OPERATION UPDATE #5

Afghanistan | Earthquake



ARCS conducting a pre-distribution information session on MPCA in Nurgul district, Kunar province. ***(Photo: Mir Abdullah Rasikh/IFRC)***

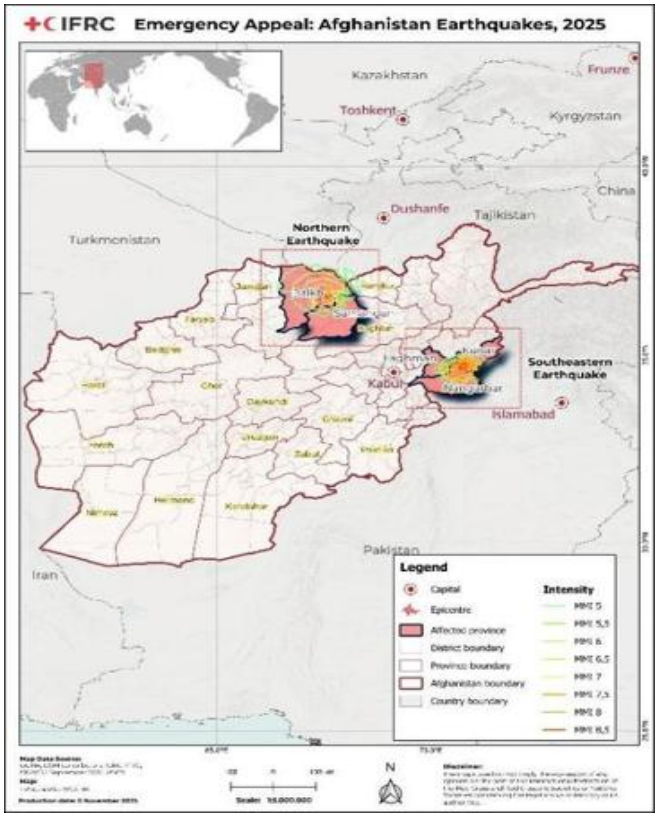
Emergency appeal №: MDRAF019 **Emergency appeal launched:** 3/9/2025 **Operational Strategy published:** 19/9/2025 **Operational Strategy revised:** 12/12/2025	**Glide №:** EQ-2025-000155-AFG
Operation update #5 (12-mth update) **Date of issue:** 31/10/2026	**Timeframe covered by this update:** From 3/9/2025 to 30/9/2026
Operation timeframe: 28 months (3/9/2025 – 31/12/2027)	**Number of people being assisted:** IFRC Secretariat: 168,061 Federation-wide: 307,367[1]
Funding requirements (CHF): CHF 27 million through the IFRC Secretariat Emergency Appeal CHF 30 million Federation-wide	**DREF amount allocated:** CHF 1 million for Southeastern Earthquake CHF 1 million for Northern Earthquake

To date, this Federation-wide Emergency Appeal, which seeks CHF 30,000,000, is 32 per cent funded.

[1] Federation-wide reach is estimated based on the 'Livelihood and Basic Needs' sector with the reach through hot meals calculated as two meals provided per person.

A. SITUATION ANALYSIS

Description of the crisis



On 31 August 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, including a 5.6-magnitude on September 5 and a 4.9-magnitude on September 23, that exacerbated the damage and complicated response efforts.

The southeastern Afghanistan earthquake caused severe destruction, killing over 2,150 people, injuring more than 3,600, affecting nearly half a million people, and left more than 221,000 people in urgent need of humanitarian assistance. Thousands of houses were destroyed, and over 3,000 families were displaced in Kunar and Nangarhar. Key infrastructure – including health facilities, schools, water networks, and electricity and telecommunication lines – were also damaged.[2]

Then, 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. Casualties reported up to 26 killed and over 1,172 injured, and about 3,027 houses were damaged or destroyed. This second major earthquake hit already vulnerable communities, damaging 22 health facilities and rendering 91 schools and 18 water sources unusable, further disrupting daily life and increasing public health risks.[3][4]

Despite the significant life-saving humanitarian assistance provided in the past months, there remains limited access to clean water, insufficient health services and facilities, and many struggle to live with limited livelihood opportunities. There were also widespread losses of food stocks, crops, livestock and tools, exacerbating food insecurity, disrupting agricultural cycles, and impacting markets. People affected by the earthquake already have pre-existing vulnerabilities and are forced into further negative coping strategies.

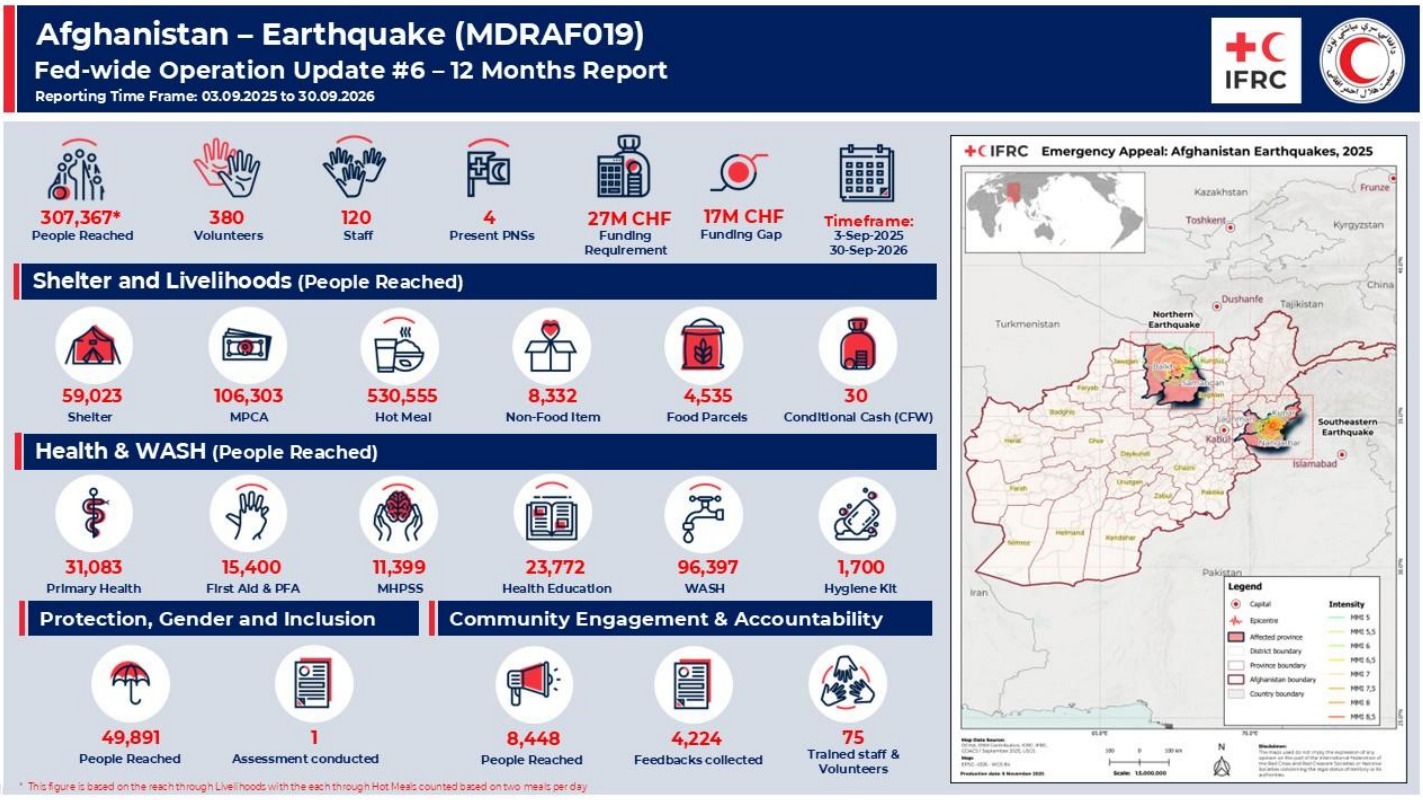
A year after the southeastern earthquake and the launch of the Appeal, thousands of families continue to be displaced, and are still living in temporary shelters in displacement sites. These temporary shelters are not adequate for the approaching winter season nor with the El Nino likely to bring above-average rainfall, especially for the northern regions. These displacement settlements have continued to expand with the influx of returnees, resulting in people living in overcrowded spaces with overstretched services. The overall humanitarian situation remains very difficult, and recovery interventions are much needed for shelter, healthcare, food assistance, and protection. The

[2] OCHA Afghanistan Humanitarian Update, February 2026
[3] WHO, Earthquake in Northern Afghanistan SitRep #4
[4] OCHA Afghanistan Northern Earthquake Update #3

operation has transitioned to early recovery with a continued provision of basic services such as health. Recovery activities continue to address persisting needs in shelter, livelihood support, health, and water and sanitation.[5]

Summary of response

Overview of the host National Society and ongoing response



The Afghan Red Crescent Society (ARCS), supported by the IFRC and Movement partners continues to implement a coordinated response to the earthquakes in southeastern and northern Afghanistan. During the initial response, ARCS rapidly deployed Branch Disaster Response Teams (BDRTs), convened the Emergency Operations Centre (EOC) bringing together all the Movement partners, conducted rapid needs assessments, and mobilized emergency response teams to affected areas leveraging its presence across all 34 provinces. A total of 380 ARCS staff and volunteers supported by IFRC staff and volunteers were mobilized for rapid assessments, coordination and to provide immediate assistance to affected communities. An Emergency Appeal was launched for CHF 25 million and later revised to CHF 30 million following the second earthquake in November to deliver life-saving assistance and to support the recovery of communities across Laghman, Kunar, Nangarhar, Balkh and Samangan.

Participating National Societies present in Afghanistan, including the Danish Red Cross, Norwegian Red Cross, Qatar Red Crescent Society, and Turkish Red Crescent as well as ICRC have 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 has 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.

As of the reporting period, the Federation-wide response has reached approximately **307,367 people** (156,757 male and 150,609 female). Of these, **168,061** people (83,204 male and 84,858 female) were reached through the IFRC Secretariat Emergency Appeal supported activities. The operation has provided assistance through shelter support,

[5] OCHA Afghanistan Humanitarian Update, August 2026

multipurpose cash, health services, WASH interventions, food assistance, protection services and community engagement activities and as the operation has transitioned from emergency response to recovery, the focus has moved increasingly towards support for permanent shelter, restoration of water systems and livelihoods.

Below is the summary of key sectoral achievements during the reporting period (more details can be found in Section C):

STRATEGIC SECTORS OF INTERVENTION	
Shelter, Housing, and Settlements	• 1,158 households were supported with emergency shelter assistance including tents and 2,430 households received essential household non-food items. • IFRC prepositioned stocks were 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. • 160 HH are provided with support for permanent shelter through conditional cash • Bilateral support: The German Red Cross 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 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.
Livelihoods	• 530,555 hot meals were distributed through the collective efforts of the IFRC network and Participating National Societies. The Turkish Red Crescent (TRC) reached 271,555 people, the Danish Red Cross (DRC) reached 155,000 people and the IFRC supported 104,000 people with hot meals. • 40 people were supported through a Cash-for-Work (CFW) approach • 3,865 people benefited from food parcels distributions containing essential food items to support short-term household consumption. The TRC distributed 3,065 food parcels, while the Qatar Red Crescent Society (QRCS) distributed 800 parcels.
Multi-Purpose Cash	• 106,303 people (13,090 households) reached through cash assistance supported by the IFRC Secretariat and bilateral partners. • MPCA of AFN 10,500 (approx. CHF 130) per household to 12,240 households through the IFRC Secretariat-supported response. • Bilateral support: The Danish Red Cross (DRC) provided MPCA to 600 households (8,400 people) and Norwegian Red Cross (NRC) to 250 households (5,250 people.
Health & Care	• 5 Mobile Health Units (MHUs) were deployed to the southeastern earthquake affected areas to provide emergency medical services, including maternal and child health care for the first year of the operation. • OPD Consultations: 93,250 consultations were provided reaching 31,083 people, giving timely medical attention to affected communities, especially those in remote areas. • Immunization Services: 100 individuals received vaccinations, helping to prevent vaccine preventable diseases. • ANC and PNC Visits: 7,719 visits were conducted, supporting safe pregnancies and healthy practices for mothers and newborns. • Screening for Malnutrition: 25,017 children under five were screened, allowing early identification and treatment of malnutrition. • Health Promotion: 56,120 people received health awareness sessions, which improved knowledge about disease prevention and healthy living. • First Aid and Psychological First Aid (PFA): 15,400 individuals received immediate medical and emotional support
Water, Sanitation, and Hygiene	• Hygiene and household WASH items including 5,000 antiseptic soaps, 5,000 laundry soaps, 1,000 metal washing basins, 2,200 metres of rope, and 177 waste bins were also distributed inside the camp in Kunar province.

	• 77 laundry washing areas were constructed in Kunar province to improve sanitation and hygiene conditions in the camp. • 22 dry latrines are being constructed in Balkh and 18 dry latrines in Samangan as part of the sanitation support • 1,700 family hygiene kits were distributed across Nangarhar, Kunar, Laghman, Balkh and Samangan provinces. • 1,320 hygiene kits were distributed • 438,000 litres of drinking water was distributed in Samangan through water trucking to support a target population of 12,130 people. • Bilateral support: 1,500 Menstrual Hygiene Management (MHM) kits were distributed in Kunar province, provided as an in-kind contribution from the Canadian Red Cross through bilateral support
Protection, Gender, and Inclusion	• 48,891 people reached through PGI interventions.
Community Engagement and Accountability	• 8,448 people 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 to ensure 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. • 4,224 feedback comments were collected. These included both general and sensitive feedback, which were systematically documented and used to inform program improvements.

Needs analysis

Needs analysis

A year 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 addressing medium- and now the long-term recovery needs through winterization of displacement sites, provision of permanent and/or durable shelters, restoration of livelihoods, restoration of WASH infrastructure, 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 to inform the operational planning and targeting as well as to assess the evolving needs.

A Joint Rapid Recovery Needs Assessment (JRRNA) conducted from mid-September to October 2025 highlighted the highest recovery needs in the sectors of shelter, health, education, livelihood, and water and sanitation. It also emphasized that women and girls were disproportionately affected, with pre-existing gender norms and restrictions on their movement, education, employment, and access to information and services.[6]

Shelter, Housing & Settlements:

As the operation continues its early recovery programming, critical gaps persist in thermal insulation, reinforced construction materials, and fire safety measures. Fire hazards and unsafe winterization practices remain a particular concern in densely occupied camps, where overcrowding and improvised heating solutions pose direct threats to life. Many families still live in tents which are structurally unsuitable for prolonged stays and leave them exposed to harsh weather. With winter fast approaching, and El Nino likely to bring above-average rainfall, affected families remain doubly vulnerable in this protracted living conditions. Overcrowded camps and displacement settlements afford families with little to no privacy, thereby also increasing protection risks for women, children, and people with

[6] Joint Rapid Recovery Needs Assessment, 2025

disabilities. Most damaged houses used traditional methods and materials, thus integrating build-back-safer principles in any shelter intervention is important. Post Distribution Monitoring (PDM) survey done by ARCS highlight that house repairs are the second most common expenditure (34%) following food (56%). Limited resources to address the huge reconstruction needs across the earthquake-affected areas highlights the importance of prioritizing the most vulnerable households and underscores the demand for more durable longer-term solutions.

Livelihoods & Basic Needs

The earthquake caused significant damage and losses to livelihoods. In just the northern provinces alone, an estimated 100-250 animals were lost, and they constitute the primary livelihood base for pastoral and agro-pastoral communities. Thousands of hectares of farmland were affected, fruit-bearing trees were uprooted, and grain storage units were damaged, in addition to damage to irrigation pumps, feeds, and the like. Aside from agriculture land rendered unproductive for the season, they also face the risk of El Nino in the months succeeding this upcoming winter season. The loss of livestock resulted in a decline also of milk, cheese, and ghee which also reduced household income and nutrition. Millions across the country are already facing acute food insecurity, including those in the earthquake-affected areas, and it is expected to worsen in the next coming months. Health workers already report increasing numbers of children admitted with severe malnutrition by more than 30% compared over the past 3 years.

Border closures and continued conflict in the region contribute to the rising prices of foods and other essential items. With reduced labour availability during the lean months of winter, already vulnerable households further deplete their coping strategies. PDM conducted in December 2025 reports food is still the primary priority need. Although distributions of food packages and even multi-purpose cash assistance have provided essential short-term relief, targeted longer-term livelihood recovery assistance is key to address food security and aid dependency.

Health

The earthquake damaged health facilities in areas where there are already limited operational facilities and services. Damaged roads and infrastructure have further reduced access to health care. The remaining local health facilities continue to be overstretched, medicines are low in supply, and services such as maternal and child health, reproductive care, and safe delivery support are among the most pressing concerns. Women and girls face heightened risks on accessing essential health care due to compounded barriers, including shortage of female health workers, cultural restrictions on accessing care from male providers, and inability to travel far distances to reach a health facility. ARCS has been deploying Mobile Health Teams (MHTs) to provide emergency medical services including maternal and childcare, however, they are still not enough and cannot substitute for functioning fixed facilities.

The prolonged displacement of families with poor shelter and sanitary conditions exposes them to increased risks of communicable diseases and outbreaks. Primary health care programs are needed to prevent further spreading health problems. Continued provision of mental health and psychosocial support (MHPSS) remains critical as communities cope with grief, uncertainty, displacement, and distress. Sustained support is needed to maintain primary health care coverage, strengthen referral pathways, and support longer-term recovery.

Water, Sanitation & Hygiene (WASH)

Damage to water points and sanitation facilities has led to people using unsafe water sources. The lack of adequate sanitation facilities in displacement settlements has contributed to open defecation and environmental contamination. The existing infrastructure and services are struggling to accommodate the demands of the affected families in addition to the influx of returnees.

Women and children often bear the burden of water collection, so there is a need to increase access points to safe drinking water. People injured from the earthquake still have lasting-effects and need accessible facilities.

This operation has distributed drinking water, installed water sources and latrines, constructed bathing and washing facilities, upgraded handwashing stations, distributed hygiene kits and menstrual hygiene management (MHM) kits, and conducted hygiene promotion and health education sessions. Despite these interventions, communicable diseases, including acute watery diarrhoea (AWD), acute respiratory infection (ARI), malaria, and scabies, continue to be reported, underscoring the long-term public health risks associated with overcrowded displacement settings and the need for sustained WASH and hygiene promotion.

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 IOM (September 2026)[7], an estimated 4.11 million Afghans have returned from Iran and Pakistan since 2025, with over 1.28 million additional returns recorded in the first nine months of 2026[8]. Per the UNHCR-IOM Flash Update #91 (April 2026)[9], 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)

Many affected families, particularly women, elderly persons, persons with disabilities, and unaccompanied minors, remain unaware of what services are available, where to access them, and which organizations are providing support. There is a continued absence of structured guidance at service delivery points that has left those with mobility limitations and communication barriers at heightened risk of exclusion.

ARCS continues its community engagement and accountability mechanisms across all active operations, including this earthquake. Community meetings, information desks, printed materials, volunteer outreach, and engagement with community committees help promote communication, clarification, and participation. The multiple mixed methods ensure that information and feedback reach as many as possible in the community. Efforts are also underway to improve the 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. During this reporting period, there were several requests for additional food, cash assistance, and winter support. These were then referred to the relevant sector leads for review.

Environmental Sustainability

With many families still living in displacement sites or outdoors, solid waste accumulation remains as a significant environmental and public health concern. The breakdown of services includes existing waste management systems, which are unable to meet the demands of overcrowded spaces. ARCS constructed or improved sanitation facilities, including dry-vault latrines, conducted sessions on household sanitation and waste management, improvements to

[7] Afghanistan: Emergency Border Response report
[8] UNHCR, Return Dashboard
[9] UNHCR-IOM Flash Update #91

waste collection and disposal infrastructure, and conducted hygiene awareness campaigns to help promote and maintain safe and dignified living conditions across the sites.

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

As the operation continues its early recovery programming, several contextual and operational risks may affect the timely implementation of the planned interventions. ARCS, with the support of IFRC and Movement partners, continuously monitors these risks and implements mitigation measures to reduce their potential impact on the affected communities and ongoing activities.

- Upcoming winter season and climate-related hazards: Harsh winter temperatures, 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 addition, the forecast for coming winter season predicts above average rainfall increasing the risk of localized flooding and flash floods, landslides and crop damage. 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. The ongoing permanent shelter construction is closely monitored for any delays to ensure completion before the winter fully arrives.
- Gaps in WASH infrastructure across displacement sites combined with overcrowding have contributed to frequent diarrhoeal infections, AWD, ARI, malaria, and scabies cases. 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.
- 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 has addressed 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.
- Closure of border crossing points and significant restrictions or suspension of commercial trade from Pakistan disrupts 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 volatility of the operating environment, with 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 place additional strain on host communities, services, and infrastructure in the earthquake-affected provinces, particularly Nangarhar. Returnees from Iran are largely dispersing to western and central provinces such as Herat, Kabul, and Nimroz, 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 in November 2025, the Operational Strategy was revised to reflect the response to the multiple earthquakes. The Federation-wide funding ask was increased from CHF 25 to 30 million. The overall objectives of the revised Operational Strategy published on 12 December 2025 remain unchanged. The 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. During the revision of the Operational Strategy, some of the indicators, targets and budgets on activities level were revised 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 response framework prioritizes life-saving services such as emergency shelter, household items, WASH facilities, basic healthcare, and MHPSS. In parallel, it incorporates early recovery and resilience-building activities, including providing durable shelter, restoring livelihoods and income-generating initiatives, improving food security, water and sanitation facilities, and National Society Development, including preparedness for effective response.

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

C. DETAILED OPERATIONAL REPORT

STRATEGIC SECTORS OF INTERVENTION

Note: Indicator targets and actual reach are IFRC Secretariat EA figures; Fed-wide figures are provided in the narrative.

	People Reached	**44,325**

	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*		
Key indicators:	**Indicator**	**Actual**	**Target**
	Number of households that received winterization kits/winterization support	2,800	3,000
	Number of households that received essential household non-food items	2,430	3,000
	Number of households provided with emergency shelter/tents	1,158	3,000
	Number of HHs that received CCCM sessions to understand camp rules, safety, service access, and complaint mechanisms	0	8,000
	Number of targeted households reached with orientation on safer construction, no-build zones, and landslide risk Mitigation	0	2,200
	Number of households who received cash assistance. (conditional cash for shelter construction-community based)	160[10]	950

Progress Toward Objectives

To address immediate shelter needs, 1,158 households received emergency shelter assistance, including tents, against a target of 3,000 households. This support provided safe temporary accommodation for families whose homes had been destroyed or severely damaged, reducing exposure to adverse weather conditions and protection risks while enhancing privacy, safety, and dignity.

In addition, 2,430 households received essential household non-food items (NFIs), against a target of 3,000 households. Assistance included bedding, kitchen sets, jerry cans, hygiene items, tarpaulins, and other basic household goods. These items enabled affected families to restore minimum living conditions, improve hygiene and well-being, and prioritize limited resources towards other urgent needs, including food, health care, and shelter recovery.

A total of 2,800 households received winterization assistance against a target of 3,000 households. Support

[10] The number of households who have received conditional cash for shelter construction have not been included in the total reach as only the first tranche has been distributed as of 30 September, and the construction is still ongoing. The reach will be updated upon the completion of the cash for shelter support.

included winter clothing and thermal items such as sweaters, shoes, gloves, and warm socks, helping vulnerable families cope with harsh winter conditions. The assistance was particularly important for households living in damaged shelters, temporary settlements, or other exposed environments, reducing the risk of cold-related illnesses and strengthening the resilience of vulnerable groups, including children, older people, and individuals with health conditions.

These interventions helped address the immediate shelter and household needs of earthquake-affected communities during the response phase. By providing emergency shelter, winterization support, and essential household items, ARCS and its partners enhanced the safety, dignity, and well-being of affected households while supporting their transition from emergency response towards early recovery and longer-term resilience.

The construction of the permanent shelters is implemented as conditional cash assistance in Kunar Province with 160 earthquake-affected families supported in rebuilding their shelters while promoting local market recovery and creating short-term employment opportunities. In March 2026, ARCS and IFRC completed the selection of recovery intervention areas for the construction of permanent shelters. The locations were identified through recommendations from government-established community committees and validated through field assessments and Shelter Cluster data. Shelter assistance will be provided based on established vulnerability criteria, with particular attention to protection considerations.

The shelter support is disbursed in three tranches, linked to construction progress and agreed milestones. Two households were engaged in the demo shelter construction. In September 2026, remaining 158 selected households received the initial tranche of approximately AFN 105,400 to AFN 114,400 (CHF 1,300-1,400) per household through a Financial Service Provider (FSP), enabling them to hire local skilled and unskilled workers and purchase locally available construction materials, including bricks and stones. The amount consists of the construction material and labor costs and a transportation cost that varies per household depending on the distance.

The second tranche of AFN 52,700 to AFN 57,200 (CHF 650-705) is planned for October 2026 and will be distributed once the stone masonry is completed up to foundation level. The third tranche of AFN 17,500 to AFN 19,000 (CHF 215-235) will be released on floor level band and roof band have been completed. The shelter construction is scheduled to be completed by the end of November 2026. In addition, two tranches with the total value of AFN 62,500 to AFN 65,900 (CHF 770-815) are provided to support latrine construction. From the initial shelter assessment through to construction completion, ARCS and IFRC technical engineers provide day-to-day guidance and regular site supervision to ensure compliance with technical standards and promote safe, durable shelters.

This community-based approach supports the objectives of humanitarian shelter programming and the Afghanistan Cash Working Group (CWG) by encouraging local procurement, strengthening community ownership, generating temporary income, and supporting small businesses and local markets. By combining conditional cash assistance with continuous technical support, the intervention contributes to shelter recovery and the wider economic recovery of earthquake-affected communities. The assistance has been significantly scaled down from the target of 3,000 households set in the Operational Strategy due to the funding constraints.

Movement partner(s) bilateral support

German Red Cross: With support from the German Red Cross, ARCS distributed essential relief items to meet urgent shelter, household, and health needs. Assistance included 232 family tents, 8 multipurpose tents, 1,040 kitchen sets, and 10 major trauma bags, strengthening emergency shelter provision, household functionality, and emergency medical response capacity.

Government of Japan / JICA: Through the support of the Government of Japan/JICA, emergency shelter and household assistance was provided to affected communities. A total of 250 family tents, 1,620 sleeping pads, 1,620 blankets (benefiting approximately 330 households), and 250 foldable water tanks were distributed,

improving shelter conditions, household comfort, and access to essential non-food items.

Government of Canada: With support from the Government of Canada, ARCS distributed a range of emergency shelter and household items, including 1,000 tarpaulins, 500 shelter toolkits, 150 family tents, 2,500 thermal blankets, 500 kitchen sets, 1,000 foldable jerrycans, 500 plastic buckets, and 500 solar lamps. The assistance contributed to improving household living conditions, strengthening shelter capacities, and enhancing the safety and dignity of crisis-affected families.



Sawab Khan and his son, Khalid, in front of their new home. Photo: Mir Abdullah Rasikh/IFRC

For Sawab Khan, a resident of Ghazi Abad village in Nurgal district, life changed forever when the powerful earthquake struck his community. He lost both his wife, eldest son and youngest daughter, and the family home was destroyed along with their livestock.

Together with his three surviving children, Sawab spent last winter in a tent, enduring freezing temperatures and heavy snowfall. "Last winter was extremely hard for us," Sawab recalls.

Now the family is completing the construction of the shelter they received with support from Afghan Red Crescent. The new home will protect the family from the harsh winter, but's it's also a chance to restart their lives. "Once my family is settled in the new shelter, I can go and look for opportunities to work and support them," Sawab says.

His seven-year-old son, Khalid, is still struggling with the loss of his mother and siblings, but their new home is something to look forward to. "I am happy because this winter we will have our own house; we won't need to worry about the cold anymore."

Livelihoods		People reached	**30**
		Female > 18: **0**	Female < 18: **0**
		Male > 18: **30**	Male < 18: **0**

Objective:	*To provide sustainable livelihood opportunities for earthquake families through a community-based approach that promotes economic self-reliance, strengthens local markets, and supports long-term reintegration and stability within their communities.*		
Key indicators:	**Indicator**	**Actual**	**Target**
	Number of targeted households reached with livelihood support (livestock, agriculture)	0	3,000
	Numberof people receiving temporary employment opportunities (cash for work)	30	3,000
	Number of people receiving vocational/ soft skill training (disaggregated by types)	0	400
	Number households receiving support for income generation activities.	0	3,000
	Number of women and youth at risk received support for vocational training and tools for starting income- generation activities.	0	300

Progress Toward Objectives

Hot Meals

During the initial emergency phase, the ARCS supported by IFRC and Turkish Red Crescent distributed 104,000 hot meals to people affected by the earthquake and residing in displacement sites and temporary shelters across the south-eastern provinces reaching approximately 52,000 people[11].This intervention addressed immediate food security needs in the aftermath of the disaster, particularly among displaced households that had lost food stocks and lacked access to cooking facilities. Priority was given to the most vulnerable groups, including pregnant and lactating women, children under five years of age and older persons.

Cash-for-Work and Livelihood Recovery

As the operation transitioned from emergency response to early recovery, ARCS, with support from the IFRC, implemented a community-based waste management initiative through a Cash-for-Work (CFW) approach. The intervention was designed to contribute to improved environmental sanitation in earthquake-affected communities while providing short-term income opportunities for households whose livelihoods had been disrupted by the disaster.

[11] This is based on two meals provided per person.

Community mobilization and sensitization sessions were conducted to inform affected communities about the project objectives, the Cash-for-Work approach and the planned implementation process. Local committees, each comprising four members, were established to support community participation, transparent decision-making and accountability throughout implementation. The committees were briefed on the project scope, their responsibilities and the agreed decision-making process.

A total of 30 participants were selected and engaged through a community-based and participatory process, with priority given to households most severely affected by the earthquake and those with limited or no alternative income sources. Each participant received conditional cash assistance of AFN 5,000 (approx. CHF 58) to procure waste management equipment, tools and personal protective equipment (PPE). This approach aimed to strengthen community ownership and accountability while contributing to local market recovery through cash-based assistance.

Participants received monthly wages of AFN 12,000 (approximately CHF 145) for November and December 2025 through a financial service provider (FSP), enabling them to meet essential household needs, including food, shelter and health-related expenses, while actively contributing to waste management and environmental cleaning activities in the targeted areas. Payments were processed based on verified attendance records. The initiative supports the transition towards recovery, particularly following the precautionary closure of the Kunar camp by the authorities in March 2026 due to the escalation of armed conflict.

Livelihood recovery remains one of the sectors most affected by the funding shortfall, with available resources prioritized for critical interventions in shelter, health and cash assistance. Consequently, several planned recovery activities remain pending implementation, including support to livestock- and agriculture-dependent households, vocational and soft-skills training, household-level income-generating activities, and targeted assistance for women and youth at heightened risk. Expanded livelihood support would contribute to strengthening the resilience and recovery of households that have lost crops, livestock, productive assets and sources of income as a result of the earthquake.

Movement Partner(s) Bilateral Support

The Turkish Red Crescent (TRC) has provided 272,720 hot meals and distributed food parcels to 3,065 households. The Danish Red Cross (DRC) contributed to the collective response by reaching 155,000 people through targeted community assistance, including the distribution of dignity kits and non-food items (NFIs). The Qatar Red Crescent Society (QRCS) distributed a further 800 food parcels reaching 6,720 people.

Multi-purpose Cash		People reached	**92,653**
		Female > 18: **19,040**	Female < 18: **27,084**
		Male > 18: **19,195**	Male < 18: **27,334**
Objective:	*To support families affected by earthquakes to meet their basic needs and access essential items - such as food, household goods, and vital dignity-related services - through multi-purpose cash assistance (MPCA) grants, ensuring their safety, dignity, and overall well-being*		
	Indicator	**Actual**	**Target**

	Number of people provided with unconditional cash assistance (MPCA)	92,653	85,750
Key indicators:	*% of households surveyed reported that the cash provided was sufficient to cover their most important needs*	75	80
	% of people surveyed reporting that satisfaction with the cash distribution process	90	80
	# of post distribution monitoring conducted	2	2

Progress Toward Objectives

During the reporting period, 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 12,240 households, representing 92,653 people, received unconditional cash assistance, exceeding the target of 85,750 people. The assistance enabled affected households to address their most urgent needs in a timely, flexible, and dignified manner while supporting their recovery and resilience.

The initial phase of the cash response focused on the most severely affected households in Kunar, Laghman, and Nangarhar provinces. Beneficiary selection was guided by vulnerability-based criteria, prioritizing households whose homes had been destroyed or severely damaged, female-headed households, households with older persons or persons with disabilities, and families with limited or no immediate sources of income. This approach helped ensure that assistance reached those most affected by the disaster and facing heightened socioeconomic vulnerability.

As the operation evolved, the cash response was further expanded to Nuristan Province, while additional large-scale distributions were implemented across five districts of Kunar Province: Wata Poor, Dara-e-Pech, Chapadara, Chawkai, and Nurgal. These interventions increased coverage in remote and underserved areas that had not been reached during earlier phases of the response. In addition, the Danish Red Cross provided complementary cash assistance to 600 households, further enhancing overall reach and coverage. Following the earthquake in northern Afghanistan, ARCS and IFRC extended MPCA support to 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 the guidance of the Cash Working Group (CWG) and informed by the Minimum Expenditure Basket (MEB) for the affected areas, ensuring that assistance was sufficient to help households meet their priority needs. Each targeted household received a one-time unrestricted cash grant of AFN 10,500 (approximately CHF 130), delivered through a contracted Financial Service Provider (FSP). To facilitate safe, accountable, and timely cash delivery, ARCS and IFRC established a formal agreement with the FSP, which managed the disbursement process for affected households in both Balkh and Samangan provinces.

Key findings from Post-Distribution Monitoring

During the reporting period a Post-Distribution Monitoring (PDM) survey was conducted with 172 respondents (144 male and 28 female). Most respondents (80%) were between 18-50 years of age, while 18% were above 50 years and 1% were under 18. The majority (95%) belonged to host communities, with 5% identified as internally displaced people (IDPs).

The findings showed that food was the primary priority need, with 56% of respondents reporting that they used assistance for food purchases. House repairs were the second most common expenditure (34%), followed by

medical expenses (6%) and debt repayment (3%). These results indicate that households primarily utilize the assistance to meet immediate food needs and address essential shelter-related concerns.

Regarding household decision-making, 52% of respondents reported that both husband and wife jointly decided how to use the cash assistance, while 38% indicated that the husband made the decision and 10% reported that the wife decided independently. This suggests that joint decision-making was the predominant practice among beneficiary households.

Community-based channels played a key role in information dissemination. Village/community elders were the main source of information about the distribution for 84% of respondents, followed by Mullah Imams (9%), ARCS volunteers (4%), and ARCS provincial and central offices (1% each). Similarly, village elders were the most preferred channel for feedback and complaints (47%), followed by phone calls (16%), ARCS branch offices (14%), and ARCS volunteers (12%).

The survey further revealed that 92% of respondents were aware of and had access to a complaints and feedback mechanism, while 8% reported having no access. This demonstrates generally strong accessibility of accountability mechanisms, although further efforts are needed to ensure full coverage and awareness among all beneficiaries.

Overall, respondents reported a highly positive distribution experience.

The PDM found that 75% of households considered the transfer amount sufficient, falling below the 80% target. Respondents explained that large family sizes, existing debts, and multiple unmet needs reduced the adequacy of the assistance. Many households reported that the cash covered only basic food needs or lasted for a short period, while vulnerable families and earthquake-affected households faced additional challenges, particularly high shelter repair costs and healthcare expenses, which exceeded the value of the transfer.

All respondents stated that ARCS staff and volunteers treated them respectfully, that the distribution process was safe, transparent, and well-organized, and that they received adequate information regarding the distribution schedule. No respondents reported paying any money or providing benefits to be included in the distribution. Furthermore, no cases of abuse, discrimination, or inappropriate behavior by ARCS staff, volunteers, community leaders, or authorities were reported, indicating a respectful and dignified assistance process.

<u>Movement partner(s) bilateral support</u>
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.

	Health & Care *(Mental Health and psychosocial support / Community Health / Medical Services)*	People reached	**31,083**
		Female > 18: **9,129**	Female < 18: **7,885**
		Male > 18: **8,129**	Male < 18: **5,878**

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

	Number of mobile health teams functional to provide quality primary healthcare.	5	8
	Number of fully equipped pre-positioned ambulances.	0	2
	Number of Female MHPSS counsellors are recruited (Balkh and Samangan MHTs).	0	2
	Number of People received MHPSS services through MHTs (Balkh and Samangan)	0	9,600
	Number of consultations through primary healthcare mobile units operated by the National Society.	93,250	96,000
	Number of people reached with immunization services	100	23,040
	Number of ANC and PNC visits provided by the ARCS midwife.	7,719	11,520
Key indicators:	*Number of U5 children screened for malnutrition status*	25,017	19,200
	Number of people provided with health education.	23,772	96,000
	Number of people reached with first aid services and PFA	15,400	N/A
	Number of Trained volunteers in First Aid	0	100
	Number of Community health awareness sessions conducted by trained volunteers	0	7,680
	Number of volunteers trained on CBHFA/ECV/Hygiene Promotion	0	1280
	Number of people reached by key messages through CBHFA trained volunteers	56,120	89,600
	Number of CBHFA and Health Promotion training conducted	0	2
	Number of community health committees established	0	43
	Number of grandmother committees established	0	43

Progress Toward Objectives

Only five MHTs against a planned eight have been operational due to funding constraints. Several planned activities, including deployment of ambulances, recruitment of MHPSS counsellors, CBHFA and hygiene promotion volunteer training, and establishment of community health committees, have not been implemented. Coverage of immunization, maternal health, and health education activities also remained below planned targets due to underfunding, access challenges in remote locations, and limited vaccine cold-chain capacity.

<u>Mobile Health Teams (MHTs)</u>

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 93,250 (42,209 male, 51,041 female) consultations [12] 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. Despite these challenges, the MHTs were able to provide vaccination to 100 children in the affected areas.

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 25,017 (12,406 male, 12,611 female) 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 23,772 (7,954 male, 15,818 female) 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**)**

[12] T*he figure represents service contacts/consultations and may include repeat attendance by the same individuals. Average number of consultations per person is three.*

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.

Movement partner(s) bilateral support

The Danish Red Cross (DRC) reached 36,716 people through the provision of MHPSS, provision of dignity kits and primary health care services. The Qatar Red Crescent support the provision of primary health care including MHPSS and reached 16,588 people through its health interventions. In total, the Federation-wide reach was 67,335 people highlighting the added value of coordinated response, efficient resource mobilization, and collective efforts to address humanitarian needs at scale.



Water, Sanitation and Hygiene

People reached	**63,027**
Female > 18: **13,269**	Female < 18: **17,611**
Male > 18: **13,291**	Male < 18: **18,856**

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*		
Key indicators:	**Indicator**	**Actual**	**Target**
	Number of people who have been supplied by RCRC with an improved protected source of drinking water (according to WHO and Sphere standards)	63,027	51,400
	Number of portable latrines installed, or new latrine constructed	240	600
	Number of handwashing stations installed	76	350
	Number of improved bathing, laundry and ablution units installed	12	20
	Number of people covered with hygiene promotion activities.	30,800	42,000
	Number of family hygiene kits distributed	1,700	5,000
	Number of MHM kits distributed	1,320	5,000

	Number of women reached by MHM awareness sessions	3,430	9,600
	Number of female volunteers trained on MHM	0	100

Progress Toward Objectives

While significant emergency WASH results were achieved through the rapid mobilization of available resources, the operation faced funding limitations and as a result, several resource-intensive activities were deferred to the recovery phase or not fully implemented. These include the development of more durable water supply infrastructure to replace emergency water trucking, the construction of additional sanitation facilities beyond those installed in the now-closed Kunar displacement sites, the establishment of improved bathing, laundry, and ablution facilities in displacement settings, and the training of 100 female volunteers on Menstrual Hygiene Management. Despite these constraints, ARCS continued to prioritize life-saving WASH interventions and maximize the impact of available resources to meet urgent community needs.

Handwashing Stations

A total of 76 handwashing stations were installed in strategic locations, including 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 contributed to strengthening positive hygiene behaviours and reducing public health risks within affected communities.

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

The operation provided 63,027 people with access to improved and protected sources of drinking water, exceeding the target of 51,400 people. This achievement was realized through the rehabilitation of damaged water points, installation of water supply systems, and emergency water distribution in underserved and crisis-affected areas.

Improved access to safe and reliable drinking water reduced dependence on unsafe and distant water sources, contributing to better health outcomes and reducing the time and physical burden associated with water collection, particularly for women and children.

Portable or New Latrines

A total of 200 portable latrines were installed to improve access to safe and dignified sanitation facilities in displacement sites, emergency shelters, and underserved communities. The intervention contributed to reducing open defecation, limiting environmental contamination, and mitigating the risk of waterborne and sanitation-related diseases. The provision of separate and secure sanitation facilities also enhanced privacy, dignity, and protection for women, children, and people with specific needs.

In addition, 40 dry-vault latrines were constructed through a Cash-for-Work approach, including 22 latrines in Balkh and 18 latrines in Samangan. Beneficiary households were selected based on vulnerability criteria and the suitability of locations for latrine construction. Dry-vault latrines were identified as an appropriate sanitation solution in areas with limited water availability, requiring minimal maintenance and providing a safe and sustainable option where conventional water-based sanitation systems were not feasible.

Hygiene Promotion Activities

Through community outreach, awareness campaigns, and household-level engagement, 30,800 people were reached with hygiene promotion activities. Trained volunteers and staff disseminated key messages on handwashing with soap, safe water storage, household sanitation, waste management, and disease prevention. These activities enhanced community awareness and knowledge of essential hygiene practices, supporting disease prevention efforts and enabling households to take informed actions to protect their health and well-

being.

Hygiene Kits Distribution
ARCS distributed 1,700 family hygiene kits to vulnerable households across affected communities. The kits contained essential hygiene items that supported households in maintaining safe hygiene practices, reducing exposure to communicable diseases, and preserving health and dignity during emergencies. The distribution contributed to improved household hygiene conditions and demonstrated ARCS's continued commitment to supporting community well-being and strengthening resilience through timely and practical humanitarian assistance.

MHM Kits Distribution
A total of 1,320 Menstrual Hygiene Management (MHM) kits were distributed to women and girls affected by crisis and displacement. The kits provided essential menstrual hygiene supplies, enabling recipients to manage menstruation safely, hygienically, and with dignity. The intervention improved access to menstrual hygiene materials, enhanced comfort and confidence, and supported the continued participation of women and girls in education, livelihoods, and community activities. MHM kits were revised in line with GBV Cluster recommendations and included dignity items such as clothing, sandals, and torches, contributing to improved dignity, safety, and resilience.

Menstrual Hygiene Management (MHM) Awareness Sessions
A total of 3,430 women and girls participated in Menstrual Hygiene Management awareness sessions. The sessions provided practical information on menstrual health and hygiene, the safe use of menstrual materials, and addressed common misconceptions and stigma associated with menstruation. By creating safe spaces for discussion and learning, the sessions strengthened knowledge, promoted positive hygiene practices, and enhanced confidence among participants. The activities also supported dignity, inclusion, and greater awareness of menstrual health needs within communities, empowering women and girls to better manage their health and well-being.

Movement partner(s) bilateral support
The Canadian Red Cross donated 1,500 Menstrual Hygiene Management (MHM) kits as an in-kind contribution and these were distributed in Kunar province.

Protection, Gender and Inclusion[13]		People reached	**48,891**
		Female > 18: **10,102**	Female < 18: **13,854**
		Male > 18: **10,515**	Male < 18: **14,420**
Objective:	*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.*		
	Indicator	**Actual**	**Target**

[13] Indicator on *Number of women, girls, and people who menstruate reached through inclusive and culturally appropriate MHM information sessions, disaggregated by age and disability* has been removed as duplication with similar indicator under Water, Sanitation and Hygiene. Please refer to the WASH section for the updates related to MHM activities.

Key indicators:	*Number of trainings for staff and volunteers to apply the PGI Minimum Standards in emergency and development programming*	2	8
	Number of sectoral or multisectoral assessments conducted using the PGI Minimum Standards, with documented recommendations integrated into program design.	1	2
	Number of individuals reached through PGI-sensitive services or activities (e.g., referra, safe spaces, inclusive distributions), disaggregated by sex, age, disability, and vulnerability status.	2,000	2,000
	ARCS systematically applies the IFRC PGI Minimum Standards across all emergency response operations, with documentation of compliance and lessons learned.	Yes	Yes
	Number of ARCS trained safeguarding focal point with an active role in prevention and response to safeguarding concerns	4	4
	ARCS has a Protection, Gender and Inclusion (PGI) male and female focal persons	Yes	Yes
	ARCS has a developed PGI operation guideline/PGI policy	Yes	Yes

Progress Toward Objectives

PGI considerations were integrated into disaster management assessments, and a Community Safety and Resilience Assessment (CSRA) was conducted to identify risks, capacities, and vulnerabilities. The ARCS with the support from IFRC implemented coordinated interventions to strengthen protection Gender and inclusion, for crisis-affected populations, particularly women and girls. Female volunteers played a key role in reaching women and hard-to-reach groups, ensuring their needs and perspectives informed the response. Capacity-building activities enhance staff and volunteer skills in protection and mainstreaming, inclusive programming, community engagement, safeguarding, and accountability.

Inclusive community messaging leaflets in local languages Pashto and Dari were developed and distributed through dignity kits and female health volunteers. The materials provided information on protection risks, available health services, referral pathways, and support mechanisms. The safe referral mapping was under process but was interrupted by the cross-border tensions and was not completed.

Female volunteers supported illiterate women by explaining the content, improving awareness of services, reporting mechanisms, and protection risks. Female volunteers played an important role in facilitating women's access to humanitarian services and promoting gender-sensitive and inclusive service delivery. Their involvement was particularly important in ensuring that women and girls could access information, receive assistance, and communicate their needs and concerns in a safe, respectful, and culturally appropriate environment.

Female volunteers supported service delivery across key intervention areas, including health services, cash distributions, and complaint and feedback mechanisms. At health service points, they helped women access

relevant information and navigate available services. During cash distributions, they assisted female beneficiaries by providing guidance on distribution procedures, explaining relevant information, and helping address questions or concerns. Through complaint and feedback mechanisms, female volunteers helped women understand how to raise concerns, provide feedback, and seek assistance, while respecting confidentiality and safeguarding principles.

The availability of female volunteers was particularly significant in contexts where cultural norms, privacy concerns, and gender-related barriers could limit women's interaction with male staff or discourage them from seeking assistance. Their presence helped facilitate communication, strengthen trust between female beneficiaries and service providers, and create more accessible channels for women to express their needs.

These findings highlight the importance of maintaining adequate female volunteer coverage across all relevant service points to support equitable access, meaningful participation, and accountable humanitarian service delivery.Community feedback mechanisms, including Focus Group Discussions (FGDs) with MPCA recipients, were used to assess assistance quality, identify protection concerns, and address unmet needs. Findings informed more responsive and gender-sensitive programming. Accountability to Affected Populations (AAP) principles and PGI considerations were further integrated into multisectoral assessments and response activities.

The response prioritized vulnerable groups, including women, persons with disabilities, older people, and vulnerable women and girls, ensuring equitable access to shelter assistance, cash and livelihood support, and dignity kits.

People with disabilities were identified as a priority group to promote inclusive, equitable, and dignified access to humanitarian assistance and essential services within the camps. Specific attention was given to facilitating their access to cash assistance, water, sanitation and hygiene (WASH) services, food distributions, and feedback collection mechanisms.

During cash and food distributions, support was provided to facilitate access to assistance and help people with disabilities receive their entitlements. Within WASH interventions, attention was given to accessibility and the needs of people with disabilities in accessing water points, sanitation facilities, and hygiene-related information. These efforts aimed to reduce barriers and promote safe and dignified access to essential services.

Feedback collection mechanisms provided opportunities for people with disabilities to express their needs, share concerns, and provide feedback regarding the assistance received. 165 persons with disabilities provided their feedback. Their inclusion in feedback processes was important for identifying accessibility challenges and informing improvements in programme implementation.

Overall, disability inclusion remained an important consideration across the key humanitarian interventions implemented in the camps. Continued attention to accessibility, appropriate support, and the participation of people with disabilities helped promote more inclusive service delivery and equitable access to humanitarian assistance.

Additionally, 42 ARCS staff and volunteers (17 male at headquarters and 25 female in Laghman), were trained on PGI principles, leading to the establishment of a PGI Policy Development Taskforce. Two-day PGI, CEA, safeguarding, and Code of Conduct trainings were also conducted for Danish Red Cross volunteers providing MHPSS services in Kunar, strengthening safe, accountable, and inclusive service delivery. In addition, ARCS has developed a PSEA/Safeguarding policy with the implementation plan in progress.

Community Engagement and Accountability

People reached	**7,829**
Female > 18: 3,646	Female < 18: 169
Male > 18: 3,834	Male < 18: 180

Objective:	*To ensure meaningful community engagement with earthquake-affected individuals and communities through inclusive feedback and communication mechanisms that support transparency, participation, and accountability.*		
Key indicators:	**Indicator**	**Actual**	**Target**
	Number of staff, volunteers, and leadership trained in community engagement and accountability	75	100
	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	6	6
	Number of methods used to enable communities to participate in planning and managing services, programmes, and operations	4	5
	Number of community perception and feedback reports produced	6	12
	Number of feedback comments collected, disaggregated by sex, age, and disability, including sensitive feedback linked to SEA, fraud, corruption or protection concerns	4,224	170

Progress Toward Objectives

During the reporting period, CEA activities reached 7,829 people in earthquake-affected areas through help desks in IDP camps, volunteer-led feedback collection, training and orientation sessions, community awareness activities, Community members were engaged through consultation meetings, community committees, which provided opportunities to raise concerns and influence decisions. For example, community members raised concerns through the community committee about the lack of culturally appropriate toilets in the camp. ARCS took this feedback into account and replaced the toilets with a more culturally appropriate design. Information-was shared on available services and planned assistance. Those reached included 3,646 adult women, 169 girls under 18, 3,834 adult men, and 180 boys under 18including 165 persons with disablities.

To promote meaningful engagement and accountability, six communication methods were established to share information on organisational activities, programme updates, operational processes, and beneficiary selection criteria. These included community meetings, help and information desks, volunteer outreach, feedback and complaints mechanisms, printed information materials, and engagement with community committees in camp areas. Community meetings were particularly valued for enabling direct communication, clarification, and community participation.

Feedback collected in Kunar highlighted continuing humanitarian needs, including requests for additional food, cash assistance, and winter support. Community members also sought clearer information on beneficiary selection criteria and more transparent targeting of vulnerable households. Alongside these concerns, many people expressed appreciation for ARCS assistance and the respectful behaviour of volunteers. These findings underline the importance of using community feedback to improve communication, transparency, and programme planning.

Four methods—community consultation meetings, feedback and complaints mechanisms, volunteer engagement, and coordination with community committees—supported community participation in programme planning and service management, against a target of five. Concerns about unclear beneficiary selection criteria during the initial response were addressed by strengthening explanations during distributions and community outreach. Further efforts are needed to broaden participation and ensure that diverse community perspectives inform operational decisions.

During the reporting period, 4,224 feedback comments were collected against a target of 170, while six community perception and feedback reports were produced. The main feedback themes included concerns and requests related to shelter, winter assistance, food, cash assistance, household items, and the fairness of assistance distribution. ARCS followed up on concerns regarding distribution fairness by referring them to the camp manager and arranging for volunteers to provide communities with clearer information on eligibility and selection criteria. Community feedback also informed programme adjustments, including changes to the timing of distributions. These examples demonstrate how community feedback can inform operational decisions and improve the relevance and delivery of assistance. These results demonstrate progress in collecting community views, while the reporting gap highlights the need to strengthen regular feedback analysis and reporting. Feedback should continue to be systematically documented and integrated into operational decision-making. Continued capacity building for ARCS staff and volunteers on CEA, PGI, safeguarding, and inclusive engagement will further strengthen accountability and ensure that community feedback informs programme adjustments.

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.*		
Key indicators:	**Indicator**	**Actual**	**Target**
	Number of branches with enhanced disaster and crisis response capability.	0	4
	Number of branches with strengthened logistics, supply chain, and warehousing capacity.	0	4

	Number of branches with enhanced volunteer management practices, engagement, registration to new VMS and volunteers' mobilization kits.	0	4
	Enhanced youth engagement in awareness and disaster response.	0	1
	Enhanced digitalization and digital transformation for IM and IT between headquarters and branches.	0	4
	ARCS to strengthen community engagement, building trust and enhanced auxiliary role at headquarters and branches at provincial level.	2	4
	ARCS to have better and stronger resources enhancement strategy and capacity.	0	6
	Number of branches and HQ with strengthened communication strategy and outreach	0	4
	Number of branches with enhanced facilities and operational capacity enriched.	0	4
	Number of staff and volunteers trained in the Movement's principled approach to Migration & Displacement.	0	100

Progress Toward Objectives

A total of 270 volunteers were engaged across Kunar, Nuristan, Nangarhar, and Laghman provinces, supporting emergency response activities including assessments, relief distributions, first aid services, psychosocial support, community outreach, and logistics support. Additionally, 100 newly recruited volunteers were sensitized on the operation, Fundamental Principles, Code of Conduct, safeguarding, PSEA, and security procedures.

While progress was achieved through volunteer recruitment, deployment, training, and preparedness activities, several planned capacity-strengthening interventions could not be fully implemented due to funding constraints and the underfunding of the Emergency Appeal. In line with assessments conducted to identify the needs of human resources, particularly volunteers supporting ongoing operations, visibility items and protective clothing were 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 and safety, and the overall wellbeing of personnel deployed in the response.

Logistics and inventory management also remain key priorities. Preparations are underway to undertake comprehensive assessments of the logistics, warehousing, and stock management capacities of the Kunar, Nangarhar, and Laghman branches to improve efficiency, strengthen accountability, and enhance operational readiness. However, due to limited funding, these and other planned capacity-strengthening activities have not yet been fully implemented and, consequently, several related indicators have not reached their intended targets. Given their continued relevance to strengthening ARCS institutional and operational capacity, these activities remain priorities for the National Society and are being reprioritized and integrated into other appeals and funding opportunities to secure the resources required for their implementation.

Coordination and Partnerships

Objective:	*Strengthening coordination and collaboration among members to ensure a timely and effective humanitarian response efforts supporting people affected by earthquake and frequently engage relevant stakeholders around humanitarian diplomacy interventions aimed at influencing positive outcomes for people affected by earthquake.*		
Key indicators:	**Indicator**	**Actual**	**Target**
	Number of strategic partnerships the National Society is engaged in.	6	4
	External HD meetings conducted.	0	6
	Number of MOC meetings coordinated.	4	9

Progress Toward Objectives

During the reporting period, the IFRC continued to engage its network of strategic partners to mobilise support for the humanitarian response in Afghanistan. In line with the Appeal Resource Mobilisation Plan, engagement with international donors and diplomatic partners continued alongside resource mobilisation efforts, led jointly by the IFRC country team and the Afghan Red Crescent Society (ARCS). IFRC Secretary General Jagan Chapagain's visit to Afghanistan in June 2026 provided an opportunity to engage ARCS leadership and raise the country's humanitarian priorities with international partners and donor organisations. The IFRC country team also continued its engagement with diplomatic missions and humanitarian partners, notably through an ARCS-hosted diplomatic roundtable in Kabul in September 2026, attended by representatives of the embassies of Qatar, Iran, China, Türkiye, Indonesia and Japan, alongside ECHO, the Swiss Agency for Development and Cooperation, international Red Cross and Red Crescent partners, and other humanitarian organisations. Discussions focused on Afghanistan's humanitarian needs, ARCS priorities and opportunities to strengthen international support and cooperation.

Looking ahead, engagement with existing partners will continue alongside efforts to expand the funding base for Afghanistan. Several prospective contributions remain under discussion, including engagement with the Government of the Netherlands, where potential support is currently at the planning stage.

Strategic Partnerships

The National Society continued to strengthen and expand its strategic partnerships in line with its auxiliary role to public authorities and commitment to effective humanitarian action. During the reporting period, the National Society engaged in six strategic partnerships, demonstrating progress in fostering coordinated and mutually beneficial relationships with Movement partners, government institutions, and other humanitarian stakeholders.

These partnerships contributed to greater alignment of strategic priorities, enhanced opportunities for resource mobilization, and improved coordination in the delivery of humanitarian services to people in vulnerable situations. Compared to the previous planning benchmark of four partnerships, this represents a positive increase in the National Society's engagement with key stakeholders and further reinforces its role as a trusted and reliable humanitarian actor.

The strengthened partnerships also supported more integrated and effective programming, reduced overlap in

interventions, and facilitated the exchange of technical expertise across sectors, particularly in disaster preparedness, emergency response, and community resilience.

Movement Coordination Meetings

During the reporting period, the National Society played an active role in facilitating Movement coordination by convening four coordination meetings involving Movement partners.

These meetings provided an important platform for information sharing, joint planning, and operational alignment among Movement actors present in the country. Through these engagements, ARCS facilitated discussions on operational priorities, response approaches, and resource considerations, contributing to enhanced coherence, complementarity, and collective impact of humanitarian interventions.

Coordination mechanisms remained effective and strategically relevant, with particular focus on joint priority setting, operational efficiency, and strengthened collaboration. Lessons learned and good practices identified through these processes are being incorporated into future planning and coordination efforts to further enhance the effectiveness of Movement cooperation at country level.

Coordination with Authorities

ARCS continued to maintain close coordination with the Afghanistan National Disaster Management Authority (ANDMA), the Ministry of Public Health (MoPH), and local authorities, in accordance with its auxiliary role to public authorities while upholding the Fundamental Principles of neutrality, independence, and impartiality.

As part of this collaboration, ARCS worked closely with the MoPH to support the mobilization of healthcare personnel, medicines, and medical equipment, contributing to strengthened health service delivery and emergency response capacities.

Humanitarian System Coordination

The IFRC participated as an observer in the Humanitarian Country Team (HCT) and remained actively engaged in the Inter-Cluster Coordination Team (ICCT), as well as relevant cluster forums and inter-agency working groups.

At both national and sub-national levels, IFRC and ARCS actively participated in sectoral coordination mechanisms to strengthen humanitarian coordination and complementarity. Efforts continued to ensure the inclusion of Red Cross and Red Crescent teams in multi-agency needs assessments, contributing to increased coordination, evidence-based planning, and the avoidance of duplication in humanitarian interventions.

Communications and Information Sharing

The communications team of the IFRC Afghanistan Country Delegation continued support timely information sharing on ARCS response activities with both national and international media outlets. These efforts contributed to increased visibility of humanitarian operations, strengthened stakeholder awareness, and promoted transparent communication on the humanitarian situation and the response activities undertaken by ARCS and the IFRC.

Secretariat Services

Objective:	*The IFRC Secretariat ensures high quality support services to in-country IFRC member societies.*		
	Indicator	**Actual**	**Target**

Key indicators:	*Percentage of financial reporting respecting IFRC procedures*	0	100%
	Number of technical and monitoring visits conducted	8	14
	Number of IFRC monitoring and support missions	2	12
	Number of evaluations conducted (MTR and final evaluation)	0	2
	Number of surge personnels deployed	8	8

Progress Toward Objectives

In December 2026, 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.

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.

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.
- Conducted the PDMs in Balkh and Samangan 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 4 Operational Updates
    - Initial Operational Strategy (OS) documents as well as the revision of the OS, following the northern earthquake

<u>Monitoring Visits</u>

During the reporting period, the IFRC conducted two monitoring and support missions jointly with ARCS operational teams. These missions reviewed programme implementation, assessed operational challenges, and provided technical guidance to improve programme quality and accountability.

Findings and recommendations were consolidated into mission reports and shared with relevant technical departments. A summary presentation highlighting key observations and recommended actions was also disseminated to support informed decision-making and follow-up.

During the reporting period, 12 surge personnel were deployed to support the operation, with some positions providing remote assistance and other covering also other ongoing operations in Afghanistan. The deployed profiles included:

- Operations Coordinator (2 rotations)
- PMER Officer (remote support)
- Shelter Programme Coordinator
- Health Coordinator
- WASH Coordinator
- PGI Coordinator
- Security Coordinator
- IM Coordinator
- Finance Coordinator
- SPRM Coordinator (2 rotations, 1st rotation remote support)

The deployment of surge personnel strengthened operational coordination, technical oversight, planning, and response capacity across the emergency operation.

Communications: Human-interest stories are shared on web and social media, showcasing the impact of the project on the affected communities including on FB, LinkedIn, LinkedIn -leadership.

D. FUNDING

As of 30 September 2026, the funding coverage of the Federation-Wide contribution to support the operation is CHF 9,682,283 (32 per cent of the Federation-Wide funding requirement) out of which IFRF Secretariat total (hard and soft pledges, including in-kind) for the support of this operation totalled 9,642,393 (36 per cent coverage of the IFRC Secretariat funding requirement).

The IFRC expresses its sincere gratitude to donors and partners for their support to the response. Additional funding remains essential to enable the ARCS, with IFRC support, to continue providing humanitarian assistance and protection to people affected by the earthquakes.

IFRC Secretariat Coverage	Amount Raised (CHF)	Funding Gap (CHF)	Coverage %
Hard Pledges + In kind + Soft Pledges	9,642,393	17,357,607	36%
Federation-wide Coverage	**Amount Raised (CHF)**	**Funding Gap (CHF)**	**Coverage %**
ARCS domestic income + IFRC Secretariat + Bilateral support	9,682,283	20,317,737	32%

An interim financial report is attached at the end of this report. Only expenditure data related to the IFRC Secretariat EA expenditure is available.

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 Country Delegation Afghanistan:
- **Head of Country Delegation:** Name, title, email, phone
- **Operations Manager:** Name, title, email, phone

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- **Operations Coordinator:** Farah Nur Wahyuni Zainuddin; email: opscoord.southasia@ifrc.org
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- **Regional Head, PMER and Quality Assurance:** Siew Hui Liew; email: siewhui.liew@ifrc.org

In the IFRC Geneva
- **Senior Officer Operations Coordination:** Santiago Luengo; santiago.luengo@ifrc.org

For IFRC Resource Mobilization and Pledges support:
- **Senior Officer Partnerships in Emergencies:** Mohd Hisham Ahmad Nasri; email: PartnershipsEA.AP@ifrc.org

For In-Kind donations and Mobilization table support:
- **Manager – Regional Logistics Unit:** Nuraiza Khairuddin: email: Nuraiza.khairuddiin@ifrc.org

Reference documents
↘
Click here for:
- Previous Appeals and updates
- Emergency Plan of Action (EPoA)

How we work

All IFRC assistance seeks to adhere 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
Financial Report

All figures in Swiss Francs (CHF)

APPEAL
MDRAF019 - Afghanistan - Earthquake

OPERATING TIMEFRAME
03 Sep 2025 to 31 Dec 2027

APPEAL LAUNCH DATE
03 Sep 2025

REPORT STATUS
INTERIM

SECTION I Emergency Appeal Funding Requirements

TOTAL FUNDING REQUIREMENTS
27,000,000
CHF

DONOR RESPONSE* (as per 19 Oct 2026)
7,735,860
CHF

APPEAL COVERAGE
29%
of total funding requirement

SECTION II IFRC Operating Budget Implementation

STRATEGIC PRIORITIES & ENABLING APPROACHES	OP BUDGET	EXPENDITURE	VARIANCE
AP000 - Undefined output	0	0	0
PO01 - Shelter and Basic Household Items	3,447,098	1,670,196	1,776,902
PO02 - Livelihoods	474,623	120,009	354,613
PO03 - Multi-purpose Cash	805,158	1,771,085	-965,926
PO04 - Health	425,901	430,104	-4,203
PO05 - Water, Sanitation & Hygiene	185,643	267,999	-82,356
PO06 - Protection, Gender and Inclusion	2,000	24,674	-22,674
PO07 - Education	0	0	0
PO08 - Migration	0	282	-282
PO09 - Risk Reduction, Climate Adaptation and Recovery	2,384,135	176,699	2,207,436
PO10 - Community Engagement and Accountability	5,791	10,572	-4,781
PO11 - Environmental Sustainability	0	0	0
Planned Operations Total	**7,730,349**	**4,471,619**	**3,258,730**
EA01 - Coordination and Partnerships	7,201	16,315	-9,114
EA02 - Secretariat Services	1,068,241	1,154,221	-85,980
EA03 - National Society Strengthening	633,562	131,008	502,554
Enabling Approaches Total	**1,709,004**	**1,301,543**	**407,461**
TOTAL	**9,439,353**	**5,773,163**	**3,666,190**

SECTION III Operating Movement & Closing Balance

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	9,300,107
Expenditure	-5,773,163
Closing Balance	**3,526,944**
Deferred Income	435,607
Funds Available	3,962,551

SECTION IV DREF Loan

* not included in Donor Response	Loan:	2,000,000	Reimbursed:	0	Outstanding:	2,000,000

SECTION V Contributions by Donor and Other Income

Opening Balance					0	
INCOME TYPE	**Cash**	**InKind Goods**	**InKind Personnel**	**Other Income**	**TOTAL**	**Deferred Income**
American Red Cross	234,827	0	0	0	234,827	0
British Red Cross	100,697	0	0	0	100,697	0
British Red Cross (from British Government*)	1,524,607	0	0	0	1,524,607	0
British Red Cross (from Jersey Overseas Aid*)	153,117	0	0	0	153,117	0
Danish Red Cross	99,920	0	0	0	99,920	0
DREF Allocations	0	0	0	2,000,000	2,000,000	0
Finnish Red Cross	934,985	0	0	0	934,985	0
German Red Cross	100,000	144,253	0	0	244,253	0
Irish Government	467,496	0	0	0	467,496	0
Italian Government Bilateral Emergency Fund	467,633	0	0	0	467,633	0
Japanese Government	399,173	0	0	0	399,173	0
Japanese Red Cross Society	222,738	0	0	0	222,738	0
Liechtenstein Red Cross	113,104	0	0	0	113,104	0
Luxembourg Government	233,286	0	0	0	233,286	0
New Zealand Red Cross	9,071	0	0	0	9,071	0
Norwegian Red Cross (from Norwegian Government*)	777,262	0	0	0	777,262	0
On Line donations	2,694	0	0	0	2,694	0
Red Cross of Monaco	18,619	0	0	0	18,619	0
Saudi Red Crescent Authority	103,655	0	0	0	103,655	0
Singapore Red Cross Society	30,679	0	0	0	30,679	0
Spanish Government	33,029	0	0	0	33,029	435,607
Spanish Red Cross	9,125	0	0	0	9,125	0
Swedish Red Cross	126,202	0	0	0	126,202	0
Swiss Red Cross	308,000	0	0	0	308,000	0
Taiwan Red Cross Organisation	15,937	0	0	0	15,937	0
Thai Red Cross Society	7,968	0	0	0	7,968	0
The Canadian Red Cross Society	56,387	128,300	0	0	184,687	0
The Netherlands Red Cross (from Netherlands Government*)	397,967	0	0	0	397,967	0
The Republic of Korea National Red Cross	79,378	0	0	0	79,378	0
Total Contributions and Other Income	**7,027,554**	**272,553**	**0**	**2,000,000**	**9,300,107**	**435,607**
TOTAL INCOME AND DEFERRED INCOME					**9,300,107**	**435,607**