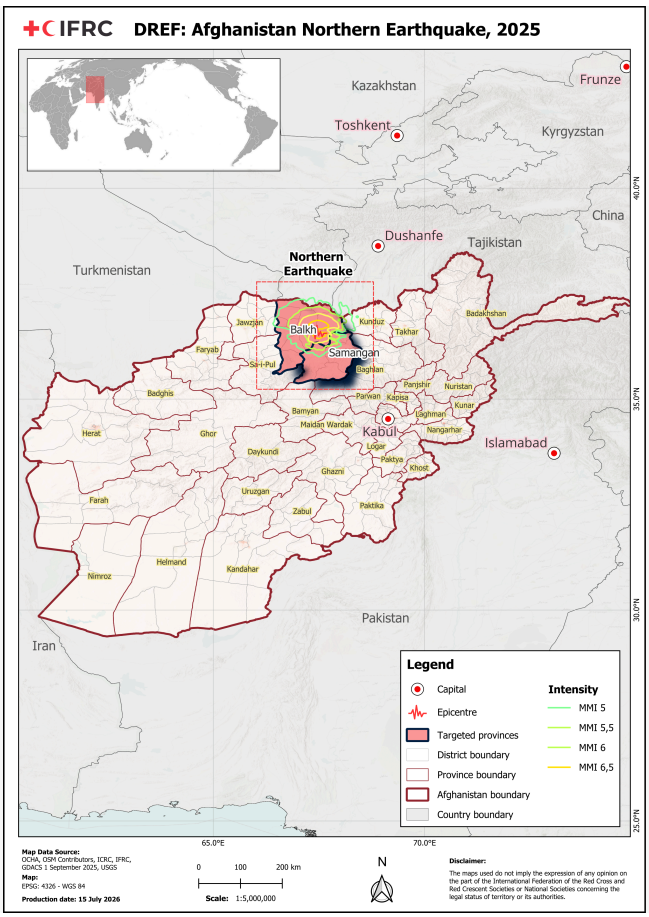
DREF Operational Update

Afghanistan| Northern - Earthquake

People receiving NFI after earthquake in Samangan province. (Photo: ARCS)

Appeal: **MDRAF019**	Total DREF Allocation: **CHF 1,000,000**	Crisis Category: Orange	Hazard: **Earthquake**
Glide Number: **EQ-2025-000202-AFG**	People Affected: **110,000 people**	People Targeted: **20,000 people**	
Event Onset: **Sudden**	Operation Start Date: **13-11-2025**	New Operational End Date: **31-08-2026**	Total Operating Timeframe: **9 months**
Reporting Timeframe Start Date: **13-11-2025**		Reporting Timeframe End Date: **31-05-2026**	
Additional Allocation Requested: **-**		Targeted Regions: **Balkh, Samangan**	

Description of the Event



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

Date of event

03-11-2025

What happened, where and when?

On 3 November 2025, a magnitude 6.3 earthquake struck northern Afghanistan near the Balkh–Samangan border at a depth of 28 km. The tremor was felt widely across northern and central Afghanistan and as far as Uzbekistan and Kazakhstan. The earthquake caused 26 deaths and 1,172 injuries in communities that were already highly vulnerable. Verified assessments recorded 3,027 families with damaged homes across the affected districts, of which 874 homes were destroyed and 2,153 damaged. Broader United Nations assessments estimate that nearly 4,000 families were affected overall, alongside 91 schools and 18 water sources rendered unusable (OCHA, Humanitarian Update, January 2026). The earthquake also disrupted essential services, including health facilities, and temporarily blocked the Balkh–Kabul highway, exposing the fragility of access routes and the risk of secondary hazards such as landslides and rockfall.

The earthquake triggered a mountain collapse in the Tangi Ashburnham Valley, which temporarily obstructed the Balkh–Kabul highway with falling rocks. Clearance operations have since been completed, and the route has reopened to traffic.

Prior to the earthquake, the affected provinces already hosted significant numbers of vulnerable people, including an estimated 9,129 internally displaced persons (IDPs), 12,032 IDP returnees, and more than 16,404 people returning from abroad. In total, approximately 220,311 people; 52 per cent male and 48 per cent female were living in highly vulnerable conditions. The International Organization for Migration (IOM) estimates that around 1.53 million people experienced strong ground shaking in areas surrounding the epicenter.

The event caused widespread fear among affected communities and damaged residential buildings and community infrastructure across multiple districts. In response, Provincial Disaster Management Committees (PDMCs) in Balkh and Samangan convened emergency

coordination meetings on 3 November and mobilized joint inter-agency assessment teams to determine the scale of the impact and identify urgent humanitarian needs. Winter conditions have since compounded the crisis: between 21 and 23 January 2026, heavy snowfall, storms, and avalanches affected 15 provinces—including Balkh and Samangan—further isolating communities and constraining access to essential supplies and services (OCHA, Humanitarian Update, January 2026).

In response to the earthquake, the IFRC immediately released CHF 100,000 Emergency Advance Payment under DREF procedures to enable ARCS's initial response. The subsequent DREF grant allocation brought the total DREF allocation to CHF 1,000,000. The earthquake response falls within the scope of the Afghanistan Earthquake Emergency Appeal (MDRAF019), launched on 3 September 2025 at CHF 25 million and revised upward to CHF 30 million following the northern earthquake, which supports ARCS's wider relief and early recovery efforts. This Operational Update reports on the first six months of the DREF grant implementation; further details on the DREF and Emergency Appeal is provided under the IFRC Network Actions section below.

The house affected by the earthquake in Balkh Province. (Photo: ARCS)

Scope and Scale

The earthquake compounded an already severe humanitarian situation, in which more than 220,000 people—including internally displaced people, returnees, and other highly vulnerable groups—were living in precarious conditions before the shock. Thousands of households have been left without sufficient food, shelter, or financial resources, a situation worsened by the loss of crops, livestock, and infrastructure. Disrupted agricultural cycles have increased farmers' debt and reduced incomes, creating urgent demand for livelihood support through both in-kind assistance and cash and voucher assistance (CVA). Most markets remain functional despite temporary disruptions in some remote areas, making them suitable for cash-based programming.

Immediate priority needs include winterized shelter, safe drinking water, heating, and basic cooking supplies. Shelter needs are especially severe: many families are living in inadequate temporary structures and face heightened risk as winter deepens. Immediate winterization, home repairs, and durable, safe shelter solutions are essential, and host families supporting displaced households also require assistance.

Health services, already limited before the disaster, require reinforcement, particularly through mobile health teams. Water and sanitation systems have been damaged, necessitating emergency water supply and sanitation solutions, followed by rehabilitation, to reduce public health risks. The risk of disease—including acute watery diarrhea (AWD), scabies, malaria, dengue, and respiratory

infections—is elevated in overcrowded, camp-like settings, underscoring the need for health and hygiene promotion. Early health support is already reaching affected communities: Inter-Agency Reproductive Health (IARH) kits have been delivered to Samangan Provincial Hospital and Khulm District Hospital, supporting up to 816 women of reproductive age, while mobile health teams deliver care directly to the hardest-hit communities (OCHA, Humanitarian Update, January 2026).

The earthquake has had a profound physical and emotional impact on communities, creating an urgent need for emergency health services, including deployed health teams, referrals for serious cases, and essential supplies such as medicines and equipment. Many people are experiencing significant psychological distress following the loss of family members, homes and livelihoods, which has exacerbated pre-existing needs. Communities report grief, anxiety and fear, while healthcare staff report a critical shortage of medicines and trained professionals. In line with WHO guidance, it is essential to scale up outreach, counselling and community-based mental health and psychosocial support (MHPSS), with women, children and older adults identified as priority groups.

Protection concerns are rising, particularly for women and girls with reduced mobility and limited access to information, and protection status is applied as one of the vulnerability criteria for the selection of people to be assisted. Female-headed households, persons with disabilities, the injured, and families hosting displaced people are among the groups requiring the most sustained support.

Six months into the operation, the immediate life-saving phase has largely been delivered: emergency shelter and non-food items, winterization support, multipurpose cash, emergency water supply, and first-aid and health and hygiene promotion have reached affected communities across Balkh and Samangan, and the 2025/2026 winter emergency has passed. Needs have since shifted from immediate relief toward recovery. The principal outstanding needs are durable, disaster-resilient shelter for families whose homes were destroyed or remain unsafe; livelihood restoration for households that lost productive assets and income; continued psychosocial support; and residual hygiene and menstrual hygiene management supplies. These are set out in full under the Needs (Gaps) Identified section below; those beyond the scope of this DREF are being addressed through the Afghanistan Earthquake Emergency Appeal.

Source Information

Source Name	Source Link
1. Relief Web	https://reliefweb.int/country/afg
2. WHO- EARTHQUAKE IN AFGHANISTAN SITUATION SITUATION REPORT	https://www.emro.who.int/images/stories/afghanistan/Afg_earthquake-northern-sitatuion-report04_november_2025.pdf
3. ACAPS ANALYSIS HUB	https://www.acaps.org/fileadmin/Data_Product/Main_media/20251112_ACAPS_Afghanistan_-_Pre-earthquake_needs_and_implications_for_the_earthquake_response_in_Balkh_and_Samangan_provinces.pdf
4. Afghanistan: Humanitarian Update, January 2026	https://reliefweb.int/report/afghanistan/afghanistan-humanitarian-update-january-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

IFRC Network Actions Related To The Current Event

Secretariat	The IFRC immediately released CHF 100,000 from the DREF to support the Afghan Red Crescent Society's rapid response. An IFRC rapid assessment team was deployed to assist ARCS in evaluating urgent needs, while non-food items for 500 households were dispatched, and 2,000 households will receive multipurpose assistance. The ARCS and IFRC supply chain teams are ensuring the timely delivery of pre-positioned stocks and relief supplies, including trauma kits, tents, jerry cans, kitchen sets, blankets, and tarpaulins, to the affected provinces. Additional support is being provided in scenario planning, resource mobilization, coordination, and inter-agency engagement, and a situation report has been published on the GO platform. To support the southeastern earthquake response, an emergency appeal for CHF 25 million was launched on 3 September 2025 and later revised to CHF 30 million following the northern earthquake in Afghanistan. The appeal aims to support ARCS' immediate relief operations and early recovery plans. As of the latest reporting period, CHF 7,129,547 has been mobilized, representing approximately 31 per cent of the total funding requirement.
Participating National Societies	ARCS convened the first Emergency Operations Center (EOC) meeting on 3 November 2025, bringing together all movement partners present in-country to ensure effective coordination, technical alignment, and collective support to ARCS' response reports. The IFRC, ICRC, Danish Red Cross, Norwegian Red Cross, Qatar Red Crescent, and Turkish Red Crescent continued to support ARCS, as per their area of expertise and available capacity, with technical, financial, and in-kind support.

ICRC Actions Related To The Current Event

The ICRC participated in the ARCS Task Force meeting on 3 November 2025 and committed an immediate financial contribution for ARCS as an operation cost to the ARCS staff and volunteers. On the same day of the earthquake, the ICRC provided direct health support to Mazar Regional Hospital (56 boxes of WW25), Samangan Provincial Hospital (3 IVPs, 3 DPs, and 2 Ops), and Kunduz Regional Hospital (1 DP, 1 OP, and 1 IVP). Additionally, the ICRC supported ARCS in implementing the Safer Access Framework to ensure safe and effective operations in the affected areas. The ARCS RFL and MoTD teams have also received technical support during the assessment phase.

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 auxiliary to the authorities.
UN or other actors	Following the 3 November 2025 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 counseling, 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 reporting period, 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 left thousands of people in Balkh and Samangan provinces in urgent need of humanitarian assistance. In total, 3,027 families were affected, an estimated 21,000 people, including women, young children, older persons, and people with disabilities, with 874 homes destroyed and 2,153 damaged. Essential services were also disrupted, with health facilities damaged and water sources rendered unusable, adding to the strain on affected communities. After 6 months of the permanent and safe shelter, essential household items remain the main gap in shelter, as many families lost their belongings and are still living in damaged or temporary shelters.

Livelihoods And Basic Needs

The earthquake significantly affected food security and livelihoods in Balkh and Samangan provinces, where households depend largely on agriculture, livestock, kitchen gardening, and small businesses. The resulting damage disrupted these activities and reduced families' ability to access food and meet basic needs. Affected households faced immediate food assistance needs, especially those who lost productive assets or income. Children, pregnant and lactating women, older persons, and other vulnerable groups are at heightened risk of food insecurity and malnutrition due to reduced access to sufficient and nutritious food.

Existing economic vulnerabilities and limited coping capacities compound the situation. Additionally, in late May 2026, flash floods struck both provinces, further undermining agricultural capacity.

Multi purpose cash grants

The earthquake significantly disrupted the ability of affected households in Balkh and Samangan provinces to meet their basic needs. Many families lost their homes, assets, productive resources, and income, increasing their reliance on external assistance. Combined with shelter damage, livelihood disruptions, and rising winter expenditure, this left affected populations facing urgent financial constraints as they struggled to prioritize competing needs across food, shelter, healthcare, transportation, and winter necessities.

Female-headed households, families with older persons or people with disabilities, pregnant and lactating women, and those with limited livelihood opportunities are particularly vulnerable, having fewer resources to recover independently. Communities in remote and mountainous areas face added challenges from damaged roads and restricted market access, and coping mechanisms such as support from relatives or host communities are increasingly strained as winter progresses.

To address these needs, ARCS provided multi-purpose cash assistance (MPCA) to 2,000 affected households, enabling families to meet their most urgent priorities in a flexible and dignified manner. While this cushioned the immediate impact, the disruption of agriculture, livestock production, and small businesses have continued to erode household purchasing power. Current capacities remain insufficient to meet the evolving needs, and continued support is required to prevent further deterioration and reduce reliance on negative coping strategies.

Health

The earthquake has placed additional strain on an already fragile health system in Balkh and Samangan provinces, resulting in increased humanitarian health needs among affected communities. Health facilities in the affected areas are managing a high number of earthquake-related injuries while continuing to provide routine health services with limited resources. Existing shortages of qualified healthcare personnel, essential medicines, medical supplies, and equipment have reduced the capacity of health facilities to respond effectively to the increased demand for care.

In the northern provinces, IFRC's initial assessment identified access to health care as a critical gap, with the nearest functioning facilities located two to three hours away, a distance compounded by earthquake damage to roads and infrastructure. ARCS deployed mobile health teams within the first hours following the earthquake, providing emergency primary health care and trauma management. The

rapid deployment demonstrated ARCS's frontline capacity, but the underlying access constraint persists and will require investment in restoring or extending fixed health infrastructure closer to affected communities.

Water, Sanitation And Hygiene

The earthquake severely damaged WASH infrastructure across affected communities in Balkh and Samangan provinces, and needs remain significant despite initial response efforts. Many water sources were destroyed, and while emergency water interventions have reached a large share of affected people, restoring damaged systems to a sustainable standard is still required to prevent continued reliance on unsafe water. Collapsed household latrines continue to drive open defecation in several communities, sustaining the risk of disease outbreaks, and sanitation coverage remains well below need.

Hygiene needs are only partially met. With homes damaged, families lost essential hygiene items, and menstruating women and girls remain without adequate sanitary products and soap. Hygiene kit and menstrual hygiene management (MHM) distributions have so far covered roughly half and a third of targets respectively, leaving a substantial gap. Continued distribution of hygiene and MHM kits, alongside sustained hygiene promotion, is needed to protect the health and dignity of affected populations, particularly women and girls.

Protection, Gender And Inclusion

Aligned with the IFRC Minimum Standards on Protection, Gender and Inclusion (PGI) in Emergencies and the Movement's commitments to Community Engagement and Accountability (CEA), the revised operation aims protection and inclusion services across earthquake-affected areas. These efforts aim to mitigate risks such as gender-based violence, family separation, human trafficking, child labour, abuse, and barriers to essential services, ensuring dignity, safety, and equitable access, particularly for the most vulnerable.

Female ARCS volunteers have been deployed to support assessments, deliver essential health services, and respond to the urgent needs of their communities. Their engagement ensures that the voices and priorities of women, children, and other vulnerable groups meaningfully inform the operational strategy. They also play a key role in facilitating access to care, support, and information, helping to uphold protection and inclusion throughout the response and recovery phases. Identified protection concerns need to be referred to case management by actors through a safe referral pathway, supported by strengthened monitoring and reporting mechanisms.

Community Engagement And Accountability

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

To address these gaps, ARCS is strengthening its community engagement and accountability mechanisms across all active operations. This includes the establishment and monitoring of structured feedback channels, targeted field visits to validate the effectiveness of information-sharing and feedback-collection mechanisms, and capacity building for staff and volunteers on CEA, PGI, safeguarding, and inclusive practices. Efforts are also underway to improve the accessibility of service points through clearer signage, mobility support, and the development of information materials in local languages and visual formats suitable for populations with low literacy. Community feedback received through these channels is being systematically logged and integrated into operational decision-making to ensure the response remains adaptive to evolving needs.

Environment Sustainability

Emergency response activities, including shelter provision and distribution of NFIs and winterization support, create environmental pressures such as solid waste accumulation, unsustainable use of natural resources, and risks to fragile land. These challenges can increase health hazards and compromise recovery if not managed properly. Key needs include proper waste collection and disposal, promoting community awareness of hygiene and clean -site practices, and using locally available, durable and environmentally friendly materials. Shelter siting must avoid no-build zones and landslide-prone areas, and all interventions should align with local environmental

regulations and disaster risk reduction guidelines. Addressing these issues ensures that humanitarian assistance protects both the well-being of affected families and the environment, supporting sustainable and dignified recovery.

Any identified gaps/limitations in the assessment

During the emergency phase, ARCS and IFRC conducted rapid needs assessments and launched emergency relief across the northern provinces of Balkh and Samangan, in close coordination with ANDMA, PMDCs and other humanitarian partners. These assessments combined ARCS field reports with secondary data, OCHA situation updates and media coverage to establish a clear picture of community needs.

As the operation transitions from emergency relief to recovery, priorities are shifting from immediate life-saving assistance toward durable solutions.

The following recovery needs have been identified:
Permanent shelter — the central recovery need. Many families lost their homes entirely or are living in structures too damaged to repair, and emergency tents and tarpaulins are not a durable solution through and beyond the winter. Support for permanent, disaster-resilient shelter reconstruction is the highest priority, including safe siting, durable and locally appropriate materials, and technical guidance to help households rebuild to a safer standard.
Livelihoods — rebuilding household income is equally critical to recovery. Many families lost not only their homes but also their assets, tools and means of earning a living, and those sheltering with host families or displaced are unable to generate income. Restoring livelihoods — through asset replacement, cash for work, and support to reestablish local economic activity — is essential to reduce aid dependency and enable a sustainable, dignified recovery.
Psychosocial support — remains important through the recovery phase, especially for children who have experienced trauma and for families rebuilding after significant loss. IFRC continues to prioritize support for ARCS staff and volunteers working under intense pressure in remote, high-risk areas.
Remaining relief and winterization needs — while the focus shifts to recovery, some immediate needs persist. NFIs (hygiene kits, blankets, cooking sets, bedding) and winter clothing continue to protect vulnerable households, particularly women and children, until durable solutions take hold. Food support is being managed separately from this plan.
Risks & challenges — the operating environment is complex, combining natural hazards with security risks from armed groups. Recent incidents show that safety cannot be taken for granted, so security assessments remain essential before any activity takes place. Heavy snow may cause delays that erode community trust, so ARCS/IFRC must act quickly and responsibly.
Target beneficiaries — ARCS is prioritizing the most vulnerable households, including those underserved by other actors: families who have lost loved ones or have injured members, and people displaced in tents or living with host families.

Operational Strategy

Overall objective of the operation

The operation is addressing the immediate humanitarian needs of 20,000 people affected by the earthquake in Balkh and Samangan provinces by providing life-saving assistance and supporting community resilience. It is ensuring access to safe drinking water, emergency shelter, essential household items, and hygiene kits, including menstrual hygiene management (MHM) kits, alongside hygiene promotion and latrine rehabilitation. The interventions are also delivering one-time multipurpose cash assistance to 2,000 households to meet urgent needs such as food and medication. In parallel, the response is strengthening community engagement and accountability (CEA) through clear, consistent communication, inclusive feedback mechanisms, and the active involvement of vulnerable groups, ensuring transparency and trust throughout the operation.

Operation strategy rationale

This operation forms part of the overall Operational Strategy under the Earthquake Emergency Appeal, which was launched to address humanitarian needs in the aftermath of the recent earthquakes. The activities supported by the DREF complement and reinforce the broader Emergency Appeal, ensuring a coordinated and phased approach that addresses both immediate life-saving needs and longer-term recovery priorities.

The strategy focuses on delivering comprehensive assistance to 20,000 people affected in Balkh and Samangan provinces, combining emergency shelter, essential household items, WASH interventions, health services, and multipurpose cash assistance with strong

community engagement. Psychosocial support (MHPSS) has been integrated within the broader health interventions set out in the revised Operational Strategy, ensuring a holistic approach to health and well-being.

Urgent needs identified through rapid assessments included emergency shelter for displaced families, access to safe drinking water and sanitation facilities, hygiene kits (including MHM kits), and hygiene promotion sessions. Health-related priorities included Community-Based Health and First Aid (CBHFA) and other essential health services. Multipurpose cash assistance is enabling households to meet essential needs such as food and medication, while hot meals and drinking water have addressed immediate sustenance requirements.

The main priorities — life saving support, WASH and health services, cash assistance, and community engagement — were selected on the basis of the severity of the impact, harsh winter conditions, and lessons learned from previous operations. These priorities directly address the most pressing gaps and align with the Red Cross and Red Crescent Movement's commitment to dignity, resilience, and inclusion. CEA has remained central to the strategy, ensuring that assistance is relevant, transparent, and responsive to feedback.

The operation is delivered by mobilizing ARCS volunteers and leveraging established community networks to reach affected people efficiently and build trust. Key actions have included distributing emergency shelter materials and household items, rehabilitating latrines, conducting hygiene promotion and CBHFA sessions, and delivering one-time multipurpose cash grants to 2,000 households. CEA activities including community meetings, feedback mechanisms, and inclusive communication channels have supported accountability and responsiveness throughout. These methods were selected for their effectiveness in meeting immediate needs while fostering community ownership.

During the reporting period, the strategy has been substantially implemented. ARCS distributed emergency shelter materials and non-food items and delivered winterization support; provided multipurpose cash assistance to 2,000 households through a contracted Financial Service Provider; delivered emergency water supply together with hygiene and MHM support; and mobilized trained volunteers for first aid, health and hygiene promotion, psychosocial support, and community engagement. Outstanding hygiene and MHM distributions are ongoing and will be completed within the operational timeframe.

Two adjustments were made to the planned approach in response to the operating context. First, internationally sourced winterization items were substituted with locally and regionally procured supplies — including a locally produced, reusable winterization solution — following the Pakistan–Afghanistan border closures. Second, rather than conducting new CBHFA training, the response drew on an existing pool of previously trained volunteers to enable immediate deployment. Both adjustments have preserved the pace and quality of delivery and remain appropriate to the context. Beyond these measures, the overall strategy remains valid and no further changes to the planned approach are required at this stage; the operation is now focused on completing the remaining hygiene and MHM distributions within the existing timeframe.

Several factors have shaped implementation, including harsh winter conditions and difficult terrain requiring flexible delivery mechanisms, the need for sustained community engagement to foster transparency and trust, and lessons learned from past operations emphasizing timely registration and effective communication. Coordination with local authorities and humanitarian partners remains critical to avoid duplication and ensure a harmonized response.
While this DREF operation addresses immediate life-saving needs, the Earthquake Emergency Appeal will scale up efforts for longer-term recovery in Balkh, Samangan, Kunar, Laghman, and Nangarhar provinces. This includes livelihoods and basic needs support, shelter and household items, WASH in emergencies, community health and health emergency activities (including MHPSS), and multipurpose cash assistance. With adequate funding, these efforts will help communities recover with dignity and resilience.

Targeting Strategy

Who will be targeted through this operation?

Since the earthquake struck Balkh and Samangan provinces, many families have been displaced and urgently need support, particularly pregnant women, mothers with young children, elderly individuals with mobility challenges, and those living with disabilities or injuries.

Up to 220,311 people (52% male and 48% female), including 9,129 internally displaced persons (IDPs), 12,032 IDP returnees, and over 16,404 returnees from abroad are in highly vulnerable conditions prior to the earthquake and about 1.53 million experienced strong shaking in the area surrounding the epicenter. Additionally, an estimated 2,000 households in these provinces have experienced complete or partial destruction of their shelters and lost their livelihoods, including agricultural land and livestock.

The ARCS aims to reach 20,000 of the most affected individuals from this devastating earthquake. This response is being prioritized in the affected provinces to ensure that the most vulnerable are not left behind. Services will include primary healthcare, medical kits, temporary shelters/tents, clean water and sanitation, hot meals, non-food items (NFIs), cash assistance for rent, and winter kits. The goal

is to ensure that everyone, regardless of age, health, or ability, receives the support they need to recover with dignity and feel safe during this challenging time.

Explain the selection criteria for the targeted population

When responding to the recent earthquake in Balkh and Samangan provinces, ARCS will make sure that 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.

Local volunteers, elders, and community leaders would help to verify who needs what, making sure the process is fair and transparent. ARCS would ensure that no one is left behind, covering the most vulnerable group of communities.

Total Targeted Population

Women	**5,300**	Rural	**-**
Girls (under 18)	**5,000**	Urban	**-**
Men	**4,900**	People with disabilities (estimated)	**4%**
Boys (under 18)	**4,800**		
Total targeted population	20,000		

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
Occurrence of aftershocks	In the weeks following the earthquake, several aftershocks were recorded; their frequency and intensity have since declined over the course of the operation. Structural safety assessments of buildings and distribution sites were carried out before activities, and team leaders applied the agreed mitigation measures during distribution and community work. Residual seismic risk remains in this active zone and continues to be monitored, with proactive safety measures maintained for all staff and volunteers engaged in the field.
Harsh weather conditions.	The harsh winter of 2025/2026 materialized as anticipated, including heavy snowfall and avalanches across northern provinces in late January 2026 that temporarily disrupted access. The time-critical winterization response was prioritized and largely delivered through prepositioning and adjusted planning. With winter now over, the principal seasonal risk shifts to spring flooding, landslides and summer heat, which continue to be monitored and factored into the remaining implementation and recovery activities.
Border closure between Pakistan and Afghanistan due to security issues may delay international shipments and replenishment of shelter stocks.	Border disruptions between Pakistan and Afghanistan affected the import of internationally sourced shelter and winterization items during the operation. As foreseen, procurement was shifted to local and regional markets, including the development of a locally produced, reusable winterization solution, maintaining continuity of the shelter response without significant delay. An expected shipment of the relief items is expected to be received before the end date of this operation to replenish the stock that supported the emergency phase.
Access to the affected communities and delivery of assistance (cracked roads, debris, damaged infrastructure)	Physical access constraints caused by the earthquake – including the rockfall that temporarily blocked the Balkh–Kabul highway – were largely resolved early in the operation once roads were cleared and reopened, and damaged infrastructure no longer presents the same obstacle to delivery, though localized access challenges persist. Duty of care remained the priority throughout: given residual hazards in Balkh and Samangan (disrupted secondary roads, landslides and occasional aftershocks) and heightened security risks stemming from criminality and insurgent activity, comprehensive measures were implemented to ensure the safety and security of all RCRC personnel engaged in the operation. 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 (e.g., Basic Knowledge and Prevention Measures for Responders, Personal Security, Security Management, Volunteer Security) are mandatory. 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.

Restrictions affecting access to women and girls and the participation of female staff and volunteers	Restrictions on women's mobility and on the participation of female humanitarian workers continued to limit direct engagement with women and girls and their access to information and assistance, creating protection risks. The operation mitigates this by mobilizing and training female volunteers where possible, maintaining female-friendly and confidential feedback channels, applying PGI and PSEA minimum standards, and coordinating closely with ARCS and local authorities to secure and sustain access. Gaps in reaching women and girls are monitored and reported, and female-led assessment and distribution arrangements are used wherever feasible.

Please indicate any security and safety concerns for this operation:

Considering the earthquake in Balkh and Samangan provinces, and the associated risks such as damaged infrastructure, landslides, and potential aftershocks, ARCS prioritized the safety and security of all Red Cross and Red Crescent personnel engaged in the response throughout the operation.

To this end, a series of precautionary and operational measures are being implemented, including:

- Continuous monitoring of the evolving situation
- Timely dissemination of safety and security updates
- Tracking of staff movements via mobile communication tools
- Security assessments in all operational areas
- Pre-deployment safety briefings tailored to the current context

In addition, completion of relevant IFRC e-learning modules, such as Basic Knowledge and Prevention Measures for Responders, Personal Security, Security Management, and Volunteer Security is mandatory for all personnel involved. The IFRC Country Delegation security team is maintaining close coordination with external humanitarian actors and working collaboratively with ARCS branches and local authorities in the affected regions to ensure a harmonized and secure operational environment. These efforts reflect shared commitment to safeguarding teams while delivering timely and effective humanitarian assistance to those most in need.

Has the child safeguarding risk analysis assessment been completed?	No

Planned Intervention

Shelter Housing And Settlements

Budget: CHF 392,000
Targeted Persons: 9,275
Targeted Male: 4,730
Targeted Female: 4,545

Indicators

Title	Target	Actual
# of households received winterization kits	1,500	1,300
# of families received non food items	500	500

# of targeted households reached with orientation on safer construction, no-build zones, and landslide risk mitigation.	1,325	0

Progress Towards Outcome

1. Needs identification and beneficiary verification to confirm affected and most vulnerable households.
2. Procurement and distribution of winterization kits (including warm clothing such as coats, sweaters, socks, shoes, shawls, gloves, and caps for adults and children, along with carrying bags - designed to help families cope with the cold season) and NFIs (including 1 tent, 2 tarpaulins, 2 jerrycans, 1 kitchen set, and 7 high-thermal blankets) in coordination with the ES-NFI Cluster and other stakeholders.
3. Volunteer mobilization for relief delivery and community engagement activities.
4. Orientation on safe shelter awareness, including key messages on no-build zones and safer construction practices.
5. Post-distribution monitoring (PDM) and community feedback to ensure relevance and accountability.

During the reporting period, ARCS distributed emergency shelter materials and household non-food items to earthquake-affected families in Balkh and Samangan, releasing relief stock from the IFRC Kabul warehouse and prioritising households whose homes were fully collapsed or severely damaged. Against a target of 500 families for non-food items, 500 families (3,589 individuals) were reached with family tents, blankets, and other household essentials — 100% of target.

Against a target of 1,500 households for winterization kits, 1,300 households (9,688 individuals) were assisted — 87% of target. The shortfall is attributable to the closure of the Afghanistan–Pakistan border, which disrupted international procurement and supply routes and drove a significant increase in the unit cost of winterization kits compared with the cost assumed at the design stage.

Orientation on safer construction, no-build zones, and landslide risk mitigation was delivered through community mobilization activities alongside these interventions; however, this indicator was not systematically captured during the reporting period.

Multi Purpose Cash

Budget: CHF 335,000
Targeted Persons: 17,500
Targeted Male: 8,925
Targeted Female: 8,575

Indicators

Title	Target	Actual
# of households provided with multi-purpose cash	2,000	2,000
% of households surveyed reported that the cash provided was sufficient to cover their most important needs	60	60
% of people surveyed reporting that satisfaction with the cash distribution process	80	100
# of post distribution monitoring conducted	1	1

Progress Towards Outcome

1. Support households with the cash grants to cover their basic needs, such as food items, medication and basic household needs.
2. Provide one-time multipurpose cash assistance of AFN 10500 (CHF 170) to each of 2,500 households to meet their essential emergency
3. Conduct exit survey to capture feedback from the recipients at distribution points for improving the ongoing distribution.
4. Conduct post distribution monitoring to assess to what extent the cash was used for the indented purposes and identify gaps to

inform future operations.
5. Carry out assessments in the affected areas
6. Register target households for MPCA in Red Rose

During the first month of the response, the ARCS, with financial support from the IFRC, delivered Multi-Purpose Cash Assistance (MPCA) to 2,000 earthquake-affected families (15,385 individuals) across several districts of Balkh and Samangan provinces. Each household received 133 CHF (approximately AFN 10,500) to meet their most urgent needs in the immediate aftermath of the disaster. The transfer value is aligned with the Afghanistan Cash Working Group (CWG) recommendation, which is derived from the Minimum Expenditure Basket (MEB).

People-assisted selection prioritized the most vulnerable groups, with particular focus on families whose homes were damaged or destroyed.

Distributions were carried out through a pre-identified Financial Service Provider (FSP), selected in line with IFRC procurement procedures. The FSP deployed cash agents to the distribution sites to disburse the assistance to the selected households.

The cash modality enabled affected families to prioritize expenditure according to their individual circumstances, covering food, healthcare, shelter, and other essential household needs. With local markets remaining functional, the intervention supported immediate access to essential goods and services while contributing to local economic recovery. Through this dignified and flexible form of assistance, ARCS and IFRC helped vulnerable households cope with the impacts of the earthquake, strengthen their resilience, and take the first steps toward recovery.

Post Distribution Monitoring Key findings:
In 2025, a survey was conducted involving 172 respondents, comprising 144 males and 28 females. Regarding the age distribution, 80% fell within the 18-50 age range, 18% were above 50 years old, and the remaining 1% were under 18. The majority of respondents (95%) were from the host community, with the remaining 5% representing IDPs.

The PDM data reveals the primary priorities of 172 individuals regarding their first priority need on what have they spent the money, the most significant need was for food, with 99 respondents indicating it as their priority. This highlights the immediate necessity for sustenance in the aftermath of the disaster. House repair was also a considerable concern, identified by 59 individuals, reflecting the need for shelter and safety. Debt payments were mentioned by 6 individuals, while medical expenses and costs associated with shrouding and burial of victims were relatively low, at 4 and 2, respectively. Notably, 2 respondents cited insufficient funds as a barrier to addressing their needs, particularly for house repairs, emphasizing the critical issue of financial limitations faced by the affected households.

Respondents confirmed that they did not pay money or provide any other benefit to be included in the distribution list, that ARCS staff and volunteers treated them respectfully, and that they were satisfied with the distribution process and the information provided by ARCS on the date and time of distribution.

Health

Budget: CHF 24,500
Targeted Persons: 1,800
Targeted Male: 0
Targeted Female: 0

Indicators

Title	Target	Actual
# of CBHFA and Health Promotion training conducted	2	0
# of CBHFA volunteers mobilized and trained	100	40
# of first aid and community awareness session conducted	100	560

Progress Towards Outcome

1. Provide the CBHFA and Health Promotion training to ARCS staff and volunteers.
2. Conduct first aid and community awareness session.
3. Organize field visit for health related activities

Following the earthquake, ARCS mobilised 40 previously trained Community-Based Health and First Aid (CBHFA) volunteers — 20 in Balkh and 20 in Samangan. The original target of 100 volunteers was based on the planning assumption that two CBHFA/health promotion training sessions would be delivered under this operation, thereby expanding the available volunteer pool. Verification with the ARCS CBHFA Department confirmed that both provinces already had trained and active CBHFA volunteers in place, and no need was identified to recruit or train additional volunteers. The operation therefore drew on the existing pool rather than establishing a new one.

Volunteers delivered 560 first-aid and community awareness sessions against a target of 100, reaching 11,200 people (5,600 women and 5,600 men) against a target of 1,800. The reach achieved is a direct function of the number of sessions delivered, at an average of 20 participants per session, broadly consistent with the planning assumption of 18. The overachievement therefore reflects the volume of sessions conducted rather than larger group sizes.

The higher number of sessions was delivered by the same volunteer cohort as planned. Because these volunteers had already been trained in first aid, PFA and hygiene promotion and were resident in the affected communities, they were mobilised immediately after the earthquake without the lead time normally required for recruitment, training and deployment. This allowed sessions to begin in the first days of the response and to continue at a higher frequency and over a longer period than assumed at planning stage. The result illustrates the operational value of maintaining a pre-trained branch-level volunteer base as part of ARCS preparedness capacity.

Session content focused on Psychological First Aid (PFA), hygiene promotion and household water treatment; topics selected in response to identified needs, as affected populations reported psychological distress alongside elevated health and WASH-related risks in the aftermath of the earthquake. Sessions were delivered separately to women's and men's groups in line with cultural considerations, which increased the number of sessions required to achieve the same geographic coverage. Activities were implemented across Balkh and Samangan provinces, with 5,600 people reached in each.

The main information needs identified by affected communities were:

-Household water treatment and safe water practices
-Personal and environmental hygiene
-Psychological First Aid (PFA) and psychosocial support

No CBHFA or health promotion training sessions were conducted during the reporting period, against a planned target of two, as the response relied on the existing pool of trained volunteers.

Water, Sanitation And Hygiene

Budget: CHF 67,500
Targeted Persons: 5,000
Targeted Male: 0
Targeted Female: 0

Indicators

Title	Target	Actual
# of WASH assessments conducted	2	1
# of people reached for improved water sources in emergencies	2,500	38,458
# of family hygiene kits distributed	1,000	500

# of MHM kits distributed	1,000	320
# of women reached by MHM awareness sessions	1,000	320

Progress Towards Outcome

1. Conduct a technical assessment for WASH to prioritize the activities
2. Mobilize volunteers and distribute safe drinking water (bottled water or water trucking) among the affected people
3. Installation of rapid latrines or rehabilitation of community latrines through cash grant
4. Procurement and distribution of essential hygiene kits and menstrual hygiene management kits
5. Provide hygiene promotion training to the volunteers and conduct sessions among the affected communities to reduce the risk of water and faecalis-borne diseases

During the reporting period, one of the two planned WASH assessments was conducted to identify priority needs and inform the emergency response. Guided by the assessment findings, emergency water interventions provided access to improved water sources for 38,458 people (19,610 Men and 18,848 women), substantially exceeding the target of 2,500. In the first phase, water was supplied to populations directly affected by the earthquake to ensure immediate access to safe drinking water. Distribution was subsequently extended to other vulnerable groups affected by drought within the earthquake-affected areas, addressing both acute and protracted water scarcity. The scale of achievement reflects both the extent of damage to water systems and the reach of the response delivered.

A total of 500 family hygiene kits were distributed against a target of 1,000. The remaining hygiene kits have been dispatched to ARCS stock and are scheduled for distribution during the remaining implementation period, with results reflected in the operation's final report.

In addition, 320 menstrual hygiene management (MHM) kits were distributed and 320 women participated in MHM awareness sessions, representing 32 per cent of the target of 1,000 for each activity. The MHM targets will not be fully achieved: needs shifted towards recovery-phase priorities as the emergency phase progressed, and unit prices exceeded the planned cost, reducing the volume that could be procured within the available budget. No post-distribution monitoring (PDM) has yet been conducted for the MHM distribution; a final PDM is planned for August 2026.

Construction of 40 dry-vault latrines is underway; 22 in Balkh Province and 18 in Samangan Province. Completion will be reported in the final report.

Protection, Gender And Inclusion

Budget: CHF 10,000
Targeted Persons: 80
Targeted Male: 0
Targeted Female: 0

Indicators

Title	Target	Actual
# of female volunteers mobilized and trained in PGI minimum standards, safeguarding, and sensitive feedback mechanisms.	40	40
# of staff trained on PGI minimum standards and the PGI checklist for emergency response.	40	102

Progress Towards Outcome

1. Train staff and volunteers on a) PGI sensitive assessment, b) PGI mainstreaming. under technical sectors and c) sex and age disaggregated data (SADD) collection.
2. Mobilize female volunteers and enhance their capacity
3. Design, print, and distribute IEC materials
4. Capacity building training on PGI minimum standards and sensitive feedback, for male and female staff
5. Conduct coordination meetings with PNS and ARCS relevant department.

Protection, Gender and Inclusion (PGI) considerations were integrated across the response to ensure assistance was safe, accessible, and inclusive. During the reporting period, 90 volunteers (40 women and 50 men) were mobilized and trained on PGI Minimum Standards, safeguarding, and sensitive feedback mechanisms, strengthening their capacity to identify and address protection risks in community-based interventions.

In addition, staff were trained on the PGI Minimum Standards and the PGI Checklist for Emergency Response, against a target of 12 participants.

Community Engagement And Accountability

Budget: CHF 11,500
Targeted Persons: 100
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
# of staff and volunteers trained on community engagement and accountability (CEA)	100	102
# of feedback channels established	4	3
% of individuals who report they received sufficient, timely, and understandable information about the assistance they receive	80	100
# of feedback and complaints recorded, acknowledged and addressed within a set timeframe	70	65

Progress Towards Outcome

1. Provide clear, consistent information in local languages through multiple channels (community meetings, radio, posters).
2. Establish continuous dialogue with communities and address misinformation promptly.
3. Set up accessible feedback options (help desks, suggestion boxes, community visit).
4. Track, respond to, and close feedback cases in a timely and transparent manner.
5. Engage women, people with disabilities, and other vulnerable groups through tailored approaches and safe spaces.
6. Involve community leaders and volunteers to ensure inclusive decision-making and trust.
7. Train staff and volunteers on CEA principles, communication skills, and feedback handling.
8. Assign CEA focal points within operations to ensure consistent implementation.
9. Regularly analyze feedback to identify key trends and inform decisions.
10. Share feedback with communities to maintain transparency and accountability.
11. Provide consistent messaging and share tools among ARCS, IFRC, ICRC, and partner societies.
12. Align CEA actions with national and inter-agency coordination structures for a harmonized approach.

Progress was made in strengthening CEA during the reporting period. A total of 102 ARCS staff and volunteers were trained on CEA, slightly exceeding the target of 100 participants. 3 community feedback channels were established, providing affected communities with accessible ways to share feedback and raise concerns. Through these channels, 65 feedback and complaints were recorded, acknowledged, and addressed within the agreed timeframe, helping improve the quality and responsiveness of the intervention. In addition, 100% of respondents (172, including 147 men and 25 women) reported that they received sufficient, timely, and understandable information about the assistance, surpassing the target of 80%.

These achievements contributed to greater transparency, strengthened community trust, and ensured that community feedback informed programme implementation.

Coordination And Partnerships

Budget: CHF 18,000
Targeted Persons: 0
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
# of movement coordination meeting conducted	4	4
# of HD meeting conducted	2	6
#of partnership meeting conducted and participated	2	9

Progress Towards Outcome

1. Conduct the movement coordination meetings.
2. Conduct and organize the HD meetings.
3. Participate in the partnership meetings.

During the reporting period, ARCS continued to strengthen its coordination and partnerships in support of effective humanitarian action. The National Society maintained engagement with six strategic partners, surpassing the initial reference of four partnerships. These collaborations with Movement partners, government authorities, and humanitarian actors enhanced coordination, resource mobilization, and the delivery of assistance to vulnerable communities.

ARCS coordinated four movement coordination meetings during the reporting period, which provided an important platform for information sharing, joint planning, and operational alignment among Movement partners, contributing to more coherent and efficient humanitarian response efforts.

In its auxiliary role to public authorities, ARCS maintained close coordination with ANDMA, the Ministry of Public Health (MoPH), and local authorities, including collaboration on the mobilization of healthcare personnel, medicines, and medical equipment. IFRC continued to participate in national humanitarian coordination mechanisms, including the Humanitarian Country Team (as observer), the Inter-Cluster Coordination Team, and relevant sectoral working groups, while promoting the inclusion of Red Cross and Red Crescent teams in joint assessments to avoid duplication and strengthen collective response efforts.

The IFRC Afghanistan Country Delegation communications team continued to support visibility and information sharing by monitoring media coverage and disseminating updates on ARCS response activities to national and international media outlets.

**Note: These activities were also reported under the Earthquake Appeal.

Secretariat Services

Budget: CHF 24,000
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

1. Provide technical and management support for the operation
2. Provide membership services, including security, reporting, procurement, communication, and resource mobilization.
3. Conduct monitoring visits for all intervention to understand the perception of beneficiaries and the quality of the services we deliver

Quality, accountability and community engagement

Two post-distribution monitoring in Samangan and Balkh verifies that the response addressed the impacted households' immediate needs. Situation reports were released, and the DREF, Emergency Appeal, and Operational Strategy received technical assistance continuing field-level data quality improvement and ongoing assistance for the ARCS PMER unit.

Communications

IFRC worked with the ARCS communications team to engage regional and global audiences in line with Movement-agreed key messages, raising the profile of humanitarian needs, building donor awareness and supporting the case for sustained funding. Jointly produced photographs, video, human-interest stories and situation updates documented the earthquake's impact and the assistance delivered, the heightened vulnerability of women, children and older people, remaining coverage gaps and recovery funding requirements. Content was coordinated between the Asia Pacific regional communications unit, the Country Delegation and ARCS, and complied with IFRC editorial and visual identity guidelines, personal data protection standards, and do-no-harm principles.

Safety and security

Coordination with external security stakeholders continued to strengthen situational awareness, support informed decision-making, and enhance the overall safety of humanitarian operations. At the same time, internal security mechanisms were further reinforced to support ARCS in adopting a more structured and systematic approach to security management by providing equipment to the ARCS staff and teams, such as communication equipment that is used in the field. Key priorities remained ensuring the safety and well-being of personnel and volunteers, maintaining operational continuity, and minimizing exposure to security risks.

To facilitate effective field operations and enhance communication during emergency response activities, ARCS staff and volunteers were equipped with communication devices and related equipment. This improved coordination between field teams and operational hubs, strengthened information sharing, and enabled timely reporting and response in affected areas.

Finance and administration

Financial management continues in line with IFRC procedures, with a focus on complete and timely financial reporting, settlement of working advances and justification of expenditure at both Country Delegation and ARCS level.

National Society Strengthening

Budget: CHF 56,467
Targeted Persons: 300
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
# of volunteers recruited and mobilized	300	269
# of lesson learned workshop conducted	1	0
# of Contingency Plans updated/ revised	2	1
# of warehousing operations optimized	2	0
# of Standard Operating Procedures (Manuals) developed	2	0
Guideline to guide engagement of human resources (staff & volunteers) developed.	1	0

Progress Towards Outcome

1. Strengthen logistics and warehousing capacity at regional and branch levels.
2. Support the digitalization of operations at the regional and branch levels for efficiency and overall accountability.
3. Conduct trainings in emergency needs assessments for staff and volunteers.
4. Update/revise contingency plans to guide preparedness and response actions at the regional and provincial/ branch levels.
5. Develop standard operating procedures to ensure standardization of response processes at the branch level.
6. Provide support for the expansion of volunteer capacity and integration in response operations.
7. Strengthen interorganizational coordination mechanisms
8. Support the incorporation of duty of care considerations into the operations for staff and volunteers.

The National Society strengthened its emergency response capacity through the mobilization of volunteers across multiple sectors, including rescue and disaster management, health, WASH, and community engagement. A total of 149 male volunteers supported rescue and disaster management activities, while health interventions were delivered by 40 volunteers (20 male and 20 female), and WASH activities were implemented by 80 volunteers (40 male and 40 female). Volunteers played a critical role in rescue and evacuation efforts, conducting WASH assessments, facilitating cash assistance distributions, and delivering psychosocial support, health education, and hygiene promotion messages to earthquake-affected communities. Volunteer recruitment set at planning stage has not been, however, the target was revised based on needs during the implementation.

Through these efforts, 11,200 people (5,600 women and 5,600 men) were reached with psychosocial support, hygiene promotion, and community awareness activities across Balkh and Samangan provinces, including 5,600 people in each province. Volunteers also supported the distribution of 500 family hygiene kits and 100 first-aid kits to address urgent health and hygiene needs.

Warehouse optimisation is planned, with bills of quantity (BoQs) under preparation to initiate the process. A lessons learned workshop is scheduled for the end of the operation. The development of Standard Operating Procedures (manuals) and of a guideline governing the engagement of human resources (staff and volunteers) is planned under the ARCS Preparedness for Effective Response (PER) action plan.

These interventions contributed to improved community wellbeing, strengthened public health and hygiene awareness, and enhanced

the resilience of affected communities. The response further demonstrated the National Society's capacity to effectively mobilize and coordinate volunteers, delivering timely, targeted, and well-coordinated humanitarian assistance during the emergency.

About Support Services

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

The National Society scaled up its emergency response capacity by deploying 269 volunteers who assisted in rescue operations, disaster management, health, WASH, and community engagement activities. Volunteers conducted WASH assessments, facilitated cash assistance distributions, provided psychosocial support and hygiene promotion to earthquake-affected communities, and played an important role in rescue and evacuation efforts. 2 ARCS barnched and regional offices.

In these interventions, a total of 11,200 people (5,600 women and 5,600 men) were reached with psychosocial support, hygiene promotion and community awareness activities in Balkh and Samangan provinces (5,600 people in each province). Volunteers also helped to distribute 500 hygiene kits for families and 100 first-aid kits to address immediate needs for health, hygiene, and well-being.

This helped build community resilience, improve health and hygiene practices, and increase awareness of key public health measures. The response also showed the National Society’s capacity to mobilize and coordinate volunteers effectively, delivering timely, targeted, and quality humanitarian assistance to the affected population during the emergency.

Does your volunteer team reflect the gender, age, and cultural diversity of the people you’re helping? What gaps exist in your volunteer team’s gender, age, or cultural diversity, and how are you addressing them to ensure inclusive and appropriate support?

The ARCS volunteer team deployed in response to the Balkh and Samangan earthquake included both male and female volunteers from different age groups and local communities, enabling culturally appropriate and community-accepted assistance. Local volunteers, who understand the language, customs, and social norms of the affected areas, played a key role in ensuring effective communication and access to vulnerable households, including women, children, older people, and persons with disabilities.

Despite these strengths, gaps remain in achieving balanced gender representation, particularly in remote areas where the availability of trained female volunteers is limited due to cultural and social constraints. ARCS continues to address these gaps through targeted recruitment of female volunteers, inclusive volunteer training, strengthening youth engagement, and promoting equal opportunities for participation. These efforts aim to ensure that future emergency responses are increasingly diverse, inclusive, and responsive to the needs of all affected population groups.

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

Procurement is shared between ARCS and IFRC based on the nature and source of the required items, following the same approach successfully used in several operations. Procurement of family tents and imported items is carried out by IFRC, leveraging its international supply chain and procurement capacity. Recognising the challenges for the international procurement due to the border’s closures, the Country Delegation Logistics team and APRO worked on several options, including sourcing abroad and airfreight, which will mainly be for replenishment of stock. Other supplies available locally, including hygiene kits, sanitary kits, soap, water treatment supplies, and other consumables, and were procured locally within the country by IFRC, subject to market availability.

Cash transfers for MPCA is delivered through a contracted Financial Service Provider (FSP), with the contracting process managed by the IFRC in coordination with ARCS and the Cash and Voucher Working Group. Any other necessary procurement, including items not available locally or requiring international standards compliance, is carried out by the IFRC. All procurement will adhere to IFRC procedures and standards, ensuring transparency, competitiveness, and value for money.

How will this operation be monitored?

The operation is monitored using ARCS and IFRC's standard PMER tools and processes, ensuring timely implementation, quality assurance, and accountability. The primary monitoring tools include the implementation plan and the Indicator Tracking Table (ITT), which are regularly updated to track progress against planned activities, outputs, outcomes, and targets.

ARCS PMER staff, in close coordination with IFRC PMER and technical teams, conducted regular monitoring visits throughout the implementation period to verify progress, provide technical support, and identify implementation challenges requiring corrective action. Monitoring findings were regularly shared to support adaptive management and ensure that activities remained on track.

Two Post-Distribution Monitoring (PDM) visits were conducted to assess the quality and effectiveness of the intervention. These assessments measured beneficiary satisfaction, the appropriateness and timeliness of assistance, and the extent to which the operation achieved its intended objectives. Community feedback and perceptions were systematically collected through established Community Engagement and Accountability (CEA) mechanisms to ensure that concerns, complaints, and suggestions were addressed in a timely manner and used to improve programme implementation.

Progress was measured against the indicators and milestones outlined in the DREF operational framework, including activity completion, achievement of output and outcome targets, beneficiary reach, and findings from PDM assessments and community feedback mechanisms. Regular monitoring visits by both ARCS and IFRC staff were undertaken to ensure that activities were implemented in accordance with agreed standards, operational plans, and IFRC quality and accountability requirements.

Budget Overview

IFRC

DREF OPERATION

MDRAF020 - Afghan Red Cresent Society(ARCS)
Afghanistan Northern- Earthquake

Operating Budget

Planned Operations	**895,133**
Shelter and Basic Household Items	417,480
Livelihoods	0
Multi-purpose Cash	356,775
Health	26,093
Water, Sanitation & Hygiene	71,888
Protection, Gender and Inclusion	10,650
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	12,248
Environmental Sustainability	0
Enabling Approaches	**104,867**
Coordination and Partnerships	19,170
Secretariat Services	25,560
National Society Strengthening	60,137
TOTAL BUDGET	**1,000,000**

all amounts in Swiss Francs (CHF)

Internal 11/8/2025 #V2022.01

Click here to download the budget file

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Click here for the reference