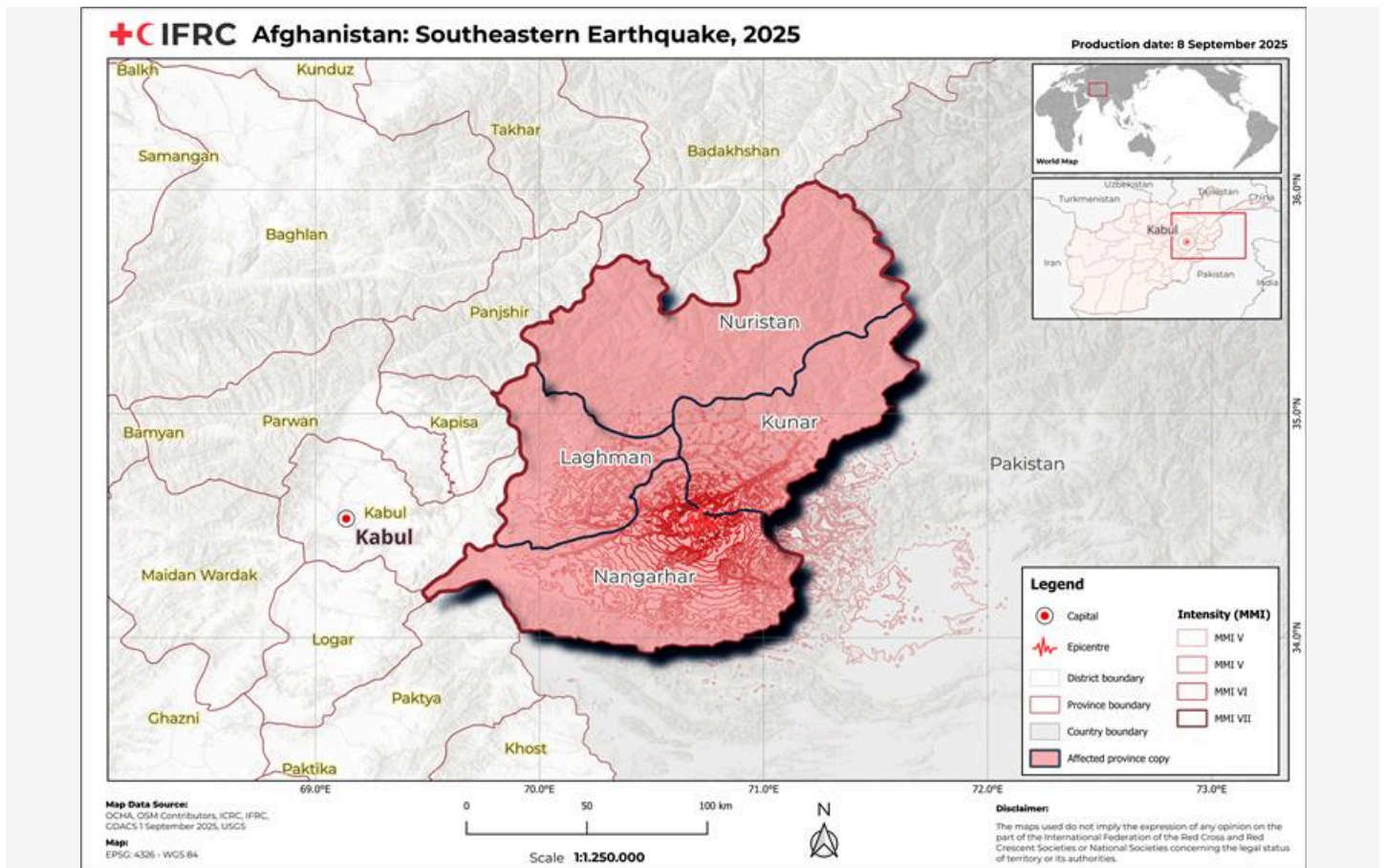




Distribution of MHM and Hygiene Kits in Jalalabad. (Photo: IFRC/Meer Abdullah)

Appeal: MDRAF019	Total DREF Allocation: CHF 1,000,000	Crisis Category: Orange	Hazard: Earthquake
Glide Number: EQ-2025-000153-AFG	People Affected: 1,301,000 people	People Targeted: 70,000 people	
Event Onset: Sudden	Operation Start Date: 07-09-2025	New Operational End Date: 30-06-2026	Total Operating Timeframe: 9 months
Reporting Timeframe Start Date: 07-09-2025		Reporting Timeframe End Date: 31-03-2026	
Additional Allocation Requested: -		Targeted Regions: Kunar, Laghman, Nangarhar, Nuristan	

Description of the Event



Map of Afghanistan affected area. (Map: IFRC, IM)

Date of event

01-09-2025

What happened, where and when?

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 measuring 5.2, 4.5, and 5.6 that followed immediately after the initial quake and again on 5 September. These aftershocks exacerbated the damage and complicated early response efforts.

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

To support the response, an Emergency Appeal for CHF 25 million was launched on 3 September 2025, and later revised to CHF 30 million following the second earthquake in northern Afghanistan. A DREF grant of CHF 1 million was allocated to the operation to respond to the initial southeastern earthquake. The ongoing appeal is intended to support ARCS' immediate relief operations and early recovery plans. As of the most recent reporting period, CHF 7,129,547 had been mobilized for the Emergency Appeal, accounting for approximately 31 per cent of the total funding requirement.



ARCS and IFRC team during the assessment visit in Kunar Province. (Photo: IFRC)

Scope and Scale

The southeastern Afghanistan earthquake caused severe destruction, killing over 2,200 people, injuring more than 3,600, and affecting up to 3 million. According to OCHA (Humanitarian Update, February 2026), nearly half a million people were affected, and more than 221,000 people remain in urgent need of humanitarian assistance six months after the earthquake. Thousands were displaced after widespread housing collapse in Kunar and Nangarhar, with over 3,000 families displaced in the immediate aftermath of the earthquake currently residing in at least five major sites for internally displaced people (IDP) across two districts, with many smaller areas of displacement across the entire earthquake-affected area. As winter was ongoing during the reporting period, winterization support remained a priority.

The earthquake occurred at a time when Afghanistan is already facing a severe humanitarian crisis characterized by a prolonged economic downturn, decreasing international assistance, and the forced return of migrants from neighboring countries. Vulnerable groups, particularly women and children, are bearing a disproportionate burden and have limited access to essential medical care. While immediate life-saving needs in the eastern provinces have eased compared to the acute emergency phase, the overall humanitarian situation remains dire, with recovery needs persisting and over 221,000 people still in urgent need of assistance (OCHA, February 2026). The humanitarian situation is dire and is changing rapidly. Entire villages in Nangarhar and Kunar have been destroyed, with thousands still with no access to safe and permanent shelter. The combination of fragile housing, primarily mud structures, heavy rainfall, and unstable terrain intensified the disaster's impact, creating urgent and widespread needs for shelter, healthcare, food assistance, and protection. As of 31 March 2026, six months into the response, the immediate life-saving phase has transitioned into a recovery-oriented phase.

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

Summary of Changes

Are you changing the timeframe of the operation	No
Are you changing the operational strategy	No
Are you changing the target population of the operation	No
Are you changing the geographical location	No
Are you making changes to the budget	No
Are you requesting an additional allocation?	No

Please explain the summary of changes and justification:

In this Operations Update #1, three indicator revisions were brought in the MPAC and WASH sections.

1. MPCA:

Previous Indicator: # of affected people received MPCA

Update Indicator: #of affected households received MPCA.

Reason for Change: the target was 2,000 families while indicator was highlighting people.

2. WASH:

Previous Indicator: # of people provided with clean drinking water (at least 30 liters per family per day)

Updated Indicator: # of people provided with clean drinking water (at least 15 liters per person per day)

Reason for Change: According the SPHERE standard 15 liters is per person per day, while before it was 30 liters per family.

3. Shelter Housing and Settlements

The indicator value was reduced from 2001 to 200 families receiving non-food items because 2001 was incorrectly added.

IFRC Network Actions Related To The Current Event

Secretariat	ARCS and IFRC supply chain teams are actively supporting the operation to ensure timely and efficient delivery of pre-positioned stocks and relief supplies to affected areas. The IFRC has released and transferred CHF 100,000 to the Afghan Red Crescent Society supports the continuation of life-saving services through its Emergency Advance Payment mechanism, activated under the Immediate Response Protocol (IRP), a key operational component of the IFRC Emergency Response Framework (ERF). Additional support is being provided in scenario planning, resource mobilization, coordination, and engagement with inter-agency mechanisms. A total of 5 situation reports were published on the GO platform. An IFRC rapid assessment team was deployed to the affected areas to evaluate immediate needs.
Participating National Societies	ARCS convened the first Emergency Operations Center (EOC) meeting on the 1 September 2025 bringing together all Movement partners present in-country to ensure effective coordination, technical alignment, and collective support to ARCS' response efforts. The IFRC, ICRC, Danish Red Cross, Norwegian Red Cross, Qatar Red Crescent, and Turkish Red Crescent supported the ARCS with distribution of hot meal, food package, hygiene kits, tents and blanket in east region, Kunar, Laghman and Nangahar provinces.



Danish Red Cross supported the ARCS with distribution of MPCA, dignity Kits, hot meal, hygiene kits, primary Health care services and MHPSS. Norwegian Redd Cross supported the ARCS with distribution of MPCA and primary health care services. Qatar Red Crescent Society supported the ARCS with distribution food items, NFIs, primary Health care services and MHPSS.

ICRC Actions Related To The Current Event

The ICRC participated in the ARCS Task Force meeting on 1 September 2025 and committed an immediate financial contribution of approximately CHF 40,000. In addition, the ICRC is providing advice to Movement partners on security analysis and developments, provide guidance on the use of the emblem and external communications messaging, and support ARCS in implementing the Safer Access Framework to ensure safe and effective operations in the affected areas. Additionally, the ICRC supported the ARCS with body bags, RFL emergency kits, 3 dressings and 2 intravenous packages, in addition to supporting Nangarhar Regional Hospital and Kunar Provincial Hospital with medical supplies.

Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes
National authorities	ARCS continues to coordinate closely with national and local authorities as an auxiliary to the authorities.
UN or other actors	Following the earthquake in Kunar, Laghman, Nuristan, and Nangarhar, UN agencies and humanitarian partners rapidly scaled up their response to support affected communities, working together in a coordinated approach to ensure resources are used efficiently and reach those most in need. OCHA is leading the emergency coordination on behalf of humanitarian partners, convening a joint Operational Coordination Team (OCT) meeting on the morning of 1 September with relevant partners from Kunar, Laghman, Nuristan, and Nangarhar, provinces assess the situation, map response capacity, and identify immediate priorities. An ad-hoc meeting of the Kabul-based Inter-Cluster Coordination Team has also taken place to support broader response and recovery efforts, with the Humanitarian Country Team meeting.

Are there major coordination mechanism in place?

IFRC closely continues coordinating with the various cluster members at national and sub-regional levels to ensure a coordinated approach to avoid duplication, ensuring meeting people's needs in a timely and efficient manner. At the national level, the Humanitarian Country Team (HCT) serves as a strategic, policy-level, and decision-making forum guiding principled humanitarian action in Afghanistan, with the IFRC attending as a representative of the membership. Both ARCS and IFRC participate in monthly coordination meetings of sectoral clusters and working groups, including the Food Security and Agriculture Cluster, Cash and Voucher Working Group, Emergency Shelter and Non-Food Items (ES-NFI) Cluster, Accountability to Affected Populations Working Group, Health Cluster, WASH Cluster and Gender in Humanitarian Action Working Group, while IFRC also attends the Inter-Cluster Coordination Team meetings.

The cluster system, coordinated nationally by lead agencies such as OCHA, clarifies roles and responsibilities of all partners, including NGOs, UN agencies, public authorities, and other stakeholders. At the field level, ARCS participates in sector-specific coordination, health, and WASH cluster meetings co-chaired by the Ministry of Public Health and WHO. IFRC maintains close coordination with cluster members at both national and sub-regional levels to ensure a harmonized approach that avoids duplication and meets affected people's needs in a timely and efficient manner.



Needs (Gaps) Identified



Shelter Housing And Settlements

Following the earthquake in Kunar, Laghman, Nuristan, and Nangarhar provinces, shelter needs have become urgent. Many families lost their homes or are living in unsafe conditions, with people sleeping in open spaces or in makeshift shelters that offer little protection, while those staying with relatives face overcrowding and pressure on limited resources. The ES-NFI Cluster identified emergency shelter and household items as top priorities, with a planned needs assessment to define immediate, intermediate, and long-term requirements.

In response, ARCS and IFRC carried out a systematic targeted population verification and distribution list generation process in close coordination with district-level authorities across the most severely affected districts of Kunar, Laghman, and Nangarhar. Given the widespread destruction of mud-brick housing structures, shelter and NFI support were identified as the most urgent priority by both affected communities and the ES-NFI Cluster.

NFI kits, each comprising 7 blankets, 2 jerricans, 2 tarpaulins, 1 kitchen set, and 1 family tent in line with Shelter Cluster guidance, were procured and distributed to 174 households (1,218 people) in communities where homes were completely or severely damaged. Distribution was sequenced to prioritise the most vulnerable: female-headed households, families with persons with disabilities, households that lost family members, and those living in open spaces with no alternative shelter. IFRC maintained close coordination with the ES-NFI Cluster throughout to ensure geographic complementarity with other shelter actors, avoid duplication, and align kit composition with cluster-endorsed standards.

While these initial distributions have provided critical relief to the most acutely vulnerable households, significant needs persist. The 174 households reached represent only a fraction of those whose homes were completely or severely damaged across the four affected provinces, and the remaining distributions are ongoing. Procurement of outstanding items is in the supply chain pipeline, with some delays attributed to the challenging logistics of importing items into Afghanistan.

As the immediate emergency phase progresses, attention is shifting toward longer-term shelter and recovery needs. Families currently housed in tents and temporary shelters require transitional and durable shelter solutions, including repairs to partially damaged homes and reconstruction of destroyed mud-brick structures using safer, more resilient building techniques.



Livelihoods And Basic Needs

Following the recent earthquake in Kunar, Laghman, Nuristan, and Nangarhar provinces, affected families are facing critical food insecurity, requiring immediate humanitarian assistance. The scale of need has overwhelmed existing response capacities, with households reporting the loss of food stocks when homes collapsed and disrupted livelihoods leaving families unable to purchase food through local markets. Vulnerable groups, including children, pregnant and lactating women, and the elderly, are at heightened risk of malnutrition due to limited access to nutritious food, and without sustainable livelihood options, many families remain dependent on short-term aid.

In response, ARCS, with IFRC support, initiated the distribution of hot meals to earthquake-affected populations in temporary shelters, transit centres, and displacement sites across the targeted provinces. Hot meal distribution was selected as the most appropriate modality for the immediate response phase because many displaced families lacked cooking facilities, fuel, and safe storage, making ready-to-eat food the fastest way to address acute hunger.

To date, 20,000 hot meals have been distributed, with distribution points established at Patan camp in Kunar. Sites were selected based on concentration of displaced populations and accessibility, with priority given to locations hosting the highest numbers of families sleeping in the open or in makeshift shelters.

While hot meal distribution has provided critical short-term relief, significant gaps remain. Coverage is still limited geographically, with distribution points concentrated in Kunar and not yet extended to all affected sites across Laghman, Nuristan, and Nangarhar, where displaced families and host communities are also experiencing acute food insecurity. Hot meals address immediate hunger but do not meet the specific nutritional needs of vulnerable groups, particularly children under five, pregnant and lactating women, and the elderly, who require targeted nutritional support to prevent malnutrition. Detailed food security and nutrition assessments are still needed to guide context-specific interventions and quantify the gap between current coverage and overall need.

Beyond the emergency phase, longer-term food security and livelihood needs remain largely unaddressed. As displaced families begin to return to their areas of origin or settle into more stable arrangements, the response must transition from ready-to-eat meals toward food packages that allow household-level food preparation, complemented by multi-purpose cash assistance to restore household purchasing power and stimulate local markets.



Restoration of agricultural livelihoods, including seeds, tools, and livestock replacement for households that lost productive assets in the earthquake, will be essential for families dependent on farming and herding. Skills training and income-generating opportunities, particularly for female-headed households and youth, will be critical to reduce aid dependency and support sustainable recovery. A coordinated, multi-sectoral approach linking food assistance with livelihoods, nutrition, and cash programming will be needed to enable families to recover with dignity and rebuild resilience.

Health

During the reporting period, the demand for health services has grown rapidly, but local facilities are struggling to keep up. There is a serious shortage of medicine, medical supplies, and trained staff, especially female health workers, which makes it difficult to provide essential care like maternal and child health services. Many clinics are overcrowded, and the lack of space is affecting patient privacy and the ability to offer safe deliveries and reproductive health support. The women face heightened vulnerability due to disrupted access to maternal health services, compounded by damaged health infrastructure, shortage of female health workers, and cultural barriers that limit their ability to seek care from male providers. Many are residing in temporary shelters with poor sanitation, increasing the risk of complications during pregnancy and childbirth.

The socioeconomic situation, marked by widespread poverty, displacement, and loss of livelihoods, further exacerbates their health risks. Targeting maternal health care is therefore essential to prevent avoidable maternal and neonatal deaths, ensure safe deliveries, and provide antenatal and postnatal care. Services will be delivered through Mobile Health Five Mobile Health Teams (5 MHTs) have been deployed to hard-to-reach areas, supported by trained female staff and volunteers, and coordinated closely with local health authorities to ensure culturally appropriate and accessible care. Despite these efforts, recent observations from recovery areas show that communities continue to struggle due to limited access to health services.

Many health facilities remain closed because of insufficient funding, leaving vulnerable populations without essential care. The deployment of MHTs is therefore critical in bridging this gap, providing lifesaving services, and strengthening community resilience. By combining mobile health interventions with local coordination, the project aims to ensure that even the most isolated communities receive timely and appropriate health support.

Mental health and psychosocial support (MHPSS) are another critical gap that must be addressed. The earthquake has left many families severely affected, especially those who have lost loved ones, homes, and livelihoods. Children are particularly vulnerable, showing signs of distress and anxiety, while adults are struggling to cope with grief and uncertainty. Unfortunately, mental health services are extremely limited in the affected provinces, and stigma around seeking psychological help remains a barrier. There is a need to prioritize integrating MHPSS into its emergency response, training local staff and volunteers in PFA skills, and establishing safe spaces for community healing and support.

Additionally, access to emergency transportation and referral systems is severely constrained. Many remote communities affected by the earthquake are cut off due to damaged roads and infrastructure, making it difficult for patients to reach health facilities in time. Pregnant women, injured individuals, and those with chronic conditions are at particular risk. The response should consider deploying mobile health teams and strengthening referral pathways in coordination with local authorities and other humanitarian actors. This will ensure timely access to life-saving care and help bridge the gap between isolated communities and essential services.

Water, Sanitation And Hygiene

After the earthquake in Kunar, Laghman, Nuristan, and Nangarhar provinces, many families have been displaced into tents, school buildings, and other makeshift shelters. With the rainy season approaching, leaking roofs, muddy floors, and overcrowding are placing children, the elderly, and people with health conditions at serious risk.

WASH conditions remain critical. The earthquake damaged water infrastructure and contaminated sources and left communities without reliable access to safe water, latrines, handwashing stations, or waste management. Dehydration, waterborne diseases, and acute respiratory infections were already being reported at MHT sites, with open defecation and insufficient latrines compounding the risk of further outbreaks. Many areas do not have proper toilets, washing stations, or waste management systems, which increases the risk of disease outbreaks. Families also lack access to clean drinking water and basic hygiene supplies.

In response, ARCS, with IFRC support, launched WASH interventions focused on safe water, sanitation, and hygiene promotion. Water trucking was used as the first-line response, reaching 38,458 of the targeted 45,800 people across two displacement sites and surrounding communities, with the Sphere standard of 15 liters per person per day maintained. A gap of 7,342 people remains, and the shift to more sustainable water supply solutions is becoming urgent ahead of the rainy season.

Hygiene promotion was carried out by trained ARCS volunteers, reaching 2,200 people with key messages on handwashing with soap at critical times, safe water storage and treatment, and proper waste disposal. IEC materials were produced in Pashto and Dari in pictorial formats for accessibility, and soap was distributed alongside the campaigns to remove the cost barrier to adoption.

A total of 1,000 of the targeted 2,100 family hygiene and MHM kits have been distributed, each containing soap, sanitary pads, toothbrushes, and towels. Distribution prioritized female-headed households, pregnant and lactating women, and families with young children. A gap of 1,100 kits remains, and continued community-level hygiene promotion will be essential to sustain behavior change and protect health and dignity.



Protection, Gender And Inclusion

To support the safety, dignity, and equal access of vulnerable people, safe shelter and clean water were provided close to living areas, along with toilets equipped with locks for privacy. MHM kits were improved with additional items to better meet the needs of women and girls.

Female volunteers were deployed, and awareness leaflets were shared to inform communities that services are free and that staff and volunteers follow appropriate behavior standards. Volunteers were also trained on key cross-cutting topics, and both male and female volunteers collected feedback from beneficiaries.

In addition, a joint needs assessment for child- and women-friendly spaces was carried out with the DRC-Red Cross MHPSS team.



Migration And Displacement

Since October 2023, Afghanistan has experienced more than 2.5 million returning in 2025 alone. As of end of March 2026, over 320,100 Afghans have already returned (168,300 from Pakistan and 151,800 from Iran), with mass and hasty returns significantly heightening protection needs and risking further instability. Nangarhar remains a primary destination for returnees from Pakistan, who cross through the Torkham crossing point, while Kunar continues to host a high concentration of returnees and was already affected by last year's earthquake. Recent hostilities between Afghanistan and Pakistan have further displaced thousands in Kunar and Nangarhar provinces, with the Torkham crossing temporarily closed before reopening on 26 March 2026.

Returnees, particularly those deported, have arrived with few possessions and left livelihoods behind, and many experienced traumatic events during the return and deportation process, compounding mental health and PSS needs. Even before the earthquake, 82 per cent of returnees identified food as their primary need, highlighting the compound vulnerabilities now intensified by the disaster.

The earthquake has further deepened these vulnerabilities. Thousands of families are now living in damaged shelters, tents, or makeshift sites with limited access to safe water, sanitation, and health services. Overcrowding and inadequate facilities have heightened protection risks, particularly for women and children, while the lack of livelihoods is driving deeper dependency on aid. With the rainy season, leaking roofs, muddy floors, and overcrowding are placing children, the elderly, and people with health conditions at serious risk.



Community Engagement And Accountability

The assessment of community engagement practices identified critical gaps in timely information sharing, structured feedback collection, and inclusion of vulnerable groups, including women, children, persons with disabilities, and the elderly. Coordination discussions with humanitarian partners following the earthquake in Kunar, Laghman, Nuristan, and Nangarhar further highlighted that elderly people, persons with disabilities, and unaccompanied minors face particular challenges in accessing support due to the absence of structured guidance at key entry and service points, limited awareness of available services, and insufficient mobility assistance.

To address these gaps, ARCS, with IFRC support, established all four targeted feedback channels: help desks in camp areas, outreach volunteers, community meetings, and a formal feedback and complaint mechanism. This multi-channel approach was designed to reach a diverse population, including literate and illiterate individuals, mobile and immobile persons, and those with varying access to technology. Help desks ensure that community members, including persons with disabilities, can access information and raise concerns directly with ARCS, while trained volunteer teams collect feedback face-to-face in hard-to-reach areas.

Information dissemination has so far reached 5,000 of the targeted 70,000 people through community-level messaging, pictorial materials in Pashto and Dari, and volunteer-led household visits, covering available assistance, eligibility, and feedback channels. A question-and-answer sheet distributed to field volunteers ensures consistent messaging and reduces the risk of misinformation undermining trust or creating safety risks at distribution sites. A gap of 65,000 people remains, making scaled-up information dissemination an urgent priority.

Training on CEA, PGI, safeguarding, and feedback collection was delivered to 75 ARCS staff and volunteers, including 25 female volunteers. To date, 4,224 pieces of feedback have been logged and integrated into operational decision-making, comprising 4,091 suggestions and information requests, 110 items of complimentary feedback, and 23 complaints. Continued investment is needed to expand information dissemination toward the target, strengthen risk communication on weapon contamination and safety, improve



mobility support for persons with disabilities and the elderly, and reinforce visible guidance on service access to ensure no one is left behind.



Environment Sustainability

Following the earthquake in Kunar, Laghman, Nuristan, and Nangarhar provinces, temporary transit centers were established to shelter displaced families and provide food and basic support. As more people have arrived and stays have lengthened, solid waste buildup has emerged as a growing challenge. Much of the waste comes from ready-to-eat meals and packaging, and existing waste management systems at these sites are not equipped to handle the volume. Accumulating waste in and around the centers has created health risks, environmental pressure, and conditions conducive to disease outbreaks if not addressed.

In response, ARCS, with IFRC support, has focused on improving waste collection and disposal at transit centers, raising awareness among residents on keeping shared spaces clean, and coordinating with local authorities and partners to put appropriate systems in place. These efforts are integrated with broader hygiene promotion activities and have helped reduce the immediate health and protection risks associated with uncollected waste, while reinforcing the dignity and well-being of families relying on the centers.

While initial measures have made a difference, longer-term needs are now coming into focus. Sustainable waste management infrastructure, including designated collection points, regular disposal arrangements, and segregation systems, is required to support the continued use of transit centres and the gradual transition of displaced families toward more durable solutions. Continued community-level awareness, training of site management staff and volunteers on environmental health, and stronger coordination with local authorities will be essential to embed waste management as a permanent feature of site operations. Aligning these efforts with longer-term shelter, WASH, and recovery interventions will help ensure that transit centers remain safe, dignified, and environmentally sound spaces for as long as they are needed.

Any identified gaps/limitations in the assessment

Based on ARCS and IFRC field visits and reports, as well as secondary data, situation updates from OCHA, and media coverage, ARCS has developed a clear picture of community priorities. The following have been identified as critical needs in the earthquake-affected areas:

Needs and Gaps:

-Permanent shelter is the most urgent priority in the earthquake-affected areas. Many families have lost their homes entirely or are living in unsafe, damaged structures. Currently, people are staying in open spaces or temporary tents, which are inadequate as temperatures continue to rise. Immediate action is required to provide durable housing solutions that ensure safety, dignity, and protection for affected families.

-Food: food is also a pressing need. Many households lost their food stocks when their homes collapsed, and others are staying with host families or outdoors, unable to earn income. While ARCS is already distributing food using its own and partner resources, food support is being managed separately from this plan.

-Non-food items (NFIs), like hygiene kits, cooking sets, and bedding, are essential. People need basic supplies to get through the coming weeks, especially as supply chains are disrupted.

-Livelihood: Since the earthquake, affected communities have lost their primary sources of livelihood. Before the disaster, families relied heavily on agriculture and livestock; however, farmland has been damaged and livestock destroyed. As a result, there is a critical need for livelihood recovery support to help households rebuild their income, restore food security, and regain self reliance.

-Primary health care services: There remains a significant need for primary health care services in the earthquake affected areas. While such services were available before the disaster, many facilities have since closed due to funding shortages. As a result, communities are left without essential medical care, making the restoration and expansion of primary health services an urgent priority.

-Psychosocial support: is vital, especially for children who have experienced trauma. ARCS is also prioritizing support for ARCS staff and volunteers working in remote and high-risk areas under intense pressure.

Risks and Challenges:

The situation is complex. These provinces face not only natural hazards but also security risks from armed groups. While some actors have expressed neutrality toward humanitarian workers, recent incidents remind me that safety can't be taken for granted. Security assessments are essential before any distributions take place.

Access is another major challenge. Damaged roads and rugged terrain already make it hard to reach some communities. With heavy snow expected, delays could grow, and that risks losing community trust.

ARCS teams will clearly communicate the selection criteria with communities to ensure transparency and reduce any potential frustration or misunderstanding.



Operational Strategy

Overall objective of the operation

The response aims to support ARCS in addressing the immediate humanitarian needs of 70,000 affected people in Kunar, Laghman, Nuristan, and Nangarhar provinces.

The primary objective is to ensure immediate life-saving assistance, including emergency shelter and essential household items such as tents, blankets, mattresses, and ready-to-eat hot meals. Additionally, access to safe water, sanitation and health services will be prioritized, with a particular focus on mental health and psychosocial support (MHPSS) through psychological first aid (PFA) in earthquake affected areas.

To meet these urgent needs and facilitate the transition from emergency response to early recovery, an Emergency Appeal has been launched. This appeal seeks to scale up the response capacity, enhance resilience, and ensure that those affected can begin rebuilding their lives with dignity and hope.

Operation strategy rationale

A key component of the response is the mobilization of volunteers to provide direct support services to the affected people by earthquake for early recovery, the strategy will focus on shelter assistance, food security, livelihood support, and healthcare, with an emphasis on community health and MHPSS. These interventions aim to strengthen resilience and coping mechanisms at both individual and household levels, ensuring a more sustainable reintegration for the affected on their residential areas.

Urgent Needs:

The operation targets the following urgent needs:

- Emergency shelter and essential household items for displaced families.
- Access to safe drinking water and sanitation facilities.
- Comprehensive health services, including MHPSS.
- Hot meals.
- Safe Drinking water.

Main Priorities:

Priorities were established based on the context of the emergency, focusing on:

- Immediate life-saving support for those displaced.
- Health services, including maternal and child health and mental health support.
- Community engagement to ensure that aid is relevant and effectively delivered.

Justification of Methods and Actions:

The methods selected, such as deploying mobile health teams and providing community-based health and first aid, are expected to effectively address the immediate health needs while integrating community participation. Utilizing local volunteers and established networks enhances trust and encourages timely assistance, ensuring that vulnerable populations receive necessary support.

Key Factors Influencing Strategy:

Several factors were considered in shaping the operation:

- The geographical challenges posed by the mountainous terrain, which complicates access and delivery of aid.
- The need for community engagement to foster transparency and trust.
- Previous lessons learned from past operations, emphasizing the importance of timely registration and effective communication with affected populations.
- Coordination with local authorities and humanitarian organizations to ensure a comprehensive and inclusive response.

While immediate life-saving needs are being addressed through current DREF however, the earthquake Emergency Appeal focuses on longer-term support for affected communities in Kunar, Laghman, and Nangarhar provinces. This includes the restoration of livelihoods, access to essential health and water services, durable shelter solutions, and continued mental health and psychosocial support.

With the necessary funding, ARCS can expedite sustainable recovery activities in the earthquake-affected areas and reach more people in need—ultimately saving more lives and restoring dignity.



Targeting Strategy

Who will be targeted through this operation?

Since the earthquake struck Kunar, Laghman, Nuristan, and Nangarhar provinces, many families have been displaced and are in urgent need of support, especially pregnant women, mothers with young children, older people with mobility challenges, and those living with disabilities or injuries. Some are arriving at temporary shelters needing immediate medical care or assistance just to move around safely.

The disaster has directly affected 12,000 households, covering 84,000 people who have lost one of their family members or have injured people in their family and an estimated 1,301,000 people in four provinces (Laghman, Kunar, Nangarhar and Nuristan)- across eastern Afghanistan whose shelter got completely or partially destroyed and lost their livelihood options (agriculture land/plate and livestock).

The ARCS targets 70,000 most affected people from the devastating earthquake. This response is now being prioritized in these provinces to make sure the most vulnerable are not left behind. That includes providing wheelchairs, transport to health facilities, and extra care for those who can't access services on their own.

The goal is to ensure that everyone, regardless of age, health, or ability, can get the help they need to recover with dignity and feel safe during this difficult time.

Explain the selection criteria for the targeted population

When responding to the recent earthquake in Kunar, Laghman, Nuristan, and Nangarhar provinces, it is important to make sure support reaches those who need it most.

The communities and humanitarian teams typically identify and prioritize people for assistance:

- Families whose homes were destroyed or badly damaged.
- Pregnant women, breastfeeding mothers, and young children.
- Elderly people and those with disabilities.
- People with injuries or chronic illnesses.
- Families with no income or support system.
- Remote or hard-to-reach communities

Local volunteers, elders, and community leaders are helping to verify who needs what, making sure the process is fair and transparent. The goal is to make sure no one is left behind, especially in moments like this when every bit of support counts.

Total Targeted Population

Women	16,143	Rural	-
Girls (under 18)	19,500	Urban	-
Men	16,139	People with disabilities (estimated)	7%
Boys (under 18)	18,218		
Total targeted population	70,000		



Risk and Security Considerations (including "management")

Does your National Society have anti-fraud and corruption policy?	Yes
Does your National Society have prevention of sexual exploitation and abuse policy?	Yes
Does your National Society have child protection/child safeguarding policy?	Yes
Does your National Society have whistleblower protection policy?	Yes
Does your National Society have anti-sexual harassment policy?	Yes

Please analyse and indicate potential risks for this operation, its root causes and mitigation actions.

Risk	Mitigation action
Lack of female aid workers due to restrictions on women's participation reducing access to female survivors. Cultural barriers hinder women and children from receiving timely care, as male responders may not be permitted to assist them	To provide primary and community-based healthcare in earthquake-affected areas, the Afghan Red Crescent Society (ARCS) has deployed female health workers, five Mobile Health Teams (MHTs), and twenty female Community-Based Health and First Aid (CBHFA) volunteers. In accordance with local government instructions, a Mahram accompanied the female volunteers and health workers during deployment.
Topography and security access constraints in quake-affected areas result in significant response challenges.	ARCS and IFRC have already undertaken effective coordination with local authorities and NGO partners to ensure clear and reliable information on community access routes to earthquake-affected areas in Kunar, Laghman, Nuristan, and Nangarhar. Through close collaboration with actors on the ground, humanitarian teams have gained a strong understanding of local dynamics, identified safe and accessible pathways, and successfully facilitated timely delivery of assistance to affected populations. This coordinated approach has helped prevent duplication of efforts, ensured efficient use of resources, and strengthened trust with affected communities. As a result, response activities have been more targeted, better informed, and aligned with community needs, demonstrating the joint commitment of ARCS and IFRC to effective and well-coordinated humanitarian action.
Delays in the procurement of medical kits may hamper service delivery through MHTs	The Country Delegation Logistics and APRO worked on several options including sourcing abroad and reaching out to international organizations in Afghanistan to procure the medical kits.
Key security threats in Kunar include militant activity and cross-border shelling in border districts, criminality along main transit routes, and community unrest at aid distribution points. Protection risks are elevated for women and vulnerable groups in displacement areas.	Strict movement tracking and check-in procedures. Use of 4x4 vehicles with recovery equipment and emergency supplies.



	<p>Pre-identification of safe shelters and earthquake assembly points.</p> <p>Coordination with ARCS, UN, and INGO security focal points of local SLT framework.</p> <p>Activation of hibernation, relocation, or evacuation plans if security or earthquake aftershocks further degrade access.</p> <p>Mandatory completion of IFRC Minimum Security Requirements and Stay Safe training for all staff.</p>
<p>In the aftermath of the recent earthquake in Kunar province, one of the most alarming challenges facing response teams and affected communities is the presence of unexploded mines and remnants of war. Current assessments indicate that approximately 25% of the earthquake-affected areas in Kunar remain contaminated, posing a serious threat to both humanitarian operations and the safety of residents.</p>	<p>Before any field deployment, conducted security briefings and route assessments to avoid contaminated zones.</p> <p>Established safe corridors for aid delivery in coordination with demining experts.</p> <p>Equipped field teams with basic risk education of Mine and explosive hazard.</p>
<p>Harsh weather conditions</p>	<p>Timely distribution of planned noon meals and winterization kits.</p>
<p>Displaced population, inadequate shelter and damaged water and sanitation systems raise the risk of disease outbreaks and long-terms public health crises, especially as winter approaches.</p>	<p>Coordinated with health, WASH, shelter cluster and local authorities through ARCS for an integrated response. Mapped and monitored areas at risk of being cut off and set up contingency plans for sustained access.</p> <p>Deployed mobile health team and supported existing health facilities. Conducted hygiene promotion campaigns.</p>
<p>Please indicate any security and safety concerns for this operation:</p> <p>Considering the significant earthquake threats in the area, including issues like disrupted road access, landslides, and potential aftershocks, comprehensive measures will be taken to ensure the safety and security of all RCRC personnel involved in this operation.</p> <p>These measures include but are not limited to continuous monitoring of the situation, timely security and safety updates, tracking of staff movements (via phone or WhatsApp), security assessments in operational areas, and pre-deployment safety briefings on the current security environment. Contingency plans and completion of relevant IFRC e-learning courses (eg, Basic Knowledge and Prevention Measures for Responders, Personal Security, Security Management, Volunteer Security) are mandatory.</p> <p>The IFRC CD security team maintains close coordination with external humanitarian actors in the country, particularly regarding the earthquake affected areas, and collaborates closely with ARCS branches and local administrations in the operational regions.</p>	
<p>Has the child safeguarding risk analysis assessment been completed?</p>	<p>Yes</p>

Planned Intervention



Shelter Housing And Settlements

Budget: CHF 200,000
Targeted Persons: 1,400
Targeted Male: 714
Targeted Female: 686



Indicators

Title	Target	Actual
# of families received non food items	200	174

Progress Towards Outcome

During the reporting period, ARCS and IFRC carried out a systematic targeted population verification and distribution list generation process in close coordination with district-level authorities across the most severely affected districts of Kunar, Laghman, and Nangarhar. Given the widespread destruction of mud-brick housing structures across these provinces, shelter and NFI support were identified as the most urgent priority by both affected communities and the ES-NFI Cluster.

NFI kits, each comprising one family tent, were procured and distributed to 174 households (1,218 people) in communities where homes were completely or severely damaged. Distribution was sequenced to prioritize the most vulnerable: female-headed households, families with persons with disabilities, households that lost family members, and those living in open spaces with no alternative shelter, as the approaching winter season posed a direct survival threat to families without adequate shelter and insulation materials.

This operation reached 174 households, which accounts for 87 per cent of the overall target of 200 households, and there are no planned disbursements. The number of kits was reduced due to an increase in international procurement costs, which were primarily driven by the difficult logistics of importing humanitarian goods into Afghanistan, the scarcity of certain NFI items in regional markets, and limited transport routes to the eastern provinces.

IFRC has maintained close coordination with the ES-NFI Cluster throughout the distribution process to ensure geographic complementarity with other shelter actors, avoid duplication, and align kit composition with cluster-endorsed standards. Coordination is also ongoing to monitor any gaps in coverage created by procurement delays and ensure that households awaiting NFI assistance are not left without alternative support in the interim.



Livelihoods And Basic Needs

Budget: CHF 37,500

Targeted Persons: 20,000

Targeted Male: 10,200

Targeted Female: 9,800

Indicators

Title	Target	Actual
# of people received hot meals in earthquake effected provinces	20,000	84,000

Progress Towards Outcome

ARCS, with IFRC support, initiated the distribution of hot meals to earthquake-affected populations in temporary shelters, transit centres, and displacement sites across the targeted provinces. This intervention responded directly to the critical food insecurity identified in the needs assessment, where households reported the loss of food stocks when homes collapsed, and disrupted livelihoods left families unable to purchase food through local markets. Hot meal distribution was selected as the most appropriate modality for the immediate response phase because many displaced families lacked cooking facilities, fuel, and safe storage, making ready-to-eat food the fastest way to address acute hunger.

In total, 168,000 hot meals have been distributed, reaching 84,000 individuals with two meals per person per day in line with the agreed service standard, with distribution points established at Patan camp in Kunar and additional sites across the affected areas. Sites were selected based on concentration of displaced populations and accessibility, with priority given to locations hosting the highest numbers of families sleeping in the open or in makeshift shelters.

The intervention has exceeded the original target due to a combination of factors: the scale of displacement was higher than initially projected in the rapid needs assessment, with continued arrivals of newly displaced families to transit centers extending the caseload;



strong coordination with local authorities and the Food Security Cluster enabled ARCS to rapidly expand distribution points and operating hours in response to evolving needs; and efficient kitchen operations and supply chain management allowed the per-meal cost to be maintained within budget, enabling additional meals to be produced from the available resources.



Multi Purpose Cash

Budget: CHF 312,000
Targeted Persons: 2,000
Targeted Male: 1,020
Targeted Female: 980

Indicators

Title	Target	Actual
# of affected households received MPCA	2,000	2,000
# of post distribution monitoring conducted	1	0

Progress Towards Outcome

MPCA was selected as the primary response modality because it empowers affected households to prioritise their own most pressing needs, whether food, medicine, transport, or debt repayment, rather than prescribing a fixed basket of commodities. This approach aligns with IFRC cash programming guidance and reflects the findings of the rapid needs assessment, which identified diverse and overlapping needs that a single in-kind distribution could not adequately address.

ARCS teams, supported by IFRC, verified 2,000 targeted heads of household through a community-based process involving local leaders, ARCS branch staff, and cross-checks against existing registration databases to prevent duplication with other ongoing operations.

Community engagement was structured through the Community Committee, which supported the definition of selection criteria, information sharing, and consultation meetings to ensure transparency and community ownership of the targeting process. Distribution lists were validated in coordination with relevant stakeholders and the selected financial service provider (FSP), which was chosen based on its coverage in affected districts, ability to serve remote communities, and compliance with IFRC financial due diligence requirements.

To date, 2,000 households (15,415 individuals) have received MPCA transfers of CHF 130 (approximately 10,500 AFN) per household. The transfer value was determined in coordination with the Cash and Voucher Working Group (CVWG) to align with the agreed Minimum Expenditure Basket (MEB) for the affected area, ensuring households can cover essential needs for the intended period. Distributions were conducted through the FSP and monitored by ARCS and IFRC field staff to verify receipt, identify access barriers, and address any protection concerns at distribution points.

Post-Distribution Monitoring (PDM) of the MPCA intervention will be conducted on a consolidated basis with the Emergency Appeal MPCA intervention to ensure efficiency, comparability of findings, and a unified evidence base to inform any subsequent cash programming.



Health

Budget: CHF 225,000
Targeted Persons: 42,000
Targeted Male: 21,420
Targeted Female: 20,580

Indicators

Title	Target	Actual
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# of OPD consultations conducted	36,000	25,034
# of women of reproductive age who receive TT vaccination	7,200	0
# of women of reproductive age who are provided with ANC and PNC services	2,880	1,072
# of beneficiaries who receive education on key health issues	36,000	16,013
# of MHTs operational	5	5
# of volunteers trained on CBHFA/ECV/Hygiene Promotion	400	0
# of people reached by key messages through CBHFA trained volunteers	42,000	15,400
# of staff and volunteers trained on MHPSS	60	84
# of people received MHPSS interventions	8,000	9,052
# of under-5 children provided with routine vaccination.	1,440	0

Progress Towards Outcome

ARCS deployed five Mobile Health Teams (MHTs) to hard-to-reach areas of Kunar, Laghman, and Nangarhar, where the earthquake severely damaged or destroyed existing health infrastructure and left communities without access to primary health care. MHT deployment was a critical intervention because hospitals in Jalalabad and surrounding areas were overwhelmed with casualties, health centers in Kunar reported structural damage, and rugged terrain prevented many injured and sick individuals from reaching functioning facilities. Each MHT was composed of clinical staff, including, where possible, female health workers, a deliberate measure to address the cultural barriers that prevent women from seeking care from male providers, as identified in the needs assessment. Deployment locations were selected based on the concentration of displaced families, distance from the nearest functioning health facility, and accessibility, in coordination with the Ministry of Public Health (MoPH) and the Health Cluster.

To date, MHTs have conducted 25,034 outpatient department (OPD) consultations, with the most common presentations including acute respiratory infections, diarrhoeal diseases, skin infections, and trauma-related injuries. A gap of 10,966 consultations remains, and continued MHT operations will be essential to maintain primary health care coverage in affected communities while the rehabilitation of damaged health facilities is pursued through longer-term recovery efforts.

Maternal and reproductive health services were prioritized given that an estimated 16,143 women and 19,500 girls are among the 70,000 targeted population, many of whom are pregnant or of reproductive age and face heightened vulnerability due to disrupted health services and poor sanitation in temporary shelters.

A total of 935 women were provided with antenatal care (ANC) and postnatal care (PNC) services, including safe delivery support. Continued investment in female health worker capacity and outreach will be needed to expand coverage and ensure equitable access to maternal and reproductive health services across all affected districts.

In the area of mental health and psychosocial support (MHPSS), 84 ARCS staff and volunteers (42 male and 42 female) received refresher training on psychological first aid (PFA) and MHPSS. This training was essential because the earthquake left communities in severe psychological distress: families lost loved ones, homes, and livelihoods, and many are still searching for missing family members. Children are particularly vulnerable, displaying signs of acute stress, anxiety, and fear of aftershocks, while adults are struggling to cope with grief, uncertainty, and the compounding effects of Afghanistan's protracted humanitarian crisis. Mental health services remain extremely limited in the affected provinces, and stigma around seeking psychological support continues to act as a barrier to help-seeking behavior. The training, therefore, equipped ARCS teams not only with clinical skills but also with approaches to normalize mental health support within community settings.

Psychosocial support interventions reached 9,052 of the targeted 8,000 individuals, exceeding the original target by 13%. This over-



achievement reflects the scale of unmet psychosocial needs encountered during the response and the integration of MHPSS into multiple service delivery points, including MHT consultations, household visits, and group sessions at displacement sites, which enabled trained staff and volunteers to reach beneficiaries opportunistically alongside other interventions. Beneficiaries included children showing distress, bereaved families, people searching for missing relatives, and RCRC staff and volunteers themselves, recognizing that frontline responders working under intense pressure in remote and high-risk areas also require psychosocial care.

At the community level, trained volunteers (who were trained under various operations and as part of ARCS's preparedness measures) made door-to-door household visits, reaching out to 15,400 people with important health and hygiene information. This community-based approach was chosen because many affected populations live in remote, mountainous areas where MHTs can only visit on occasion, and trained local volunteers provide a consistent frontline health presence between MHT rotations. Volunteers were equipped with first aid kits to provide basic first aid services, allowing them to manage minor injuries and stabilize patients before referring them to MHTs or health facilities.

As part of routine Community-Based Health and First Aid (CBHFA) activities, volunteers informally communicated community health concerns observed during outreach to the ARCS branch, providing an additional feedback channel to inform service planning without the use of formal surveillance methods or standardized reporting.

Under this operation, all deployed volunteers were trained under a different operation and deployed because they were in the ARCS volunteer database of trained volunteers who were ready to deploy.



Water, Sanitation And Hygiene

Budget: CHF 43,000
Targeted Persons: 50,000
Targeted Male: 25,500
Targeted Female: 24,500

Indicators

Title	Target	Actual
# of people provided with clean drinking water (at least 15 liters per person per day)	45,800	38,458
# of people reached with hygiene promotion activities & hygiene kits distribution in the response period	2,100	2,200
# of Family hygiene kits distributed	2,100	1,000

Progress Towards Outcome

ARCS, with IFRC support, initiated water, sanitation, and hygiene (WASH) interventions to address the critical needs of earthquake-affected populations. The WASH response was prioritised because the earthquake damaged existing water infrastructure, contaminated water sources, and displaced thousands of families into temporary shelters and makeshift sites with no access to safe drinking water. The needs assessment identified dehydration and waterborne diseases as an immediate risk, with open defecation and insufficient latrines compounding the threat of disease outbreaks, particularly diarrhoea and acute respiratory infections, which were already presenting at MHT sites.

Clean drinking water was provided to 38,458 of the targeted 45,800 people through water trucking operations across two displacement sites and affected communities. Water trucking was deployed as the immediate response modality because it provides the fastest route to safe water provision while more sustainable infrastructure is established. The Sphere minimum standard of 15 litres per person per day was maintained throughout. Water trucking operations are ongoing to reach the remaining 7,342 people, with the transition toward more durable water supply solutions, including borehole rehabilitation and household-level water treatment, being planned in coordination with the WASH Cluster.

Hygiene promotion activities were carried out at community level by trained ARCS volunteers, reaching 2,200 individuals with key hygiene messages and information, education, and communication (IEC) materials. The campaign focused on handwashing with soap at critical times (before eating, after defecation, before preparing food), safe water storage and treatment, and proper waste disposal, behaviours identified as most critical to preventing the waterborne and fecal-oral disease outbreaks that typically follow displacement in



settings with inadequate sanitation. IEC materials were developed in Pashto and Dari and designed in pictorial formats to ensure accessibility for populations with low literacy.

Soap for handwashing was distributed alongside the messaging campaigns to remove the cost barrier to adoption of recommended practices. Out of the planned 2,100 family hygiene kits, 1,000 kits were successfully distributed. The remaining needs were addressed through other interventions under the emergency appeal. Each kit was designed to meet the basic hygiene needs of a family for an initial period and includes items such as soap, sanitary pads, toothbrushes, and towels.

Distributions are ongoing, with verified beneficiary lists already in place and the outstanding kits sequenced for delivery as procurement and transport are finalised; some delays have been driven by the broader logistical constraints of importing humanitarian goods into Afghanistan, including extended customs clearance and limited transport capacity to the eastern provinces. Distribution continues to prioritise families in temporary shelters and displacement sites with the highest need, with particular attention to female-headed households, households with pregnant or lactating women, and families with young children. The integration of menstrual hygiene management (MHM) kits within the wider hygiene kit distribution responds directly to the specific needs of women and adolescent girls identified during community consultations and will be maintained throughout the remaining distributions.



Protection, Gender And Inclusion

Budget: CHF 0

Targeted Persons: 10,000

Targeted Male: 5,100

Targeted Female: 4,900

Indicators

Title	Target	Actual
# of staff and volunteers oriented in PGI sensitization and minimum standards	100	42
National Society applies the IFRC minimum standards for protection, gender and inclusion in emergencies.	1	1

Progress Towards Outcome

A total of 42 (17 female 25 Male) ARCS staff and volunteers were trained on protection, gender, and inclusion (PGI) sensitization and minimum standards. The training was structured in three modules: PGI-sensitive assessment techniques, which equip field teams to identify differentiated needs and risks among diverse population groups during data collection; PGI mainstreaming across technical sectors, ensuring that shelter, health, WASH, and cash interventions systematically consider the different needs, risks, and capacities of women, men, girls, boys, older persons, and persons with disabilities; and sex- and age-disaggregated data (SADD) collection, which is foundational to evidence-based programming and accountability.

This training was prioritized early in the operation because the needs assessment identified significant gaps in the inclusion of vulnerable groups, particularly women, children, minorities, persons with disabilities, and older persons, in information-sharing, feedback collection, and service access. Efforts were made to ensure diversity among deployed staff and volunteers, with active recruitment of female personnel through engagement with community leaders and humanitarian diplomacy with local authorities. This was especially important given the restrictions on women's participation in public life, which have reduced the availability of female aid workers and created barriers for women and children seeking assistance from male responders. Where female staff could not be recruited directly, ARCS mobilized local female community health workers and volunteers through existing community networks.

Dignity kits were distributed to 49 female beneficiaries in the affected areas. The distribution of dignity kits was a critical intervention because women and girls displaced by the earthquake lost personal items essential to their health and dignity, and many are living in overcrowded temporary shelters where access to privacy and hygiene facilities is severely limited. Kits included items such as sanitary materials, soap, underwear, and other personal hygiene items, enabling women and girls to manage menstruation and personal hygiene with dignity during displacement. Distribution was conducted through separate sessions to ensure privacy and allow women to raise concerns or additional needs in a safe setting.

A Child Safeguarding Risk Assessment was conducted in accordance with IFRC minimum standards, identifying specific risks faced by children in the operational context, including separation from caregivers, exploitation, and exposure to hazards in damaged structures, and related mitigation measures are being implemented across all programme activities.



Below are action points to be practiced after the assessment:

1. Conduct a refresher training on Child Safeguarding Risk Analysis to ARCS and IFRC key staff,
2. Ensure all staff and volunteers are oriented on the ARCS Code of Conduct and sign the Code of Conduct after reading the CoC together collectively and signing dating on the bottom together. I recommend making it an annual practice at the start of the year.
3. Ensure respectful, appropriate interaction with children having both genders present when working with children. Staff and/or volunteers should never be alone with a child or engage without proper consent to safeguard both children and the adults.

The PGI minimum standard checklist was developed and is being applied systematically across WASH, livelihoods, health, and MPCA interventions to ensure a consistent and accountable approach to inclusion across the entire operation. This cross-sectoral application means, for example, that WASH facilities are assessed for accessibility and safety for women, health consultations track SADD, and cash distributions include safeguards against exploitation. Outreach activities specifically targeted female-headed households to ensure equitable access to assistance, recognizing that these households often face compounded vulnerabilities: they may lack male family members to collect assistance at distribution points, have limited mobility, and face social barriers to accessing information about available services.



Community Engagement And Accountability

Budget: CHF 8,000

Targeted Persons: 70,000

Targeted Male: 35,700

Targeted Female: 34,300

Indicators

Title	Target	Actual
# of feedback channels established	4	4
# of people reached through dissemination of key information and messages	70,000	5,000

Progress Towards Outcome

Four structured feedback channels (out of the targeted four) were established. The establishment of multiple feedback channels such as help desk, outreach volunteer, community meetings and feedback and complaint mechanism was necessary because the affected population is diverse, comprising literate and illiterate individuals, mobile and immobile persons, and communities with varying levels of access to technology, and no single channel can reach everyone. The selection of channel types was informed by community preferences gathered during initial consultations, ensuring that the mechanisms are accessible, trusted, and culturally appropriate.

Information dissemination activities reached 5000 of the targeted 70,000 people through community-level messaging, visual aids in local languages (Pashto and Dari), and volunteer-led household visits. The content of information shared included: what assistance is available and who is eligible; which organizations are providing support and where; how to register complaints or provide feedback. A question-and-answer sheet was developed and distributed to all field-deployed volunteers, ensuring consistent and accurate messaging across all interaction points. This tool was particularly important because misinformation and rumors about aid distribution criteria had the potential to generate community frustration, undermine trust in ARCS, and create safety risks at distribution sites. Help desks are established in the camp areas to make sure all the community members including people with disabilities have access to accurate information and they can share their concerns and feedback directly with ARCS.

Challenges included difficult access to remote villages, damaged infrastructure, limited communication resources, and dispersed affected populations. To address these gaps, ARCS expanded volunteer outreach, increased help desks and mobile information teams, conducted community awareness sessions, strengthened coordination with community leaders, and diversified communication channels, including outreach volunteers and printed IEC materials.

Several measures including expanding volunteer outreach at community level, conducting awareness session to the community, increasing the number of help desks and mobile information teams, strengthening coordination with community leaders and committees, and diversifying communication channels to reach more people, including those in hard-to-reach areas.

To capture the feedback of hard-to-reach areas, ARCS has deployed a trained team of volunteers to collect feedback face to face. Training on CEA, PGI, safeguarding, and feedback collection was provided to 75 ARCS staff and volunteers, including 25 female volunteers. 4,224



feedback received from communities has been systematically logged, analyzed, and integrated into operational decision-making. This feedback includes 4,091 suggestions and request for information (about ARCS and the services), 110 complimentary feedback, and 23 complains and concerns.



Secretariat Services

Budget: CHF 53,467

Targeted Persons: 0

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
% of financial reporting compliance to IFRC procedures	100	100
# of monitoring visits conducted	4	4

Progress Towards Outcome

The IFRC Country Delegation provided continuous technical and management support to the operation throughout the reporting period, playing a critical enabling role in ensuring the timely and compliant delivery of programme activities.

This support included oversight of procurement processes, particularly the complex sourcing of medical kits comprising over 90 items, which required multiple procurement channels including international sourcing, financial management and compliance monitoring, progress reporting to the IFRC Secretariat and APRO, and resource mobilization efforts.

Membership services were maintained throughout, encompassing security management (including continuous monitoring, staff movement tracking, security assessments, and pre-deployment briefings given the elevated security environment in the affected provinces), external communications to generate visibility for the response and support fundraising, and coordination with the APRO for technical backstopping and surge deployment.

The IFRC security team maintained close coordination with external humanitarian actors, ARCS branches, and local administrations to ensure that field operations could proceed safely despite ongoing security risks including militant activity, cross-border shelling in border districts, and mine contamination.

The targeted four monitoring visits were conducted to distribution sites and programme areas. Each monitoring visit assessed activity progress against the operational plan, compliance with targeting criteria, quality of service delivery, and adherence to IFRC minimum standards including PGI and CEA. Findings were documented in monitoring reports and shared with the operations team to inform corrective actions and operational adjustments.

Financial reporting compliance has been maintained at 100% against IFRC procedures, with monthly progress reports compiled by ARCS and reviewed by IFRC before submission.



National Society Strengthening

Budget: CHF 60,000

Targeted Persons: 100

Targeted Male: -

Targeted Female: -



Indicators

Title	Target	Actual
# of volunteers recruited and mobilized	100	100
# of lesson learned workshop conducted	1	0

Progress Towards Outcome

100 ARCS volunteers were recruited and sensitized on the operation. The recruitment process prioritized volunteers from the affected communities themselves, as local volunteers bring essential knowledge of terrain, community dynamics, language, and social structures that significantly enhances the effectiveness and cultural appropriateness of the response. Sensitization training covered the Fundamental Principles of the Red Cross and Red Crescent Movement, the IFRC code of conduct, operational protocols, and personal safety and security procedures, including the IFRC Minimum Security Requirements and Stay Safe training, which are mandatory given the elevated security environment in the affected provinces.

Volunteers also received specific orientation on their responsibilities related to safeguarding, protection, and the prevention of sexual exploitation and abuse (PSEA), consistent with ARCS policies on these issues. Recruited volunteers were mobilized across Laghman, Nangarhar, Kunar and Nuristan provincial branches to support a range of response activities including NFI and food distributions, health outreach through MHTs, hygiene promotion household visits, community engagement and feedback collection, and logistics support in remote areas.

The deployment of Branch Disaster Response Teams (BDRTs), each comprising around 20 active volunteers, provided a structured framework for volunteer coordination and ensured that surge capacity could be directed where it was most needed. The engagement and support of volunteers is also a direct investment in ARCS's institutional capacity: trained volunteers represent a lasting resource for future disaster preparedness and response in these earthquake-prone provinces.

The lessons-learned workshop is planned for the final phase of the operation and will bring together ARCS leadership, branch staff, volunteers, IFRC technical delegates, and relevant Movement partners to systematically review operational performance, document challenges and successes, and generate actionable recommendations for future DREF and Emergency Appeal operations in similar contexts.

About Support Services

How many staff and volunteers will be involved in this operation. Briefly describe their role.

In response to the recent earthquake in Kunar, Laghman, Nuristan, and Nangarhar provinces, 21 ARCS staff are being partially supported under the IFRC DREF operation, with a time allocation system in place to ensure accurate cost attribution. These staff are drawn from the affected provinces and operational areas, comprising four staff per branch (16 in total), four from relevant regional offices, and one roving staff member from headquarters. Together, they form the core team responsible for activating and operationalising lifesaving activities in the earthquake-affected areas, and include specialists such as PSS counsellors, Restoring Family Links (RFL) officers, volunteer management officers, and DRR officers, ensuring a multi-sectoral and rapid response.

To reinforce this operation, existing technical resources from the ongoing Emergency Appeal are being leveraged, including the IFRC Operations Manager, Disaster Management Coordinator, PMER Delegate, CEA Consultant, Senior Emergency Cash Officer, Operations Officer, two Information Management Officers, Senior Monitoring, Evaluation and Learning Officer, and Planning and Reporting Delegate, all supported by Programme Support Services. To further strengthen field-level coordination, an Operations Coordinator has been deployed through the IFRC surge mechanism.

At the field level, ARCS has mobilized three Branch Disaster Response Teams (BDRTs), each comprising approximately 20 active volunteers, to support relief efforts across the affected provinces. In parallel, four ARCS Mobile Health Teams (MHTs) are actively delivering essential health services to displaced families and host communities in temporary shelters and hard-to-reach areas. This combination of dedicated DREF-funded staff, Emergency Appeal technical resources, surge capacity, and frontline branch and volunteer teams provides a coordinated structure designed to ensure a timely, inclusive, and effective response to the populations most affected by the earthquake.



Will surge personnel be deployed? Please provide the role profile needed.

Operation coordinator (1st Rotation)
Operation coordinator (2nd Rotation)
Finance Coordinator
PGI and CEA Lead
PMER Officer- remote support.
Health in Emergency coordinator
IM Surge Coordinator

If there is procurement, will it be done by National Society or IFRC?

All procurements are handled by IFRC. Food and other supplies available locally will be procured in the country, while medical kits and nonfood items will be imported. The medical kits consist of over 90 items which will pose some challenges in the supply chain to be procured within the required timeframe. Recognizing the challenges, the CD Logs and APRO is working on several options including sourcing abroad and reaching out to international organizations in Afghanistan to procure the medical kits & noon food items.

Below are the main challenges that we have in supply chain.

- The closure of the border between Pakistan and Afghanistan has significantly disrupted the flow of international goods. As a result, essential items are not being received on time, creating delays in supply chains and further straining the availability of critical commodities in affected areas.
- Middel east crisis also affected the supply chain in Afghanistan.

How will this operation be monitored?

ARCS leadership and the IFRC Head of Delegation are ultimately accountable for the timely implementation, compliance, financial management, and reporting of the operation. This will be done with the support of the operations manager. Furthermore, ARCS operation team supported by IFRC are primarily responsible for monitoring of the intervention at operation level.

ARCS/IFRCS PMER and CEA team are supporting the operation team to develop M&E plan and solicit feedback from the target population. The operating team are carrying out M&E activities based on the plan. IFRC-DREF progress monthly reports are compiled by the National Society, informing the IFRC on the progress and challenges of the operation, along with a monitoring plan / indicator tracking table to map out, ensure the collection, and keep track of the key indicators.

Accordingly, progress reports are shared with the IFRC APRO to inform them of the operation's progress. A lesson learned workshop will be conducted at the end of the implementation to follow up on key operational and organizational learnings and document the findings as a reference for future interventions.

Please briefly explain the National Societies communication strategy for this operation

IFRC is supporting the ARCS communications team to communicate with external audiences with a focus on the situation and the Red Cross and Red Crescent humanitarian actions in assisting the affected people. The communications team generates visibility and support for humanitarian needs and the Red Cross Red Crescent response. Close collaboration is maintained between the Asia Pacific IFRC regional communications unit, IFRC Country Delegation and the National Society to ensure a coherent and coordinated communications approach.



Budget Overview



DREF OPERATION

MDRAF019 - Afghan Red Crescent Society(ARCS) Afghanistan Eastern- Earthquake

Operating Budget

Planned Operations	881,785
Shelter and Basic Household Items	213,000
Livelihoods	39,938
Multi-purpose Cash	333,006
Health	239,625
Water, Sanitation & Hygiene	45,795
Protection, Gender and Inclusion	0
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	0
Environmental Sustainability	10,421
Enabling Approaches	118,215
Coordination and Partnerships	10,650
Secretariat Services	41,535
National Society Strengthening	66,030
TOTAL BUDGET	1,000,000

all amounts in Swiss Francs (CHF)



Contact Information

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

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IFRC Project Manager: Fahim Hoshmand, Disaster Management Coordinator, fahim.hoshmand@ifrc.org, 0702051675

[Click here for the reference](#)

