



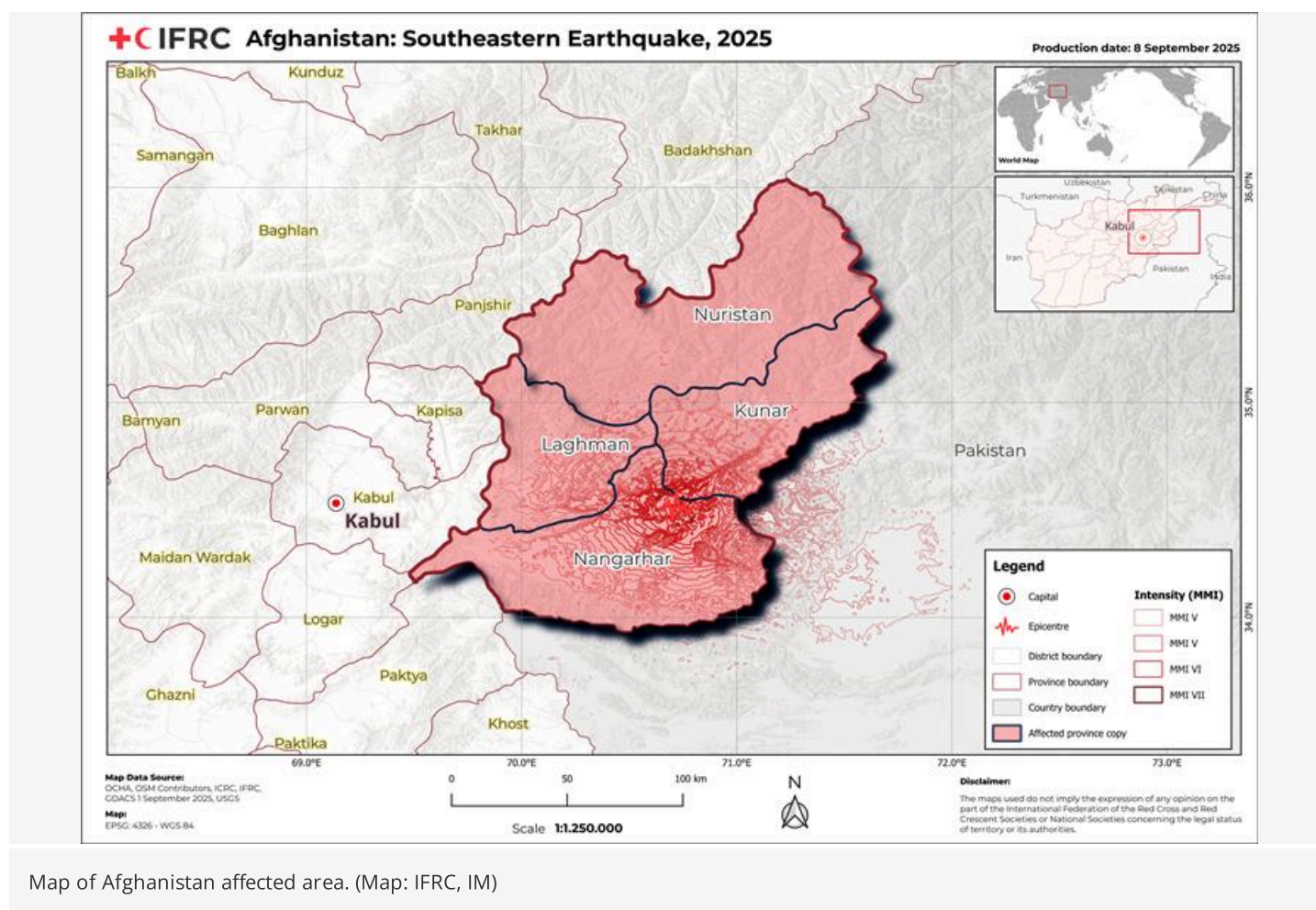
Health services provided in Kunar province. (Photo: Meer Abdullah, IFRC)

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	People Assisted: 67,048 people
Event Onset: Sudden	Operation Start Date: 07-09-2025	Operational End Date: 30-06-2026	Total Operating Timeframe: 9 months

Targeted Regions: **Kunar, Laghman, Nangarhar, Nuristan**

The major donors and partners of the IFRC-DREF include the Red Cross Societies and governments of Australia, Austria, Belgium, Britain, China, Czech, Canada, Denmark, Germany, Ireland, Italy, Japan, Luxembourg, Liechtenstein, Malta, Norway, Spain, Sweden, Switzerland, Thailand, and the Netherlands, as well as DG ECHO, Mondelez Foundation, and other corporate and private donors. The IFRC, on behalf of the National Society, would like to extend thanks to all for their generous contributions.

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 strong shaking across Kunar and Nangarhar, with effects also felt in Laghman and Nuristan. Aftershocks of magnitude 5.2, 4.5, and 5.6 followed immediately after the initial quake and again on 5 September, adding to the damage and complicating the early response. On 23 September 2025, a 4.9-magnitude earthquake struck eastern Afghanistan at a depth of 10 km, approximately 23 km from Jalalabad, the capital of Nangarhar province. It damaged key infrastructure, including water sources, and losses of livestock and farmland were reported.

A Federation-wide Emergency Appeal of CHF 25 million with timeframe until 31 December 2027 was launched on 3 September 2025 to support ARCS' relief and early recovery efforts. As a part of the Appeal, a DREF allocation of CHF 1 million was released to support the response to the southeastern earthquake. The Appeal and the total Federation-wide funding requirement was later revised to CHF 30 million following the second earthquake in northern Afghanistan in November 2026. As of 30 June 2026, the Emergency Appeal is approximately 35 per cent funded with CHF 9,130,312 mobilized against the 27 million Secretariat funding requirement.



MPCA distribution in Kunar province. (Photo: Meer Abdullah, IFRC)

Scope and Scale

The earthquake in southeastern Afghanistan caused widespread devastation, resulting in more than 2,200 deaths and over 3,600 injuries. According to OCHA's Humanitarian Update (February 2026), nearly 500,000 people were affected, with more than 221,000 people continuing to require urgent humanitarian assistance six months after the event.

The earthquake led to extensive destruction of housing and infrastructure across Kunar and Nangarhar provinces, triggering significant displacement. In the immediate aftermath, more than 3,000 families were displaced and were residing in at least five primary internally displaced persons (IDP) sites across two districts, while many others remained dispersed in smaller displacement locations throughout the affected areas. The prolonged displacement and loss of shelter continue to exacerbate humanitarian needs, underscoring the importance of sustained relief and early recovery support for affected communities.

According to OCHA (Humanitarian Update, May 2026), the lingering impact of the earthquake together with the overlapping impact from conflict, flooding and displacement continue to affect the eastern provinces. While immediate life-saving needs in the eastern provinces have eased compared to the acute emergency phase recovery needs persist especially across shelter reconstruction, livelihoods restoration, sustained primary health care, and continued psychosocial support. Shelter activities will continue through permanent shelter support under the Emergency Appeal, however, this will address the needs only partially.

Despite progress in supporting affected populations throughout the operation, significant humanitarian needs remained at its conclusion. Longer-term food security and livelihood recovery needs were largely unmet, leaving many households vulnerable as they sought to rebuild their lives. Assessments and field observations conducted during the recovery phase indicated that access to essential healthcare remained constrained, particularly in remote and underserved areas. These persistent gaps in food security, livelihoods, and healthcare highlighted the continued need for sustained humanitarian and recovery support beyond the operational timeframe.

IFRC Network Actions Related To The Current Event

Secretariat	IFRC supply chain team actively supported the delivery of pre-positioned stocks and relief supplies to affected areas. Within 24 hours of the earthquake, the IFRC released CHF 100,000 to ARCS through the Emergency Advance Payment mechanism, activated under the Immediate Response Protocol for immediate life-saving services. The IFRC also supported scenario planning, resource mobilization, coordination and engagement with inter-agency mechanisms. A total of five situation reports were published on the GO platform, and an IFRC rapid assessment team was deployed to evaluate immediate needs in the affected areas.
Participating National Societies	ARCS convened the first Emergency Operations Centre (EOC) meeting on 1 September 2025, bringing together all Movement partners present in-country to coordinate support to the ARCS response. The IFRC, ICRC, Danish Red Cross, Norwegian Red Cross, Qatar Red Crescent Society and Turkish Red Crescent supported ARCS with the distribution of hot meals, food packages, hygiene kits, tents and blankets in the East region (Kunar, Laghman and Nangarhar provinces). Danish Red Cross supported ARCS with MPCA, dignity kits, hot meals, hygiene kits, primary health care services and MHPSS. Norwegian Red Cross supported ARCS with MPCA and primary health care services. Qatar Red Crescent Society supported ARCS with 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 provided advice to Movement partners on security analysis and developments, provided 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 coordinated closely with national and local authorities as an auxiliary to the authorities.
UN or other actors	Following the earthquake in Balkh and Samangan provinces, UN agencies and humanitarian partners rapidly scaled up a coordinated response to reach the most affected communities while making efficient use of already stretched resources.



OCHA led the emergency coordination on behalf of humanitarian partners, convening an inter-agency Operational Coordination Team (OCT) meeting on the morning of 3 November, immediately after which joint assessment teams were deployed to the affected districts across both provinces for rapid verification of damage and needs. In the days that followed, humanitarian partners coordinated by OCHA delivered initial relief spanning emergency shelter and non-food items, food, health and psychosocial services, water and sanitation, multipurpose cash and protection. National and provincial mechanisms activated in parallel, the Afghanistan National Disaster Management Authority (ANDMA) and the Samangan Governor's office convened emergency coordination meetings with UN and INGO partners on the day of the earthquake, while Provincial Disaster Management Committees in Balkh and Samangan held urgent meetings and joint inter-agency assessment teams were deployed to the worst-affected areas. An ad-hoc meeting of the Kabul-based Inter-Cluster Coordination Team (ICCT) also took place, and the Humanitarian Country Team (HCT) convened to steer broader response and recovery efforts.

A joint Multi-Sectoral Rapid Assessment (MSRAF) was launched to quantify the impact, drawing on teams from multiple agencies across Balkh and Samangan and extending to affected areas of Sar-e-Pul, Jawzjan and Faryab. In Balkh Province, the International Organization for Migration (IOM) led the overall response.

As part of the immediate relief interventions, UNICEF and partners deployed health teams to provide trauma care and scale up essential services, including primary healthcare, mental health support and psychosocial counselling, while UNICEF WASH extenders and social mobilizers carried out assessments and initiated the immediate response on the ground. UNFPA deployed its Emergency Response Team and psychosocial support teams and delivered Inter-Agency Reproductive Health (IARH) kits to Samangan Provincial Hospital and Khulm District Hospital, sustaining sexual and reproductive health services for women and girls.

Are there major coordination mechanism in place?

During the operational timeframe, IFRC was closely coordinating with the various cluster members at national and sub-regional levels to ensure a coordinated approach that avoided duplication and met people's needs in a timely manner. At the national level, the Humanitarian Country Team (HCT) was serving as the strategic, policy-level, and decision-making forum guiding principled humanitarian action in Afghanistan, with the IFRC attending weekly as a representative of the membership. Throughout this period, both ARCS and IFRC were participating 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 was also attending the Inter-Cluster Coordination Team meetings.

The cluster system, which was being coordinated nationally by lead agencies such as OCHA, was carrying the roles and responsibilities of all partners, including NGOs, UN agencies, public authorities, and other stakeholders. At the national level, ARCS was participating in sector-specific coordination, health, and WASH cluster meetings that were being co-chaired by the Ministry of Public Health and WHO. Throughout the reporting period, IFRC was maintaining close coordination with cluster members at both national and sub-regional levels to ensure a harmonized approach that avoided duplication and met affected people's needs in a timely and efficient manner.

Needs (Gaps) Identified



Shelter Housing And Settlements

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



After the emergency phase, needs shifted to longer-term housing and rehabilitation. The 174 households reached under this DREF were a small share of those whose homes were completely or severely damaged. ARCS and IFRC coordinated with other organizations, including IOM, the Danish Refugee Council and Islamic Relief, to assist affected people in Kunar. Shelter activities are being continuing under the Emergency Appeal with approximately 160 household receiving permanent shelter support.



Livelihoods And Basic Needs

The earthquake left families in Kunar, Laghman, Nuristan and Nangarhar provinces facing critical food insecurity. Households lost food stocks when their homes collapsed, and disrupted livelihoods left families unable to buy food in local markets. Children, pregnant and lactating women and older people were at heightened risk of malnutrition because of limited access to nutritious food, and without livelihood options for many families depended on short-term aid.

Hot meals met immediate hunger but did not meet the specific nutritional needs of children under five, pregnant and lactating women and older people, who needed targeted nutritional support to prevent malnutrition. Detailed food security and nutrition assessments were needed to guide further interventions and to measure the gap between coverage and need.

Longer-term food security and livelihood need remained largely unaddressed at the end of the operation. As displaced families returned to their areas of origin or settled into more stable arrangements, needs shifted from ready-to-eat meals toward food packages for household cooking and cash assistance to restore purchasing power.

Households that lost productive assets needed seeds, tools and livestock to restore farming and herding, and female-headed households and youth needed skills training and income-generating opportunities to reduce their dependence on aid.



Health

Demand for health services grew rapidly during the operation, and local facilities struggled to keep up. Hospitals in Jalalabad and surrounding areas were overwhelmed with casualties. Health centres in Kunar reported structural damage, and rugged terrain prevented many injured and sick people from reaching functioning facilities. There were serious shortages of medicines, medical supplies and trained staff, especially female health workers, which limited essential care such as maternal and child health services. Overcrowded clinics compromised patient privacy and the ability to offer safe deliveries and reproductive health care. Women faced heightened vulnerability due to disrupted maternal health services, damaged health infrastructure, the shortage of female health workers and cultural barriers to seeking care from male providers. Many were living in temporary shelters with poor sanitation, which increased the risk of complications during pregnancy and childbirth.

Widespread poverty, displacement, and loss of livelihoods further increased these risks. Maternal health care was therefore prioritized to prevent avoidable maternal and neonatal deaths, support safe deliveries and provide antenatal and postnatal care. An estimated 2,331 women were among the 36,000 targeted people for Health interventions, many of them pregnant or of reproductive age and at heightened risk due to disrupted health services and poor sanitation in temporary shelters.

Five Mobile Health Teams (MHTs) were deployed to hard-to-reach areas, supported by trained female staff and volunteers and coordinated with local health authorities to provide culturally appropriate and accessible care. Despite these efforts, observations from recovery areas showed that communities continued to face limited access to health services.

Many health facilities remained closed because of insufficient funding, leaving vulnerable populations without essential care.

The earthquake also created significant mental health and psychosocial support (MHPSS) needs, especially among families who lost relatives, homes and livelihoods. Children showed signs of distress and anxiety, and adults struggled with grief and uncertainty. Mental health services in the affected provinces were extremely limited, and stigma around seeking psychological help remained a barrier. Needs included the integration of MHPSS into the emergency response, training of local staff and volunteers in PFA, and safe spaces for community support.

Access to emergency transport and referral systems was severely constrained. Damaged roads and infrastructure cut off many remote communities, making it difficult for patients to reach health facilities in time. Pregnant women, injured people and those with chronic conditions were at particular risk, and referral pathways needed strengthening in coordination with local authorities and other humanitarian actors.





Water, Sanitation And Hygiene

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

WASH conditions were critical. The earthquake damaged water infrastructure, 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, and open defecation and insufficient latrines raised the risk of further outbreaks. Families also lacked basic hygiene supplies.

In response to these urgent needs, ARCS, with support from the IFRC implemented targeted WASH interventions in earthquake-affected communities. The response included water trucking to provide safe drinking water to 45,458 people, hygiene promotion and the distribution of hygiene information and materials to 7,000 people, as well as 1,000 family hygiene kits containing essential items, including soap and menstrual hygiene supplies. Interventions prioritized people living in temporary shelters and displacement sites, with particular attention to households with children, pregnant and lactating women, and other vulnerable groups.

The need to shift to more sustainable water supply solutions is becoming urgent ahead of the rainy season. WASH interventions continue under the Emergency Appeal.



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 Danish Red Cross MHPSS team.



Migration And Displacement

As of June 2026, more than 3.8 million Afghans have returned since 2025 (1.6 million from Pakistan and 2.2 million from Iran). Mass and hasty returns increased protection needs and the risk of further instability. Nangarhar remained a primary destination for returnees from Pakistan crossing at Torkham, while Kunar hosted a high concentration of returnees and had also been hit by the August 2025 earthquake. Hostilities between Afghanistan and Pakistan displaced thousands more in Kunar and Nangarhar provinces, and the Torkham crossing closed temporarily before reopening on 26 March 2026.

Returnees, particularly those deported, arrived with few possessions, had left their livelihoods behind and in many cases had experienced traumatic events during return and deportation, which added to mental health and PSS needs. Even before the earthquake, 82 per cent of returnees identified food as their primary need.

The earthquake deepened these vulnerabilities. Thousands of families lived in damaged shelters, tents or makeshift sites with limited access to safe water, sanitation and health services. Overcrowding and inadequate facilities heightened protection risks, particularly for women and children, and the lack of livelihoods increased dependence on aid.



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 people. Coordination



discussions with humanitarian partners following the earthquake in Kunar, Laghman, Nuristan, and Nangarhar further highlighted those 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. The mix of channels was designed to reach literate and illiterate people, people with limited mobility and those with varying access to technology. Help desks allowed community members, including persons with disabilities, to access information and raise concerns directly with ARCS, while trained volunteer teams collected feedback face-to-face in hard-to-reach areas.

Information dissemination reached 70,461 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 kept messaging consistent and reduced the risk of misinformation at distribution sites.

Training on CEA, PGI, safeguarding and feedback collection was delivered to 75 ARCS staff and volunteers, including 25 female volunteers. A total of 4,224 pieces of feedback were logged (see Implementation section for the breakdown). At the end of the operation, needs remained to expand information dissemination, strengthen risk communication on weapon contamination and safety, improve mobility support for persons with disabilities and older people, and make guidance on service access more visible.



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 arrived and stays lengthened, solid waste built up. Much of the waste came from ready-to-eat meals and packaging, and existing waste management systems at these sites could not handle the volume. Accumulating waste in and around the centers created health risks, environmental pressure and conditions for disease outbreaks.

In response, ARCS, with IFRC support, worked to improve waste collection and disposal at transit centers, raised awareness among residents on keeping shared spaces clean, and coordinated with local authorities and partners on waste management arrangements. These efforts were integrated with hygiene promotion activities.

Longer-term needs remained at the end of the operation: waste management infrastructure at transit centers (designated collection points, regular disposal and segregation), continued community-level awareness, training of site management staff and volunteers on environmental health, and stronger coordination with local authorities.

Operational Strategy

Overall objective of the operation

The IFRC-DREF response aimed to support ARCS in addressing the immediate humanitarian needs of 70,000 affected people in Kunar, Laghman, Nuristan, and Nangarhar provinces during the nine month operational timeframe. The DREF activities formed a part of the overall operational strategy of the Afghanistan Earthquake Emergency Appeal.

The primary objective was to ensure immediate life-saving assistance, including emergency shelter, ready-to-eat hot meals and multi-purpose cash assistance. Additionally, access to safe water, sanitation and health services was prioritized, with a particular focus on mental health and psychosocial support (MHPSS) through provision of psychological first aid (PFA) in earthquake affected areas. By the end of the operational timeframe, the response had reached a total of 67,048 people.

Operation strategy rationale

A key component of the response was the mobilization of volunteers to provide direct support services to the affected people by earthquake for early recovery, the strategy focused on shelter assistance, food security, livelihood support, and healthcare, with an emphasis on community health and MHPSS. These interventions aimed 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 targeted 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 were 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 was targeted by 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 targeted 70,000 most affected people from the devastating earthquake. This response 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 was 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.

The total reached is based on the highest sectoral reach figure to avoid duplication in the counting as people may have received different forms of assistance.



Explain the selection criteria for the targeted population

In responding to the recent earthquake in Kunar, Laghman, Nuristan, and Nangarhar provinces, ARCS ensured that was sure support reaches those who need it most on the basis of the selection criteria set.

The communities and humanitarian teams identified and prioritized 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 helped to verify who needs what, making sure the process is fair and transparent and to make sure no one left behind.

Total Assisted Population

Assisted Women	14,080	Rural	-
Assisted Girls (under 18)	18,773	Urban	-
Assisted Men	14,415	People with disabilities (estimated)	7%
Assisted Boys (under 18)	19,780		
Total Assisted Population	67,048		
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
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 helped prevent duplication of efforts, ensured efficient use of resources, and strengthened trust with affected communities. As a result, response activities were 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. Pre-identification of safe shelters and earthquake assembly points. Coordination with ARCS, UN, and INGO security focal points of local SLT framework. Activation of hibernation, relocation, or evacuation plans if security or earthquake aftershocks further degrade access. Mandatory completion of IFRC Minimum Security Requirements and Stay Safe training for all staff.
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.	Before any field deployment, conducted security briefings and route assessments to avoid contaminated zones. Established safe corridors for aid delivery in coordination with demining experts. Equipped field teams with basic risk education of Mine and explosive hazard.
Harsh weather conditions	Timely distribution of planned noon meals and winterization kits.
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.	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.
	Deployed mobile health team and supported existing health facilities. Conducted hygiene promotion campaigns.
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) 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.
Please indicate any security and safety concerns for this operation: Considering the significant earthquake threats in the area, including issues like disrupted road access, landslides, and potential aftershocks, comprehensive measures were taken to ensure the safety and security of all RCRC personnel involved in this operation. These measures included 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. The IFRC CD security team maintained 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.	
Has the child safeguarding risk analysis assessment been completed?	Yes

Implementation

Shelter Housing And Settlements

Budget: CHF 200,000
Targeted Persons: 1,400
Assisted Persons: 1,103
Targeted Male: 1,089
Targeted Female: 14

Indicators

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

Narrative description of achievements

Through this operation, ARCS and IFRC verified the targeted population and generated distribution lists 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, affected communities and the ES-NFI Cluster identified shelter and NFI support as the most urgent priority.

NFI kits, each comprising one family tent, blankets, jerrycan, tarpaulins and kitchen set were distributed to 174 households (1,103 people)



in Chawkey, Kunar, in communities where homes were completely or severely damaged. The family tents were procured under the DREF grant with the rest of the kit supported with the Appeal. Distribution prioritized the most vulnerable: female-headed households, families with persons with disabilities, households that lost family members, and families living in the open with no alternative shelter, as the approaching winter posed a direct survival threat to families without adequate shelter.

The operation reached 174 households, 87 per cent of the target of 200 households. The number of kits was reduced because international procurement costs increased, 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 coordinated 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.

Lessons Learnt

- Pre-positioned stock and the presence of ARCS branches in the affected provinces allowed distributions to begin without waiting for international procurement.
- Verification through community elders and volunteers kept selection transparent and reduced disputes at distribution points.

Challenges

- Access to affected villages in Kunar and Nuristan was constrained by mountainous terrain, damaged road infrastructure and landslides, which slowed the movement of relief items.
- Assessments indicate that around 25 per cent of the earthquake-affected areas in Kunar remained contaminated by unexploded ordnance and remnants of war, restricting the routes available to distribution teams.
- Both ARCS-managed displacement camps in Kunar closed in March 2026 following escalating armed conflict, and displaced families were relocated to their areas of origin, which changed the caseload for the remainder of the operation.
- The remaining 26 of the 200 targeted families were not reached because higher international procurement costs reduced the number of kits that could be purchased within the budget.

Livelihoods And Basic Needs

Budget: CHF 37,500
Targeted Persons: 20,000
Assisted 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	20,000

Narrative description of achievements

ARCS, with IFRC support, distributed hot meals to earthquake-affected people in temporary shelters, transit centres and displacement sites across the targeted provinces. Households had lost food stocks when their homes collapsed, and disrupted livelihoods left families unable to buy food in local markets. Hot meals were selected as the modality for the immediate response phase because many displaced families lacked cooking facilities, fuel and safe storage, and ready-to-eat food was the fastest way to address acute hunger.

In total, 20,000 food parcels were distributed reaching 20,000 people individuals through distribution points at Patan camp in Kunar and additional sites across the affected areas. Sites were selected based on the concentration of displaced people and accessibility, with priority given to locations hosting the highest numbers of families sleeping in the open or in makeshift shelters.

To address displacement that was higher than projected in the rapid needs assessment, and new arrivals at transit centres following



coordination with local authorities and the Food Security Cluster ARCS expanded distribution points and operating hours under the Appeal with bilateral support.

Please note that the number of people reached through hot meals/food parcels has been revised from 84,000 to 20,000 from the 6-month Operations Update following review of the reported activities and people reached.

Lessons Learnt

- Hot meal distributions are an effective immediate response modality when affected families lack cooking facilities, fuel, and access to food supplies.
- Flexible operational planning and kitchen capacity can help accommodate unexpected increases in displacement and beneficiary caseloads.
- Maintaining cost-efficient kitchen operations allows humanitarian resources to reach more people without compromising service standards.

Challenges

- The number of displaced people was higher than initially projected, requiring the rapid expansion of meal production and distribution capacity. Continuous arrivals of new families at transit centres and temporary shelters created challenges in beneficiary planning and targeting.



Multi Purpose Cash

Budget: CHF 312,000

Targeted Persons: 14,000

Assisted Persons: 15,415

Targeted Male: 7,780

Targeted Female: 7,635

Indicators

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

Narrative description of achievements

MPCA was selected as a main response modality because it allows affected households to prioritize their own most pressing needs, such as food, medicine, transport or debt repayment, rather than receiving a fixed basket of commodities. This approach aligned with IFRC cash guidance and with the rapid needs assessment, which identified diverse and overlapping needs that a single in-kind distribution could not meet.

ARCS teams, supported by IFRC, verified 2,000 targeted household through a community-based process involving local leaders and ARCS branch staff, with 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 targeting. Distribution lists were validated with relevant stakeholders and the selected financial service provider (FSP), chosen for its coverage in affected districts, ability to serve remote communities and compliance with IFRC financial due diligence requirements.

In total, 2,000 households (15,415 individuals) received MPCA transfers of CHF 130 (approximately AFN 10,500) per household: 1,500 households in Kunar, 200 in Laghman and 300 in Nangarhar, covering 70 people with disabilities. The transfer value was set in coordination with the Cash and Voucher Working Group (CVWG) to align with the agreed Minimum Expenditure Basket (MEB) for the

affected area. Transfers were made through the FSP and monitored by ARCS and IFRC field staff to verify receipt, identify access barriers and address protection concerns at distribution points.

PDM key findings:
The ARCS PMER department conducted post-distribution monitoring (PDM) of the multi-purpose cash assistance provided to earthquake-affected households in Nangarhar and Kunar provinces. Each household received AFN 10,500. The PDM survey covered 172 respondents (144 male, 28 female). Eighty per cent were aged 18–50, 18 per cent were over 50 and 1 per cent were under 18. Ninety-five per cent were from the host community and 5 per cent were IDPs.

Food was the main use of the assistance: 56 per cent of respondents spent it on food, 34 per cent on house repairs, 6 per cent on medical expenses and 3 per cent on debt repayment. The assistance was therefore used mainly for immediate food needs and essential household repairs. In 52 per cent of households, husband and wife jointly decided how to use the cash assistance; in 38 per cent the husband decided, and in 10 per cent the wife decided. Joint decision-making was the most common practice. Community and village elders were the main source of information about the distribution (84 per cent), followed by mullahs/imams (9 per cent) and ARCS volunteers (4 per cent). One per cent of respondents received information through the ARCS provincial office and 1 per cent through the ARCS central office. Community-based channels, particularly village elders, were the main route for information on the distribution.

Community and village elders were the preferred channel for feedback, complaints or questions (47 per cent), followed by phone calls (16 per cent), ARCS branch offices (14 per cent), ARCS volunteers (12 per cent) and mullahs/imams (9 per cent). One per cent preferred the ARCS central office and 1 per cent a complaint desk. Ninety-two per cent of respondents reported having access to a complaint desk, designated person or place to give feedback, complaints or questions about the distribution, while 8 per cent reported that no such mechanism was available to them. Feedback channels were largely accessible, but not all recipients were aware of them.

All respondents stated that:

- ARCS staff and volunteers treated them respectfully.
- They were satisfied with the distribution process and information provided by the ARCS about the date and time of distribution.
- The distribution was safe and respectful to them.
- They did not pay money or any other benefit to be included in the distribution list.
- All respondents reported that they did not observe any form of abuse or discrimination against beneficiaries during the distribution, including sexual, verbal or physical abuse, insults or discriminatory behaviour by ARCS staff, volunteers, agency staff, community leaders or authorities.

Lessons Learnt

- Cash delivery at scale was feasible in the affected provinces and reached the full target within the operational timeframe.
- Post-distribution monitoring should be scheduled and resourced at design stage, with a named focal point and a date fixed against the distribution calendar, rather than arranged once distributions are complete.
- Where PDM cannot be conducted, an alternative verification method should be agreed with PMER in advance so that some evidence on use and satisfaction is retained.

Challenges

- The PDM covered Kunar and Nangarhar only; the 200 households assisted in Laghman were not included in the sample.
- Women made up 28 of the 172 PDM respondents (16 per cent), which limits the evidence available on women's experience of the assistance.



Budget: CHF 225,000
Targeted Persons: 42,000
Assisted Persons: 33,002
Targeted Male: 14,976
Targeted Female: 18,026

Indicators

Title	Target	Actual
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# of OPD consultations conducted	36,000	33,002
# 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	2,331
# 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

Narrative description of achievements

Five Mobile Health Teams (MHTs) were deployed and remained operational throughout the operational timeframe. The teams conducted 33,002 (18,026 female and 14,976 male) outpatient consultations against a target of 36,000. Antenatal and postnatal care was provided to 2,331 women of reproductive age against a target of 2,880. Mental health and psychosocial support reached 9,052 people against a target of 8,000, and 84 staff and volunteers were trained on MHPSS against a target of 60. Health education sessions reached 16,013 people, and a further 15,400 people were reached with key health messages through trained volunteers.

ARCS deployed five MHTs to hard-to-reach areas of Kunar, Laghman and Nangarhar, where the earthquake severely damaged or destroyed health infrastructure and left communities without access to primary health care. Each MHT included clinical staff and, where possible, female health workers, to address the cultural barriers that prevent women from seeking care from male providers. Deployment locations were selected in coordination with the Ministry of Public Health (MoPH) and the Health Cluster, based on the concentration of displaced families, distance from the nearest functioning health facility and accessibility.

The most common presentations were acute respiratory infections, diarrhoeal diseases, skin infections and trauma-related injuries.

MHPSS was integrated into several service delivery points, including MHT consultations, household visits and group sessions at displacement sites, which allowed trained staff and volunteers to reach people alongside other activities. Supported people included children showing distress, bereaved families, people searching for missing relatives, and RCRC staff and volunteers working under intense pressure in remote and high-risk areas.

Health education activities reached 16,013 beneficiaries with information on key health issues. At community level, trained Community-Based Health and First Aid (CBHFA) volunteers conducted door-to-door household visits, reaching 15,400 people with health and hygiene information strengthening community awareness, and promoting healthier practices throughout the response period. This approach was used because many affected people lived in remote, mountainous areas that MHTs could visit only occasionally, and local volunteers provided a consistent health presence between MHT rotations. Volunteers were equipped with first aid kits to manage minor injuries and stabilize patients before referral 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.



No volunteers were trained on CBHFA, ECV or Hygiene Promotion under this operation. All deployed volunteers had been trained under other operations or ARCS preparedness programmes and were drawn from the ARCS database of trained volunteers ready for deployment.

Lessons Learnt

- Demand for mental health and psychosocial support exceeded the planned caseload, and both the reach and the training targets were surpassed. MHPSS needs appear to have been underestimated at design, and MHPSS targets in comparable earthquake responses should be set higher. In addition, pre-existing psychosocial vulnerabilities from e.g. repeated displacement and armed conflict should be considered when estimating the MHPSS needs.
- Vaccination activities should be confirmed with the Ministry of Public Health and against the vaccine supply chain before targets are set, so that indicators are not carried through an operation with no realistic route to delivery.
- Mobile health teams were an effective delivery model for dispersed settlements in mountainous districts and sustained services across the full operational period.

Challenges

- Three planned activities recorded no achievement: tetanus toxoid vaccination for women of reproductive age, routine vaccination for children under five, and CBHFA, ECV and hygiene promotion training for 400 volunteers. The training was not carried out because all deployed volunteers had already been trained under other operations or ARCS preparedness programmes and were drawn from the ARCS database of trained volunteers ready for deployment. The MHTs did not receive vaccines or cold-chain supplies from PEMT because the nurses were temporarily deployed for a six-month period under the earthquake operation and were not yet authorized to administer vaccines. They are required to complete the necessary vaccination training and obtain authorization before providing vaccination services, as vaccination is a sensitive activity that requires trained and authorized personnel.
- In addition, ARCS MHT nurses were fully engaged in providing nursing and emergency care services due to the high number of earthquake-related injuries.
- Medical kits could not be procured through domestic channels. The Country Delegation logistics team and APRO pursued alternative sourcing, including procurement abroad and approaches to international organisations already operating in Afghanistan.
- Restrictions on women's participation in the workforce limited the availability of female health workers, which constrained access to women and girls and is a likely factor in the shortfall against the antenatal and postnatal care target.
- Outpatient consultation figures were affected by terrain, road damage and insecurity in parts of Kunar and Nuristan, and by the closure of the two ARCS-managed camps in Kunar in March 2026.



Water, Sanitation And Hygiene

Budget: CHF 43,000
Targeted Persons: 50,000
Assisted Persons: 45,458
Targeted Male: 23,184
Targeted Female: 22,274

Indicators

Title	Target	Actual
# of people provided with clean drinking water (at least 15 liters per person per day)	45,800	45,458
# of people reached with hygiene promotion activities & hygiene kits distribution in the response period	2,100	7,000
# of Family hygiene kits distributed	2,100	1,000

Narrative description of achievements

Clean drinking water at a minimum of 15 litres per person per day was provided to 45,458 people against a target of 45,800. Hygiene promotion activities reached 7,000 people, above the target of 2,100. Family hygiene kits were distributed to 1,000 households against a target of 2,100. Activities responded to damaged water sources and sanitation infrastructure, and to conditions in tents, school buildings and other makeshift shelters where overcrowding raised the risk of communicable disease.

ARCS, with IFRC support, implemented water, sanitation and hygiene (WASH) interventions to address the critical needs of earthquake-affected populations. WASH was prioritized 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 immediate risks, with open defecation and insufficient latrines increasing the threat of outbreaks, particularly of diarrhea and acute respiratory infections, which were already presenting at MHT sites. Supported by IFRC, ARCS successfully installed 200 portable latrines at Kunar Camp, enhancing sanitation and hygiene conditions within the camp under the Emergency Appeal.

Clean drinking water was provided to 45,458 people against a target of 45,800 through water trucking to two displacement sites and affected communities. Water trucking was used because it was the fastest way to provide safe water while more durable solutions were established. The Sphere minimum standard of 15 litres per person per day was maintained throughout.

Hygiene promotion activities were carried out at community level by trained ARCS volunteers, reaching 7,000 people 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 and before preparing food), safe water storage and treatment, and proper waste disposal, the behaviours most critical to preventing the waterborne and faecal-oral disease outbreaks that typically follow displacement where sanitation is inadequate. IEC materials were produced in Pashto and Dari in pictorial formats for people with low literacy.

Soap was distributed alongside the messaging to remove the cost barrier to handwashing. Of the 2,100 planned family hygiene kits, 1,000 were distributed; the remaining needs were addressed through other interventions under the Emergency Appeal. Each kit was designed to meet a family's basic hygiene needs for an initial period and included items such as soap, sanitary pads, toothbrushes and towels.

Distribution prioritized families in temporary shelters and displacement sites, particularly female-headed households, households with pregnant or lactating women and families with young children. Menstrual hygiene management (MHM) items were included in the hygiene kits to meet the needs of women and adolescent girls identified during community consultations.

Please note that the indicator # of people reached with hygiene promotion activities & hygiene kits distribution in the response period is only covering hygiene promotion.

Lessons Learnt

- The indicator combining hygiene promotion reach with hygiene kit distribution gives an inconsistent reading, since promotion exceeded target while kit distribution reached less than half. Separate indicators for each would give a clearer account of performance and avoid overstating coverage.
- Water trucking requires an exit strategy tied to rehabilitation of damaged water sources. Without one, the caseload remains dependent on the operation beyond its timeframe.

Challenges

- Importing humanitarian goods into Afghanistan caused delays, including extended customs clearance and limited transport capacity to the eastern provinces, and the remaining hygiene kit needs were covered through the Emergency Appeal.
- Access constraints in mountainous districts, damaged road infrastructure and contamination by unexploded ordnance in parts of Kunar limited the reach of WASH teams.
- The closure of both ARCS-managed camps in Kunar in March 2026 changed the caseload for the remainder of the operation.



Protection, Gender And Inclusion

Budget: CHF 0
Targeted Persons: 10,000
Assisted Persons: 1,042
Targeted Male: 44
Targeted Female: 1,017



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

Narrative description of achievements

A total of 42 ARCS staff and volunteers (17 female, 25 male) were trained on protection, gender and inclusion (PGI) sensitization and minimum standards. The training covered three modules: PGI-sensitive assessment techniques, to identify the differentiated needs and risks of diverse population groups during data collection; PGI mainstreaming across shelter, health, WASH and cash interventions, so that the needs, risks and capacities of women, men, girls, boys, older persons and persons with disabilities are considered; and sex- and age disaggregated data (SADD) collection.

The training was prioritized early in the operation because the needs assessment identified significant gaps in the inclusion of women, children, minorities, persons with disabilities and older persons in information-sharing, feedback collection and service access. ARCS sought diversity among deployed staff and volunteers, recruiting female personnel through community leaders and humanitarian diplomacy with local authorities. This was important because restrictions on women's participation in public life 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.

MHM kits were distributed to 1000 women in the affected areas. Women and girls displaced by the earthquake had lost personal items essential to their health and dignity, and many were living in overcrowded temporary shelters with limited privacy and hygiene facilities. MHM Kits included sanitary materials, soap, underwear, flashlight, sandals, Hijab and other personal hygiene items. Distribution was held in 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. It identified specific risks faced by children in the operational context, including separation from caregivers, exploitation and exposure to hazards in damaged structures, and mitigation measures were applied across programme activities.

The assessment produced the following action points:

1. Conduct refresher training on child safeguarding risk analysis for key ARCS and IFRC staff.
2. Ensure all staff and volunteers are oriented on the ARCS Code of Conduct and sign it after reading it together and make this an annual practice at the start of each year.
3. Ensure respectful and appropriate interaction with children, with staff of both genders present. Staff and volunteers should never be alone with a child or engage with a child without proper consent, to safeguard both children and adults.

The PGI minimum standard checklist was developed and applied across WASH, livelihoods, health and MPCA interventions. For example, WASH facilities were assessed for accessibility and safety for women, health consultations tracked SADD, and cash distributions included safeguards against exploitation. Outreach targeted female-headed households, which often lack male family members to collect assistance at distribution points, have limited mobility and face barriers to information about available services.

Lessons Learnt

- PGI orientation delivered as a standalone activity competes with operational demands during the acute phase. Building it into branch volunteer induction and into sector briefings before deployment is more likely to achieve coverage.
- Recruitment of female volunteers through ARCS branches remains the most reliable route to reaching women and girls and should be treated as a standing preparedness activity rather than an emergency measure.

Challenges

- Orientation on PGI sensitisation and minimum standards reached 42 staff and volunteers against a target of 100.
- Restrictions on women's participation reduced the pool of female staff and volunteers available both for orientation and for direct



engagement with female survivors, and cultural barriers continued to limit contact between male responders and women and children.



Community Engagement And Accountability

Budget: CHF 8,000

Targeted Persons: 70,000

Assisted Persons: 70,461

Targeted Male: 35,935

Targeted Female: 34,526

Indicators

Title	Target	Actual
# of feedback channels established	4	4
# of people reached through dissemination of key information and messages	70,000	70,461

Narrative description of achievements

Four feedback channels were established, meeting the target. Feedback data indicate that face-to-face engagement through ARCS volunteers and help desk at the camp were the most frequently used channels, reflecting communities' preference for direct interaction and immediate clarification of concerns

A total of 4,224 items of community feedback were collected through deployed volunteers, camp-based help desks, and face-to-face interviews conducted during field operations. Suggestions and requests accounted for 4,091 items (96.85 per cent), compliments and appreciation for 110 (2.6 per cent), and complaints for 23 (0.54 per cent). Feedback pointed mainly to continued needs for additional cash assistance towards permanent shelter, further winterization items, household supplies, livelihoods support and access to health services. Appreciation for the assistance delivered by ARCS was expressed widely, alongside unmet needs and concerns over access to health services and the fairness of distribution.

Feedback data were disaggregated by sex, with women accounting for 51.9% and men 48.1%, as well as by key vulnerability characteristics to assess equitable access to accountability mechanisms. The analysis shows participation from diverse groups, including older people (26.6%), young-headed households (18.7%), male-headed households (17.2%), pregnant/breastfeeding mothers (11.0%), women-headed households (10.1%), and persons with disabilities (3.9%). This indicates that the feedback mechanisms were accessed and used by a diverse range of community members, including key vulnerable groups.

Of the 23 complaints registered, 9 related to beneficiary selection and targeting, particularly concerns that community leaders or camp representatives were prioritising relatives or non-eligible people for assistance. 7 complaints concerned shelter and housing needs, including requests for tents and support for damaged homes and families facing displacement from camps. 5 complaints related to health services, including poor treatment by health staff, lack of medicines or services, and difficulties accessing appropriate care. 2 complaint requested cash assistance. The complaints highlight concerns around fair and transparent targeting, access to health services, and unmet shelter needs.

Community members in the returnee camp raised concerns that the toilet facilities provided were not culturally appropriate and did not adequately meet their needs. The concern was communicated to the relevant ARCS response and technical teams, who reviewed the design and arrangement. As a result, the toilet model was changed to a more culturally appropriate design, demonstrating that community feedback was considered and translated into a practical improvement in the response.

Two feedback cases raised concerns regarding the fairness of assistance distribution. As concerns related to beneficiary selection can be sensitive in the local context, the feedback was treated as sensitive and referred promptly to the ARCS Camp Manager for follow-up. Subsequent follow-up indicated that the concerns were primarily linked to limited awareness and understanding of the beneficiary selection criteria among community members. To address the information gap and promote transparency, ARCS assigned volunteers to provide communities with clear information on the selection criteria and related processes.



To strengthen the quality and safe management of the feedback, 75 ARCS staff and volunteers (25 female and 50 male) received a three-day training on CEA, PGI and Safeguarding, with a specific focus on feedback mechanisms, confidentiality, and two-way communication with communities.

Lessons Learnt

- Establishing feedback channels does not by itself produce accountability. Without capacity to publicise them, log what comes in and report back to communities, the channels remain open but underused.
- Delivering CEA messaging through sector distributions is likely to reach more people at lower cost than running a separate workstream.
- Feedback volume and response time should be built into the monitoring framework from the start of an operation, so that shortfalls are visible early enough to correct.

Challenges

- Gaps persisted in timely information sharing, in structured collection of feedback, and in the inclusion of women, older people, people with disabilities and unaccompanied minors in engagement processes.
- Many affected families remained unaware of what services were available, where to access them, and how to raise a complaint.



Secretariat Services

Budget: CHF 53,467

Targeted Persons: 0

Assisted Persons: 82

Targeted Male: -

Targeted Female: -

Indicators

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

Narrative description of achievements

The IFRC Country Delegation provided technical and management support to the operation throughout the operational timeframe. This support included oversight of procurement, particularly the sourcing of medical kits of over 90 items through multiple channels including international sourcing; financial management and compliance monitoring; and resource mobilization. Further support was provided in scenario planning, coordination and engagement with inter-agency mechanisms.

Five situation reports and a 6-month DREF Operation Update were published on the GO platform. ARCS and IFRC supply chain teams supported the movement of pre-positioned stock and relief supplies to affected areas, and an IFRC rapid assessment team was deployed to evaluate immediate needs. Financial reporting compliance was maintained at 100 per cent against IFRC procedures, with monthly progress reports compiled by ARCS and reviewed by IFRC before submission.

Membership services covered security management (continuous monitoring, staff movement tracking, security assessments and pre-deployment briefings, given the elevated security environment in the affected provinces), external communications for visibility and fundraising, and coordination with 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 four monitoring visits covered distribution sites and programme areas. Each visit assessed 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.

The collective efforts of the IFRC network in communications and advocacy throughout the Afghanistan Southeastern Earthquake DREF operation, contributed to increased visibility, stakeholder engagement, resource mobilization, and public awareness of the humanitarian response. The outputs included 20 posts on X and 7 on LinkedIn as well as a press release and a story published on the situation in Kunar province six months after the earthquake.

Lessons Learnt

- Combining sectors within single monitoring visits made better use of the limited access windows available.
- The Emergency Advance Payment released under the IRP allowed ARCS to begin the response before DREF funds were transferred and proved effective for the opening days of a sudden-onset operation.
- Alternative sourcing routes for medical and specialised items should be mapped before an emergency, given the recurring difficulty of procuring them inside Afghanistan.

Challenges

- Medical kits could not be procured through domestic channels and required alternative sourcing through APRO and international suppliers, which added time to the supply chain.
- Access to parts of Kunar and Nuristan was constrained by terrain, landslides, armed conflict and contamination by unexploded ordnance, limiting the frequency of field-level monitoring.
- The lessons learned workshop identified delays in the transfer of funds for certain interventions, including WASH activities.



National Society Strengthening

Budget: CHF 60,000

Targeted Persons: 100

Assisted Persons: 100

Targeted Male: -

Targeted Female: -

Indicators

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

Narrative description of achievements

A total of 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.



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 structure for volunteer coordination and allowed surge capacity to be directed where it was most needed. The trained volunteers remain available to ARCS for future preparedness and response in these earthquake-prone provinces.

The lessons-learned workshop was held in the last month of the operation with ARCS leadership, 30 participants participated in the lesson learned workshop including ARCS branch staff, volunteers and IFRC technical delegates to review operational performance, document challenges and successes, and agree recommendations for future DREF and Emergency Appeal operations in similar contexts. The workshop report was shared, and its key challenges, recommendations and learnings are findings are summarized below.

Lessons Learnt

- The operation confirmed the importance of maintaining a trained and readily deployable volunteer network for emergency response, assessments, distributions, first aid and psychosocial support. First aid kits and essential equipment for volunteers should be pre-positioned, and preparedness measures and contingency planning strengthened, to improve the National Society's response to future disasters in the Southeast Region.
- Preparedness through trained volunteers, pre-positioned equipment, and contingency planning improves emergency response effectiveness. Pre-position first aid kits and volunteer equipment and strengthen preparedness and contingency planning.
- Adequate time for assessments and distributions improves data quality, targeting accuracy, and accountability. Plan realistic timelines based on operational context, access, and travel requirements.
- Trained response teams and female volunteers improve response quality and access to vulnerable groups. Recruit and train additional BDRT, CDRT, and DRU members, with increased female participation.
- Pre-positioned stocks and standard warehouses significantly improve response timeliness. Establish and equip branch warehouses and maintain contingency stocks.
- Regular technical training improves service quality and operational performance. Provide specialized training on camp management and emergency shelter installation.
- A functional Feedback and Response Mechanism (FRM) strengthens accountability, transparency, and programme quality. Regularly analyze FRM data and use findings to inform operational decisions and reporting.

Challenges

- Volunteers had limited equipment and first aid kits, which affected their ability to provide immediate support during emergency operations. The priority given to life-saving response activities also limited progress on some planned institutional strengthening initiatives.
- Assessment, beneficiary registration, and distribution timelines were too short, affecting data quality, beneficiary verification, and targeting accuracy.
- Limited numbers of trained BDRT, CDRT, and DRU members reduced surge response capacity, while low female participation constrained access to women and vulnerable groups.
- Lack of standard branch warehouses and limited emergency stock capacity affected preparedness and delayed the delivery of relief items.
- Limited technical capacity of staff and volunteers in camp management and emergency shelter installation affected the quality and consistency of service delivery.
- Community feedback was not systematically analyzed or incorporated into operational decision-making, limiting accountability and programme improvement.



Financial Report



DREF Operation Final Report (CHF)

Date from: 1 Sep 2025 to 31 Aug 2026

MDRAF019 - Afghanistan - Earthquake

Operating timeframe: Start date: 03-Sep-2025 End date: 31-Dec-2027

Appeal launch date: 03-Sep-2025

I. Summary

	Actual (CHF)
Opening Balance	0
Funds & Other Income	100,000
DREF Response Pillar	1,000,000
DREF Anticipatory Pillar	
Expenditure	-999,232
Closing Balance	768

II. Expenditure by planned operations / enabling approaches

Description	Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items	210,837	289,034	-78,197
PO02 - Livelihoods	8,699	29,938	-21,239
PO03 - Multi-purpose Cash	253,697	289,780	-36,082
PO04 - Health	260,000	204,383	55,617
PO05 - Water, Sanitation & Hygiene	39,630	36,220	3,410
PO06 - Protection, Gender and Inclusion			
PO07 - Education			
PO08 - Migration		282	-282
PO09 - Risk Reduction, Climate Adaptation and Recovery	161,103	530	160,573
PO10 - Community Engagement and Accountability	6,850	5,752	1,098
PO11 - Environmental Sustainability			0
Planned Operations Total	940,816	855,918	84,898
EA01 - Coordination and Partnerships	6,000	4,800	1,200
EA02 - Secretariat Services	46,284	77,997	-31,713
EA03 - National Society Strengthening	6,900	60,517	-53,617
Enabling Approaches Total	59,184	143,314	-84,130
Total	1,000,000	999,232	768

III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
Stock variation accounts		0	0
		0	0
Administration items	6,900		6,900
Housing items	206,216	200,000	6,216
Kits, Modules and Sets items	149,040	60,818	88,222
Services items	280,457	3,087	277,369

Prepared on
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Page 1 of 2

[Click here for the complete financial report](#)

Please explain variances (if any)

The budget figures are not correctly reflected in the final financial report with significant variances for Livelihoods, MPCA, Health, and National Society Strengthening with some of the budget for these lines coded under Risk Reduction, Climate Adaptation and Recovery. In addition, the approved budget has used incorrect exchange rate missing one zero causing some variance in cost.

Against the approved budget following significant variances are recorded:



Shelter - Overspent of approximately CHF 75,000 due to high transportation cost and increased NFI prices

Livelihoods - Underspent of approximately CHF 10,000 due to lower than budgeted cost of an individual food parcel as a result of expanded hot meal distribution under the Appeal

MPCA - Underspent of approximately CHF 43,000 due to the incorrect transfer value included (AFN 1,349 vs AFN 10,500)

Health - Underspent of approximately CHF 35,000 largely due to procurement of medical kits costing CHF 40,000 less than budgeted.

WASH - Underspent of approximately CHF 9,000 due to lower cost than budgeted for the distribution of clean drinking water

Coordination and Partnership - Underspent of approximately CHF 6,000 with lower than budgeted meeting costs

Secretariat Services - Overspent of approximately CHF 35,000 due to increased staff and transportation costs as well as some cost recorded under incorrect AP code.



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[Click here for reference](#)

