<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>	71,313	96,000
	<i>Number of people reached with immunization services</i>	100	23,040
	<i>Number of ANC and PNC visits provided by the ARCS midwife.</i>	7,719	11,520
	<i>Number of U5 children screened for malnutrition status</i>	15,814	19,200
	<i>Number of people provided with health education.</i>	18,354	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>	56,120	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

Mobile Health Teams (MHTs)

The number of functional mobile health teams delivering quality primary healthcare increased from 5 to 8 during the reporting period. The expansion of mobile health teams strengthened outreach capacity and improved access to essential healthcare services, particularly for vulnerable, underserved, and hard-to-reach communities.

Primary Healthcare Mobile Units

ARCS mobile health teams continued to play a critical role in restoring access to healthcare for earthquake-affected communities where fixed health facilities were damaged, inaccessible, or overwhelmed. Through five operational mobile health teams, a total of 71,3013 consultations were delivered across affected provinces. Services included treatment of common illnesses, management of injuries, maternal and child healthcare, referrals for complicated cases, and follow-up support for chronic conditions interrupted by the disaster. These consultations helped to reduce immediate health risks, prevent deterioration of untreated conditions, and ensured that vulnerable families in remote areas could access timely and lifesaving healthcare. These services demonstrate the effectiveness of mobile outreach in bridging service gaps during emergencies and supporting community recovery.

Immunization Services

In coordination with health authorities, ARCS initiated routine immunization support to help protect communities from vaccine-preventable diseases. However, the remoteness of the affected communities and the absence of a functioning MoPH cold chain in nearby areas meant that the Mobile Health Teams (MHTs) were unable to safely transport vaccines, and immunization activities could not be delivered as initially planned. ARCS is currently consulting with the local Public Health Department to identify alternative solutions, including potential cold chain arrangements through neighboring facilities or partner agencies. Despite these constraints, an initial 100 people were reached, an important first step in re-establishing preventive health services in disaster-affected locations. Continued coordination and the scale-up of immunization activities are planned in subsequent phases of the response, once a viable cold chain solution is in place.

Antenatal Care (ANC) and Postnatal Care (PNC) Visits

Maternal health services remained a priority throughout the operation. ARCS midwives conducted 7,719 ANC and PNC visits, ensuring pregnant women and new mothers-maintained access to essential reproductive healthcare despite displacement and damaged facilities. Services included pregnancy monitoring, safe delivery counselling, postnatal follow-up, breastfeeding guidance, and referral for high-risk pregnancies. These interventions would help

reduce maternal and newborn complications, improve safe motherhood outcomes, and protect women's dignity during a highly vulnerable period after the disaster.

Children under five Screened for Malnutrition

ARCS integrated nutrition screening into its emergency health response to identify children at risk of acute malnutrition, a common consequence of disasters due to food insecurity, illness, and poor living conditions. A total of 51,814 children under five were screened, enabling early detection and referral to concerned BPHS facilities for treatment or supplementary feeding where required. This intervention helped prevent deterioration in child health, reduced the risk of severe malnutrition, and supported healthier growth outcomes for young children in affected communities.

Health and Hygiene Education Sessions

Health education sessions were conducted to equip affected populations with practical knowledge to protect themselves and their families during the recovery period. A total of 18,354 people received awareness messages on hygiene promotion, safe water use, communicable disease prevention, nutrition, maternal care, and when to seek medical treatment. These sessions strengthened community understanding of health risks, promoted healthier behaviours, and reduced the likelihood of disease outbreaks in temporary settlements and earthquake-affected areas.

First Aid services and Psychosocial First Aid (PFA)

ARCS teams/volunteers provided immediate first aid and psychosocial first aid to 15,400 people affected by injuries, shock, grief, and distress caused by the earthquakes during household visits. First aid support addressed minor injuries and stabilized urgent cases for referral, while psychosocial first aid helped individuals cope with trauma, anxiety, and emotional stress. This assistance was particularly valuable for children, women, older persons, and families who had experienced loss or displacement. The intervention contributed to both physical and emotional well-being during the emergency phase.

Health Messages through CBHFA trained volunteers

Despite formal training activities still pending, ARCS teams and existing volunteers successfully reached 56,120 people with key community health messages through ongoing outreach efforts. Messaging focused on hygiene, safe water practices, communicable disease prevention, maternal and child health, and available health services. Continued volunteer training will further expand the reach and quality of these community-based interventions.

With the appeal funded at 31 per cent, several health components have had to be scaled down or sequenced into the recovery phase: the Mobile Health Team footprint stands at five operational teams against a planned eight, and the deployment of two pre-positioned ambulances, the recruitment of two female MHPSS counsellors for the Balkh and Samangan MHTs, the CBHFA, ECV, and hygiene promotion training of 7,680 volunteers, and the establishment of 43 community health committees and 43 grandmother committees have not yet been initiated, while the wider scale-up of immunisation, ANC and PNC visits, malnutrition screening, and health education is also proceeding at reduced coverage; given the chronic underfunding of the broader Afghanistan health system, sustained donor support is essential to maintain and expand primary healthcare access for affected and returnee populations during the recovery phase.

Fed-wide Achievement:

Federation-wide partners made a strong collective contribution during the reporting period, reaching communities through coordinated health assistance. The Danish Red Cross (DRC) reached 36,716 people through the provision

of MHPSS, provision of dignity kits, hygiene kits including primary health care services. In addition, QRC also supported the provision of primary health care including MHPSS and reached 16,588 people through its health interventions. In total, the Federation-wide network reached 53,304 people, highlighting the added value of a coordinated response, efficient resource mobilization, and collective efforts to address humanitarian needs at scale.



Water, Sanitation and Hygiene

Female > 18: 6,624	Female < 18: 6,364
Male > 18: 9,084	Male < 18: 6,624

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 who have been supplied by RCRC with an improved protected source of drinking water (according to WHO and Sphere standards)</i>	45,000	51,400
	<i>Number of portable latrines installed, or new latrine constructed</i>	200	600
	<i>Number of handwashing stations installed</i>	69	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>	1,000	5,000
	<i>Number of MHM kits distributed</i>	1,000	5,000
	<i>Number of women reached by MHM awareness sessions</i>	3,430	9,600
	<i>Number of female volunteers trained on MHM</i>	0	100

Handwashing Stations

A total of 69 handwashing stations were installed and these stations were strategically established in displacement sites, schools, health facilities, markets, and other high-traffic community areas where the risk of disease transmission was greatest. The increased availability of handwashing facilities enabled thousands of people to practice regular hand hygiene, particularly at critical times such as before eating and after using sanitation facilities. This intervention played an important role in reinforcing healthier hygiene behaviours within communities.

Improved Protected Source of Drinking Water (According to WHO and Sphere Standards)

The operation provided 45,000 people with access to improved protected sources of drinking water, out of 51,400 people targeted. This was achieved through rehabilitation of damaged water points, installation of water supply systems, and emergency water distribution in underserved and crisis-affected areas. Access to safe and reliable drinking water reduced dependence on contaminated or distant water sources, saving time and effort for families especially women and children who often bear the burden of water collection.

Portable or New Latrines

A total of 200 portable latrines were installed. The provision of sanitation facilities in displacement sites, emergency shelters, and underserved communities improved access to safe and dignified sanitation services. This reduced the chances of open defecation, minimized environmental contamination, and lowered the risk of disease outbreaks linked to poor sanitation conditions. In addition, the availability of separate and secure facilities supported the protection, privacy, and dignity of women, children, and persons with specific needs.

Hygiene Promotion Activities

Through large-scale community outreach, awareness campaigns, and household-level engagement, 7000 people were reached with hygiene promotion activities. Volunteers and staff delivered key messages on handwashing with soap, safe water storage, household sanitation, waste management, and disease prevention. These sessions helped communities better understand how to protect themselves and their families from preventable illnesses.

Hygiene Kits distribution

The ARCS distributed 1000 family hygiene kits, demonstrating major humanitarian assistance to vulnerable households. Family hygiene kits provided essential items that enabled households to maintain safe hygiene practices, reduce exposure to disease, and preserve health and dignity during times of crisis. The expanded reach highlights the commitment of the Red Cross Red Crescent to supporting community wellbeing and strengthening resilience through timely and practical assistance.

MHM Kits distribution

A total of 1000 Menstrual Hygiene Management (MHM) kits were distributed. The kits provided women and girls with essential hygiene materials, helping them manage menstruation safely, hygienically, and with dignity during times of crisis and displacement. This support increased the access to menstrual supplies, improving comfort and confidence, and enabled women and girls to continue participating in education, livelihoods, and community life without interruption.

Menstrual Hygiene Management (MHM) Awareness Sessions


A total of 3,430 women were reached through MHM awareness sessions. These sessions provided practical information on menstrual health, hygiene practices, safe use of materials, and addressing myths and stigma surrounding menstruation. By creating safe spaces for discussion, the sessions increased confidence, knowledge, and self-care practice among participants. They also promoted dignity, inclusion, and greater community acceptance of menstrual health needs, empowering women and girls to better manage their well-being.

Although several emergency WASH outputs have been delivered through the rapid deployment of available resources, the appeal's 31 per cent funding level has required more capital-intensive components to be deferred to the recovery phase, including durable water supply infrastructure to replace emergency water trucking, additional sanitation facilities beyond those installed in the now-closed Kunar camps, improved bathing, laundry, and ablution units in displacement sites, and the training of 100 female volunteers on Menstrual Hygiene Management; family

hygiene kit distribution and MHM awareness sessions are similarly under-covered relative to OS targets, and continued donor support would enable the operation to deliver the durable WASH infrastructure planned for the recovery phase and complete the scale-up of community-level hygiene promotion.

Fed-wide Achievement:

Federation-wide efforts delivered significant humanitarian impact through the combined contributions of Movement partners. The Turkish Red Crescent (TRC) reached the largest share of people, supporting 9,765 individuals through the distribution of hygiene kits.

 Protection, Gender and Inclusion	Female > 18: 10,102	Female < 18: 13,854	
	Male > 18: 10,515	Male < 18: 14,420	
Objective:	<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>		
	Indicator	Actual	Target
Key indicators:	<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>	1,000	1,000
	<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>	2,000	2,000
	<i>ARCS systematically applies the IFRC PGI Minimum Standards across all emergency response operations, with documentation of compliance and lessons learned.</i>	Yes	Yes
	<i>Number of ARCS trained safeguarding focal point with an active role in prevention and response to safeguarding concerns</i>	4	4

	<i>ARCS has a Protection, Gender and Inclusion (PGI) male and female focal persons</i>	Yes	Yes
	<i>ARCS has a developed PGI operation guideline/PGI policy</i>	Yes	Yes

PGI Achievement

The IFRC Protection, Gender and Inclusion (PGI) focal point, in close collaboration with the Community Engagement and Accountability (CEA) focal point and the ARCS Gender Department, successfully implemented a series of coordinated interventions aimed at strengthening protection, inclusion, and community engagement for crisis-affected populations, with a particular focus on women and girls.

The assessment and response process incorporated a range of practical and community-centered approaches to ensure effectiveness and inclusivity. PGI inputs were systematically integrated into DM assessments to ensure that protection, gender, and inclusion considerations were reflected in data collection and analysis. A CSRA was also conducted to better understand community risks, capacities, and vulnerabilities, informing tailored interventions.

Female volunteers played a key role in outreach activities, engaging directly with women and other hard-to-reach groups to ensure their needs and perspectives were captured. In parallel, targeted capacity-strengthening initiatives were implemented for both staff and volunteers, enhancing their skills in community engagement, protection mainstreaming, and inclusive programming.

Efforts were also made to develop and disseminate camp-level community messaging leaflets, ensuring that information on available services, entitlements, and safety measures was accessible and culturally appropriate. The ARCS response prioritized vulnerable groups including women, persons with disabilities (PWDs), and the elderly ensuring equitable access to shelter assistance and cash or livelihood support. dignity kits to venerable women and girls.

Additional examples include the establishment of community feedback mechanisms to capture concerns and complaints, integration of accountability to affected populations (AAP) principles, and coordination with local stakeholders to avoid duplication and enhance service delivery. Together, these actions contributed to a more inclusive, responsive, and community-driven humanitarian intervention.

Leaflets

Informative leaflets were developed in Pashto and Dari and distributed through dignity kits and female health volunteers. These materials included key messages on protection risks, prevention of harassment, available health services, the presence of female health volunteers, and referral pathways for support. Female volunteers actively supported illiterate women by reading and explaining the content, ensuring inclusive access to critical information. As a result, women in targeted communities demonstrated improved awareness of available services, reporting mechanisms, and protection risks, contributing to safer help-seeking behaviours and increased trust in humanitarian services.

MHM Information Sessions

A total of 1,000 women, girls, and people who menstruate were reached through inclusive and culturally appropriate Menstrual Hygiene Management (MHM) information sessions. These sessions were designed to address dignity, health, and hygiene needs while considering age, disability, and local cultural contexts to ensure accessibility and meaningful participation. The initiative helped increase awareness and promote safe menstrual hygiene practices among diverse groups within the targeted communities.

Menstrual Hygiene Management (MHM) kits Distribution

MHM kits were revised based on GBV Cluster recommendations. The updated kits included dignity items such as clothing for women, men, and children, sandals, and torch lights to improve mobility and safety at night. These adjustments contributed to improved dignity, safety, and household-level resilience, particularly for women and girls in displacement settings, although additional needs remain.

Community Feedback and Inclusive Programming

Focus Group Discussions (FGDs) were conducted with women receiving Multi-Purpose Cash Assistance (MPCA) to gather feedback on assistance quality, protection risks, and unmet needs. Findings were used to improve responsiveness and ensure gender-sensitive programming. PGI considerations were further integrated into multisectoral assessment tools, enabling better identification of vulnerabilities, capacities, and differentiated needs across population groups. This has strengthened evidence-based and inclusive programming across sectors.

ARCS and Partners Staff and Volunteers Training

A total of 42 ARCS staff (17 male at headquarters and 25 female in Laghman), including members of Gender, Legal, Youth and Volunteers, and Marastoon departments, as well as presidential advisors, were trained on PGI principles. This resulted in the formation of a PGI Policy Development Taskforce, enhancing institutional commitment to gender equality and inclusion. In addition, two-day PGI, CEA, safeguarding, and Code of Conduct trainings were conducted for Danish Red Cross (DRC) volunteers providing Mental Health and Psychosocial Support (MHPSS) services in Kunar. These training courses strengthened safe and accountable service delivery.

Community Feedback and Accountability Mechanisms Training

IFRC and ARCS jointly conducted complaint and feedback desk management trainings for male and female volunteers, emphasizing confidentiality, inclusion, and gender sensitivity. Mobile and digital tools were introduced to support real-time reporting and improve responsiveness to community concerns. As a result, accountability mechanisms became more accessible and trusted by communities, enhancing transparency and responsiveness of humanitarian services.

Safe and Inclusive Spaces for Women and Children

Coordination between DRC and ARCS advanced planning for the establishment of Women-Friendly Spaces (WFS) and two family-friendly recreational tents (Community Centre) in Kunar Camp. These spaces will include Child-Friendly Spaces offering structured recreational and psychosocial support activities for women, girls, boys, and men. FGDs conducted in parallel informed the design of these spaces, ensuring they respond to identified protection risks, psychosocial needs, and community priorities.

PGI operation Guideline/PGI Policy

ARCS has developed and institutionalized Protection, Gender and Inclusion (PGI) operational guidelines and policies to ensure that all programmes and services are safe, inclusive, and accessible to everyone, especially women, children, persons with disabilities, and other vulnerable groups. These frameworks guide staff and volunteers to integrate PGI principles across emergency response, health, disaster management, and community resilience interventions. They also strengthen safeguarding, prevention of sexual exploitation and abuse, gender-sensitive programming, and community accountability mechanisms. Through these efforts, ARCS is enhancing its capacity to deliver principled humanitarian action that upholds dignity, reduces risks of exclusion and harm, and promotes equal access to assistance and opportunities



Community Engagement and Accountability

Female > 18: **169**

Female < 18:
3,646

Male > 18: **180**

Male < 18: **3,834**

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
Key indicators:	<i>Number of staff, volunteers, and leadership trained in community engagement and accountability</i>	75	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>	6	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>	6	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>	4,224	170

Fed-wide Achievement:

Through the implementation of CEA activities, a total of 7,829 people were reached in earthquake-affected areas through various interventions, including the establishment of help desks in IDP camps, deployment of volunteers to collect feedback, training sessions and orientations, community awareness sessions, consultation meetings, and information sharing on available services and upcoming assistance. This figure comprises 3,646 adult women, 169 girls under 18, 3,834 adult men, and 180 boys under 18, demonstrating strong outreach to both adult and child populations, with particular engagement of women and children.

The overall objective of the intervention was to ensure meaningful community engagement with affected individuals and communities through inclusive feedback and communication mechanisms. To support this objective, six communication methods were established and used to inform communities about organizational activities, programme updates, and operational processes, including beneficiary selection criteria. The methods included community meetings, help and information desks, volunteer outreach, community feedback and complaint mechanisms, printed information materials, and coordination with community committees in the camp areas. Among these, community meetings were identified as the most preferred channel, as they allowed for direct interaction, immediate clarification, and inclusive participation. Feedback collected in Kunar province highlighted

significant unmet humanitarian needs, particularly requests for additional food, cash, and winter assistance. Many respondents sought clarification on beneficiary selection criteria and requested more transparent and inclusive targeting of vulnerable households. At the same time, a large number of comments expressed appreciation for ARCS support and the respectful conduct of volunteers. The findings demonstrate both strong trust in ARCS and the importance of using feedback to improve fairness, communication, and future programme planning. This fully meets the planned target of six methods, reflecting a well-structured approach to information sharing.

In addition, four methods, namely community consultation meetings, feedback and complaint mechanisms, volunteer engagement, and coordination with community committees in the camp areas, were used to enable community participation in planning and managing services and programmes. Community members engaged through community meetings, help desks, and feedback mechanisms raised concerns about unclear beneficiary selection criteria during the early stages of the response. In response, field teams strengthened communication by clearly explaining the criteria during distributions and outreach sessions. While this indicates strong progress, further efforts are needed to diversify and expand participatory approaches to ensure broader inclusion of community voices in decision-making processes.

On feedback and accountability, a total of 4,224 feedback comments were collected. The breakdown shows that 96.8% were suggestions (ideas or recommendations for improving services or activities), 2.6% were compliments (positive feedback about services, staff, or activities), and 0.5% were complaints (expressing concerns or dissatisfaction with services, staff, or processes). This distribution highlights both the effectiveness and accessibility of the established feedback mechanisms, as well as the trust built with communities to share their concerns, suggestions, and compliments. Feedback was systematically disaggregated by sex, age, and vulnerability, including sensitive issues related to protection, fraud, and safeguarding.

To ensure timely review and action, ARCS has established an internal mechanism through which feedback is processed according to its category. Suggestions are regularly analyzed and shared with relevant departments to inform programme improvements and decision-making. Compliments are documented and communicated to teams to reinforce good practices and staff motivation. Complaints are prioritized and followed up through the appropriate channels to ensure resolution and accountability.

Overall, the CEA activities have supported establishing communication channels and collecting community feedback, while further improvement is required in enhancing participatory methods and strengthening regular feedback analysis and reporting. Continued focus on these areas will ensure more effective accountability and responsiveness to the needs and priorities of affected communities.

Enabling approaches



National Society Strengthening

Objective:

To strengthen the ARCS capacity to deliver timely and effective humanitarian assistance by addressing gaps in systems, logistics, and resources, enhancing volunteer management and safety, pre-positioning emergency stocks, and leveraging technical expertise to refine operational plans, ensuring ARCS remains

a resilient, trusted, and capable humanitarian actor in Afghanistan, particularly in response to crises such as earthquakes.

	Indicator	Actual	Target
Key indicators:	<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 & Displacement.</i>	0	100

In line with assessments conducted to identify the needs of human resources, particularly volunteers supporting ongoing operations, visibility items and protective clothing have been procured and distributed. Efforts are also underway to strengthen guidance for the engagement of staff and volunteers, with a specific focus on duty of care, occupational health, safety, and the overall wellbeing of personnel deployed in the response.

Logistics and inventory management have also been prioritized. Preparations are underway to undertake a comprehensive assessment of the logistics, warehousing, and stock management capacities of the Kunar, Nangarhar, and Laghman branches, with a view to improving efficiency, strengthening accountability, and optimizing operational readiness.



Coordination and Partnerships

Objective:	<i>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.</i>		
	Indicator	Actual	Target
Key indicators:	<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

Strategic Partnerships

The National Society has actively strengthened and expanded its strategic partnerships in line with its auxiliary role and commitment to collaborative humanitarian action. During the reporting period, the National Society engaged in 6 strategic partnerships, reflecting progress in building strong, coordinated relationships with key stakeholders, including Movement partners, government counterparts, and external humanitarian actors.

These partnerships have contributed to improved alignment of priorities, increased resource mobilization opportunities, and enhanced coordination in the delivery of services to vulnerable communities. Compared to the previous planning reference of 4 partnerships, this demonstrates a positive expansion of the National Society's partnership base, reinforcing its positioning as a trusted and reliable actor within the humanitarian ecosystem.

The strengthened partnerships have also supported more coherent programming, reduced duplication of efforts, and enabled better integration of technical expertise across sectors, particularly in preparedness, response, and community resilience initiatives.

Movement Coordination Meetings

The National Society has played an active convening role within IFRC by coordinating a total of 4 Movement coordination meetings during the reporting period.

These coordination meetings have served as a key platform for ensuring effective information sharing, joint planning, and operational alignment among Movement partners operating in-country. Through these engagements, the ARCS has facilitated dialogue on operational priorities, response strategies, and resource allocation, thereby strengthening collective impact and coherence of humanitarian action.

The quality and strategic relevance of coordination have remained strong, with emphasis placed on priority-setting, operational efficiency, and improved collaboration mechanisms. Lessons learned from these coordination processes are being used to enhance future planning cycles and strengthen the overall Movement coordination architecture at country level.

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.



Secretariat Services

Objective:

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

	Indicator	Actual	Target
Key indicators:	<i>Percentage of financial reporting respecting IFRC procedures</i>	0	100%
	<i>Number of technical and monitoring visits conducted</i>	3	14
	<i>Number of IFRC monitoring and support missions</i>	2	12
	<i>Number of evaluations conducted (MTR and final evaluation)</i>	0	2
	<i>Number of surge personnels deployed</i>	8	8

Rapid Response

During the reporting period, 8 surge personnels were deployed with following Rapid Response profiles (some remote) to support the operation:

- Operation Coordinator (2 rotations)
- Planning, Monitoring, Evaluation and Reporting Officer (PMER) – remote
- Shelter, Housing and Settlement Coordinator
- Water, Sanitation and Hygiene Coordinator
- Strategic Partnerships and Resource Mobilization Coordinator (SPRM) - remote
- Security Coordinator
- Information Management Coordinator (IM)

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

During the reporting period, the IFRC Senior MEL Officer conducted a field visit to the Balkh and Samangan provinces to participate in the distribution of Non-Food Items (NFIs) coordinated by JICA in these areas.

During the visit, Focus Group Discussions (FGDs) and exit surveys were conducted with recipients of the JICA-funded non-food item (NFI) distributions provided to earthquake-affected households. A total of two FGDs were carried out: one in Samangan with six participants and one in Balkh with five participants. All participants were male. In addition, exit surveys were administered to collect feedback on the assistance provided, including beneficiaries' perceptions and satisfaction with the registration and distribution processes.



IFRC PMER conducting FGD with aid recipients. (Photo: IFRC)

Key findings from the field visit include:

- Assisted population reported that they did not pay any money or provide any form of benefit to be included in the distribution list.
- ARCS staff and volunteers treated respondents with respect.
- Assisted population expressed satisfaction with the distribution process and the information provided by ARCS regarding the date and time of distribution.
- The distribution process was perceived as safe and respectful.
- Respondents indicated a preference for shelter support and Multi-Purpose Cash Assistance (MPCA) to better meet their household needs

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 regulations.

PMER Support

- 33 exit interviews in Laghman province and 45 exit interviews were conducted in Nangarhar including the site observation.
- Conducted 2 FGDs in Balkh in Samangan provinces with the assisted people received NFI and participated in the distribution of NFIs in the mentioned provinces.
- Supported to develop the various reports and strategic documents, such as:
 - Publication of 5 fed-wide Situational Reports for the southeastern and 4 for the northern earthquake
 - Publication of 3 Operational Updates
 - Initial Operational Strategy (OS) documents as well as the revision of the OS, following the northern earthquake

- 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, the ARCS and THE IFRC Operations teams jointly conducted two technical monitoring visits to review implementation progress and program quality. Key findings and recommendations from these visits were consolidated and shared with all relevant sectoral teams to support coordinated follow-up and improvement actions. In addition, a summary presentation highlighting the main observations, conclusions, and recommended actions was prepared and disseminated to the respective teams to ensure alignment and facilitate informed decision-making.

D. FUNDING

IFRC Secretariat Coverage	Amount Raised (CHF)	Funding Gap (CHF)	Coverage %
Hard Pledges + In kind + Soft Pledges	9,245,866	17,754,134	34%
Federation-wide Coverage	Amount Raised (CHF)	Funding Gap (CHF)	Coverage %
ARCS domestic income + IFRC Secretariat + Bilateral support	9,285,739	20,714,264	31%

As of 31 March 2026, 31 per cent of the total funding requirement has been successfully pledged to the IFRC Secretariat Emergency Appeal.

An interim financial report is attached at the end of this report. At this stage, only expenditure data related to the IFRC Secretariat Emergency Appeal expenditure is available.

IFRC extends its heartfelt gratitude to all donors and earnestly appeals for further contributions to bridge the gap remaining. This support is crucial for the National Society and the IFRC to continue delivering vital humanitarian assistance during both the emergency and recovery phases.

Contact information

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

In the Afghan Red Crescent Society

- International Relations Department - email: ir@arcs.af

In the IFRC Afghanistan Country Delegation, Kabul

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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.

Operational Strategy

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2025/9-2026/3	Operation	MDRAF019
Budget Timeframe	2025/9-2027/12	Budget	APPROVED

Prepared on 30 Apr 2026

All figures are in Swiss Francs (CHF)

MDRAF019 - Afghanistan - Earthquake

Operating Timeframe: 03 Sep 2025 to 31 Dec 2027; appeal launch date: 08 Nov 2025

I. Emergency Appeal Funding Requirements

Total Funding Requirements	27,000,000
Donor Response* as per 30 Apr 2026	9,154,013
Appeal Coverage	33.90%

II. IFRC Operating Budget Implementation

Planned Operations / Enabling Approaches	Op Budget	Expenditure	Variance
PO PO01 - Shelter and Basic Household Items	3,418,448	984,546	2,433,902
PO02 - Livelihoods	556,781	119,845	436,936
PO03 - Multi-purpose Cash	977,203	1,697,619	-720,416
PO04 - Health	390,501	467,761	-77,260
PO05 - Water, Sanitation & Hygiene	154,988	137,751	17,237
PO06 - Protection, Gender and Inclusion	20,900	24,674	-3,774
PO07 - Education	0	0	0
PO08 - Migration	0	0	0
PO09 - Risk Reduction, Climate Adaptation and Recovery	1,708,611	39,204	1,669,407
PO10 - Community Engagement and Accountability	12,001	10,566	1,435
PO11 - Environmental Sustainability	0	0	0
Planned Operations Total	7,239,433	3,481,966	3,757,467
EA EA01 - Coordination and Partnerships	24,000	10,823	13,177
EA02 - Secretariat Services	1,154,665	669,368	485,297
EA03 - National Society Strengthening	377,402	273,430	103,972
Enabling Approaches Total	1,556,067	953,620	602,447
Grand Total	8,795,500	4,435,587	4,359,913

III. Operating Movement & Closing Balance per 2026/03

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	9,272,784
Expenditure	-4,435,587
Closing Balance	4,837,197
Deferred Income	0
Funds Available	4,837,197

IV. DREF Loan

* not included in Donor Response	Loan :	0	Reimbursed :	0	Outstanding :	0
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Operational Strategy

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2025/9-2026/3	Operation	MDRAF019
Budget Timeframe	2025/9-2027/12	Budget	APPROVED

Prepared on 30 Apr 2026

All figures are in Swiss Francs (CHF)

MDRAF019 - Afghanistan - Earthquake

Operating Timeframe: 03 Sep 2025 to 31 Dec 2027; appeal launch date: 08 Nov 2025

V. Contributions by Donor and Other Income

Opening Balance							0
Income Type	Cash	InKind	InKind	Other Income	TOTAL	Deferred Income	
American Red Cross	234,827				234,827		
British Red Cross	1,542,480				1,542,480		
British Red Cross (from Jersey Overseas Aid*)	153,117				153,117		
DREF Response Pillar				2,000,000	2,000,000		
Finnish Red Cross	934,985				934,985		
German Red Cross	100,000				100,000		
Irish Government	467,496				467,496		
Italian Government Bilateral Emergency Fund	467,633				467,633		
Japanese Government	399,173				399,173		
Japanese Red Cross Society	222,738				222,738		
Liechtenstein Red Cross	113,104				113,104		
Luxembourg Government	233,286				233,286		
New Zealand Red Cross	9,071				9,071		
Norwegian Red Cross (from Norwegian Government*)	777,262				777,262		
On Line donations	2,684				2,684		
Red Cross of Monaco	18,619				18,619		
Saudi Red Crescent Authority	23,384				23,384		
Singapore Red Cross Society	30,679				30,679		
Spanish Government	468,635				468,635		
Spanish Red Cross	9,125				9,125		
Swedish Red Cross	126,202				126,202		
Swiss Red Cross	200,000				200,000		
Taiwan Red Cross Organisation	15,937				15,937		
Thai Red Cross Society	7,968				7,968		
The Canadian Red Cross Society	56,387	128,300			184,687		
The Netherlands Red Cross (from Netherlands Government)	397,967				397,967		
The Republic of Korea National Red Cross	79,378				79,378		
Total Contributions and Other Income	7,092,136	128,300	0	2,000,000	9,220,436	0	
Total Income and Deferred Income					9,220,436	0	