



ARCS responding to conflict displacement in Paktika. (Photo: ARCS)

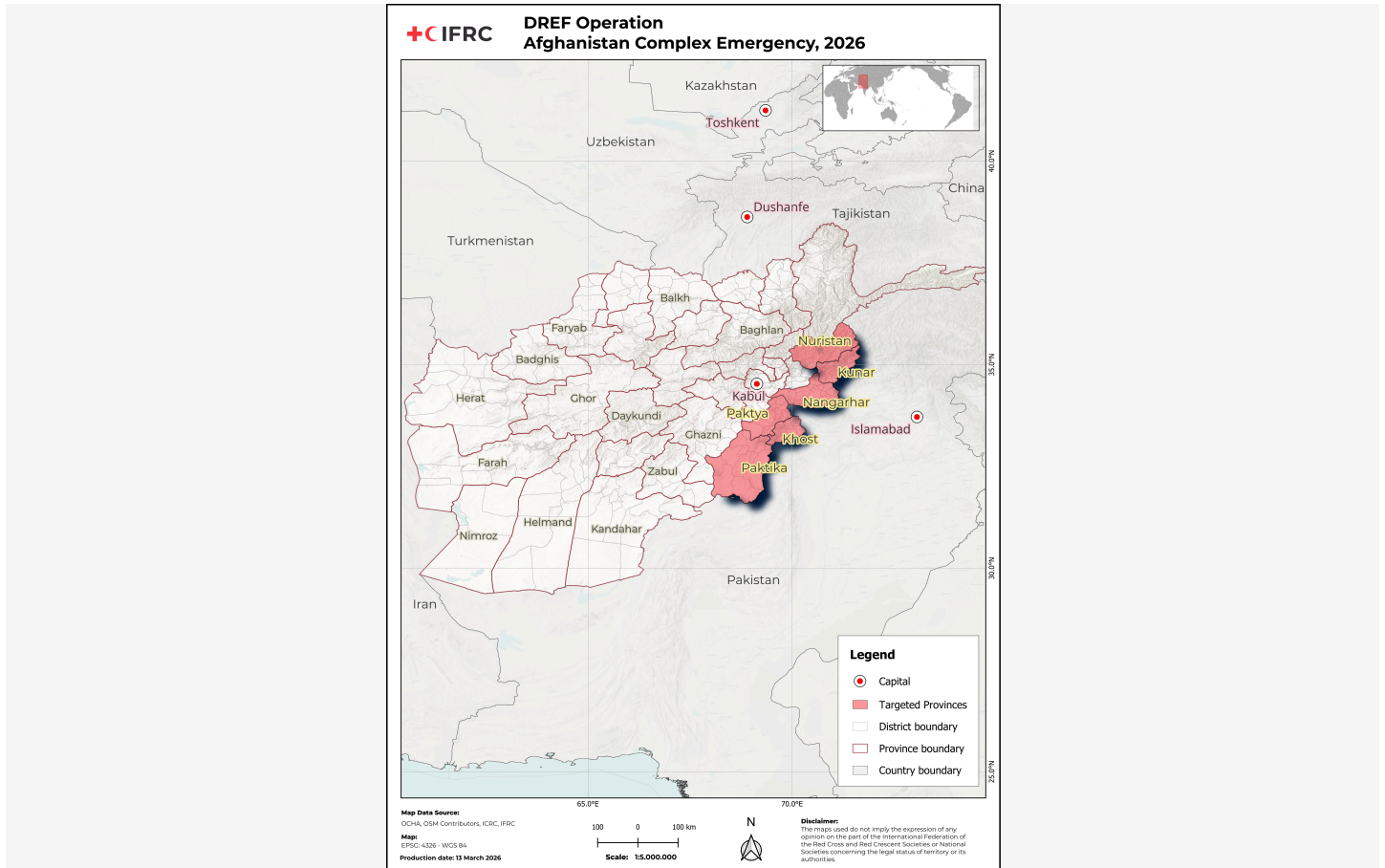
Appeal: MDRAF020	Hazard: Complex Emergency	Country: Afghanistan	Type of DREF: Response
Crisis Category: Orange	Event Onset: Sudden	DREF Allocation: CHF 1,000,000	
Glide Number: CE-2026-000032-AFG	People Affected: 279,895 people	People Targeted: 70,000 people	
Operation Start Date: 14-03-2026	Operation Timeframe: 9 months	Operation End Date: 31-12-2026	DREF Published: 15-03-2026
Targeted Regions: Khost, Kunar, Nangarhar, Nuristan, Paktika, Paktya			

Description of the Event

[Crisis Category Supporting Document](#)

Date of event

04-03-2026



Map of targeted areas (Source: IFRC IM)

What happened, where and when?

From the evening of 26 February through the first week of March 2026, airstrikes and border clashes between Afghanistan and Pakistan affected ten provinces: Kabul, Kandahar, Khost, Kunar, Laghman, Nangarhar, Nuristan, Parwan, Paktia, and Paktika. The escalation followed several days of rising tensions, during which airstrikes in Nangarhar and Paktika caused civilian casualties, and cross-border exchanges of fire were reported between armed forces on both sides.

Armed clashes continued between Afghanistan's security forces and the Pakistani military in Khost, Kunar, Nangarhar, Paktia, and Paktika. Airstrikes were also reported in Gardez (Paktia), Jalalabad (Nangarhar), Kabul, Kandahar and Mehtarlam (Laghman). On the morning of 1 March, Jalalabad's airport and a police station were struck. As of 4 March, hostilities remained concentrated along border areas but continued to threaten civilian populations across a wide geographic zone.

As of 10 March, ARCS reported 97 people killed and 139 injured, along with 121 structures damaged (66 totally, 55 partially), one mosque damaged, and one clinic damaged. From 26 February to 5 March 2026, UNAMA reported and verified a total of 185 civilian casualties in Afghanistan, including 56 civilians killed and 129 injured due to indirect fire and aerial attacks. Notably, women and children accounted for 55 per cent of all civilian casualties. The difference in casualty figures reflects different reporting timelines and methodologies between the two sources. For operational planning purposes, this DREF draws on both datasets, with UNAMA figures used for casualty tracking and ARCS figures used for displacement and infrastructure damage.

According to OCHA Update #1, airstrikes caused significant damage to critical civilian infrastructure, including a 20-bed emergency hospital at the IOM Transit Centre and the Omari Returnee Reception Centre at the Torkham border in Nangarhar, a health facility in



Kunar Province, and residential areas across several provinces. At least 20 health facilities across the eastern, southeastern, and southern border provinces were closed or had services suspended, and eight nutrition service delivery sites were shut down in Khost, Kunar, and Nangarhar.

Humanitarian partners temporarily relocated staff from high-risk areas, including Spin Boldak, Takta Pul, and Torkham, to Jalalabad and Kandahar City, significantly disrupting service delivery at border crossing points.

On 4 March, a Special Movement Strategic Platform meeting was convened by the ICRC, ARCS, together with IFRC. During which the ARCS presented verified needs resulting from the escalation and formally requested Movement support. This meeting served as the trigger point for this DREF operation, as it confirmed the scale of humanitarian impact and the need for an immediate response.

Scope and Scale

The scale of the crisis is significant and continues to evolve. Afghanistan was already one of the world's most acute humanitarian situations before this escalation, with its economy having contracted by approximately 25 per cent since 2021 (World Bank, 2024), more than half the population living below the poverty line, and an estimated 6.6 million people previously displaced. The closure of hundreds of health facilities and the loss of over 1,500 humanitarian jobs following donor funding cuts prior to this crisis have further weakened the infrastructure on which displaced populations now depend.

As of 10 March, ARCS reported 39,985 displaced families across Khost, Kunar, Nangarhar, Paktika, Paktia, Nuristan, Kandahar, Helmand, and Zabul. The OCHA situation update of 4 March reported 16,370 families newly displaced by the conflict across Khost (2,500), Kunar (3,500), Nangarhar (2,500), Paktika (470), Paktia (7,000), and Nuristan (400). Combined with 7,000 families still displaced from the 31 August 2025 eastern region earthquake, the OCHA-verified total reaches approximately 23,370 families around 163,590 people across six eastern and south-eastern provinces, spanning at least 33 districts. The different reported figures between the ARCS report and the OCHA update can be attributed to the fact that the two reports follow different timelines.

The displacement is compounding existing vulnerabilities. In Kunar Province, 3,640 earthquake displaced families (25,480 people) living in informal settlements in Nurgal, Chawkay, and Khas Kunar districts were evacuated or received evacuation orders due to their proximity to a military compound, resulting in secondary displacement without alternative shelter arrangements. A further 2,074 families (14,520 people) in Kunar and Nangarhar face the prospect of additional displacement.

Approximately 160,000 people have been affected by the suspension of emergency food distributions across ten provinces. Markets in affected areas remain closed, restricting access to food and essential supplies, and commodity prices have risen significantly nationwide. The five Afghanistan Pakistan crossing points have remained closed for trade since 11 October 2025, and Iran has reportedly halted exports of key commodities, contributing to anticipated price volatility and reduced availability of fuel and staple foods. The crisis is unfolding during the fasting month of Ramadan, which carries significant operational implications: many displaced families are unable to meet even basic nutritional needs during a period when food consumption needs are heightened, and community support systems are under additional strain.

At least 20 health facilities have suspended services across the affected provinces, and referral hospitals in Khost and Paktia face critical shortages of trauma kits, emergency drugs, and consumables. An estimated 3,158 children under five and 9,677 pregnant and breastfeeding women require nutrition support. Among children under five, an estimated 800 require treatment for Severe Acute Malnutrition (SAM), 600 for high-risk Moderate Acute Malnutrition (MAM), and 1,700 for early MAM. More than 300 children who were receiving malnutrition treatment can no longer access services, placing them at immediate risk of deterioration, morbidity, and mortality.

According to OCHA situation update #1, an estimated 50,255 individuals are at risk of gender based violence. A total of 1,236 children have lost access to psychosocial support services following the closure of 20 Child-Friendly Spaces and two Women-Friendly Spaces. In education, 390 community-based education classes and 671 temporary learning spaces were temporarily suspended across Nangarhar, Kunar and Laghman. The Shelter Cluster estimates a shortfall of up to 10,000 tents against a total of approximately 17,000 families in urgent need.

UNHAS has suspended regular flights to Jalalabad and Kandahar, further constraining logistics and humanitarian access. Humanitarian partners have temporarily relocated staff from high-risk border areas, significantly disrupting service delivery at key crossing points.

Source Name	Source Link
1. Afghanistan Situation Update #1: Humanitarian Impact of Afghanistan-Pakistan Military Escalation (5 March 2026)	https://reliefweb.int/report/afghanistan/afghanistan-situation-update-1-humanitarian-impact-afghanistan-pakistan-military-escalation-5-march-2026
2. Afghanistan and Pakistan Border Conflict: Health Cluster Situation Report #1 (As of 04:00 PM (GMT +4.30) on 04 March 2026)	https://reliefweb.int/report/afghanistan/afghanistan-and-pakistan-border-conflict-health-cluster-situation-report-1-0400-pm-gmt-430-04-march-2026



Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	Yes
Did it affect the same population group?	Yes
Did the National Society respond?	Yes
Did the National Society request funding form DREF for that event(s)	No
If yes, please specify which operation	-

If you have answered yes to all questions above, justify why the use of DREF for a recurrent event, or how this event should not be considered recurrent:

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Lessons learned:

ARCS's ongoing Population Movement (MDRAF018) and Afghanistan Earthquake (MDRAF019) appeals have generated operational learning that directly informs this response. Key lessons being applied includes:

- Pre-positioning supplies locally is critical when border access is restricted. The prolonged Afghanistan-Pakistan crossing points closure since October 2025 has significantly delayed internationally procured items. This operation will prioritize in-country stocks and local procurement.
- Locally-based Mobile Health Teams maintain service continuity under access constraints. The population movement operation demonstrated that locally recruited health workers sustain delivery when movement restrictions prevent external staff from reaching duty stations.
- Digital feedback mechanisms improve targeting and reduce confusion. Formal help desks with Kobo-based feedback collection under MDRAF018 collected over 850 entries and significantly improved service delivery. This system will be replicated in displacement sites from the start.
- MHPSS and protection must be integrated early in congested displacement settings. Field monitoring under MDRAF018 documented severe psychological distress among women and children. This operation will integrate MHPSS in the implementation.
- Coordination through established Movement and inter-agency platforms avoids duplication. The Afghanistan Returns Technical Migration Cell and IFRC's participation in inter-agency platforms will be leveraged to ensure complementarity with other movement partners and humanitarian actors' response.

Did you complete the Child Safeguarding Risk Analysis in previous operations, what was risk level?	Yes
What was the risk level for Child Safeguarding Risk Analysis?:	High

Current National Society Actions

Start date of National Society actions

02-03-2026

Coordination	The Movement Partners in Afghanistan have signed a Movement Coordination Agreement (MCA) that aligns with the policies of the International Movement regarding coordination and ensuring complementarity. In the ongoing response to the
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	<p>International Armed Conflict, SA 2.0 has not been fully activated because the scale of humanitarian needs has not reached the threshold that would require a complete activation. However, the specific role and mandate of the ICRC in these situations are recognized and respected, particularly in the context of Movement Coordination.</p> <p>On the 4 March 2026, ICRC, IFRC, and ARCS convened for the Movement special platform meeting to discuss the armed conflict update, its humanitarian consequences on the affected population, and to identify the urgent needs. On the 10 March, ICRC invited the ARCS, IFRC, and the PNS to share initial assessment results, planned interventions, ARCS-shared priorities, interventions, and gaps.</p>
Assessment	<p>ARCS and ICRC have been deployed assessment teams across affected provinces. Community Rapid Needs Assessments (CRNAs) are ongoing in Khost, Kunar, Nangarhar, Paktika, Paktia, Nuristan, Kandahar, Helmand and Zabul. ARCS branch teams have contributed preliminary data on the scale of displacement, reporting 39,985 displaced families across the affected provinces as of 10 March 2026, with 97 people killed, 139 injured, and 121 structures damaged (66 totally, 55 partially), along with damage to one mosque and one clinic. Further assessments will continue to verify initial displacement figures, identify the most vulnerable households, and inform the design of targeted interventions.</p>
Resource Mobilization	<p>ARCS has activated its emergency protocols and is mobilising existing resources, including pre-positioned supplies and volunteer networks across all six affected provinces. The National Society is coordinating with IFRC and Movement partners for additional resource mobilization and technical support.</p>
Activation Of Contingency Plans	<p>ARCS has activated its national and provincial contingency plans in coordination with the authorities and humanitarian partners.</p>

IFRC Network Actions Related To The Current Event

Secretariat	<p>The IFRC Country Delegation in Afghanistan has been closely monitoring the situation since the onset of hostilities on 26 February 2026 and has activated its support mechanisms to assist ARCS in mounting a rapid and effective response, complementing ARCS's response effort.</p> <p>Key actions to date include:</p> <p>As an immediate response, IFRC dispatched 100 family sets to support the most vulnerable displaced households. These sets include 100 family tents, 700 blankets, 200 tarpaulins, 100 kitchen sets, and 200 jerry cans in Paktika province, providing essential shelter and household items to families who fled their homes with little or no possessions. Additionally, IFRC has supported 200 households with Multi-Purpose Cash Assistance (MPCA) of 133 CHF (approx. AFN 10,500) per household, delivered in accordance with Cash and Voucher Working Group (CVWG) guidelines, enabling displaced families to address their most urgent multi-sectoral needs including food, health, and essential services during the initial phase of the crisis.</p> <p>The IFRC has offered technical support to ARCS, including scenario planning, early resource mobilization efforts, information management development, and engagement with inter-agency coordination mechanisms. IFRC participated in Humanitarian Country Team (HCT) meetings and held direct discussions with ARCS management, including participation in the Emergency Operations Centre (EOC).</p> <p>The Country Delegation Logistics team and Asia Pacific Regional Office (APRO) are working on several supply chain options, including sourcing abroad and reaching out to international organizations in Afghanistan, recognizing the supply chain challenges posed by the prolonged closure of Afghanistan Pakistan border crossings for trade since October 2025 and the current regional instabilities.</p>
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Participating National Societies

The Danish Red Cross has offered 400 households with MPCA in Paktika and expressed their readiness to support the mobilization of MHTs and MHPSS teams in Nangarhar to support the ongoing response. The Norwegian Red Cross has also offered to provide MPCA for 400 households. In-country PNSs are coordinating through the Movement Operational Coordination and the ARCS-led Emergency Operations Centre to ensure complementarity and avoid duplication across all sectors of the response. Qatar Red Crescent Society will continue its support to MHTs in Kunar and the distribution of food parcels to the affected populations.

ICRC Actions Related To The Current Event

The International Committee of the Red Cross (ICRC) has called for a Special MSP meeting, with ARCS confirming its readiness to provide substantial support to the current response. ICRC has committed to supporting 17,000 families with MPCA, representing a major contribution to meeting the immediate basic needs of displaced households across the affected provinces. In addition, ICRC has committed to providing non-food item (NFI) assistance, water systems for schools and madrassas, medical supplies to MoPH and ARCS MHTs, emergency cash to cover ARCS running cost, the scope and composition of which are being finalised based on ongoing assessments.

In line with its specific mandate and role within the Movement in situations of armed conflict, the ICRC is coordinating with the ARCS and the Movement Partners, and has deployed its technical teams to provide support across several critical areas; in EcoSec, WatHab, Forensics, Physical Rehabilitation Centres and health, including trauma care and emergency medical response; a service of particular urgency given the scale and speed of displacement across six of the most affected provinces.

Other Actors Actions Related To The Current Event

Government has requested international assistance

No

UN or other actors

ARCS is a member of both the central commission and all sub-commissions. The authorities have been managing the immediate security response and coordinating evacuation orders in areas proximate to military installations. Local authorities have facilitated the movement of displaced populations and are supporting the identification of suitable displacement sites. ARCS is coordinating closely with ANDMA and provincial authorities as auxiliary to the authorities.

Are there major coordination mechanism in place?

Following the armed conflict, UN agencies and humanitarian partners rapidly scaled up their response. OCHA is leading emergency coordination, convening Operational Coordination Team (OCT) meetings across affected provinces and an ad-hoc Inter-Cluster Coordination Team meeting on 2 March 2026. The Health Cluster has activated contingency plans, with WHO pre-positioning 4.5 metric tons of medical supplies. UNICEF is providing child protection services and has ordered supplies for 30 new Child-Friendly Spaces. WFP has planned cash-for-food assistance for 135,000 people and in-kind food assistance for 5,000 people. UNHCR is supporting displacement tracking and protection monitoring. IOM is coordinating returnee registration where border service points remain operational. GBV partners have activated contingency plans with awareness-raising, case management, psychosocial support, and cash assistance in Kunar and Nangarhar. Several partners have confirmed crisis modifier funding with surge capacity to scale up within 72 hours, subject to access and security conditions. UNHAS has suspended regular flights to Jalalabad and Kandahar, maintaining only limited services.



Needs (Gaps) Identified



Shelter Housing And Settlements

According to OCHA's Situation Update #1, the armed conflict has triggered the displacement of an estimated 16,370 families across six provinces. When combined with 7,000 families still displaced from the 31 August 2025 eastern region earthquake, the total reaches approximately 23,370 displaced families around 163,590 people.

Scale of need: The Emergency Shelter NFI Cluster (ESNFI cluster) estimates that approximately 17,000 families are in urgent need of emergency shelter assistance, including tents, tarpaulins, cash for rent, and essential non-food items such as blankets, mattresses, and kitchen sets. Many displaced families are staying with host communities already under severe strain, while others are living in open areas, public buildings such as schools and mosques, or in existing IDP camps that were already at or beyond capacity.

In Kunar Province, 3,640 earthquake affected families (25,480 people) living in informal settlements in Nurgal, Chawkay, and Khas Kunar districts have been evacuated or received evacuation orders due to their proximity to the affected areas, forcing them into secondary displacement with no alternative shelter arrangements in place. A further 2,074 families (14,520 people) in Kunar and Nangarhar face the prospect of additional displacement.

Current regional shelter response capacity stands at approximately 3,000 families, with confirmed national surge capacity for up to 5,000 families leaving a critical shortfall of potentially up to 10,000 tents. The ESNFI cluster has recommended emergency shelter support and core relief items as a priority intervention. ICRC is planning to distribute 800 tents along with essential household NFIs. IFRC has dispatched an initial 100 family sets (100 tents, 200 tarpaulins, 700 blankets, 100 kitchen sets, and 200 jerry cans), but this addresses only a fraction of the identified need.

The identification and verification of internally displaced people remains difficult, as many families are dispersed across host communities or informal sites that are not systematically tracked. Those without relatives or host family arrangements are particularly exposed. The prolonged closure of Afghanistan Pakistan border crossings for trade since October 2025 is constraining the supply of construction materials and household items, further complicating the response.



Multi purpose cash grants

Displaced families are facing severe food insecurity, creating an urgent need for humanitarian assistance. The crisis has overwhelmed the capacity of existing response mechanisms, prompting local authorities and humanitarian partners to call for additional support to address immediate needs.

According to ARCS initial needs assessment, as shared in ARCS's narrative report on 2 March, affected internally displaced person (IDP) households have limited access to food and essential services, putting them at increased risk of hunger and malnutrition. Vulnerable groups, including children, pregnant and lactating women, and the elderly, are especially vulnerable due to reduced access to nutritious food and healthcare services. While emergency food assistance is urgently needed, the lack of sustainable food security and livelihood opportunities creates significant challenges for long-term recovery and resilience in the affected communities.

Without viable livelihood options, many displaced families remain dependent on short-term humanitarian aid, making it difficult for them to restore their sources of income or rebuild their lives.

Additionally, the absence of comprehensive needs assessments and the lack of direct engagement with affected populations due to ongoing conflict limit the ability of humanitarian actors to design targeted, effective, and context-appropriate interventions.

To address these urgent challenges, the response will prioritize emergency food assistance, including the provision of multipurpose cash assistance in the most affected areas. At the same time, comprehensive needs assessments should be conducted to better understand the evolving needs of displaced populations and to inform tailored response strategies.

A multi-sectoral approach will be critical to support sustainable recovery. The plan should incorporate livelihood support, skills development programs, cash-based assistance, and agricultural initiatives aimed at restoring income sources and enhancing household resilience. This can be complemented through other interventions or different actors. By combining immediate relief with long-term recovery efforts, humanitarian organizations can help affected families move toward self-reliance, dignity, and stability.





Health

The armed conflict has generated a surge in demand for life saving health services at a time when the health system across the affected provinces is already critically strained.

As of 10 March 2026, the ARCS reported 97 civilian deaths and 139 injuries, with women and children comprising 55 per cent of all recorded civilian casualties. At least 20 health facilities across eastern, southeastern, and southern border provinces have been closed or had services suspended. These include the 20-bed emergency hospital at the IOM Transit Centre and the Omari Returnee Reception Centre at the Torkham border in Nangarhar, as well as facilities in Takhta Pul district (Kandahar), Lalpura district (Nangarhar), Dand Patan district (Paktia), and border districts in Khost. The closure of these facilities has created critical gaps in trauma care, routine primary healthcare, maternal and reproductive health services, and communicable disease management for both displaced and host populations.

Shortages of medical supplies and essential medicines including trauma kits, emergency drugs, and consumables are constraining the capacity of referral hospitals and frontline facilities, particularly in Khost and Paktia provinces. Prior to the current crisis, the withdrawal of US funding had already led to the closure of over 28 health facilities and the scaling down of most life-saving humanitarian operations, further weakening the health infrastructure on which displaced populations depend.

Eight nutrition service delivery sites are closed across Khost, Kunar, and Nangarhar, including one Stabilization Centre for the management of severely acutely malnourished children with medical complications in Kunar. An estimated 3,158 children under five and 9,677 pregnant and breastfeeding women require nutrition support across the six most affected provinces. Among children under five, an estimated 800 require treatment for Severe Acute Malnutrition (SAM), 600 for high-risk Moderate Acute Malnutrition (MAM), and 1,700 for early MAM. More than 300 children who were receiving treatment for acute malnutrition are currently unable to access services due to insecurity, placing them at immediate risk of deterioration, morbidity, and mortality. Critical nutrition supply shortfalls have been identified by WFP, including 1.5 metric tons of LNS-LQ for targeted supplementary feeding for children under five, 1 metric ton for pregnant and breastfeeding women, and Blanket Supplementary Feeding Programme gaps of 1.1 metric tons of LNS-MQ for children and 0.9 metric tons for pregnant and breastfeeding women.

Health partners are providing immediate trauma care and have pre-positioned essential medicines, including reproductive health commodities. Mobile Health Teams continue to operate in some crossing point areas; one team in Sarkano district (Kunar), two in Barmal district (Paktia), and three in Goshta and Durbaba districts (Nangarhar) and several static facilities near the border have been reconfigured into mobile teams to maintain service delivery. However, the overall health response capacity remains far below what is needed for a displaced population of this scale.

ARCS plans to address these gaps by deploying Mobile Health Teams to provide emergency primary healthcare, first aid, psychosocial support, reproductive health services, polio immunization, and nutrition screening and treatment.

Sources: ARCS reporting as of 10 March 2026; OCHA - AFGHANISTAN: Situation Update #1



Water, Sanitation And Hygiene

The displacement of tens of thousands of families into existing IDP sites, public buildings, and host communities has placed severe strain on already overstretched WASH services. Many displacement sites lack reliable and safe water sources, forcing families to rely on contaminated surface water or distant wells. This exposes them to diarrheal diseases and increases protection risks, particularly for women and children responsible for water collection. In Kunar Province, displaced families are settling in Shomash Camp and Wader Camp in Nurgal District, as well as with host communities in Paman and Sohil villages, where water and sanitation infrastructure was already inadequate for the pre-existing population.

The limited availability of sanitation facilities with only a few existing latrines at most sites is leading to open defecation practices that contribute to poor sanitation and the spread of communicable diseases. The risk of an outbreak of acute watery diarrhoea (AWD) is significant, particularly given the concentration of displaced people in overcrowded settings. The prevalence of upper respiratory infections, watery diarrhoea, and skin infections such as scabies is expected to be high among the displaced population, mirroring patterns observed during the MDRAF018 returnee operation.

Following the authorities' evacuation orders in Kunar Province, displaced families have moved to other camps, returned to areas of origin, or settled in undocumented sites. The absence of verified displacement figures is impeding tracking and limiting the provision of essential WASH services.

Current response capacity: In Kunar Province, 500 hygiene kits are ready for immediate distribution, while approximately 7,000 kits are being pre-positioned in Nangarhar along with other contingency supplies. Additional emergency WASH stocks are stored in warehouses in the northern and northeastern regions. Several partners have confirmed crisis modifier funding with surge capacity to scale up within 72 hours, subject to access and security conditions. However, these supplies and capacities fall short of the total need generated by the displacement of over 16,000 families.



ARCS will address WASH gaps by carrying out hygiene promotion at the community level through trained volunteers, distributing sanitary and hygiene kits, and providing clean drinking water through water trucking and treatment. IFRC's initial dispatch of 200 jerry cans provides a foundation for the scale-up.

Source: OCHA - AFGHANISTAN: Situation Update #1



Protection, Gender And Inclusion

The conflict has generated severe and multi-layered protection risks for displaced populations, with women, children, the elderly, and persons with disabilities disproportionately affected.

Gender-based violence risks: According to OCHA's Situation Update #1 (4 March 2026), an estimated 50,255 individuals are at risk of gender-based violence, including almost 48,300 women and girls, of whom 39,000 are of reproductive age and 19,000 are adolescent girls. This includes more than 3,800 pregnant women, with approximately 425 expected to give birth within the next month, significantly increasing protection and health risks in the context of disrupted maternal health services.

A total of 1,236 children have lost access to structured mental health and psychosocial support (MHPSS) services following the suspension of 20 Child-Friendly Spaces and two Women-Friendly Spaces in Khas Kunar camp, Gurbaz camp, and Zeri Baba camp in Kunar Province, and at the Torkham border in Nangarhar. Children are particularly vulnerable: 24 children have been killed and 41 injured as of 4 March, and the disruption of 390 community-based education classes and 671 temporary learning spaces across Nangarhar, Kunar, and Laghman has left thousands without access to safe learning environments. Twenty six unaccompanied boys have been identified at the zero point and reception centre in Kandahar and are receiving case management support, including interim care and family tracing and reunification but the true number of unaccompanied and separated children across the six most affected provinces is likely significantly higher and has not yet been systematically assessed.

Pre-existing restrictions on the deployment of female staff, such as mahram requirements imposed by the authorities, continue to severely limit the scope and quality of protection interventions, particularly those requiring safe and confidential access for women and girls. This constraint affects GBV case management, reproductive health consultations, and psychosocial support services, creating a structural gap in the protection response.

GBV partners have activated contingency plans with planned activities including awareness-raising, case management and referrals, psychosocial support, and cash assistance in Kunar and Nangarhar. An initial stock of at least 7,570 dignity kits has been pre-positioned in the eastern region, with an additional 400 kits in the southeastern region. Child Protection partners have ordered supplies to establish 30 new Child-Friendly Spaces at relocation sites. However, significant gaps remain in systematic protection assessments, MHPSS service coverage, and safe spaces across all affected provinces.

ARCS will mainstream PGI across all sectors of the response, train staff and volunteers on PGI sensitization and minimum standards including PSEA, ensure diversity in response teams, conduct the child safeguarding risk assessment, collect sex and age disaggregated data, and establish referral pathways for protection concerns in coordination with protection partners. The PGI minimum standard checklist will be applied across WASH, livelihood, health, and MPCA sectors.

Source: OCHA - AFGHANISTAN: Situation Update #1



Migration And Displacement

The armed conflict has created a complex and layered displacement crisis that compounds pre-existing migration and displacement dynamics across the affected provinces.

Displacement figures: A total of 16,370 families have been newly displaced by the conflict across Khost (2,500), Kunar (3,500), Nangarhar (2,500), Paktika (470), Paktia (7,000), and Nuristan (400). Combined with 7,000 families still displaced from the August 2025 earthquake, the total stands at approximately 23,370 families around 163,590 people.

Compounding vulnerabilities: In Kunar Province, earthquake-displaced families in informal settlements have been evacuated due to proximity to the affected areas, creating secondary displacement without adequate alternative arrangements. Many have moved to other camps, returned to precarious areas of origin, or settled in undocumented sites not being systematically tracked.

The Torkham Transit Centre in Nangarhar a critical hub for reception and registration of Afghan returnees from Pakistan has been closed since 27 February 2026 following airstrikes that damaged the IOM Transit Centre and the Omari Returnee Reception Centre. All humanitarian staff have been relocated to Jalalabad City. While the Takhta Pul Reception Center in Kandahar resumed operations on 2 March and the Spin Boldak crossing remains open for Afghan returnees, the disruption to Torkham has effectively shut down a major entry point and humanitarian service delivery hub.



Access and mobility challenges: Many displaced families, including elderly individuals, persons with disabilities, and unaccompanied minors, face challenges accessing support due to a lack of structured guidance at displacement sites. There is limited awareness among displaced populations about available services, where to access them, and which organizations provide them. Mobility assistance such as wheelchairs for persons with disabilities and escorts for elderly individuals and unaccompanied minors remains insufficient.

The five border crossings between Afghanistan and Pakistan have remained closed for trade since 11 October 2025. As of 5 March, Kabul International Airport remains operational but with disruptions, and UNHAS has suspended regular flights to Jalalabad and Kandahar, maintaining only a weekly service to Dushanbe with weekly flights to Kandahar to be restored from 8 March.

Source: OCHA - AFGHANISTAN: Situation Update #1



Community Engagement And Accountability

The rapid onset of displacement, ongoing hostilities, and severely constrained access have created significant gaps in community engagement and accountability across the affected provinces.

Information gaps: Displaced populations have limited awareness of available humanitarian services, selection criteria for assistance, and their rights and entitlements. The dispersal of families across host communities, existing IDP camps, public buildings, and undocumented informal sites makes systematic communication and feedback collection particularly challenging.

The absence of verified displacement figures in some areas particularly following the authorities' evacuation orders in Kunar Province is impeding the tracking of affected populations and limiting the ability of humanitarian actors to provide targeted services. Many displaced families are in locations that are not systematically monitored, reducing their visibility to the humanitarian response.

ARCS will address these gaps by ensuring CEA is integrated into all aspects of the response, including: communicating selection criteria widely and clearly using a range of accessible channels; sharing information on response plans, progress, delays, and people's rights and entitlements; stressing that aid is free; providing staff and volunteers with CEA orientation; establishing and strengthening community feedback mechanisms; using feedback data for informed decision-making; and ensuring separate consultation sessions for women and men. A Q&A sheet will be provided to volunteers for consistent community engagement.

Operational Strategy

Overall objective of the operation

The response aims to support the ARCS in addressing the immediate humanitarian needs of 70,000 people (approximately 10,000 families) internally displaced by the Afghanistan and Pakistan conflict across the six most affected provinces; Khost, Kunar, Nangarhar, Paktika, Paktia, and Nuristan, and remaining flexible according to the needs.

Through a multi-sectoral approach, the operation will ensure displaced households can access emergency shelter, primary healthcare, safe water and sanitation, food and livelihood support, and protection services prioritizing the most vulnerable, including women, children, the elderly, and persons with disabilities.

Beyond immediate relief, the operation will support early recovery and stabilization of affected households by strengthening resilience and coping capacities at individual and community levels, laying the foundation for longer-term self-reliance.

Operation strategy rationale

To achieve the objectives of this operation and effectively address the needs of internally displaced populations, this response will focus on immediate life-saving humanitarian assistance combined with early recovery support. The approach is designed to ensure efficient, accountable, and coordinated service delivery across the six most affected provinces; Khost, Kunar, Nangarhar, Paktika, Paktia, and Nuristan and remaining flexible according to the needs through the deployment of mobile response teams, the establishment of service delivery points at accessible locations, and close coordination with Movement partners and the broader humanitarian community.

The strategy is informed by ARCS initial assessment and the findings of inter-agency rapid needs assessments conducted through OCHA-coordinated Operational Coordination Teams across the affected provinces, the ARCS assessment reporting 39,985 displaced families and significant civilian casualties and infrastructure damage, the OCHA Situation Update documenting 16,370 newly displaced families and 163,590 total affected persons. The response is structured around the following key pillars:

MPCA

MPCA forms a central component of the response strategy, recognizing that displaced families face simultaneous needs across multiple sectors such as food, shelter, health, hygiene, and essential services that are best addressed through flexible financial support that



preserves dignity and choice. ARCS will deliver MPCA to 2000 of the most vulnerable households at AFN 10,500 (approx. CHF 133) per household, in accordance with Cash and Voucher Working Group (CVWG) guidelines.

The feasibility of cash-based assistance in the response areas is confirmed by the February 2026 REACH Joint Market Monitoring Initiative, which found that the Afghanistan Minimum Expenditure Basket, costed at USD 295 in December 2025, recorded a national median cost of USD 304 in local markets; a 3 per cent increase that remains within the 10 per cent acceptable variability threshold. Market Functionality Assessments have confirmed that markets are fully functional in Spin Boldak (Kandahar) and in Lalpur, Muhmand Dara, and Nurgal (Nangarhar), supporting the delivery of cash assistance in these locations.

Cash transfers will be delivered through a Financial Service Provider (FSP) at designated, accessible payment points, ensuring that all internally displaced persons and targeted beneficiaries can safely access the support. Local market assessments will be conducted prior to delivery in line with CWG guidance. This ARCS intervention includes IFRC's initial support to 200 families provided under crisis readiness under the unified plan, ICRC has committed MPCA for 17,000 families, and PNS with 800 families, ensuring a coordinated and complementary approach to cash-based assistance across the affected population.

Health Response

The health response is driven by the critical gaps created by the closure or suspension of at least 20 health facilities across the affected provinces, the eight closed nutrition service delivery sites, and the acute shortage of medical supplies and trauma kits in referral hospitals, particularly in Khost and Paktia.

ARCS will deploy Mobile Health Teams to provide emergency primary healthcare services at displacement sites and in affected communities. Services will include first aid and trauma care, psychosocial support and psychological first aid (PFA), reproductive and maternal health services, polio immunization, nutrition screening using anthropometry, treatment of children using Integrated Management of Childhood Illness (IMCI) protocols, health education on key health issues, and referral of complicated medical cases to tertiary health facilities. Health teams will be established at accessible locations in the affected provinces.

Particular attention will be given to the nutrition crisis. More than 300 children who were receiving treatment for acute malnutrition are currently unable to access services due to insecurity, and the closure of the Stabilization Centre in Kunar for the management of severely acutely malnourished children with medical complications represents a critical life-threatening gap. ARCS health teams will integrate nutrition screening and treatment into their service delivery, while coordinating with UNICEF, WFP, and nutrition cluster partners to address supply shortfalls and ensure continuity of care for malnourished children and pregnant and breastfeeding women.

Volunteers will be trained in Community-Based Health and First Aid (CBHFA), waste management, and hygiene promotion, drawing on the MDRAF018 model of training 60 volunteers in these skills and deploying them across border points and displacement sites.

Water, Sanitation and Hygiene (WASH)

The WASH response addresses the urgent risks posed by the concentration of displaced populations in overcrowded settings without adequate water and sanitation infrastructure. Displaced families in Kunar Province are settling in Shomash Camp and Wader Camp in Nurgal District, where WASH services were already overstretched before the current influx. The risk of acute watery diarrhoea (AWD) outbreaks and the high prevalence of respiratory infections, diarrhoeal diseases, and skin infections among displaced populations demand immediate WASH interventions.

ARCS will carry out hygiene promotion at community level through trained volunteers, including dissemination of key hygiene messages and distribution of soap for handwashing; distribution of sanitary and hygiene kits to displaced families, particularly women and girls; and provision of clean drinking water through water trucking, water treatment, and where feasible.

IFRC's initial dispatch of 200 jerry cans addresses only a fraction of the need. The WASH response will be closely coordinated with health interventions to ensure an integrated approach to disease prevention and public health protection.

Shelter and Non-Food Items

The shelter response addresses the critical gap of up to 10,000 tents identified by the Shelter Cluster against the approximately 17,000 families in urgent need. ARCS will provide family tents and essential household items; including blankets, mattresses, kitchen sets, and jerry cans to the most vulnerable displaced families who are currently living in open areas, public spaces, or severely overcrowded host community settings.

IFRC has already dispatched an initial 100 family sets (100 tents, 200 Tarpaulins, 700 blankets, 100 kitchen sets, and 200 jerry cans) as an immediate response, which it will be replenish under this DREF. Additionally, ARCS will scale up the shelter response by procuring and distributing additional family tents and household items, prioritising families in locations with the greatest need and the least existing coverage. Coordination with the Shelter/NFI Cluster and with ICRC which has committed to providing NFI assistance of a scope being finalized will ensure complementarity and avoid duplication.

Protection, Gender and Inclusion (PGI)

PGI is mainstreamed across all sectors of the response rather than implemented as a standalone programme. This reflects the recognition that protection risks - including gender-based violence, child protection concerns, and the specific vulnerabilities of the elderly and persons with disabilities - are embedded across all aspects of the displacement experience and must be addressed through every intervention.



ARCS will ensure diversity in its response teams, including male and female staff and volunteers, to facilitate access for all affected populations recognizing that pre-existing mahram requirements constrain the deployment of female staff and limit the reach of protection services for women and girls. Activities will include PGI-sensitive assessments, sex- and age-disaggregated data (SADD) collection, ensuring the reach of female-headed households, conducting the child safeguarding risk assessment, and establishing referral pathways for protection concerns in coordination with GBV and child protection partners.

The PGI minimum standard checklist will be applied across WASH, livelihood, health, and MPCA sectors to ensure that all interventions are designed and delivered in a manner that is safe, dignified, and accessible to all affected populations.

Community Engagement and Accountability (CEA)

CEA is integrated as a cross-cutting component throughout all sectors of the response, in line with the Movement-wide commitments and minimum actions for CEA. The CEA approach ensures that affected populations are at the centre of the response informed about available services and selection criteria, consulted on their priorities and preferences, and able to provide feedback that shapes programme design and delivery.

ARCS will communicate selection criteria widely and clearly for all sectors; share information on response plans, progress, and challenges; stress that aid is free to minimize exploitation and corruption risks; provide volunteers with Q & A sheets for consistent community engagement; train staff and volunteers in CEA; establish and strengthen community feedback mechanisms; and ensure separate consultation sessions for women and men. Community feedback data will be used for informed decision-making and adaptive management of the response.

The CEA approach draws directly on the lessons learned from the MDRAF018 operation, which highlighted the importance of comprehensive community engagement before the initiation of project implementation, clear communication of project criteria and objectives, and the incorporation of exit surveys to collect real-time feedback from aid recipients.

National Society Strengthening and Volunteer Mobilization

A critical enabler of the response is the recruitment, training, and deployment of ARCS volunteers and staff across the six affected provinces. ARCS will recruit and mobilize volunteers, provide orientation and training on the operation, and deploy them in response activities across all sectors. Volunteers will be sensitized on the Humanitarian Service Point model, PGI and PSEA standards, CEA principles, first aid, CBHFA, and hygiene promotion.

Coordination and partnership activities will include coordination with the authorities at central and provincial levels, coordination with Movement partners (IFRC, ICRC, PNS), and coordination with other humanitarian actors and relevant clusters to ensure a harmonized and non-duplicative response. A lessons learned workshop will be conducted at the end of the implementation to document key operational and organizational learnings as a reference for future interventions.

Communication

IFRC will support the ARCS communications team using the movement's agreed key messages to communicate with external regional and global audiences, with a focus on the situation and the Red Cross and Red Crescent humanitarian actions in assisting affected people.

Coordination with Movement Partners

The response strategy is designed to maximize the collective impact of the Movement's engagement. ARCS's targeted MPCA for 2000 households, combined with IFRC's initial 200 households and ICRC's commitment to 17,000 families, will provide cash-based assistance to a substantial portion of the displaced population. ICRC's planned NFI distributions will complement ARCS's shelter, health, and WASH interventions. This coordinated Movement approach ensures that the response addresses the most critical needs across sectors, avoids duplication with the broader humanitarian community's efforts.

This DREF operation is designed as a time-bound nine month intervention focused on addressing the most immediate and acute humanitarian needs arising from the initial phase of the crisis. As the conflict situation may become protracted, the operation's exit strategy is built around a phased transition from emergency relief to early recovery activities during the final months of implementation. Shelter, WASH, and cash assistance will be front-loaded in the first phase, while health, livelihood, and community-based support will continue into the later months to help stabilize affected households. Coordination with Movement partners, particularly ICRC, which maintains a sustained operational presence in Afghanistan, and with humanitarian actors will help ensure continuity of support beyond the DREF timeframe for needs that persist.

Targeting Strategy

Who will be targeted through this operation?

This operation will target 10,000 of the most vulnerable families (approximately 70,000 people) internally displaced by the Afghanistan Pakistan armed conflict across the six most affected provinces; Khost, Kunar, Nangarhar, Paktika, Paktia, and Nuristan, and remain flexible to reallocate resources to the other affected provinces, if needed. The targeted population comprises families who have been forced to flee their homes since 26 February 2026 due to airstrikes, cross-border shelling, and armed clashes, and who are currently living in



temporary displacement sites, existing IDP camps, public buildings, open areas, or with host communities under severe strain.

The operation focuses on families in the locations with the highest displacement concentrations and the greatest gaps in existing humanitarian coverage. ARCS branch teams across all six provinces will be responsible for identifying and registering targeted households using the standardized Red Rose registration system. The targeting takes into account the compounded vulnerability of populations facing secondary displacement, including earthquake-displaced families in Kunar Province who have been evacuated from informal settlements near military compounds; 3,640 families (25,480 people) who received evacuation orders and a further 2,074 families (14,520 people) facing the prospect of secondary displacement in Kunar and Nangarhar. These populations face layered vulnerabilities from consecutive shocks and will be prioritized alongside newly displaced families.

Assistance will be extended across the affected districts spanning at least 33 districts where assessments are either ongoing or planned with particular focus on areas where access permits and where humanitarian coverage from other actors is most limited. The operation will also consider the needs of host communities that are under increasing strain from the influx of displaced populations, particularly where the arrival of large numbers of displaced families has overwhelmed local services and resources.

Explain the selection criteria for the targeted population

The following vulnerability criteria will be used to prioritize the selection of targeted households:

- Households living in open areas, public spaces, or makeshift structures without adequate shelter, who have no access to alternative accommodation and are most exposed to protection risks.
- Holds headed by widows or single mothers with young children, face heightened protection risks, limited mobility, and reduced access to income and services in the displacement context.
- Elderly-headed households with responsibility for children, who face particular challenges in mobility, accessing assistance, and meeting the needs of dependents.
- Households with members with chronic medical conditions, disabilities, or injuries sustained during the conflict, who require ongoing medical care and face barriers to accessing health services in displacement.
- Pregnant and lactating women, face acute reproductive health risks in the context of disrupted maternal health services, the closure of at least 20 health facilities, and the suspension of eight nutrition service delivery sites across the affected provinces.
- Unaccompanied and separated children, are at heightened risk of exploitation, abuse, and recruitment, and who require immediate protection interventions including case management, interim care, and family tracing and reunification.
- Households with no relatives or host families at their destination, who lack social support networks and are most dependent on humanitarian assistance for their survival and basic needs.
- Households from host communities who are under severe strain from the influx of displaced populations, particularly those with sick family members who are in need of medical support and those whose access to food, water, and essential services has been significantly reduced by the displacement crisis.
- Households that have experienced secondary displacement including earthquake-affected families in Kunar and Nangarhar who have been evacuated from informal settlements and forced to relocate who face compounded vulnerabilities from consecutive shocks.
- Households that have experienced direct conflict-related damage to their homes or livelihoods, including structures affected and reported by ARCS, who have lost their shelter and assets and lack the means to return or rebuild.

The selection process will be transparent and communicated clearly to both recipients and non-recipients, in line with the CEA approach, to manage expectations and ensure that aid is distributed in a fair and principled manner.

Complementarity with Movement Partners and Humanitarian Community

The targeting of 10,000 families (70,000 people) under this DREF is designed to complement rather than duplicate the broader Movement and humanitarian response.



Total Targeted Population

Women	14,700	Rural	-
Girls (under 18)	19,600	Urban	-
Men	15,400	People with disabilities (estimated)	7%
Boys (under 18)	20,300		
Total targeted population	70,000		

Risk and Security Considerations (including "management")

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

Risk	Mitigation action
Escalation of hostilities and renewed airstrikes in operational areas.	Continuous real-time monitoring of the security situation; timely security updates to all staff and volunteers; pre-deployment safety briefings; movement coordination with ICRC and other movement partners; completion of mandatory IFRC security e-learning modules; tracking of staff movements via mobile communication tools.
Secondary displacement due to evacuation orders or expansion of conflict zones.	Contingency plan preparation addressing multiple displacement scenarios; pre-positioning of NFIs and emergency supplies; flexible delivery mechanisms that can adapt to changing displacement patterns; coordination with authorities on evacuation plans.
Delays in procurement of medical kits and relief supplies due to prolonged border closures.	Prioritize in-country stocks and local procurement; IFRC APRO working on international sourcing options and airfreight; coordination with WHO, UNICEF, and other partners who have pre-positioned supplies; regional procurement alternatives being explored.
Border closure between Pakistan and Afghanistan due the armed conflict may delay internal procured items and replenishment of the shelter and other items stocks	Partial stock is available in the county, and replenishment can be deferred temporarily through delegation procurement team. If border closure remains a challenge for a longer period, local procurement of some items can be an option to ensure the continuity of the response.

Please indicate any security and safety concerns for this operation:

The situation in the six affected provinces remains highly volatile, with active hostilities ongoing and the risk of renewed airstrikes, cross-border shelling, and armed clashes. Security assessments are essential before all field operations. Considering the significant conflict-related hazards, including damaged infrastructure, weapon contamination, and potential expansion of hostilities, ARCS will prioritize the safety and security of all Red Cross and Red Crescent personnel. Measures include continuous situation monitoring, timely security updates, movement tracking, security assessments in operational areas, pre-deployment safety briefings, and mandatory completion of IFRC security e-learning modules. The IFRC Country Delegation security team maintains close coordination with ARCS, ICRC and external humanitarian actors to ensure a harmonized and secure operational environment. Access constraints



were reported in several areas, which may limit the reach of the operation. The operation will apply a phased approach, expanding into areas as security conditions allow.

Has the child safeguarding risk analysis assessment been completed?

No

Planned Intervention



Shelter Housing And Settlements

Budget: CHF 251,074

Targeted Persons: 3,500

Indicators

Title	Target
Number of people reached with shelter support	3,500
Percentage of the families who received shelter assistance reported improvement in their living conditions	60

Priority Actions

- Procure 500 family tents (100 tents for stock replenishment) and 400 tents distribution for the most vulnerable displaced families across the six affected provinces.
- Replenish 700 blankets, 200 tarpaulins, 100 kitchen sets, and 200 jerry cans to displaced families.
- Register shelter beneficiaries using the Red Rose system with SADD collection and vulnerability-based selection criteria.
- Coordinate with the Shelter/NFI Cluster and ICRC to ensure complementarity and avoid duplication.
- Conduct post-distribution monitoring to assess the adequacy of assistance and collect beneficiary feedback.



Multi Purpose Cash

Budget: CHF 364,230

Targeted Persons: 14,000

Indicators

Title	Target
Number of HH reached - Cash Transfer Programming	2,000
Percentage of surveyed people whose households received cash transfers / vouchers are satisfied with the time/period that cash / vouchers were received	70

Priority Actions

- Select 2,000 households for MPCA based on established vulnerability criteria in targeted locations.
- Deliver a one-time MPCA transfer of AFN 10,500 (approx. CHF 133) per household through the Financial Service Provider, in line with CVWG guidelines.
- Monitor FSP performance to ensure adherence to humanitarian principles.
- Conduct post-distribution monitoring for all MPCA interventions.



Budget: CHF 274,768

Targeted Persons: 36,000

Indicators

Title	Target
Number of consultations through the National Society's medical services/MHTs	57,600
Number of Mobile Health Teams deployed and operational	5
Number of children under five screened for malnutrition using anthropometry	3,904
Number of antenatal and postnatal care visits delivered by a skilled health worker in a health facility operated by the National Society.	3,674
Number of under-1 children reached with immunization services (Penta-1).	1,843
Number of people reached with mental health and psychosocial support services.	5,760
Number of volunteers trained and mobilized to provide CBHFA services	50
Number of children SAM and MAM referred to BPHS services	780

Priority Actions

- Deploy 5 Mobile Health Teams to provide emergency primary healthcare at displacement sites across the six targeted provinces.
 - Screen children under five for malnutrition using anthropometry and treat using IMCI protocols, and coordination with UNICEF, WFP, and nutrition cluster partners.
 - Refer the SAM and MAM to the nearest BPHS that is supported by UNICEF.
 - Provide reproductive health services, antenatal and postnatal care, and tetanus toxoid vaccination for women of reproductive age.
 - Refer complicated medical cases including trauma injuries, obstetric emergencies, and severely malnourished children to tertiary health facilities.
 - Carry out polio immunization at displacement sites through MHTs.
 - Deliver health education on hygiene, disease prevention, IYCF, and malnutrition danger signs through MHTs and trained volunteers.
 - Train 50 volunteers in CBHFA, waste management, and hygiene promotion, and deploy them across displacement sites, including areas affected by AWD, vector-borne diseases, and vaccine-preventable diseases caused by disruptions in routine immunization. CBHFA will be trained on community-based surveillance
 - Procure medical kits and essential medicines to support MHT operations, in coordination with IFRC logistics.
- Coordinate with in country PNS, WHO, UNICEF, and the Health Cluster to ensure a complementary health response.



Budget: CHF 33,015

Targeted Persons: 3,500



Indicators

Title	Target
Number of liters of safe water distributed	70,643
Number of people received family hygiene kit	3,500
Number of people covered with hygiene promotion activities	3,500

Priority Actions

- Distribute 500 family hygiene kits to displaced families, prioritizing women and girls. In addition to the hygiene kits, 7 pieces of laundry soap will be distributed to the families.
- Conduct hygiene promotion sessions at community level through trained volunteers, covering handwashing, safe water storage, food handling, and waste disposal.
- Provide clean drinking water to displaced populations through water trucking and treatment.
- Coordinate with WASH Cluster partners to ensure complementarity and avoid duplication.



Protection, Gender And Inclusion

Budget: CHF 10,544

Targeted Persons: -

Indicators

Title	Target
Percentage of staff and volunteer trained on prevention and protection of sexual exploitation and abuse (PSEA) and or all forms of child safeguarding	100
Child safeguarding risk analysis completed within the first two weeks of the operation	1
Number of persons reached through PGI/PSEA awareness sessions	500

Priority Actions

- Complete the child safeguarding risk analysis within the first two weeks of the operation, tailored to the specific risks of the current conflict context.
- Train all staff and volunteers on child safeguarding protocols before deployment, integrated with existing PGI/PSEA and CEA training sessions
- Establish safe referral pathways for child protection cases, including unaccompanied and separated children, in coordination with UNICEF and child protection cluster partners.
- Designate a child safeguarding focal point within ARCS for the duration of the operation to oversee implementation and monitor compliance. The focal point is funded under another action.
- Conduct community awareness session for PGI/PSEA



Community Engagement And Accountability

Budget: CHF 2,663

Targeted Persons: 5,000



Indicators

Title	Target
Number of methods established to communicate with communities about what is happening in the organization/program/operation, including selection criteria	4
Percentage of people surveyed who feel treated with respect by the organisation's/programme's/operation's staff and volunteers.	75
Percentage of surveyed people who feel the organisation/operation has communicated well about plans and activities	70
Percentage of people surveyed who report they know how to provide feedback about the organisation/operation	70

Priority Actions

- Communicate selection criteria clearly for all sectors to recipients and non-recipients using accessible channels.
- Share information on response plans, progress, delays, rights, and entitlements; stress that aid is free.
- Provide volunteers with a Q&A sheet for consistent community information sharing.
- Train all staff and volunteers on CEA, integrated with PGI/PSEA orientation.
- Establish community feedback mechanisms in all six provinces using Kobo-based help desks, replicating the MDRAF018 model.
- Analyse feedback data regularly and respond to complaints within an agreed timeframe.
- Conduct 4 community consultation sessions (separate for women and men).
- Conduct two rounds of PDM with CEA questions and exit surveys at key distributions.



Secretariat Services

Budget: CHF 57,191

Targeted Persons: -

Indicators

Title	Target
Number of surge personnel deployed	1
% of financial reporting compliance to IFRC procedures	100

Priority Actions

- Facilitate regular coordination meetings and joint field visits and track partner commitments, coverage gaps, and harmonise approaches
- Recruit and manage staff including surge personal; process salaries, allowances, insurance, and SOSC, conduct performance reviews and ensure duty of care obligations
- Provide regional technical oversight and deploy surge personnel as needed and facilitate regional coordination calls and planning sessions
- Produce situation reports, donor communications, and visibility materials and manage communication tools and media engagement for the operation
- Implement MEAL framework; conduct field visits and two rounds of PDM and manage digital feedback mechanisms and share monitoring reports with stakeholders





Budget: CHF 6,515

Targeted Persons: 50

Indicators

Title	Target
Number of lessons learned workshops conducted	1
Number of volunteers recruited and trained covering sector-specific interventions	50

Priority Actions

- Recruit and train 50 volunteers across the six affected provinces, covering sector-specific interventions, HSP model, PGI/PSEA, CEA, first aid, CBHFA, hygiene promotion, and WEC awareness.
- Deploy trained volunteers across all sectors at displacement sites and affected communities.
- Conduct a lesson learned workshop at the end of implementation, incorporating community feedback from CEA mechanisms, PDM, and exit surveys.

About Support Services

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

ARCS will deploy a total of 50 volunteers across the six affected provinces to implement this operation and has mobilized Branch Disaster Response Teams (BDRTs) in each of the six affected provinces; Khost, Kunar, Nangarhar, Paktika, Paktia, and Nuristan each consisting of an average of 10 active volunteers. These 50 volunteers will be recruited and mobilized for the operation across these provinces, trained in sector-specific interventions and deployed to displacement sites, health camps, distribution points, and community engagement activities. Volunteer roles include first aid provision, psychosocial support, hygiene promotion, community engagement and information dissemination, beneficiary registration and verification, distribution support, and post-distribution monitoring.

In addition, 5 Mobile Health Teams (MHTs) will be deployed to provide emergency primary healthcare services across the affected provinces. Each MHT comprises medical professionals including physicians, nurses, midwives, and community health workers providing outpatient consultations, reproductive health services, nutrition screening, IMCI treatment, polio immunization, and referral services.

There will be 13 ARCS staff supporting this DREF operations. These staff will be drawn from the affected provinces and DREF operational areas, consisting of approximately two staff per branch (twelve staff across six branches) and one roving staff member from headquarters. The staff from part of the core team deployed to operationalize response activities at displacement sites and are drawn from different departments with sector-specific specialization, including PSS counsellors, volunteer management officers, DRR officers, health coordinators, and WASH focal points. Staff will be responsible for current emergency operations overall field coordination, beneficiary registration management, distribution oversight, health service supervision, WASH monitoring, and reporting.

Existing IFRC technical resources supported under the ongoing operations will be used to support this DREF operation. They are IFRC operations manager, Quality and Accountability manager, CEA officer, Economic Recovery and Resilience Coordinator, Information Management officer, PGI officer, and support services. These technical staff provide operational management, quality assurance, information management, financial oversight, donor reporting, and technical guidance across all sectors of the response.

All 50 deployed volunteers and staff will be insured for the duration of the operation. All personnel will receive orientation on the operation objectives, sector-specific interventions, PGI and PSEA standards, CEA principles, security protocols, and reporting procedures before deployment to the field.



Will surge personnel be deployed? If yes, please provide the role profile needed.

Yes

The operation will primarily utilize the existing capacity of ARCS branches and the technical resources of IFRC that are already in the country. Additionally, IFRC has launched an alert for surge personnel for a National Society Readiness and Response Capacity Strengthening Coordinator to support ongoing operational preparations. The need for surge support will be reviewed in light of evolving operational requirements and security conditions.

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

Procurement will be shared between ARCS and IFRC based on the nature and source of the items required, following the same approach successfully applied under the MDRAF018 operation. Procurement of family tents and imported items will be done by IFRC, leveraging its international supply chain and procurement capacity. IFRC has already dispatched an initial 100 family sets (100 tents, 200 Tarpaulin, 700 blankets, 100 kitchen sets, and 200 jerry cans) and will coordinate additional procurement for the scale up under this DREF.

Recognizing these challenges, the Country Delegation Logistics team and APRO are working on several options, including sourcing abroad, and airfreight. Other supplies available locally including hygiene kits, sanitary kits, soap, water treatment supplies, and other consumables will be procured locally within the country by ARCS, subject to market availability. The February 2026 REACH Joint Market Monitoring Initiative and Market Functionality Assessments have confirmed that essential goods markets remain broadly functional in several of the target areas, including Spin Boldak, Lalpur, Muhmand Dara, and Nurgal, supporting the feasibility of local procurement.

Cash transfers for MPCA will be delivered through a contracted Financial Service Provider (FSP), with the contracting process managed by IFRC in coordination with ARCS and the Cash and Voucher Working Group.

Any other needed procurement including items not available locally or requiring international standards compliance will be done by IFRC. All procurement will follow IFRC procurement procedures and standards, ensuring transparency, competitiveness, and value for money.

How will this operation be monitored?

ARCS leadership and the IFRC Head of Delegation will be accountable for the timely implementation, compliance, financial management, and operational reporting of this operation. This will be done with the support of the IFRC operations manager and field coordinator.

ARCS operational teams, supported by IFRC, will be primarily responsible for monitoring interventions at the field level across all six affected provinces.

Monitoring will encompass the following elements: The ARCS PMER and IFRC Quality and Accountability, including CEA and PGI teams, will support the operation team to develop a comprehensive Monitoring and Evaluation (M&E) plan at the outset of the operation. The M&E plan will define key indicators, data collection methods, reporting timelines, and responsibilities, aligned with the indicator tracking tables established for each sector under this DREF.

The QA/operations team will carry out M&E activities in line with the plan, including regular field visits to displacement sites, distribution points, health camps, and WASH facilities to verify the quality, appropriateness, and timeliness of service delivery and to identify operational challenges requiring corrective action. IFRC/ARCS will conduct three monitoring visits to field operations across the affected provinces over the nine-month operation period. Monitoring visits will include direct observation of distributions and service delivery, consultation with beneficiaries and communities, review of registration and reporting data, and assessment of compliance with IFRC procedures and standards, including financial management, procurement, PGI, PSEA, and CEA.

Two rounds of post-distribution monitoring (PDM) will be conducted; one following the initial phase of distributions and MPCA delivery, and a second toward the end of the operation to assess the use and impact of assistance, measure beneficiary satisfaction, collect feedback on the adequacy and appropriateness of the response, and inform any necessary programme adjustments.

Exit surveys will be conducted at the conclusion of key distributions and service delivery activities to collect real-time feedback from aid recipients, building on the lessons learned from the MDRAF018 operation, which highlighted the importance of incorporating feedback mechanisms to continuously refine approaches and better meet the needs of affected communities.

Community feedback data collected through the CEA mechanisms established in each of the six affected provinces will be systematically analysed and used for informed decision-making and adaptive management throughout the operation. Feedback will be reviewed regularly by the operations team and escalated to management as needed.

IFRC-DREF regular and monthly progress reports will be compiled by ARCS and submitted to the IFRC, informing of the operation's



progress, achievements, challenges, and expenditure. Reports will include an indicator tracking table mapping progress against targets, financial reporting, and documentation of operational issues and corrective actions taken. Progress reports will be shared with the IFRC Asia Pacific Regional Office to keep them informed of the operation's status.

A lessons learned workshop will be conducted at the end of the end implementation period (9 months), bringing together staff and volunteers to follow up on key operational and organizational learnings, document findings, and develop recommendations as a reference for future interventions. The workshop will incorporate feedback collected through CEA mechanisms, PDM, and exit surveys, ensuring that the perspectives of affected populations are central to organizational learning.

Assisted population registration and data management will be conducted using the standardized Red Rose system, which proved highly effective during the ongoing emergency operations in managing data accurately and streamlining the registration process. The system will enable real-time tracking of beneficiary numbers, distribution progress, and demographic data, supporting both operational monitoring and donor reporting.

Please briefly explain the National Societies communication strategy for this operation

IFRC will collaborate with the ARCS communications team to communicate in line with the movement agreed key messages with external regional and global audiences, with a focus on the humanitarian situation generated by the Afghanistan–Pakistan conflict escalation and the Red Cross and Red Crescent humanitarian actions in assisting affected people. The communications strategy aims to generate visibility and support for humanitarian needs and the Movement's response, raise awareness among donors and the international community, and advocate for the protection of civilians and humanitarian access in the context of active hostilities.

ARCS will collaborate with the IFRC Country Delegation on communications content, which includes photographs, videos, human interest stories, situation updates, and other materials documenting the impact of the crisis on displaced populations and the response being delivered by ARCS with Movement support. Content will highlight the specific vulnerabilities of affected populations including the disproportionate impact on women and children who comprise 55 per cent of recorded civilian casualties the scale of displacement, the gaps in humanitarian coverage, and the urgent need for sustained funding and access.

Close collaboration on the sharing of content will be maintained between the Asia Pacific IFRC regional communications unit, the IFRC Country Delegation, and ARCS to ensure a coherent and coordinated communications approach in line with the movement approach. All external communications will adhere to IFRC editorial and visual identity guidelines, protection of personal data standards, and do-no-harm principles, with particular attention to the safe and dignified representation of affected populations in a context of active armed conflict.

ARCS will also use its communications capacity to support community engagement and accountability objectives, including the dissemination of key information about available services, selection criteria, and feedback mechanisms to affected populations through local media, community radio, and printed materials in local languages.

Communications outputs will be developed and shared at key milestones throughout the operation, including the launch of the DREF, completion of initial distributions and MPCA delivery, results of post-distribution monitoring, and the lessons learned workshop, ensuring that donors, partners, and the public are kept informed of the operation's progress, impact, and remaining needs.



Budget Overview



DREF OPERATION

MDRAF020 - Afghan Red Crescent Society Afghanistan Complex Emergency

Operating Budget

Planned Operations	936,295
Shelter and Basic Household Items	251,074
Livelihoods	0
Multi-purpose Cash	364,230
Health	274,770
Water, Sanitation & Hygiene	33,015
Protection, Gender and Inclusion	10,544
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	2,663
Environmental Sustainability	0
Enabling Approaches	63,705
Coordination and Partnerships	0
Secretariat Services	57,191
National Society Strengthening	6,515
TOTAL BUDGET	1,000,000

all amounts in Swiss Francs (CHF)



Contact Information

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

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