




ARCS volunteers in conversation with earthquake-affected residents during an immediate needs assessment in Balkh province. *(Photo credit: IFRC)*

Appeal No: MDRAF019	To be assisted: 170,000 people	Appeal launched: 03/09/2025
Glide No: EQ-2025-000153-AFG	DREF allocations: CHF 1 million (Southeastern Earthquake) CHF 1 million (Northern Earthquake)	Disaster Categorisation: Orange
Operation start date: 31/08/2025	Operation end date: 31/12/2027	

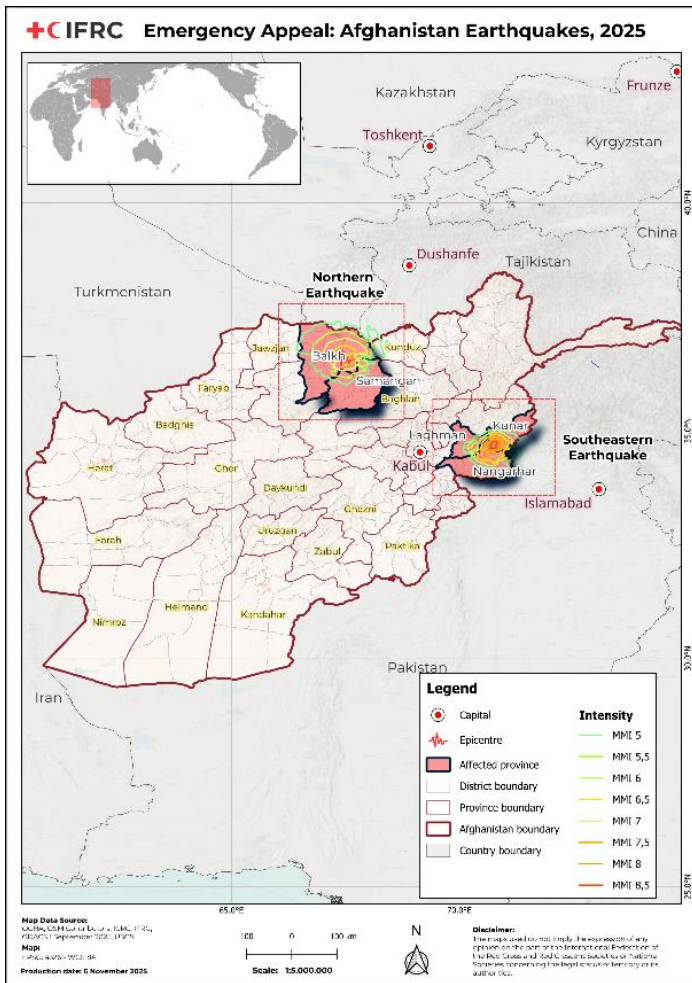
IFRC Secretariat Funding requirement: CHF 27 million
Federation-wide funding requirement: CHF 30 million¹

¹ The Federation-wide funding requirement encompasses all financial support to be directed to the Afghan Red Crescent Society (ARCS) in response to the earthquake response. It includes the ARCS's domestic funding requests and the appeals for support from National Red Cross and Red Crescent Societies (CHF 3 million), as well as the appeal funding requests of the IFRC secretariat (CHF 27 million). This comprehensive approach ensures that all available resources are mobilised to address the immediate, medium, and longer-term needs of affected people and communities.

TIMELINE

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- 31 August 2025:** A 6.0 magnitude earthquake strikes southeastern Afghanistan in Nangarhar, Kunar, and Laghman provinces near the border with neighbouring Pakistan. Several aftershocks are also recorded.
- 1 September 2025:** The ARCS activates its Emergency Operation Centre, deploys branch disaster response teams, and mobilises existing resources from neighbouring provinces to the affected area.
- 2 September 2025:** CHF 100,000 is disbursed to the ARCS as an Initial Response Advance from the IFRC.
- 3 September 2025:** An Emergency Appeal is launched for CHF 25 million to support the ARCS in its immediate response efforts and plan for recovery assistance.
- 9 September 2025:** IFRC-DREF allocates a total of CHF 1,000,000 from the Disaster Response Emergency Fund (DREF) to support the ARCS in addressing urgent humanitarian needs following the earthquake. This includes primary healthcare, temporary shelter, WASH, multipurpose cash assistance, and hot meals.
- 3 November 2025:** A second magnitude 6.3 earthquake strikes northern Afghanistan near Khulm and Mazar-e-Sharif, killing at least 27 people and injuring more than 1,172 others.
- 4 November 2025:** The ARCS rescue and medical team reaches the affected areas and begins emergency relief efforts. IFRC-DREF released CHF 100,000 to support the initial response.
- 5 November 2025:** The ARCS receives support from the King Salman Humanitarian Aid and Relief Centre of Saudi Arabia, which has provided emergency food and non-food assistance.
- 8 November 2025:** The ARCS revises the Emergency Appeal to include the affected northern provinces and increases the Federation-wide funding requirement to CHF 30 million, with the operation period until December 2027.
- 13 November 2025:** IFRC-DREF approves CHF 1,000,000 from the Disaster Response Emergency Fund (DREF) to support the ARCS in meeting the humanitarian needs of people affected by the second earthquake in the Northern provinces.

DESCRIPTION OF THE EVENT



occurring both in the immediate aftermath and again on 5 September 2025, further compounding the impact and complicating initial response efforts.

Another earthquake struck Afghanistan on Monday, 3 November 2025. Just two months after the powerful earthquake that hit southeastern Afghanistan, this second 6.3-magnitude earthquake occurred in northern Afghanistan near the Balkh–Samangan provincial border, at a depth of 28 kilometres. The tremor was widely felt across northern and central Afghanistan, with perceptible shaking reported as far as Uzbekistan and Kazakhstan.

Humanitarian Conditions

The earthquake in southeastern Afghanistan caused extensive devastation across the eastern region, resulting in more than 2,200 deaths and over 3,700 injuries. Up to 1.3 million people were affected, and thousands were displaced following widespread housing collapse in **Kunar and Nangarhar**, the worst-hit provinces.

More than 3,000 families are living in at least five major internally displaced person (IDP) sites across two districts, along with multiple smaller displacement areas throughout the affected region.

With winter approaching, priority actions are focused on delivering winterisation support to affected communities.

The second earthquake that struck communities in **Balkh and Samangan**, already facing high levels of vulnerability, sharply compounded humanitarian needs. At least 26 people were confirmed dead and more than 1,170 injured, while approximately 1.53 million people experienced intense shaking around the epicentre. Of these, over 220,000 people – including IDPs, returnees, and communities with limited resilience – were already living in precarious conditions prior to the shock.

The earthquake damaged more than 2,000 homes and disrupted essential services, including several health facilities, placing further strain on systems already operating with minimal capacity. The

The revised Emergency Appeal aims to strengthen and expand support to the Afghan Red Crescent Society (ARCS) in responding to the recent earthquake in northern Afghanistan, while maintaining assistance to communities affected by the earthquake on 31 August 2025. The revision extends operational coverage to the newly impacted areas in Balkh and Samangan provinces, where humanitarian needs have sharply increased following the November earthquake.

On the evening of 31 August 2025, a 6.0-magnitude earthquake struck southeastern Afghanistan, with the epicentre located near Jalalabad, approximately 30 kilometres northeast of Momand Dara district in Nangarhar and Nurgal district in Kunar. The event caused significant shaking across Kunar and Nangarhar provinces, with secondary impacts observed in Laghman and Nuristan.

The main shock was followed by a series of notable aftershocks, including magnitudes 5.2, 4.5, and 5.6,

temporary blockage of the Balkh–Kabul highway underscored the fragility of critical access routes and the risk of secondary hazards such as landslides and rockfall.

1. Impact on accessibility, availability, quality, use, and awareness of goods and services.

The earthquakes have left thousands of households with insufficient food and shelter and no financial means to purchase even the most basic essentials.

Widespread loss of food stocks, agricultural inputs, livestock, and disruptions to infrastructure has sharply reduced income-generating opportunities and further limited recovery options. While some markets in remote or heavily affected areas experienced temporary disruptions, assessments indicate that local and nearby urban markets remain generally functional and able to support cash-based interventions. Households already in debt are now facing deeper financial insecurity. In Nangarhar, Laghman, and Kunar, the earthquake has interrupted the agricultural cycle – affecting rice harvesting and delaying the sowing of wheat, barley, and sugarcane – which will further reduce the income of farmers. These impacts underscore the urgent need for rapid livelihood support, including in-kind assistance or cash and voucher assistance (CVA), to help households meet essential needs and begin rebuilding.

In most affected districts, health services were already limited prior to the earthquake. Strengthening access to healthcare has therefore been a priority, particularly by deploying mobile health teams to provide immediate support.

Water and sanitation facilities have also been damaged. As a result, priority actions have included providing safe drinking water, through water trucking or establishing water points where surface water is accessible, along with emergency sanitation solutions.

In the medium-term, rehabilitating damaged water and sanitation infrastructure will be critical to enabling recovery and reducing public health risks.

The risk of communicable diseases, such as the spread of acute watery diarrhoea (AWD) and scabies is elevated in the context where water and sanitation facilities have been damaged and people are living in camp-like conditions. Elevated risks of AWD,

malaria, dengue, and respiratory infections are also present due to displacement and damaged WASH infrastructure. It is crucial that health and hygiene promotion efforts, linked to health awareness, be increased.

Protection concerns are increasing, particularly for women and girls. Reduced mobility and limited access to information mean many women risk being excluded from critical assistance, heightening their vulnerability.

Shelter needs remain acute. Many affected households are currently staying in camps or temporary shelters that offer minimal protection from the elements. With winter approaching, these arrangements are insufficient and place families – particularly children, older people, and women – at heightened risk. Immediate winterisation support is needed to ensure safe, insulated, and weather-resistant shelter conditions. At the same time, planning for the recovery phase is essential, including support for repairing damaged homes and identifying longer-term, sustainable shelter solutions that can help communities rebuild safely and reduce future vulnerability.

Additionally, support is needed for households hosting those displaced by the earthquake, many of whom are living outside the areas most heavily affected.

Rebuilding efforts will be needed to ensure that new houses are resilient to future seismic shocks. Support can be delivered in-kind or by utilising CVA to provide affected households with the choice and flexibility to rebuild their homes according to locally accepted means, and both would be accompanied by technical support around safe construction techniques.

Where original shelter locations are deemed vulnerable to future seismic shocks, adequate and suitable land for resettlement of affected households will be needed. Following the recent earthquakes, local authorities have swiftly established a commission to oversee the response efforts, with a particular focus on developing an effective shelter strategy. Preliminary assessments in the affected communities indicate that residents have a strong attachment to their ancestral land and would be reluctant to relocate.

2. Impact on physical and mental well-being

The earthquakes have deeply shaken communities, both physically and emotionally. The need for emergency health services remains urgent, including the deployment of health teams to provide services in affected areas and referring serious cases to better-equipped facilities elsewhere. There is also a need to provide health teams and health facilities with medicines, medical supplies, and equipment.

The earthquakes have caused severe mental anguish to people who have lost their close family members, homes, and livelihoods, and those whose underlying psychosocial issues have been escalated by the disaster and emergency.

According to assessments and anecdotal information, affected individuals have expressed shock, fear, and grief due to the situation. Addressing mental health and psychosocial support (MHPSS) will prevent the development of serious concerns. As such, providing timely and targeted MHPSS interventions will be critical to promoting resilience, facilitating recovery, and enhancing the overall well-being of affected populations, including staff and volunteers.

3. Risks and vulnerabilities

The earthquakes struck communities already deeply weakened by decades of conflict, successive years of severe drought, extreme economic hardship, and a health system struggling with chronic gaps. Many families were already experiencing internal or cross-border displacement, including ongoing deportations, leaving their coping capacities stretched thin. In this context, the impact on Kunar, Nangarhar, Laghman, and Nuristan has further deepened an already dire humanitarian situation.

Across the affected districts, thousands of people are now living under tarpaulins, tents, or in open spaces. Most of the destroyed homes were built from stone and mud, lacking structural reinforcement, solid foundations, or adequate load-bearing capacity. As a result, they easily collapsed during the earthquakes and aftershocks, causing high numbers of fatalities and injuries, widespread loss of household items, and mass displacement. Many families remain afraid to return to their damaged homes due to the ongoing aftershocks.

The earthquakes have also exposed significant protection risks. Children are among the most vulnerable, with many showing signs of severe psychological distress and requiring MHPSS support. Some households have experienced internal displacement, relocation, or family separation, and the disaster has left children orphaned, women widowed, and many people living with new or aggravated physical disabilities. The availability of specialised counselling and protection services is extremely limited, and poor phone and network connectivity continues to delay assessment and referral processes.

Basic services have been heavily disrupted. Dozens of schools and community-based education facilities were destroyed, leaving thousands of children without a place to learn. Immediate priorities include establishing temporary learning spaces and providing essential teaching materials. Health facilities in several districts also reported structural damage and are struggling to meet increased demand.

Barriers to accessing assistance remain. Some people affected lost their identification documents during the earthquakes, putting them at risk of exclusion from relief distributions. Ensuring that these households are included in target lists and can access services safely and with dignity is essential. Communities also need clear and accurate information on what support is available and how to access it. Rumours of new, imminent earthquakes have circulated widely, underscoring the importance of transparent communication – including clarifying that earthquakes cannot be predicted and sharing guidance on how to stay safe during aftershocks. A strong two-way communication system is needed so that people affected can ask questions, raise concerns, and report complaints.

The populations bearing the brunt of these risks are those who were already vulnerable before the disaster: children now at heightened risk of illness and malnutrition, women-headed households, elderly people with mobility challenges, people with disabilities, and pregnant or breastfeeding women who require specialised care. Many live in remote areas where damaged roads are limiting access for relief teams. With cold weather approaching, families sheltering in makeshift conditions face a growing risk of exposure.

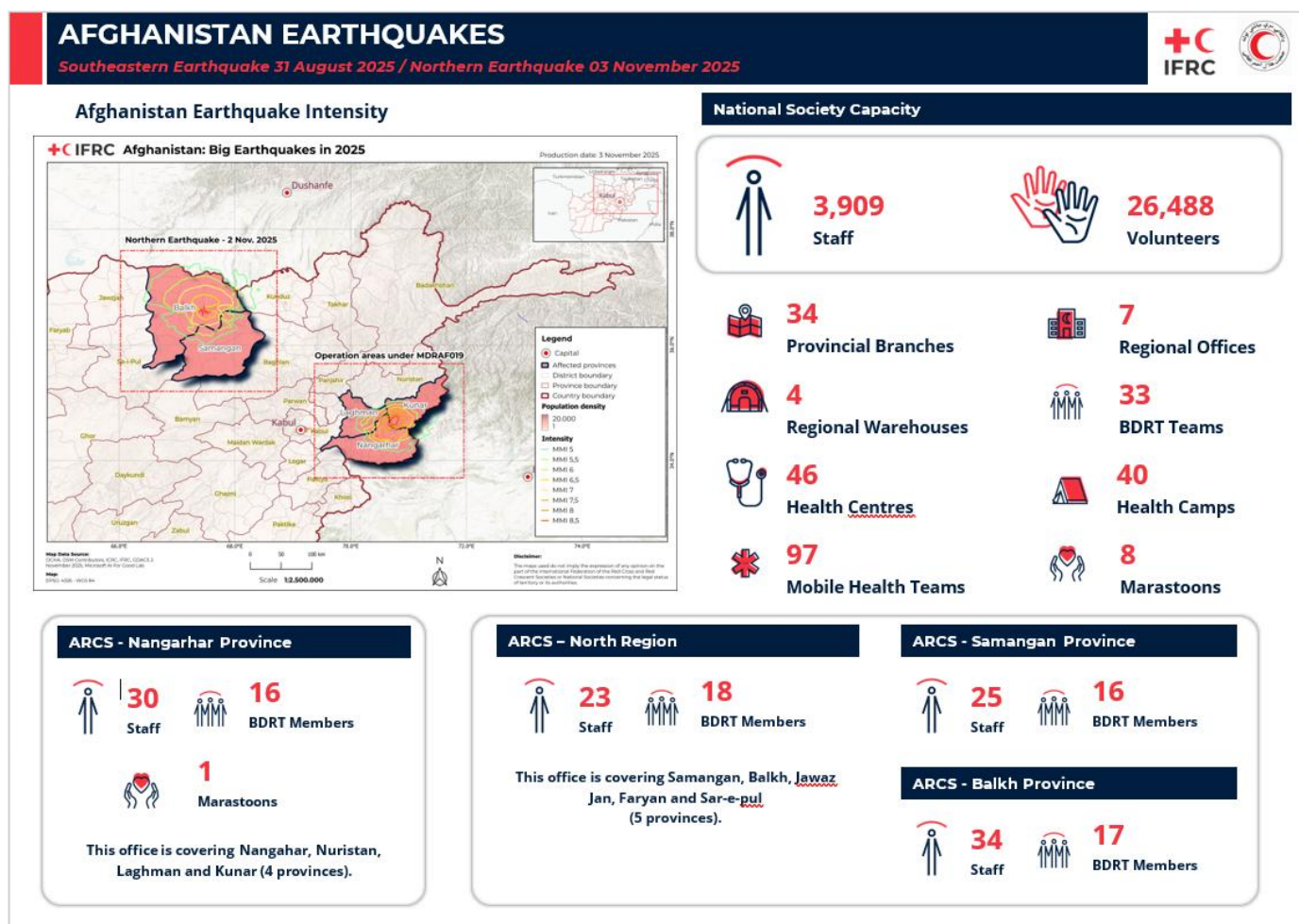
Experience from previous earthquakes in similar areas shows that when recovery is delayed or under-resourced, the impacts on livelihoods, education, and health can persist for years.

Without rapid and targeted support, these vulnerabilities will deepen, further eroding the resilience of communities already pushed to their limits.

CAPACITIES AND RESPONSE

1. National Society response capacity

1.1 National Society capacity and ongoing response



The ARCS has a strong nationwide presence and local networks, enabling it to reach the most vulnerable people in need, including those in remote and underserved areas. It also brings extensive expertise across a range of humanitarian interventions and long-term programming, supported by the International Red Cross Red Crescent Movement and other partners. These interventions include primary healthcare, disaster preparedness, response and management, youth development, community-based health and first aid (CBHFA), community resilience (including water, sanitation, and hygiene – WASH), livelihoods restoration, dissemination of international humanitarian law (IHL), and physical rehabilitation for IDPs with physical disabilities, and operationalising the Fundamental principles of the Movement in all of their work.

The ARCS also provides access to healthcare services through a network of over 250 facilities, which includes a comprehensive hospital in Kabul, 46 fixed clinics, one comprehensive health centre (CHC), 23 health sub-centres, and over 150 mobile health teams (MHTs) and/or emergency MHTs active in all 34 provinces. These 168 facilities (71 fixed) are augmented by temporary facilities known as health camps. There are 168 health camps and

satellite camps focusing on polio eradication, operational since 2023. Additionally, the ARCS is the only organisation in Afghanistan that provides treatment for congenital heart defects (CHDs). In the area of CVA, the ARCS, in partnership with the IFRC Afghanistan Country Delegation, has applied this approach across seven DREFs and two Emergency Appeals since 2022, using RedRose and supported by framework agreements with four national financial service providers (FSPs).

The IFRC Network Afghanistan Country Plan for 2025 provides an integrated overview of ongoing emergency responses and longer-term programming tailored to the needs in the country, as well as a Federation-wide view of the country's actions. This approach aims to streamline activities under one plan while still ensuring that the needs of those affected by disasters and crises are met in an accountable and transparent way.

Action taken by the Afghan Red Crescent Society

Following the first earthquake at the end of August in the Kunar region, the ARCS rapidly mobilised five MHTs to the most affected areas, delivering life-saving primary health services. These included outpatient consultations, the distribution of essential medicines, reproductive health services, nutrition support, and basic MHPSS. The ARCS quickly established two temporary camps to provide shelter and integrated assistance to approximately 1,000 households. Support provided at these sites included multipurpose cash assistance, hot meals, essential household items, WASH facilities, continued deployment of MHTs, and psychosocial services.

Following the second 6.3-magnitude earthquake in Balkh and Samangan provinces, the ARCS rapidly mobilised its disaster response capacity. Fifty staff and volunteers from Branch Disaster Response Teams (BDRTs) and Disaster Response Units (DRUs) were deployed to conduct aerial and field assessments and deliver immediate relief. The ARCS distributed essential household items and shelter materials, including tents, tarpaulins, blankets, kitchen sets, and hygiene kits, to 500 households within three to four days of the disaster. In addition, vulnerability-based targeting criteria were applied for multi-purpose cash assistance (MPCA), prioritising households whose homes fully collapsed or were severely damaged, female-headed households, families with elderly members or persons with disabilities, and those without immediate income sources. Additionally, registration and distribution of multi-purpose cash assistance (MPCA) for 1,000 affected people commenced, ensuring timely support for basic needs. Relief stocks were sourced from the IFRC's Kabul warehouse and complemented by donations from partners such as the King Salman Humanitarian Aid and Relief Centre.

To address urgent health needs, the ARCS deployed two MHTs supported by the Norwegian Red Cross, providing primary healthcare, triage, and referrals. Over 862 people received outpatient consultations, and 849 were assisted with first aid, while common conditions such as acute respiratory infections and diarrhoea were treated. The ARCS also reinforced health services through its Health Base Centre in Balkh despite infrastructure challenges. Coordination with local authorities, the IFRC, and partners remains ongoing to ensure effective targeting and distribution of assistance. Furthermore, the ARCS initiated WASH assessments and strengthened community engagement mechanisms, expanding feedback systems and inclusive communication approaches to keep affected families informed and involved in the response.

1.2 Capacity and response at the national level

A national-level committee has been established by the relevant authority, bringing together representatives from all key government agencies to ensure a coordinated response. This committee provides overall direction and facilitates coordination with organisations operating on the ground. All relief actors are required to align their efforts with the committee to avoid duplication and ensure that resources reach those most in need.

The ARCS, as a member of this committee, plays an active role in both coordination and operational response. Core interventions at the national and field levels include the provision of cash assistance to affected households, conducting search and rescue operations, and working alongside government agencies to clear blocked roads and restore access. These efforts have been critical in enabling relief organisations to reach isolated communities and deliver essential assistance.

As the country's leading humanitarian organisation and auxiliary to the public authorities, the ARCS plays an essential role in supporting local authorities, UN agencies, and other national and international humanitarian actors to ensure that assistance reaches the most affected and vulnerable communities.

2. International capacity and response

2.1 Red Cross Red Crescent Movement capacity and response

The IFRC Afghanistan Country Delegation, established in 1990, supports the ARCS in the following areas: humanitarian operations related to disasters and crises caused by natural hazards; health services in hard-to-reach areas; longer-term resilience-building programmes; coordinating support by the IFRC membership to the ARCS; enhancing the organisational development of the ARCS; and representing the ARCS internationally. The IFRC is supporting the earthquake response through surge personnel deployments, strengthening operations, and ensuring effective coordination. This surge support was rapidly mobilised through the IFRC's global network.

Four Participating National Societies (PNSs) with an in-country presence – the Danish Red Cross, Norwegian Red Cross, Qatar Red Crescent Society, and Turkish Red Crescent – are providing support to the ARCS based on their areas of expertise. Their contributions include technical, financial, and in-kind support in primary healthcare services, essential medicines, MHPSS, hygiene kits, food security, and other assistance. Following the earthquake, the IFRC is working closely with these PNSs to coordinate the response and maintain alignment under the Ways of Working approach.

Participating National Societies that have channelled their support via the IFRC Afghanistan Earthquake Emergency Appeal (MDRAF019) are the British Red Cross, Swiss Red Cross, Swedish Red Cross, Monaco Red Cross, Singapore Red Cross, Taiwan Red Cross, Thai Red Cross, AECID, Irish Red Cross, Finnish Red Cross, Canadian Red Cross, Netherlands Red Cross, Norwegian Red Cross, New Zealand Red Cross, Saudi Red Crescent, and the Italian, Japanese, Luxemburg, and Irish Governments, as well as the Italian and Japanese Red Cross Societies.

The ICRC, with a continuous presence in Afghanistan since 1986, operates through its main delegation in Kabul, as well as through its field-based sub-delegations, offices, and Physical Rehabilitation Centres. The ICRC's key operating areas in responding to Afghanistan's protracted conflict include the promotion and respect of international humanitarian law (IHL); providing health services for the wounded and sick; building resilience in essential services in rural and urban settings, particularly in water and energy; supporting physical rehabilitation and social reintegration; raising awareness on weapon contamination; monitoring the treatment of detainees across the country; protecting family links; and supporting the ARCS's institutional and operational capacities, including safer access, joint operational response, and improvements in health and water sanitation conditions.

Thanks to the existing Movement Cooperation Agreement (MCA), the support provided by the IFRC and ICRC is complementary and well-coordinated.

IFRC membership

The IFRC is working closely with PNSs under the Federation-wide approach, which supports the consolidation of multilateral and bilateral assistance provided to the ARCS and promotes harmonised planning, monitoring, reporting, and coordination mechanisms.

In-country PNS are providing critical, timely support across multiple sectors including MHPSS, primary healthcare, medicine supplies, hygiene and dignity kits, distribution of hot meals and clean water, as well as early recovery and livelihoods assistance. In addition, they are contributing flexible financial resources that enable rapid, coordinated, and needs-driven action on the ground.

ICRC

The ICRC is participating in the ARCS Task Force meetings. Since the beginning of the crisis, it provided financial contributions totalling CHF 425,000. The ICRC is also advising Movement partners on security analysis and developments, providing guidance on the use of the emblem and external communications messaging jointly with the IFRC, and supporting the ARCS in implementing the Safer Access Framework to ensure safe and effective operations in the affected areas.

Furthermore, the ICRC has supported the ARCS with body bags, RFL emergency kits, medical kits, weapon contamination awareness messages, essential household items and emergency kits, including 500 tents. In coordination with the IFRC and other Movement Partners, the ICRC is also supporting the ARCS response in WASH and camp management and supplies.

2.2 International Humanitarian Stakeholder capacity and response

The Humanitarian Country Team (HCT) serves as a strategic, policy level and decision-making forum that guides principled humanitarian action in Afghanistan. The IFRC is an observer to the HCT and has participated in ad hoc HCT meetings focusing on the response to the Nangarhar, Kunar, Lagman, and Nuristan earthquakes. These meetings discuss strategy, progress, and challenges related to overall coordination.

The ARCS and IFRC are members of the Food Security and Agriculture Cluster (FSAC), Cash and Voucher Assistance Working Group, Emergency Shelter and Household Items (ES-HI) Cluster, Accountability to Affected Population Working Group, Health Cluster, WASH Cluster, and Gender in Humanitarian Action Working Group. The IFRC has participated, and will continue to participate, in Cluster meetings focusing on the response to the earthquakes in Nangarhar, Kunar, Lagman, and Nuristan, and will further strengthen its engagement with the ES-HI Cluster. These meetings discuss planning, coordination, progress, and sector-specific challenges, and close coordination with line ministries and related clusters is essential to ensure alignment in the response.

Further, the IFRC participates in the Inter-Cluster Coordination Team (ICCT) which aims to enhance inter-cluster coordination.

3. Gaps in the response

The earthquakes in Kunar, Laghman, Nangarhar, and Nuristan have left thousands of families displaced, with many forced to seek shelter in open spaces. These temporary arrangements, while essential, are under immense pressure.

The recent northern and eastern earthquake has strained capacity at local hubs, forcing people to live outside their homes and creating an urgent need for food, shelter, health, livelihood, and basic WASH services. This situation has severely restricted access to essential resources such as food, clean water, hygiene facilities, and health services.

The main gaps are summarised below:

Immediate needs: Food assistance, winterisation assistance, cash assistance, emergency shelter, household items, emergency health, MHPSS including psychological first aid (PFA), restoring family links (RFL), drinking water, hygiene, and sanitation (WASH) support, including hygiene, menstrual hygiene management (MHM) kits and addressing the protection needs of women, girls, and children who have been orphaned and women who have been widowed.

As per the emergency needs assessment findings in Balkh and Samangan provinces, the gaps are as follows:

- The community urgently needs MHTs, temporary family shelters, and essential household items, including winterisation and dignity kits.
- Households require food packages for 3-4 months to get through the winter, along with multi-purpose cash assistance as markets remain functional.
- Hygiene and dignity kits for girls and women are essential to support their health and well-being.

Medium-term needs: Support for transitional shelters, restoring livelihoods, provision of clean water and sanitation, and primary health and care services. The branch development framework will further strengthen the branch system process and procedures with volunteer management guidelines for integrated programme delivery. Continuous mental health and psychosocial support is required, including but not limited to psychosocial first aid, recreational activities for children, and other interventions that support the recovery of the affected population.

Long-term needs: Durable shelter, restoring livelihoods and income-generating initiatives, improving food security, restoring water and sanitation infrastructure, and National Society Development, including preparedness for effective response. For the longer-term, communities require improved shelter and housing support to ensure safe living conditions, while livelihood interventions are needed to help families restore their income and stability. In addition, access to essential health services remains a priority to address immediate medical needs.

Needs per sector:

Shelter

In northern Afghanistan (Balkh and Samangan provinces), the 3 November 2025 earthquake completely destroyed more than 2,000 houses and left many others partially damaged. Affected households are living in makeshift shelters or structurally compromised homes, exposing them to aftershocks, harsh weather, and settlement-level risks such as landslides in mountainous areas like Tangi village. Immediate shelter needs include tents, tarpaulins, insulated materials, blankets, and essential household items. All shelter solutions should ensure safety, privacy, and accessibility, with safe spaces for women and children and consideration for people with disabilities. Beyond emergency assistance, there is a critical need for technical guidance on safer construction practices, minor repairs, structural reinforcements, and identification of no-built zones to reduce ongoing hazards. Winterisation support, including high-thermal blankets, insulated flooring, and weatherproof coverings, is urgently needed to protect families from cold conditions. Strengthened community-based assessments, data management, and coordination are essential to effectively target assistance and ensure safe, dignified shelter solutions.

In southeastern Afghanistan (Kunar, Nangarhar, and Laghman provinces), the earthquake is estimated to have affected approximately 8,000 houses (completely or partially collapsed). In Kunar province, the ARCS has provided emergency support in two managed camps, distributing one tent, two jerrycans, one kitchen set, two tarpaulins, and seven blankets per household, yet substantial gaps remain in adequate shelter space,

winterisation, and transitional solutions. Moving from emergency shelter to transitional shelter is a priority in most impacted villages, with households requiring material or cash support, guidance, and technical assistance to rebuild safely. Shelter recovery must address immediate, medium, and long-term needs, ensuring that health, safety, privacy, and dignity are safeguarded through community-driven approaches. Community awareness and sensitisation on safe building techniques and the use of locally available materials is critical to minimise future losses. With winter approaching, rental housing support, host family arrangements, and rubble clearance using existing ARCS/IFRC assets (e.g. tractors) should be explored to provide timely, safe, and dignified shelter solutions. Early recovery interventions, including vocational and skills training, are also necessary to link shelter reconstruction with income-generation activities, supporting long-term resilience.

Emergency Health and WASH

Support for emergency health services, including MHPSS, is required, with a specific focus on providing first aid and emergency basic health services to the affected population, both through the deployment of health teams to affected locations and the referral of serious cases to better-equipped facilities. In addition, health teams and health facilities (including those in the capital receiving referrals) must be supplied with medicines, medical supplies, and equipment. Further consultations with the authorities and health partners may indicate the need for establishing static health facilities in the affected districts.

The initial assessment of the southeastern earthquake revealed that access to safe drinking water was non-existent, and latrine facilities were severely affected, increasing the risk of diseases like AWD and malaria, further compounded by a lack of hygiene items due to displacement. In response, the ARCS distributed 450,000 litres of water per day for one month in the affected villages. Subsequently, in Camps 1 and 2 in Kunar, the ARCS installed 200 water tanks (1,000 L each) connected to the ICRC supply line. A total of 200 ventilated pit latrines and 140 mobile/tarpaulin latrines were installed, with 10 PWD-friendly latrines planned. Of the 350 handwashing stations planned, 67 have been installed, with additional units to be connected to the main water line. Furthermore, 834 hygiene kits were distributed, with 500 prepositioned. For MHM support, 1,000 kits will be distributed in November 2025. The recent Health and WASH assessment by the ARCS and IFRC highlighted the need to install improved bathing, laundry, and ablution units with hot water provisions, as well as more waste collection bins and handwashing stations near toilets. The assessment also underscored the importance of hygiene promotion activities and the distribution of MHM and HP kits among the camp population to prevent open defecation and reduce cases of diarrhoea and scabies. Finally, the drainage system in both camps requires upgrading to prevent waterlogging and vector breeding, which contribute to mosquito-borne diseases such as malaria. Once the displaced families return to their communities, the restoration of WASH infrastructure must be prioritised in the recovery phase. This includes installing community-based water schemes, constructing latrines and bathing units, and rolling out hygiene promotion activities alongside menstrual hygiene management interventions.

According to the rapid assessment by the ARCS, the WASH infrastructure in the affected communities of Balkh and Samangan provinces has been severely damaged, leaving thousands of families in highly vulnerable situations. The devastating earthquake destroyed numerous water sources, leaving people disconnected from their usual drinking water supplies and forcing them to rely on unsafe water. Household latrines have collapsed and become non-functional, forcing people to practice open defecation and increasing the risk of disease outbreaks. Many families have also lost their basic hygiene materials. Immediate priorities include distributing safe drinking water, installing emergency sanitation facilities, and distributing HP and MHM kits in the affected communities. The lack of adequate WASH facilities in the affected communities may further deteriorate public health if services are not fully restored. While emergency WASH support addresses immediate needs, the longer-term priority is to rehabilitate and reinstall community WASH infrastructure. To prevent the spread of

waterborne and faecal-borne diseases, hygiene promotion activities should be implemented in parallel with the provision of essential WASH hardware.

The earthquakes created significant needs for health services, including trauma care, physical rehabilitation, and MHPSS. Additional support is required to provide medical supplies and equipment and to deliver essential primary health care services. The earthquakes have also increased the risk of communicable diseases due to insufficient shelter and sanitation, highlighting the importance of disease outbreak prevention, detection, and response.

Food Security, Cash, and Livelihoods

The earthquake has destroyed food stocks, livelihoods, and essential supplies, leaving communities without the means to prepare new food reserves. This has created an urgent need for ready-made food assistance. Even before the disaster, affected families in the target districts faced chronic food insecurity due to widespread poverty, unemployment, prolonged droughts, and economic hardship. The earthquake further depleted existing food stocks and hindered the ability of families to begin the planting season. In several areas, the loss of livestock – the primary source of food and income – has further undermined household livelihoods, making urgent support critical to restore agricultural activities and prevent worsening economic conditions. CVA has been used to help households meet immediate basic needs and begin re-establishing their livelihoods. The use of cash as a tool to deliver assistance provides flexibility for targets in prioritising their most urgent needs for recovery. Initial analysis indicates that markets in nearby urban areas remained functional.

The ARCS, supported by the IFRC, conducted a rapid emergency needs assessment confirming that local markets could support cash-based interventions. Based on these findings, MPCA was identified as the most appropriate and effective response.

The ARCS and IFRC will continue to prioritise the cash-based assistance modality as needed in the operation. The ARCS has prior experience in implementing CVA programmes, and the IFRC Delegation and in-country partners have the capacity to support these activities. In addition, the IFRC has developed framework agreements with FSPs to further strengthen the operation's ability to meet evolving humanitarian needs through cash modalities.

Despite the rapid response, significant challenges persist, including damaged roads and harsh winter conditions. To further support vulnerable families during the winter season, additional households are planned to receive multi-purpose cash assistance, enabling them to meet basic needs such as food, heating, and essential winter supplies.

The MPCA intervention remains a vital component in helping earthquake-affected communities regain stability, sustain themselves during winter, and rebuild their lives with dignity. The ARCS and IFRC continue to monitor needs and provide ongoing humanitarian support to the most affected households.

National Society Development and Localised Action

By investing in the ARCS's institutional preparedness and development, this operation aims to enhance the National Society's ability to deliver effective humanitarian assistance and increase its operational efficiency, especially at the local level and at critical moments. The National Society Development (NSD) and National Society Preparedness (NSP) frameworks will guide the capacity strengthening initiatives for the affected branches to improve their response capacity, preparedness, and integrated programme delivery.

PGI and CEA

Assessments conducted by the ARCS and IFRC highlighted several gaps in the ongoing response. In the current context, there is a critical concern that women may face barriers in accessing support, information, and decision-making processes. Cultural norms, combined with the disruption caused by the earthquake, risk further limiting the ability of women to participate and voice their needs. A major concern is the lack of culturally appropriate latrines, which indicates limited consultation with the ARCS and local communities. In addition, the number of latrines available for families living in tents is insufficient, and many community members remain unaware of the selection criteria, leaving them uncertain about eligibility for assistance. The temporary and inadequate shelters in the wake of the earthquake present threats to the protection of women and the safety and security of girls. Response actions should consider the provision of dignity kits, offering mental health and psychosocial support to men, women, and children, providing cash aid for protection, installing solar lights, and creating child-friendly areas, among other relevant interventions. Similarly, the lack of electricity or solar panel systems, needed to provide basic cooling such as fans and lighting at night, remains a recurring challenge both in camps and villages, particularly as Kunar is one of the hottest provinces in Afghanistan.

Communities reported that feedback mechanisms are either not in place or poorly documented, making it difficult to track and respond to their concerns. While communities are generally aware of the ARCS's mandate and most expressed satisfaction with the support they have received, there is still a clear expectation for additional aid, either from the ARCS or from other humanitarian organisations. Because of the inadequate systematic feedback mechanism, questions and concerns may go unanswered. Such a scenario can increase misinformation and deprive communities of potentially lifesaving and life-improving information. It will be crucial to establish a systematic feedback mechanism using multiple channels (minimum two) to ensure that questions from community members can be answered promptly and that information and engagement with communities can be tailored according to their needs. The communication channels in affected villages will include face-to-face interactions and the utilisation of local radio stations.

Women and girls have been disproportionately impacted by the earthquakes, accounting for 52 per cent of fatalities compared to 48 per cent of men. Among the injured, 54 per cent are women and 46 per cent are men. Many affected individuals are women-headed households and pregnant women, particularly concentrated in the Nurgal district of Kunar. Women face significant challenges in accessing assistance due to conservative social norms, a lack of support and information networks following displacement, and the limited presence of female humanitarian workers. Shelter is the most urgent need identified by women during focus group discussions (FGDs), as they spend most of their time inside tents, which lack privacy and increase protection risks. Women also request household items, especially clothing, since many fled their homes without any belongings.

In terms of food security, women and girls are asking for food, cooking utensils, and designated cooking spaces. They also express a critical need for financial support, including cash assistance, with 90 per cent of households having no money for food and many women having lost their primary income source, livestock.

Injured women are calling for urgent health services, particularly the availability of female doctors and nurses, as well as access to maternal and reproductive healthcare. Additionally, due to the trauma and increased caregiving responsibilities they face, women request MHPSS services provided by female counsellors. Protection concerns are high, including gender-based violence (GBV), prompting humanitarian workers to call for more protection and safeguarding specialists on the ground. WASH issues are also prevalent, with many women unsure of where to go for basic hygiene needs, often having to leave the camps to find secluded areas, which exposes them to protection risks and unexploded ordnance. Finally, regarding accountability to affected populations (AAP), women report having limited access to information about available assistance. Most do not own phones and have indicated that in-person communication from female humanitarian workers is the most

appropriate and effective way to receive information².

There is a critical shortage of female medical staff, particularly doctors and nurses, in the affected provinces. This is forcing injured women to delay or forgo medical treatment due to cultural norms against being treated by male healthcare providers. Reports indicate that some pregnant women have died because of a lack of female medical personnel. An estimated 12,500 pregnant women have been affected by the earthquake across the eastern provinces³ (UNFPA Flash Update 3 Sep), though sex-disaggregated data on the total number of casualties remains unavailable. The WHO has called on the Taliban lift restrictions on female aid workers and allow them to travel so they can assist women who are struggling to access health and care services following the earthquake.

The temporary and inadequate shelters in the wake of the earthquake present threats to the protection of women and the safety and security of girls. Response actions should consider the provision of dignity kits, offering mental health and psychosocial support to men, women, and children, providing cash assistance for protection, installing solar lights, and creating child-friendly areas, among other relevant interventions.

OPERATIONAL CONSTRAINTS

While access and safety to all parts of the country have improved since August 2021, security concerns remain due to increasing criminality prompted by economic hardships and the presence of opposition armed groups, which occasionally mount deadly attacks. It is crucial that safety and security protocols are reinforced and followed by all personnel involved in the operation.

Despite UN Security Council Resolution (SCR) 2615, which provides exemptions for humanitarian action, disruptions to financial services and cash flows persist. Difficulties in making transfers, processing payments, and completing transactions continue to cause periodic operational delays. The IFRC continues to closely monitor and assess the situation to manage these risks, including in private meetings with various stakeholders, including financial institutions. Furthermore, the IFRC has a framework agreement with four financial service providers for cash-based assistance.

Frequent aftershocks in Nurgal district have caused road blockages, complicating travel and delaying the delivery of aid. Remote, mountainous terrain with poor road access and limited communication in the affected villages of Balkh and Samangan continues to hinder the timely provision of life-saving assistance. To navigate these constraints, operational flexibility is essential, with cash-based assistance and in-kind modalities kept available and used according to evolving contextual needs.

There are unpredictable and increasing restrictions on humanitarian actors, including limitations on the participation of female humanitarian workers. For now, the IFRC network's programmes and operations continue with the engagement of female staff and volunteers. The priority of the IFRC network remains in alleviating human suffering whenever it occurs. This means continuing to deliver services to as many people, wherever possible, within the available resources, while pragmatically finding solutions that ensure the meaningful inclusion of women and all affected groups in the process.

² [Gender Alert: Needs of women and girls after the eastern Afghanistan earthquake - Afghanistan | ReliefWeb](#)

³ [Flash Update Afghanistan Earthquake 2 Sept 2025.docx](#)

FEDERATION-WIDE APPROACH

The Emergency Appeal is part of a Federation-wide approach based on the response priorities of the Operating National Society and in consultation with all Federation members contributing to the response. The approach, reflected in this Operational Strategy, will ensure linkages between all response activities (including bilateral activities and activities funded domestically) and will assist in leveraging the capacities of all members of the IFRC network in the country to maximise the collective humanitarian impact.

The Federation-wide funding requirement for this Emergency Appeal comprises all support and funding to be channelled to the Operating National Society in response to the emergency event. This includes the Operating National Society's domestic fundraising ask, the fundraising ask of supporting Red Cross and Red Crescent National Societies, and the funding ask of the IFRC secretariat.

OPERATIONAL STRATEGY

Vision

The operation will support the ARCS in addressing the immediate, medium, and longer-term needs of the Afghan people affected by the impact of the earthquakes in northern and southeastern Afghanistan. It targets 170,000 people across Nangarhar, Kunar, Laghman, Nuristan, Balkh, and Samangan provinces through a coordinated, Federation-wide response. The operation also aims to reduce the pressure on fragile communities and overstretched services in priority areas of return and (re)integration, with an additional focus on supporting individuals with multiple and complex vulnerabilities to (re)establish sustainable livelihoods, health, WASH and CBHFA, and shelter construction. By December 2027, the emergency operation will complement ongoing and future interventions undertaken by the ARCS with the support of the IFRC in coordination with Movement partners and other stakeholders. The operation will prioritise complementarity with the response efforts of the authorities and Movement partners, leveraging the ARCS's unique position and access to avoid duplication of services provided by humanitarian agencies and maximise humanitarian outcomes. The operation integrates lessons learned from both earthquakes, ensuring continuity from emergency response to early recovery. Emergency interventions will be reinforced with early recovery and livelihood initiatives, technical guidance, and community-driven solutions designed to strengthen resilience and safeguard the health, safety, and dignity of affected communities.

Transition to longer-term planning

In the emergency phase, interventions will focus on rapidly providing temporary shelter, essential household items, primary healthcare (including MHPSS), distribution of food and household items, winterisation kits, and cash assistance (particularly for women with multiple vulnerabilities). As the situation stabilises, the operation will shift towards recovery through the provision of transitional shelters, repair work, safer reconstruction guidance, and targeted livelihood support, aimed at restoring self-reliance. Community engagement, awareness, and technical support will ensure that households can rebuild safely and sustainably, using locally available materials and risk-informed practices.

These interventions aim to alleviate the challenges faced by communities under significant strain, enhance access to basic services, and support people in rebuilding their lives with dignity and resilience. The ARCS and IFRC will ensure that all activities are coordinated with other humanitarian actors and authorities and aligned with the Unified Plan, strengthening disaster preparedness, early recovery, and longer-term resilience initiatives.

Anticipated climate-related risks and adjustments in the operation

This year, rainfall levels across Afghanistan remain significantly below the seasonal average, deepening the country's persistent drought and posing heightened risks to water availability, agriculture, and food security. The operation integrates these climate and seasonal risks, particularly winter conditions in northern and mountainous areas, landslide-prone zones, and water scarcity, which may affect access, shelter, and service

delivery. Adjustments include pre-positioning winterised shelter and relief materials, using hazard-informed site selection for temporary and transitional shelters, incorporating weather-resistant design standards, and maintaining flexible programming to respond to sudden changes in humanitarian needs, including water shortages and disruptions to livelihoods.

Targeting

People to be assisted

The revised Emergency Appeal for the Afghanistan Earthquake (MDRAF019) aims to support a total of 170,000 people directly through a coordinated Federation-wide response over a two-year period. This builds on the immediate response targeting 20,000 people in Balkh and Samangan provinces and expands assistance to address both urgent and longer-term needs.

Target Population

The earthquakes on 31 August and 3 November 2025 affected an estimated 1.3 million and 110,000 people respectively, causing widespread destruction, displacement, and disruption of essential services. Thousands of families remain in makeshift shelters, exposed to harsh winter conditions, and at heightened risk of illness and protection concerns. The operation will prioritise households most severely impacted by the disaster, based on the following eligibility criteria:

- Households whose homes have been destroyed or damaged by the earthquake.
- Households whose breadwinners have been killed by the earthquake.
- Households whose livelihood assets or means of income have been destroyed or damaged.
- Host families accommodating displaced persons.
- Households with two or more children under five unable to meet basic needs.

Vulnerability Criteria for Prioritisation

Within the eligible population, the following vulnerability factors will guide prioritisation:

- Seniors with responsibility for children in the household.
- Households without livestock.
- Households headed by widows or single mothers with young children.
- Households with members suffering from chronic medical conditions.
- Households with a person with a disability.
- Pregnant and lactating women.
- Households with members who have congenital heart defects.

These criteria will be complemented by sector-specific considerations (e.g. health, shelter, WASH, IDPs) and finalised through community engagement processes, consultations with local authorities, and coordination with other humanitarian actors to ensure transparency and avoid duplication.

Considerations for protection, gender, and inclusion and community engagement and accountability

Selection criteria and targeting will be clearly communicated to earthquake-affected individuals and communities in Balkh and Samangan provinces through inclusive and participatory approaches. The ARCS will engage both men and women in dialogue sessions, FGDs, and community meetings to collaboratively define and validate the selection criteria. Accessible information will be disseminated through trusted channels, including religious and community leaders, mobile platforms such as WhatsApp, face-to-face interactions, hotlines/SMS, community focal points, and help desks located at ARCS camps, distribution sites, and within local communities.


The ARCS will strengthen staff, volunteer, and leadership capacity on CEA to improve communication and responsiveness to community needs, applying multiple methods to share information on programme activities and selection processes. Communities will actively participate in planning and managing services through FGDs

and feedback-driven adjustments, with regular perception and feedback reports produced to guide decisions. Feedback systems will capture and disaggregate community input by sex, age, and disability, while sensitive issues such as sexual exploitation and abuse (SEA), fraud, corruption, or protection concerns will be addressed through secure and confidential channels to ensure transparency and trust.

To maintain a rights-based and inclusive approach throughout the response, PGI considerations will be integrated into the needs analysis phase to guide the identification of at-risk individuals and inform sectoral planning. PGI principles will be mainstreamed across all interventions to promote inclusive access to services and mitigate risks of harm. IEC materials, including leaflets and flyers, will be designed, printed, and distributed to raise awareness of PGI principles, while staff and volunteers will receive targeted training in PGI minimum standards to ensure sensitive and consistent service delivery. Dignity and delivery kits will be provided to women and girls to meet specific health and hygiene needs, and female volunteers will be mobilised and trained to play an active role in outreach and support. Disability inclusion will be prioritised through service mapping and referral pathways for individuals with disabilities, ensuring timely and appropriate assistance.

Capacity building will include training for staff and volunteers on PGI in emergency settings, child safeguarding, and protection standards. Robust referral mechanisms will be established for protection concerns, and child safeguarding protocols will be reinforced. The IFRC and ARCS will actively participate in relevant PGI coordination platforms, including the GBV sub-cluster and Gender in Humanitarian Action working groups, to align with inter-agency efforts, share information, and strengthen protection and gender outcomes.


PLANNED OPERATIONS

 <p>Shelter, Housing, and Settlements</p>	Female > 18: 4,339	Female < 18: 5,951	CHF 7,681,000
	Male > 18: 4,516	Male < 18: 6,194	Total target: 21,000
<p>Objective:</p>	<p>Provide safe and secure shelter solutions for people severely affected by the earthquake in Kunar, Nangarhar, Laghman, Balkh, and Samangan provinces in Afghanistan, enhancing their safety, dignity and well-being while supporting longer-term recovery, safer reconstruction, and community integration.</p>		
<p>Priority Actions:</p>	<p>Emergency Support Phase</p> <ol style="list-style-type: none"> 1. Project kick-off meeting and orientation to ARCS staff and volunteers on operational objectives, roles, and responsibilities. 2. Conduct a comprehensive assessment to determine the nature and scope of the shelter and settlement needs for earthquake affected families. 3. Coordinate with relevant organisations, local authorities, the Emergency Shelter and Non-food Item (ES-NFI) Cluster, and humanitarian actors to ensure a harmonised shelter and settlements response. 4. Distribute emergency shelter items and essential household items (tents, tarpaulins, high-thermal blankets, kitchen sets, jerrycans, hygiene kits). 5. Provide winterisation support for vulnerable households in earthquake-affected areas including the two ARCS camps. 6. Support the transitional stay of earthquake affected communities in camps managed by the authorities and different organisations while establishing case management for more durable shelter and settlements. 		

7. Conduct Camp Coordination and Camp Management (CCCM) orientation sessions for camp households on camp rules, safety, service access, and complaint mechanisms.
8. Renovate and maintain essential camp facilities based on the findings of the CCCM assessment.
9. Install fire-fighting equipment at strategic points inside the camp to improve safety and rapid response capacity.
10. Conduct orientation on safe shelter awareness, including key messages on no-build zones and safer construction practices.


Transition and Recovery Support Phase

1. Conduct detailed assessments to identify earthquake affected households that own a house/land, categorise the level of damage (minor, severe, destroyed, etc.) and assess access to basic services in the areas selected for earthquake affected families.
2. Undertake surveys to identify households that will receive assistance, revalidate their eligibility, and register them.
3. Conduct on-the-job training (OJT) at household construction sites to build the practical skills of local labourers.
4. Provide technical guidance on climate-smart building techniques, nature-based solutions, safer construction, site selection, and disaster risk reduction (DRR) mitigation measures. Address secondary occupation or damaged housing through community-led mediation and legal aid referrals.
5. Provide selected households with orientation on the intervention and the distribution process.
6. Distribute essential PPE and construction tools.
7. Provide shelter reconstruction or repair support (conditional cash assistance, in-kind, or a mixed approach as feasible) following minimum quality standards (SPHERE, cluster guidance, shelter strategy, etc.)
8. Offer guidance on climate-smart building techniques and nature-based solutions, considering building back safer principles, to selected households as well as volunteers and ARCS staff. Engage local construction specialists to advise on climate-smart, build back safer (earthquake), and flood resilient building techniques.

 Livelihoods	Female > 18: 8,472	Female < 18: 11,618	CHF 6,779,000
	Male > 18: 8,818	Male < 18: 12,092	Total target: 41,000
Objective:	Provide sustainable livelihood opportunities for earthquake affected families through a community-based approach that promotes economic self-reliance, strengthens local markets, and supports long-term reintegration and stability within their communities.		

Priority Actions:


1. Conduct research on the livelihood activities of earthquake-affected families to understand their adaptability and coping mechanisms.
2. Assess the potential adjustments required for displaced families to rebuild their livelihoods in new or host community locations.
3. Map local market opportunities to align livelihood interventions with existing demand.
4. Provide conditional cash grants to targeted households, enabling them to invest in small businesses and income-generating activities.
5. Support families in restoring their livelihoods while strengthening local market resilience.
6. Deliver soft business management training (basic accounting, marketing) to strengthen small enterprises.
7. Provide vocational training tailored to local job markets, with a focus on trades and skills that can generate immediate and long-term income.
8. Procure tools and equipment for cash for work (CfW) initiatives in agriculture, livestock management, and community asset rehabilitation.
9. Implement CfW schemes that restore community infrastructure while providing temporary income for affected households.
10. Conduct post-distribution monitoring (PDM) to evaluate the effectiveness of cash grants and training.

 Multi-purpose Cash	Female > 18: 17,718	Female < 18: 24,298	CHF 2,595,000
	Male > 18: 18,442	Male < 18: 25,292	Total target: 85,750
Objective:	Support families affected by the earthquakes to meet their basic needs and access essential items, such as food, household goods, and vital dignity-related services, through multi-purpose cash assistance (MPCA) grants, ensuring their safety, dignity, and overall well-being.		
Priority Actions:	<ol style="list-style-type: none"> 1. Conduct a market assessment to verify the cash assistance needs in earthquake affected communities. 2. Train and mobilise relevant staff and volunteers. 3. Facilitate community mobilisation and sensitisation in targeted communities. 4. Identify households and individuals to receive cash assistance using clear, transparent, and participatory vulnerability criteria. 5. Prioritise highly affected communities in Kunar, Laghman, and Nangarhar provinces. 6. Document and verify target lists to ensure fairness and accountability. 7. Provide multipurpose cash to 4,500 selected households and individuals based on CWG standards through FSPs (depending on budget availability). 		

8. Establish community-based feedback and complaints mechanisms (hotlines, helpdesks, suggestion boxes) to promote transparency and address concerns.
9. Monitor the effectiveness of cash transfers through PDM and community consultations.
10. Document lessons learned to strengthen future CVA interventions.

HEALTH AND CARE INCLUDING WATER, SANITATION, AND HYGIENE (WASH)

(MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT/COMMUNITY HEALTH)

 <p>Health and Care (Mental Health and Psychosocial Support/Community Health/Medical Services)</p>	Female > 18: 20,209	Female < 18: 27,713	CHF 1,154,000
	Male > 18: 21,034	Male < 18: 28,844	Total target: 97,800
Objective:	Contribute to the overall humanitarian response by safeguarding the health, dignity, and mental health and psychological well-being of earthquake-affected populations in southeastern Afghanistan.		
Priority Actions:	<p>Primary health care and referrals</p> <ol style="list-style-type: none"> 1. Deploy eight MHTs to provide outpatient consultations, maternal and child health services, and immunisations. 2. Procure and distribute medicine kits for all eight MHTs. 3. Provide medical and non-medical equipment for MHTs. 4. Procure two ambulances for the ARCS to ensure timely patient transport during emergencies and to strengthen preparedness for future disasters in remote and high-risk areas. 5. Conduct capacity building for MHT staff on HMIS, nutrition, mental health, EPI, Basic Emergency Obstetric and Newborn Care (BEmONC), etc. 6. Conduct health education and awareness sessions on key topics such as hygiene, nutrition, maternal health, and disease prevention. 7. Integrate MHPSS and PFA services through MHTs by recruiting female MHPSS counsellors. 8. Enhance the capacity of MHT staff through targeted MHPSS and PFA training sessions. 9. Roll out community-based surveillance (CBS) to strengthen early detection and enable rapid responses. 10. Strengthen risk communication and community engagement (RCCE) through the ARCS's network of community volunteers to help communities understand the risks, recognise symptoms early on, and adopt appropriate preventive behaviours. 		

11. Provide long-lasting insecticide-treated nets (LLINs) to pregnant women and children because of their risk of exposure to malaria.

Mental Health and Psychosocial Support

12. Train Health staff in psychological first aid.
13. Conduct PFA training sessions for volunteers.
14. Provide mental health and psychosocial support through MHTs and trained volunteers in affected communities.
15. Establish safe spaces and community healing activities through community-based structures.

Community Health

16. Train volunteers (male, female) across Kunar, Nangarhar, Laghman, Nuristan, Balkh, and Samangan provinces through CBHFA, PFA, epidemic control for volunteers (ECV), hygiene promotion, sexual and reproductive health (SRH), MHM, non-communicable disease (NCD) training, household water treatment (HHWT), disaster preparedness, community mobilisation, and behaviour change.
17. Provide CBHFA and health promotion training to ARCS staff and volunteers from Balkh and Samangan provinces.
18. Conduct community health awareness sessions on different CBHFA topics to communities via trained volunteers.
19. Establish Health Committees and Grandmother Committees to support community health mobilisation.
20. Distribute first aid kits and refilling kits to trained volunteers.
21. Conduct CBHFA refresher training sessions for all trained volunteers in 2026.



Water, Sanitation, and Hygiene

Female > 18: 16,531	Female < 18: 22,669	CHF 2,035,000
Male > 18: 17,205	Male < 18: 23,595	Total target: 80,000

Objective:

Ensure access to clean water, improved sanitation facilities, and promote good hygiene practices among earthquake-affected populations, thereby enhancing overall health and well-being.


Priority Actions:

1. Conduct technical assessments for WASH to prioritise the activities.
2. Distribute water via water trucking among affected communities and displaced populations.
3. Construct nine water supply pipe schemes to restore access to safe drinking water in the hardest-hit communities. These systems are designed to serve communal water points, making clean water available to families that lost their homes or are living in temporary shelters.
4. Supply and distribute plastic jerry cans for families.
5. Install water tanks in the camps to preserve and supply safe drinking water.


6. Construct ventilated dry pit latrines in camps and communities to improve sanitation during the recovery phase.
7. Install improved bathing, laundry, and ablution units with hot water provisions in camps for use during winter.
8. Install handwashing facilities with soap near toilets and connect them to water supply lines.
9. Install rapid latrines or rehabilitate community latrines through cash grants.
10. Supply and distribute MHM kits.
11. Supply and distribute family hygiene kits.
12. Distribute refill hygiene packs (both bathing and laundry soap).
13. Construct culturally accepted latrines, which include facilities for persons with disabilities (PWDs) and a MHM room. Each latrine will be equipped with handwashing facilities, a solar panel system, and a septic tank.
14. Manage solid waste in the camps and communities by engaging local volunteers.
15. Ensure a proper drainage system in the camps to prevent waterlogging and reduce mosquito and other vector breeding.
16. Conduct WASH technical training sessions for ARCS WASH staff and volunteers.
17. Conduct National Disaster Response Team (NDRT) WASH/Specialised Training of Trainers (ToT) for national level volunteers who will be available to respond to WASH response emergencies at any time.
18. Conduct hygiene promotion training for volunteers in Kunar, and HP sessions in the camps and communities.
19. Continue to coordinate with the ICRC to improve the water supply system and enhance the lighting system.
20. Develop and disseminate IEC materials for behaviour change
21. Participate in regular WASH cluster meetings and update the RCRC on WASH interventions.

PROTECTION AND PREVENTION

(PROTECTION, GENDER, AND INCLUSION (PGI), COMMUNITY ENGAGEMENT AND ACCOUNTABILITY (CEA), MIGRATION, RISK REDUCTION, CLIMATE ADAPTATION AND RECOVERY, ENVIRONMENTAL SUSTAINABILITY, EDUCATION)


	Protection, Gender, and Inclusion	Female > 18: 35,128	Female < 18: 48,172	CHF 304,000
		Male > 18: 36,561	Male < 18: 50,139	Total target: 170,000
Objective:	Promote inclusive, meaningful, and safe access to services by disseminating IEC materials, training personnel, engaging communities, distributing essential kits, and empowering female			

	volunteers – thereby strengthening equitable and secure service delivery for all.
Priority Actions:	<ol style="list-style-type: none"> 1. Conduct capacity building training on PGI and CEA minimum standards and their application across different sectoral interventions. 2. Establish joint needs assessments and deploy female volunteers to support the affected population. 3. Mobilise and strengthen the capacity of female ARCS volunteers to enhance women’s participation and leadership in humanitarian action. 4. Organise field visits to affected communities and facilitate FGDs to identify protection risks, coping strategies, and priority needs. 5. Establish monitoring tools to track progress on PGI commitments and ensure accountability to people affected (i.e. disaggregated and demographic data). 6. Design, print, and distribute IEC materials (leaflets, flyers, posters) to raise awareness on PGI principles, ensuring that messages are simple, accessible, culturally appropriate, and inclusive of marginalised groups. 7. Establish needs assessments for women friendly spaces. 8. Develop women and child-friendly spaces designed to ensure safety, dignity, and access to essential services, while supporting learning, well-being, and inclusive participation in a protective and empowering environment. 9. Distribute MHM and dignity, delivery, and newborn baby kits. 10. Train and deploy male and female volunteers to collect feedback. 11. Establish help desks with male and female volunteers trained in feedback collection. 12. Ensure that relevant ARCS and all IFRC staff undergo safeguarding training with records kept by HR. 13. Provide new staff with a PGI and safeguarding orientation session. 14. Conduct assessments to establish women and child-friendly spaces, while considering the necessary training and referral pathways. 15. Adapt disability inclusion training to build the capacity of relevant ARCS staff and volunteers on the disability inclusion process. 16. Map women’s and children’s services.


 Community Engagement and Accountability	Female > 18: 35,128	Female < 18: 48,172	CHF 145,000
	Male > 18: 36,561	Male < 18: 50,139	Total target: 170,000
Objective:	Support meaningful community engagement with earthquake-affected individuals and communities through inclusive feedback		

	and communication mechanisms that support transparency, participation, and accountability.
Priority Actions:	<ol style="list-style-type: none"> 1. Organise short, practical orientation sessions on CEA, accountability, and handling feedback for ARCS staff and volunteers. 2. Establish at least three communication methods including community meetings, posters/leaflets, social media/complaints box. 3. Standardise the process to update communities on programme criteria, aid distribution, and the role of the ARCS. 4. Provide clear, consistent information in local languages through multiple channels (community meetings, radio, posters). 5. Monitor community access to these methods to ensure the inclusion of women, the elderly, and people with disabilities. 6. Hold consultation meetings during the planning of services and distributions. 7. Involve community representatives in monitoring activities (e.g. distribution oversight, needs validation). 8. Involve community leaders and volunteers to enable inclusive decision-making and trust. 9. Develop a simple reporting template for field teams to summarise feedback trends on a weekly basis. 10. Assign responsibility at HQ to compile these inputs into monthly perception or feedback reports. 11. Share reports with the DM, health, and leadership to ensure that feedback informs and guides decision-making. 12. Collect feedback systematically through established channels. 13. Train volunteers to document feedback with disaggregation by sex, age, and disability. 14. Implement a confidential and safe referral mechanism for sensitive cases (SEA, fraud, corruption, protection). 15. Regularly update databases to track feedback volume, type, and trends.


Enabling approaches

 National Society Strengthening	CHF 465,000
Objective:	Strengthen the ARCS's capacity to deliver timely and effective humanitarian assistance by addressing gaps in systems, logistics, and resources, enhancing volunteer management and safety, pre-positioning emergency stocks, and leveraging technical expertise to refine operational plans, ensuring the ARCS remains a resilient, trusted, and capable humanitarian actor in Afghanistan, particularly in response to crises such as earthquakes.

<p>Priority Actions:</p>	<p>Strengthen the ARCS's disaster and crisis response capacity at the national, regional, and branch levels:</p> <ol style="list-style-type: none"> 1. Undertake assessments and strengthen logistics and supply chain management capacity at the headquarters and branch levels (inclusive of warehouse optimisation). 2. Support the expansion of the ARCS's volunteer management system for enhanced volunteer engagement. 3. Conduct National Disaster Response Team (NDRT) Training. 4. Support the ARCS Digital Transformation Initiative by digitising tools and expanding digital solutions to improve overall operational efficiency and accountability at headquarters and selected branches. 5. Organise training sessions on the structure and functioning of the Emergency Operations Centre (EOC) for selected branches. 6. Conduct budgeting for preparedness and response training at headquarters and selected branches. 7. Undertake contingency planning, including training, for affected branches. 8. Update the ARCS website to highlight its work and support resource mobilisation (particularly donations) in times of crises. 9. Conduct training sessions in camp management and camp coordination at HQ and branch levels. 10. Build the capacity of staff and volunteers in safety and security.
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 <p>Coordination and Partnerships</p>	<p style="text-align: right;">CHF 340,000</p>
<p>Objective:</p>	<p>Strengthen coordination and collaboration among members to ensure timely and effective humanitarian responses for people affected by the earthquakes and engage relevant stakeholders regularly in humanitarian diplomacy interventions to positively influence outcomes for affected communities.</p>
<p>Priority Actions:</p>	<p>Membership Coordination</p> <ol style="list-style-type: none"> 1. The IFRC and in-country PNSs (Danish Red Cross, Norwegian Red Cross, Qatar Red Crescent, and Turkish Red Crescent) will support the ARCS as per their area of expertise and available capacity including technical, financial, and in-kind support. 2. Coordinate and align efforts under the Ways of Working approach.

	<p>Engagement with External Partners</p> <ol style="list-style-type: none"> 3. Coordinate closely with Afghan authorities, ANDMA, UN agencies, and other relevant stakeholders to support the earthquake response. The ARCS is the only national organisation that is a member of the National Emergency Committee. 4. Participate in national coordination platforms, including the HCT, ICCT, Cash Working Group, Health Cluster, Shelter Cluster, and Food Security Cluster, and co-lead and facilitate joint field visits and needs assessments with partners. <p>Movement Cooperation</p> <ol style="list-style-type: none"> 5. Promote a Movement-wide approach, as well as support to the ARCS, wherever possible. 6. Ensure internal alignment and transparency through regular contact with in-country and international PNSs.
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 <p>Shelter Cluster Coordination</p>	
Objective:	<p>The IFRC network’s capacity to influence the prioritisation, design, resourcing, implementation, and quality of shelter interventions in favour of affected populations is optimised, including through engagement with the ES-NFI cluster to facilitate greater alignment, coordination, and advocacy for community-focused shelter responses.</p>
Priority Actions:	<ol style="list-style-type: none"> 1. Actively engage in Shelter Technical Working Groups (TWGs) to contribute relevant inputs, share field evidence, and demonstrate the ARCS and IFRC’s significant role in shaping coordinated, high-quality shelter responses within the Cluster. 2. Organise discussions on practical improvements to the needs assessment process and involve relevant counterparts. 3. Address cross-checking of villages/target lists among partners and organisations. 4. Discuss the implementation modalities (cash, vouchers and in-kind) and hybrid approaches. 5. Review transitional shelter (one room and two rooms) designs, drawings, and BOQ. 6. Conduct an in-depth needs analysis for shelter intervention in flood-affected areas. 7. Promote the shift from emergency to durable shelter solutions.



Secretariat Services

CHF 5,499,000

Objective:

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

Priority Actions:

Security

Comprehensive measures will be taken to ensure the safety and security of all RCRC personnel involved in this operation given the significant earthquake threats in the affected areas, including disrupted road access, landslides, and potential aftershocks. 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 the completion of relevant IFRC e-learning courses (e.g. Basic Knowledge and Prevention Measures for Responders, Personal Security, Security Management, Volunteer Security) are mandatory.

1. Maintain security assessments and plans in the operational areas of the appeal, including enhancements of in-country security protocols in coordination with all in-country partners.
2. Take all necessary measures to ensure the safety and security of IFRC personnel and members involved in this operation.
 - All IFRC personnel must, and RCRC staff and volunteers are encouraged to, complete the IFRC Stay Safe 2.0 e-learning courses.
 - The IFRC Country Delegation security team is maintaining close coordination with external humanitarian actors in-country on the situation, particularly regarding the earthquake-affected areas and at border crossing points.
 - The security team will also be maintaining close coordination with the ARCS units and local administrations in the operational areas.
 - The National Society's security framework will apply to staff and volunteers throughout the duration of the operation.
 - The existing IFRC country security plan, including security regulations, contingency plans for medical emergencies, relocation, and critical incident management will apply to personnel under the IFRC security's responsibility, including surge support and integrated PNSs deployed to the area.
 - Any field missions undertaken by IFRC personnel will follow the current IFRC travel process.
3. Maintain and follow an enhanced Federation-wide risk management process.
4. Develop a Federation-wide risk register, contingency planning, and business continuity plan for Afghanistan.

5. Facilitate global supply chain and logistics services, including procurement of in-kind items (for distribution) and engage financial service providers (for cash assistance activities).
6. Facilitate joint monitoring, quality assurance, and evaluations.
7. Support improved financial management and conduct financial audits.
8. Provide key services to integrated National Societies, including but not limited to, procurement, transportation, accommodation, and security management.

Risk Management

1. Maintain an updated risk management plan and risk register outlining the key risks to implementation, with clear risk owners and mitigation measures.
2. Map operational bottlenecks early and assign practical solutions with timelines.
3. Apply scenario planning and contingency plans for access, procurement, and operational delays.

Communications

1. Develop an emergency communication strategy to document the IFRC and ARCS's response activities and impacts.
2. Integrate HD and evidence-based messaging alongside PMER evaluations, and programme impacts in internal and external messaging.
3. Coordinate with the ARCS and ICRC on Movement-wide messages and reactive lines.
4. Support donor requirements on messaging in close coordination with SPRM, Operations, and Programmes.
5. Generate in-depth human stories and informative content to focus the media and public attention on this emergency.
6. Regularly promote the operation's progress and response on social media and relevant media outlets.
7. Regularly generate photos and videos to support the promotion and visibility of returnee movements.

Supply Chain Management

1. The IFRC Country Delegation has a well-established procurement system to ensure the required local procurement of goods and services under proper risk management and mitigations, and in close coordination with the Regional Logistics unit in the Asia-Pacific within the IFRC Secretariat's Global Humanitarian Services and Supply Chain Management structure.
2. The IFRC Country Delegation will ensure timely publication and updating of the Mobilisation Table (MoP Table) to provide partners with clear visibility on in-kind contributions, procurement timelines, and outstanding needs.
3. The IFRC Country Delegation has the necessary capabilities to procure any items locally, if needed. The Supply Chain team already procured WASH items locally, while the Country Delegation is preparing to procure hygiene kits, winterisation kits, and items needed for WASH activities locally.

Procurements will be utilising emergency procedures when applicable.

4. Family tents and other household items will be imported from Dubai with support from the MENA and AP Supply Chain teams, using the International Humanitarian City air bridge. Additional household items will be procured through FWA from Pakistan.
5. The Regional Logistics Unit will procure and import medicines, using reorders to accelerate the process.

Finance

1. Support the planning and budgeting processes, account booking, procurement coordination, and expense validation.
2. Prepare cash forecasts, ensuring sufficient cash availability, and facilitating the timely processing of payments.
3. Review project proposals and ensure financial compliance to support the audit process.
4. Coordinate with the National Society finance team on fund transfers and acquittals.
5. Ensure the timely submission of pledge analyses and financial reports in line with donor and partner requirements.

Information Management (IM)

1. Provide training and technical support on data collection, analysis, and visualisation.
2. Maintain the IFRC GO emergency page and develop operational dashboards and infographics to provide timely situational awareness across the IFRC network.
3. Produce regular, evidence-based information outputs for internal coordination and external communication.
4. Support the planning, implementation, and analysis of needs assessments and ongoing monitoring activities.

Planning, Monitoring, Evaluation, and Reporting (PMER)

1. Support operational planning and establish a Federation-wide monitoring and reporting system aligned with IFRC and donor standards.
2. Develop and maintain data collection tools and workflows.
3. Conduct regular joint monitoring with the ARCS and partners; ensure the timely dissemination of findings to stakeholders.
4. Enhance the ARCS's PMER capacities through continuous technical support and training.
5. Conduct a Midterm Review within the first 12 months, followed by a Final Evaluation at the end of the operation to assess the impact and capture lessons learned.
6. Use the findings from assessments, reviews, and evaluations to refine the Operational Strategy and ensure responsiveness to evolving needs.

Surge Capacity

Surge requests have been issued for an Operations Coordinator, IM, PMER Officer, Health in Emergency Coordinator, Shelter Coordinator, WASH coordinator, SPRM Coordinator, PGI

Coordinator, and Security Coordinator. They have been deployed with support extended to the northern earthquake.

Risk management

The operational risks to humanitarian efforts include fragmented logistics, infrastructure devastation, funding shortages, gendered access constraints, environmental hazards, and long-term health and rebuilding challenges.

Risk	Likelihood	Impact	Mitigating actions
Topography and security access constraints in earthquake-affected areas result in significant response challenges.	Medium	High	<ul style="list-style-type: none"> Effective coordination with local authorities and NGOs is essential to ensure clear and reliable information on community access routes and to reach earthquake-affected areas in Kunar, Laghman, and Jalalabad. By working closely with those on the ground, humanitarian teams can better understand local dynamics, identify safe and accessible pathways, and deliver timely assistance to those in need. This collaboration also helps avoid duplication, ensures that resources are used efficiently, and strengthens trust with the communities being supported.
Delays in the procurement of medical kits may hamper service delivery through MHTs .	Medium	High	<ul style="list-style-type: none"> The Country Delegation Logs and APRO are working on several options including sourcing from abroad and reaching out to international organisations 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.	High	Medium	<ul style="list-style-type: none"> 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 the ARCS, UN, and INGO security focal points within the 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.
Harsh weather conditions	Medium	Medium	<ul style="list-style-type: none"> Timely project planning and prepositioning of materials.

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.	High	Medium	<ul style="list-style-type: none"> Engage female health workers where possible through humanitarian diplomacy with ARCS authorities and negotiations with local community leaders, including advocacy and coordination with partners. Mobilise local female volunteers and community health workers.
Displaced populations, inadequate shelter, and damaged water and sanitation systems raise the risk of disease outbreaks and long-term public health crises, especially as winter approaches.	High	High	<ul style="list-style-type: none"> Coordinate with the health, WASH, shelter clusters, and local authorities through the ARCS to ensure an integrated response. Map and monitor areas at risk of being cut-off and set up contingency plans for sustained access. Deploy mobile health teams and support existing health facilities. Conduct hygiene promotion campaigns.
Border closure between Pakistan and Afghanistan due to security issues may delay international shipments and replenishment of shelter stocks.	High	Medium	<ul style="list-style-type: none"> Replenishment can be deferred temporarily as sufficient stock is currently available in-country. If border closures persist and international transport routes remain disrupted, procurement will be shifted to local or regional markets to ensure continuity of shelter response without significant delay.
Damaged Infrastructure and limited options for families other than to remain in severely cracked or partially collapsed houses, increasing the likelihood of injuries or fatalities if further aftershocks occur.	Medium	High	<ul style="list-style-type: none"> Provide safe temporary shelter options (such as tents) and coordinate with local authorities and partners to prioritise shelter assistance for households living in the most high-risk or partially collapsed structures. Conduct structural assessments to identify unsafe dwellings and raise community awareness about aftershock risks.
Many affected villages are located in remote and mountainous areas with poor road access and limited communication networks. These conditions hinder rapid assessments and delay the delivery of life-saving assistance to the most affected families.	Medium	High	<ul style="list-style-type: none"> Coordinate closely with local authorities, community leaders, and ARCS volunteers to facilitate last-mile delivery and information flow. Use satellite phones or VHF radios in areas with poor network coverage to maintain communication and ensure timely reporting from the field.

Quality and accountability

In the ongoing earthquake response, proactive measures will be implemented to ensure both quality and accountability at every stage. This includes clearly defining the roles and responsibilities of the response teams, external partners, communities, and individuals involved. A structured hierarchy with designated leaders will streamline decision-making, supported by robust communication systems for real-time information sharing. Stakeholders will receive regular updates on the response status.

The IFRC will facilitate a Federation-wide approach to strengthen the ARCS PMER unit, providing support and training in data quality, ethics, management, planning, monitoring, and reporting. Various reporting tools, including situation reports and operational updates, will be consistently used to promote transparency, document actions, inform decision-making, engage affected communities, and reinforce accountability to donors and partners. Documentation, including reports and photographs, will serve as evidence of aid distribution and community feedback, supporting monitoring, evaluation, legal compliance, and advocacy efforts. The IFRC will also conduct field visits and regular monitoring alongside ARCS colleagues in earthquake-affected areas.

Additionally, initiatives will be launched for third-party monitoring and evaluations to assess the impact and performance of the response operations. These assessments will provide data-driven insights and timely feedback, enabling informed decision-making, and promoting accountability and quality assurance. Compliance with relevant industry regulations, standards, and legal requirements will also be ensured, with regular monitoring of changes in regulations and timely updates to quality control measures to maintain compliance and mitigate any associated risks.

Efforts to maintain quality and accountability will encompass a wide range of activities, including regular financial audits, exit surveys, post-distribution monitoring, and lessons learned workshops. Insights from these activities will be shared with programming teams to improve service delivery. The PMER department (ARCS and IFRC) will also conduct mid-term reviews and final evaluations to assess effectiveness, efficiency, impact, and areas for improvement.

The IFRC Country Delegation has established a Compliance, Risk Management, and Safeguarding Department, dedicated to ensuring adherence to internal and external compliance requirements. This team focuses on addressing issues of sexual exploitation and abuse, including child safeguarding misconduct, while actively identifying and mitigating potential risks. Through these efforts, the department promotes a safe and accountable operational environment, enhancing the integrity of the IFRC's mission.

Key indicators for monitoring and evaluation are as follows. These may be subject to further change:

SECTOR	INITIAL INDICATOR	REVISED INDICATOR	TARGET
Shelter	Number of people reached with shelter support	Number of households that received winterisation kits	3,000
		Number of households that received essential household items	3,000
		Number of households provided with	3,000

		emergency shelter/tents	
	Number of HHs that received CCCM sessions to understand camp rules, safety, service access, and complaint mechanisms	No change	800
	Number of people that attended awareness raising sessions on building back safer, including no-build zones, and safer construction practices	Number of targeted households reached with orientation on safer construction, no-build zones, and landslide risk mitigation	2,200
	Number of households that received cash assistance (conditional cash for shelter construction-community based)	No change	950
Health and Care	Number of functional mobile health teams providing quality primary health care	No change	8
	Number of fully equipped ambulances pre-positioned at the East Regional Coordination office	Number of fully equipped pre-positioned ambulances	2
		Number of female MHPSS counsellors recruited (Balkh and Samangan MHTs)	2
	Number of consultations through primary health care mobile units operated by the National Society	No change	96,000
	Number of people reached with immunisation services	No change	23,040
	Number of ANC and PNC visits provided by the ARCS midwife	No change	11,520
	Number of U5 children screened for malnutrition status	No change	19,200
	-	Number of people who received MHPSS services through MHTs (Balkh and Samangan)	9,600
	Number of people provided with health education	No change	96,000
	Number of people reached with first aid services and PFA	No change	N/A

	-	Number of trained volunteers in first aid	100
	-	Number of community health awareness sessions conducted by trained volunteers	7,680
	Number of volunteers trained on CBHFA/ECV/hygiene promotion	No change	1,380
	Number of people reached by key messages through CBHFA-trained volunteers	No change	89,600
	-	Number of CBHFA and Health Promotion training sessions conducted	2
	Number of community health committees established	No change	43
	Number of grandmother committees established	No change	43
WASH	Number of people reached with improved water source in emergencies (including water distribution)	Number of people supplied by the RCRC with an improved protected source of drinking water (according to WHO and Sphere standards)	51,400
	Number of portable latrines installed or new latrines constructed	No change	600
	Number of handwashing stations installed	No change	350
	Number of improved bathing, laundry, and ablution units installed	No change	20
	Number of people reached with hygiene promotion activities	No change	42,000
	Number of family hygiene kits distributed	No change	5,000
	Number of MHM kits distributed	No change	5,000
	Number of women reached by MHM awareness sessions	No change	9,600
	Number of female volunteers trained on MHM	No change	100
Relief and Recovery	Number of people that received hot meals through the National Society response	No change	20,000
Livelihoods	Number of targeted households reached with livelihood support (livestock, agriculture)	No change	3,000

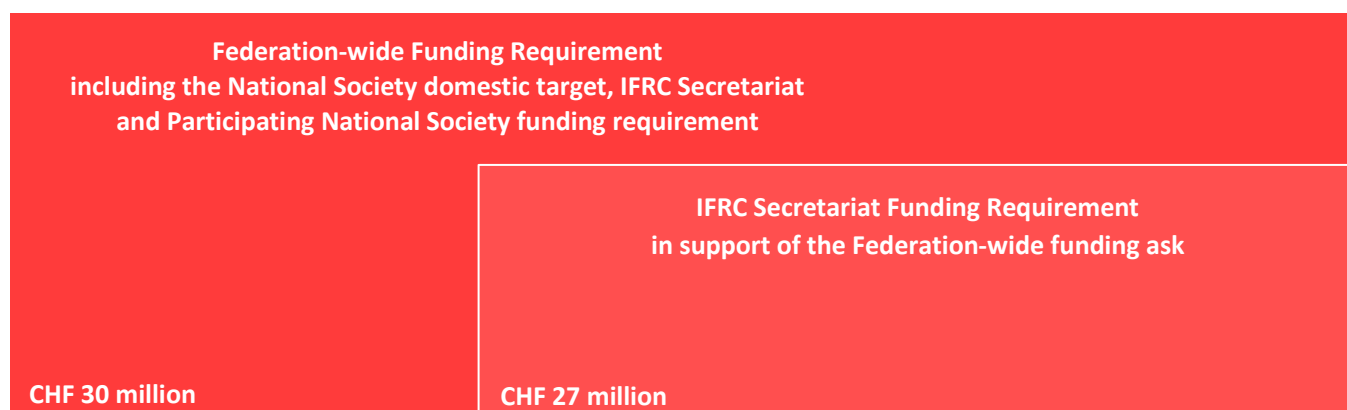
	Number of people receiving temporary employment opportunities (cash for work)	No change	3,000
	Number of people receiving vocational or soft skills training (disaggregated by type)	No change	400
	Number households receiving support for income-generation activities	No change	3,000
	Number of women and youth at risk who received support for vocational training and tools to start income-generation activities	No change	300
Multi-purpose Cash	Number of people provided with multiple-purpose cash assistance	No change	85,750 (12,250 HHs)
		% of households surveyed reporting that the cash provided was sufficient to cover their most important needs	80
		% of people surveyed reporting satisfaction with the cash distribution process	80
		Number of post-distribution monitoring conducted	2
CEA	Number of staff, volunteers, and leadership personnel trained in community engagement and accountability	No change	200
	Number of methods established to communicate with communities about what is happening in the organisation, programme, or operation, including selection criteria if these are being used	No change	6
	Number of methods used to enable communities to participate in the planning and managing of services, programmes, and operations	No change	10,000
	Number of community perception and feedback reports produced	No change	12
	Number of feedback comments collected, disaggregated by sex, age, and disability, including sensitive feedback linked to SEA, fraud, corruption, or protection concerns	No change	170

PGI	Number of staff and volunteers trained to apply the PGI Minimum Standards in emergency and development programming, disaggregated by sex, age, and disability	Number of training sessions for staff and volunteers to apply the PGI Minimum Standards in emergency and development programming	8
	Number of sectoral or multisectoral assessments conducted using the PGI Minimum Standards, with documented recommendations integrated into programme design	No change	2
	Number of women, girls, and people who menstruate reached through inclusive and culturally appropriate MHM information sessions, disaggregated by age and disability	No change	1,000
	Number of individuals reached through PGI-sensitive services or activities (e.g. referrals, safe spaces, inclusive distributions), disaggregated by sex, age, disability, and vulnerability status	No change	2,000
	The ARCS systematically applies the IFRC PGI Minimum Standards across all emergency response operations, with documentation of compliance and lessons learned	No change	Yes
	The ARCS has a trained safeguarding focal point playing an active role in preventing and responding to safeguarding concerns	Number of ARCS trained safeguarding focal points playing an active role in preventing and responding to safeguarding concerns	4
	The ARCS has male and female PGI focal persons	No change	2
	The ARCS has a developed PGI operations guideline	No change	Yes
National Society Strengthening	Number of branches with enhanced disaster and crisis response capability	No change	4
	Number of branches with strengthened logistics, supply chain, and warehousing capacity	No change	4
	Number of branches with enhanced volunteer management practices, engagement, registration to new VMS, and volunteer mobilisation kits	No change	4
	Enhanced youth engagement in awareness and disaster response	No change	1

	Enhanced digitalisation and digital transformation for IM and IT between headquarters and branches	No change	4
	ARCS to strengthen community engagement, building trust and an enhanced auxiliary role at headquarters and branches at the provincial level	No change	4
	ARCS to have a better and stronger resource enhancement strategy and capacity	No change	6
	Number of branches and HQ with strengthened communication strategy and outreach	No change	4
	Number of branches with enhanced facilities and enriched operational capacity	No change	4
	Number of staff and volunteers trained in the Movement's principled approach to Migration and Displacement.	No change	100
Coordination and Partnerships	Number of strategic partnerships the National Society is engaged in	No change	4
	External HD meetings conducted	No change	6
	Number of MOC meetings coordinated	No change	9
IFRC Secretariat	Percentage of financial reports respecting IFRC procedures	No change	100%
	Number of technical and monitoring visits conducted	No change	14
	Number of IFRC monitoring and support missions	No change	12
	Number of evaluations conducted (MTR and final evaluation)	No change	2
	Number of surge profiles deployed	No change	8

FUNDING REQUIREMENT

Federation-wide funding requirement*



*For more information on the Federation-wide funding requirement, refer to the section: Federation-wide Approach.

Breakdown of the IFRC secretariat funding requirement



OPERATIONAL STRATEGY

MDRAF019 - Afghanistan
Afghanistan -Earthquake

FUNDING REQUIREMENTS

Planned Operations	20,696,000
Shelter and Basic Household Items	7,681,000
Livelihoods	6,779,000
Multi-purpose Cash	2,595,000
Health	1,154,000
Water, Sanitation & Hygiene	2,035,000
Protection, Gender and Inclusion	304,000
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	145,000
Environmental Sustainability	3,000
Enabling Approaches	6,304,000
Coordination and Partnerships	340,000
Secretariat Services	5,499,000
National Society Strengthening	465,000
TOTAL FUNDING REQUIREMENTS	27,000,000

all amounts in Swiss Francs (CHF)

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