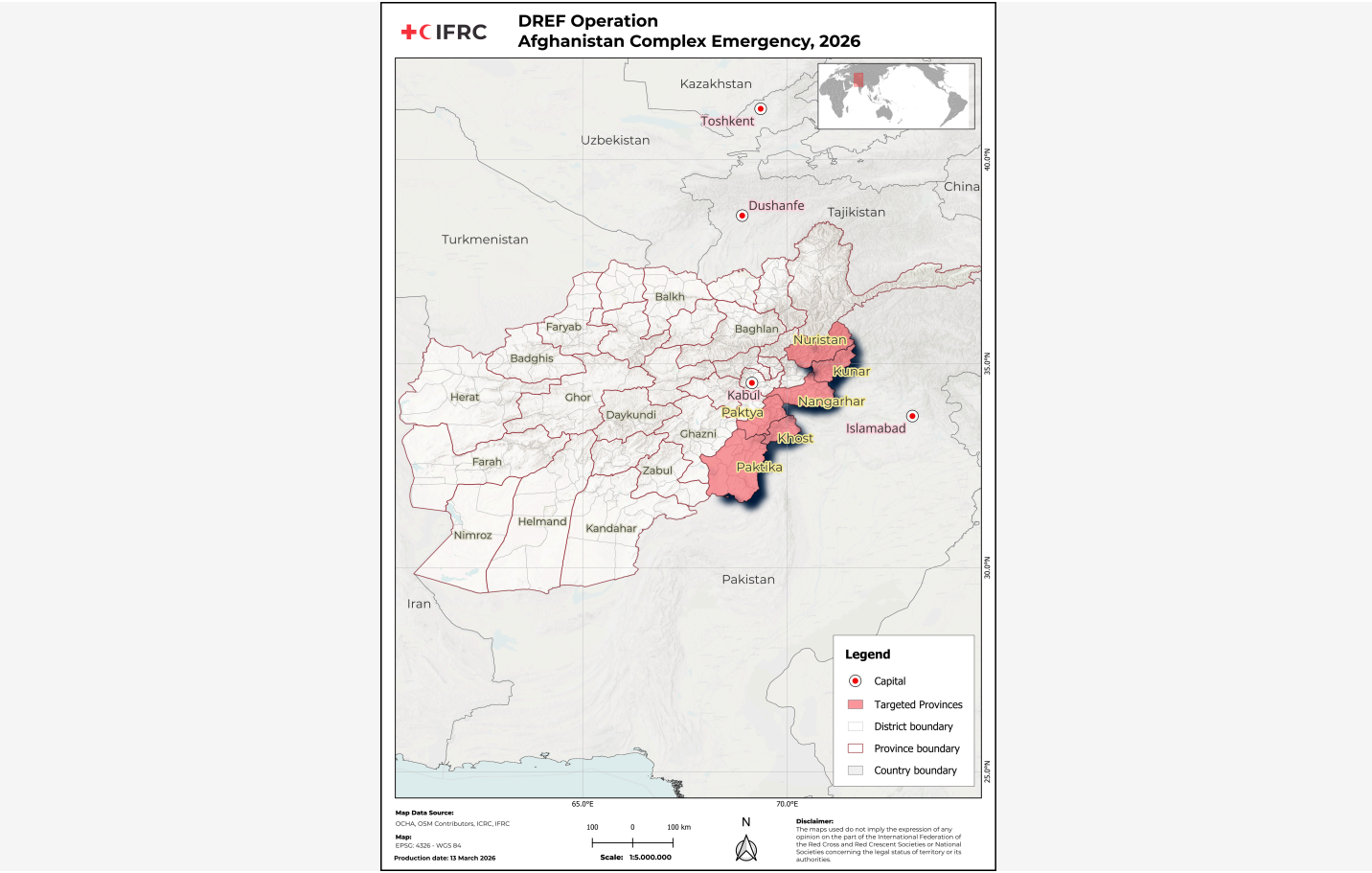




ARCS team visiting an affected household (Photo: ARCS)

Appeal: MDRAF020	Total DREF Allocation: CHF 1,000,000	Crisis Category: Orange	Hazard: Complex Emergency
Glide Number: CE-2026-000032-AFG	People Affected: 279,895 people	People Targeted: 70,000 people	
Event Onset: Sudden	Operation Start Date: 14-03-2026	New Operational End Date: 31-12-2026	Total Operating Timeframe: 9 months
Reporting Timeframe Start Date: 14-03-2026		Reporting Timeframe End Date: 30-09-2026	
Additional Allocation Requested: -		Targeted Regions: Khost, Kunar, Nangarhar, Nuristan, Paktika, Paktya	

Description of the Event



Map of targeted areas (Source: IFRC IM)

Date of event

04-03-2026

What happened, where and when?

From 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.

Hostilities remained largely concentrated along the border areas, but airstrikes continued to threaten civilian populations across a wide geographic zone. UNAMA recorded at least 185 civilian casualties with 56 people killed and 129 injured. It is estimated that 16,370 families are newly displaced following these hostilities, in addition to the 7,000 families that remain displaced since the August 2025 eastern region earthquake. OCHA reports significant damage to civilian infrastructure, leading to suspension or closure of essential health services, including a 20-bed emergency hospital in Nangarhar, 20 health facilities across the eastern, southeastern, and southern border provinces, and 8 nutrition service delivery sites across Khost, Kunar, and Nangarhar provinces.

On 4 March, a Special Movement Strategic Platform meeting was convened by the ICRC, ARCS, and IFRC, and the presented needs resulting from the escalation triggered the formal request for Movement support. The DREF operation was launched following the scale of humanitarian impact and the need for an immediate response.

In April, hostilities continued but at a lower frequency and intensity as compared to March. Periodic mortar shelling and airstrikes have



damaged schools and health facilities in the eastern region, particularly in Kunar, Nangarhar and Kandahar provinces. The cross-border tensions and sporadic limited hostilities continue to date focusing mainly on the border regions.

Scope and Scale

The scale of the crisis was significant and continued to evolve. The humanitarian situation in Afghanistan's eastern and south-eastern provinces remains affected by cross-border hostilities, displacement and pre-existing vulnerabilities. During the renewed escalation in October 2026, airstrikes in Kunar and Helmand on 1 October reportedly killed at least 10 civilians, mostly children, and injured nine others, according to the United Nations Assistance Mission in Afghanistan (UNAMA), as reported by the Associated Press. The continued tensions underscore the risks faced by civilians and the need for preparedness for further population displacement and disruption to humanitarian operations.

Humanitarian needs are compounded by the wider context of food insecurity, acute malnutrition, economic vulnerability and reduced humanitarian funding. Afghanistan also continues to experience substantial return movements from neighbouring countries, placing additional pressure on housing, basic services, livelihoods and already vulnerable communities. UNHCR's October reporting on returns from Pakistan provides a further reference for monitoring these movements, which should be distinguished from conflict-induced internal displacement.

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 1 6,370 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 1 63,590 people across six eastern and south-eastern provinces. 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 compounded existing vulnerabilities. In Kunar Province, 3,640 earthquake displaced families (25,480 people) living in informal settlements in Nurgal, Chawkey, 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 (1 4,520 people) in Kunar and Nangarhar face the prospect of additional displacement.

The escalation of conflict and disruptions to trade and humanitarian supply routes have further aggravated food insecurity in Afghanistan. On 3 March 2026, the World Food Programme (WFP) reported that approximately 160,000 people were affected by the temporary suspension of emergency food distributions across conflict-affected areas, while movement restrictions disrupted humanitarian operations in ten provinces. The five main Afghanistan–Pakistan border crossings have remained closed to regular trade since 11 October 2025, although Afghanistan has increasingly redirected trade through Iran and Central Asian countries. By September 2026, food and fuel prices had risen amid disruptions to regional supply routes; market monitoring by TOLONews reported average price increases of 15.3 per cent for flour, cooking oil and rice. These pressures are compounded by declining humanitarian assistance and high transport costs. According to the latest joint FAO–WFP assessment published in October 2026, approximately 19.2 million people (38 per cent of Afghanistan's population) are projected to face acute food insecurity during the November 2026–April 2027 lean season, including five million people facing emergency levels of hunger. During the escalation in February and March 2026, the crisis also unfolded during Ramadan, placing additional pressure on displaced families struggling to meet basic food needs and on already overstretched community support systems.

At least 20 health facilities suspended services across the affected provinces, and referral hospitals in Khost and Paktia faced critical shortages of trauma kits, emergency drugs, and consumables. An estimated 3,1 58 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 estimated a shortfall of up to 1 0,000 tents against a total of approximately 1 7,000 families in urgent need. In March, UN Humanitarian Air Service (UNHAS) 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. The services and access have largely been restored with some continued limitations applied in the border regions and continued temporary border closures and limitations on movement of goods continuing to impact supply chains and service delivery.



Source Information

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
3. Afghanistan Situation Update #4: Humanitarian Impact of Afghanistan-Pakistan Military Escalation (27 April 2026)	https://reliefweb.int/report/afghanistan/afghanistan-situation-update-4-humanitarian-impact-afghanistan-pakistan-military-escalation-28-april-2026
4. WFP warns of deepening crisis in Afghanistan as insecurity flares on eastern, southern and western border	https://www.wfp.org/news/wfp-warns-deepening-crisis-afghanistan-insecurity-flares-eastern-southern-and-western-border?utm_source=chatgpt.com

Summary of Changes

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



Please explain the summary of changes and justification:

Six months into the implementation and with many of the activities completed or mostly implemented, savings and other budget variation have been identified across various budget lines. The most significant savings have been realized under the procurement of non-food items (NFIs) and the distribution of multipurpose cash assistance (MPCA). The revised budget reflects the main savings identified, the introduction of new budget lines with corresponding justifications, and key reallocations to existing budget lines. Procurement of the medical kits for the Mobile Health Teams (MHTs) remains in progress, and there is potential for further savings as associated transportation costs remain unconfirmed and have been budgeted conservatively in the beginning of the operation when international transportation costs increased significantly.

NFI procurements resulted in approximately CHF 47,800 in savings. The majority of these are related to tent procurement, with additional savings generated through the procurement of tarpaulins, jerrycans, and blankets. Furthermore, kitchen sets budgeted for replenishment were not procured due to challenges in international procurement. Approximately CHF 26,000 in savings were realized under MPCA. These savings resulted from budgeting for higher CHF transfer value than the actual transfer value in CHF at the time of the implementation. Some savings were also recorded under WASH as information, education and communication (IEC) materials related to WASH items were not produced.

Savings generated under MPCA have been reallocated to provide additional MPCA to 230 households, prioritizing the most vulnerable groups, including female- and widow-headed households and households with persons with disabilities. In case any newly affected households meeting the targeting criteria are identified by ARCS as a result of the cross border tensions, they will be included in the cash distribution.

Under Shelter, a new budget line has been introduced to cover logistics fees, while the transportation cost budget line has been increased by based on actual expenditure. Under WASH, the unit cost of family hygiene kits has been revised to align the budget with actual expenditure. In addition, the unit cost for laundry soap has been corrected, increasing the corresponding budget line.

Under Secretariat Services, the monitoring budget line has been increased to reflect anticipated actual expenditure and the surge budget has been increased. The surge allocation will support the ongoing deployment of a Procurement Officer. The role is supporting multiple ongoing operations in Afghanistan, including the finalization of framework agreements that are expected to address procurement challenges encountered during the implementation of this DREF operation. A new budget line has also been added for visibility items.

Under National Society Strengthening, four new budget lines have been introduced. Two budget lines are added for covering salary costs for a PGI Officer and a Cash Officer who have supported implementation of the operation. A small allocation has been included to support an Emergency Operation Centre (EOC) needs analysis workshop as part of the PER Action Plan implementation. Strengthening the Emergency Operations Centre (EOC) has been identified as a priority to enhance ARCS preparedness and response capacity.

In addition, a budget allocation of CHF 10,000 has been added for the rehabilitation of ARCS warehouse facilities. This contribution forms part of a broader warehouse rehabilitation initiative aimed at enhancing operational readiness, improving preparedness capacity, and addressing existing facility limitations, including inadequate storage conditions for medicines. The improved facilities ensure suitable storage for stocks and ensure that items such as medicines can be stored without a risk of being damage by weather conditions - hot temperatures in the summer and freezing in the winter. Partner National Societies are also contributing to this effort. Given that the planned rehabilitation is part of a larger initiative with clearly defined priorities and implementation arrangements, the activity can be completed within the limited remaining operational timeframe in time to address some of the risks associated with the warehousing items in unsuitable conditions during the winter season.

IFRC Network Actions Related To The Current Event

Secretariat

The IFRC Country Delegation in Afghanistan has closely monitored the situation since the onset of hostilities on 26 February 2026 and activated its support mechanisms to assist ARCS in mounting a rapid and effective response, complementing ARCS's response effort.

As an immediate response, IFRC dispatched 1 00 family sets to support the most



	<p>vulnerable displaced households. These sets include 1 00 family tents, 700 blankets, 200 tarpaulins, 1 00 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 supported 200 households with Multi-Purpose Cash Assistance (MPCA) of AFN 1 0,500 (approx. CHF 135) 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 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) have worked 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>
Participating National Societies	<p>The Danish Red Cross 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 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.</p>

ICRC Actions Related To The Current Event

<p>The International Committee of the Red Cross (ICRC) called for a Special MSP meeting, with ARCS confirming its readiness to provide substantial support to the current response. ICRC 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 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 finalized based on ongoing assessments.</p> <p>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.</p>
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Other Actors Actions Related To The Current Event

Government has requested international assistance	No
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National authorities	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.
UN or other actors	Following the armed conflict, UN agencies and humanitarian partners rapidly scaled up their response. 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.

Are there major coordination mechanism in place?

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.

Needs (Gaps) Identified



Shelter Housing And Settlements

According to OCHA's Situation Update #1, the armed conflict 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.

The Emergency Shelter NFI Cluster (ESNFI cluster) estimated that approximately 17,000 families were 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 stayed with host communities already under severe strain, while others were 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 were 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. Thousands of people in Kunar and Nangarhar faced the prospect of additional displacement.

The regional shelter response capacity at the start of the operation stood 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 addressed only a fraction of the identified need.

The identification and verification of internally displaced people remains difficult, as many families were 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 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 IFRC-DREF operation aims to address 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 1 6,370 newly displaced families and 1 63,590 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. As a part of the initial response, ARCS delivered MPCA to 2000 of the most vulnerable households at AFN 1 0,500 (approx. CHF 135) per household, in accordance Cash and Voucher Working Group (CVWG) guidelines and aligned with the Minimum Expenditure Basket (MEB) transfer value for family of seven. This support will be expanded to cover top ups to 230 households or to provide MPCA to newly conflict-affected households.

The feasibility of cash-based assistance in the response areas was 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 confirmed that markets were 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 are 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 were conducted prior to delivery in line with CWG guidance. This ARCS intervention included IFRC's initial support to 200 families provided under the Unified Plan's crisis readiness. In addition, ICRC and PNS have provided MPCA to approximately 17,800 households.



Health Response

The health response has been 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 has deployed Mobile Health Teams to provide emergency primary healthcare services at displacement sites and in affected communities. Services 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 have been established at accessible locations in the affected provinces.

Particular attention has been given to the nutrition crisis. More than 300 children who were receiving treatment for acute malnutrition are currently unable to access services. Insecurity affected access to ongoing treatment of hundreds of children, and the closure of the Stabilization Centre in Kunar for the management of severely acutely malnourished children with medical complications represented a critical life-threatening gap. ARCS health teams have integrated 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 have been trained in Community-Based Health and First Aid (CBHFA), waste management, and hygiene promotion, drawing on training model of the previous response operations in Afghanistan.

Water, Sanitation and Hygiene (WASH)

The WASH response has addressed the urgent risks posed by the concentration of displaced populations in overcrowded settings without adequate water and sanitation infrastructure. Displaced families in Kunar Province settled 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 demanded immediate WASH interventions.

ARCS has carried 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 addressed only a fraction of the need and the WASH response has been closely coordinated with health interventions to ensure an integrated approach to disease prevention and public health protection.

Shelter and Non-Food Items

The planned shelter response aimed to address the critical gap of up to 1 0,000 tents identified by the Shelter Cluster against the approximately 1 7,000 families in urgent need. However, due to the border closure with Pakistan and additional challenges created by the Middle East crisis for the international procurement, the delivery was significantly delayed. Once the tents arrived, the needs had already evolved from emergency shelter and with the approval from IFRC DREF team, 400 tents have been placed in ARCS contingency stock instead of distributing them as planned to the most vulnerable displaced families living in open areas, public spaces, or severely overcrowded host community settings.

As part of the initial response, IFRC has dispatched an 1 00 family sets (1 00 tents, 200 Tarpaulins, 700 blankets, 1 00 kitchen sets, and 200 jerry cans) and these items have been replenished under this DREF with the exception of the kitchen sets. Coordination with the Shelter/NFI Cluster and with ICRC ensures complementarity and avoids 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. Planned activities 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 has communicated 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 previous operations, 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 has been the recruitment and mobilization of ARCS volunteers across the six affected provinces. Volunteers continue to receive relevant orientation and training in line with the operation, including the Humanitarian Service Point model, PGI and PSEA standards, CEA principles, first aid, CBHFA, and hygiene promotion.

To enhance ARCS preparedness and operational capacity, the operation will support the rehabilitation of the National Society's warehouse facilities. The intervention will improve storage infrastructure, including suitable storage conditions for medicines and relief items, thereby strengthening the National Society's ability to respond effectively to future emergencies. This activity forms part of a wider warehouse improvement initiative supported by Movement Partners and contributes to longer-term organizational preparedness and logistics capacity.

Coordination and partnership activities have included 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 1 7,000 families, provided cash-based assistance to a substantial portion of the displaced population in the initial aftermath of the escalation. ICRC's planned NFI distributions complemented ARCS's shelter, health, and WASH interventions. This coordinated Movement approach ensured 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 were planned as front-loaded in the first phase, while health, livelihood, and community-based support will continue into the later months to help stabilize affected households. Procurement delays however forced some adjustments to the initially planned implementation. 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")

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

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

Risk	Mitigation action
Escalation of hostilities and renewed airstrikes in operational areas. No change to the identified risk; seasonal escalation continues.	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. The above-mentioned mitigation measures have been put in place and are being effectively implemented.



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.
<p>Please indicate any security and safety concerns for this operation:</p> <p>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. Border tensions between Afghanistan and Pakistan remained a significant security concern and have been closely linked to political developments in the region, with over 20 major cross-border incidents recorded in the past six months. The escalation of hostilities, including airstrikes and artillery shelling, caused delays to IFRC project implementation in Kunar Province and disrupted Afghan Red Crescent operations in several border areas.</p> <p>Despite these challenges, all Afghan Red Crescent and IFRC personnel remained safe and unharmed. Appropriate security measures and mitigation actions were implemented to reduce risks and ensure the continuity and safety of operations.</p>	
Has the child safeguarding risk analysis assessment been completed?	Yes

Planned Intervention



Shelter Housing And Settlements

Budget: CHF 220,290
Targeted Persons: 3,500
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
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# of people reached with shelter support	3,500	959
% of the families who received shelter assistance reported improvement in their living conditions	60	0

Progress Towards Outcome

List of activities:

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

Progress:

1. Distribution of Emergency Shelter and Household Items

As of the reporting period, a total of 100 households (959 people: 443 male and 516 female), including 21 people with disabilities, received non-food item (NFI) kits in Paktika province. Each kit consisted of one family tent, seven blankets, two jerrycans and two tarpaulins, providing essential emergency shelter and household items to affected families.

Only a total of 100 family tents were distributed against a target of 400. The lower achievement was primarily due to procurement delays, which resulted in the tents arriving several months later than planned. At the time of the distribution, the situation of the majority of the targeted people had changed and they were no longer in a need of emergency shelter support. The undistributed tents have been allocated to the ARCS contingency stock to be used in future emergencies.

3. Post-Distribution Monitoring (PDM)

PDM has not yet been conducted due to competing operational priorities. The planned monitoring activities have therefore been adjusted, with one round of PDM scheduled during the final two months of the operation. The PDM is expected to assess the relevance and usefulness of the assistance provided and gather feedback from assisted households.



Multi Purpose Cash

Budget: CHF 371,580

Targeted Persons: 14,000

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
# of HH reached - Cash Transfer Programming	2,230	1,991
% of surveyed people whose households received cash transfers / vouchers are satisfied with the time/period that cash / vouchers were received	70	0

Progress Towards Outcome

List of activities:

1. Select 2,230 households for MPCA based on established vulnerability criteria in targeted locations.
2. 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.
3. Monitor FSP performance to ensure adherence to humanitarian principles.
4. Conduct post-distribution monitoring for all MPCA interventions.

Progress:

1. Distribution of Multipurpose Cash Assistance

As of reporting period, a total of 1,991 households (21,773 people; 10,660 male and 11,113 female), including 117 persons with disabilities, received multipurpose cash assistance across Khost (741 households), Paktika (500 households), and Paktya (750 households). Each household received AFN 10,500 (CHF 135) with the transfer value aligned to the agreed Minimum Expenditure Basket (MEB) for family of seven and designed to support households in meeting their most urgent needs. The use of cash assistance enabled affected households to prioritize their own recovery needs and provided flexibility in addressing evolving priorities. The distribution was implemented through a Financial Service Provider (FSP), with monitoring by ARCS to ensure safe and timely receipt of assistance. During the last two months of the operational timeframe, additional cash assistance will be provided to 230HH both newly affected by the ongoing cross-border tensions and sporadic hostilities, and most vulnerable households among those previously targeted.

2. Post-Distribution Monitoring (PDM)

The related PDM is planned during the last two months of the operation. to assess the utilization, relevance, and effectiveness of the cash assistance and to capture feedback. The first PDM round planned after the distributions was not conducted due to competing operational priorities.



Budget: CHF 267,848

Targeted Persons: 36,000

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
# of consultations through the National Society's medical services/MHTs	57,600	33,662
# of Mobile Health Teams deployed and operational	5	5
# of children under five screened for malnutrition using anthropometry	3,904	9,917
# of antenatal and postnatal care visits delivered by a skilled health worker in a health facility operated by the National Society.	3,674	2,258
# of under-1 children reached with immunization services (Penta-1).	1,843	131



# of people reached with mental health and psychosocial support services.	5,760	634
# of volunteers trained and mobilized to provide CBHFA services	50	72
# of children SAM and MAM referred to BPHS services	780	271

Progress Towards Outcome

List of activities:

1. Deploy 5 Mobile Health Teams to provide emergency primary healthcare at displacement sites across the six targeted provinces.
2. Screen children under five for malnutrition using anthropometry and treat using IMCI protocols, and coordination with UNICEF, WFP, and nutrition cluster partners.
3. Refer the SAM and MAM to the nearest BPHS that is supported by UNICEF.
4. Provide reproductive health services, antenatal and postnatal care, and tetanus toxoid vaccination for women of reproductive age.
5. Refer complicated medical cases including trauma injuries, obstetric emergencies, and severely malnourished children to tertiary health facilities.
6. Carry out polio immunization at displacement sites through MHTs.
7. Deliver health education on hygiene, disease prevention, IYCF, and malnutrition danger signs through MHTs and trained volunteers.
8. 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
9. Procure medical kits and essential medicines to support MHT operations, in coordination with IFRC logistics.
10. Coordinate with in-country PNS, WHO, UNICEF, and the Health Cluster to ensure a complementary health response.

Progress:

(1) Provision of Health Consultations through Mobile Health Teams (MHTs)

Through the ARCS five Mobile Health Teams (MHTs), a total of 33,662 medical consultations were provided to people in need of essential health services in the targeted communities. These consultations helped improve access to basic healthcare services, particularly for vulnerable people living in underserved and hard-to-reach areas. The MHTs continued to provide essential medical care, supporting the health and well-being of affected communities. MHT deployment has been extended for further 3 months until the end of the operation. The target set for the number of consultations through MHT exceeds the current average which would be 32,400 consultations for 5 MHTs over 9 months.

(2) Screening of Children Under Five for Malnutrition

As part of efforts to identify and address malnutrition among children, 9,917 children under five years of age have been screened for malnutrition. These screenings helped identify children at risk of malnutrition and supported the early detection of nutritional concerns. The activity has contributed to strengthening preventive health services and promoting the health and well-being of children in the targeted communities.

(3) Provision of Antenatal and Postnatal Care Services

To support maternal and newborn health, 2,258 antenatal and postnatal care visits were provided by skilled healthcare workers through ARCS-supported health services. These services have helped pregnant women and mothers access essential maternal healthcare, including routine health assessments, medical advice, and follow-up care. The activity has contributed to promoting safe pregnancy, maternal well-being, and improved health outcomes for mothers and newborns.

(4) Immunization Services for Children Under One Year

Through the provision of routine immunization services, 131 children under one year of age have received the first dose of the pentavalent vaccine (Penta-1). This activity supported efforts to protect infants against vaccine-preventable diseases and improve child health in the targeted communities. The immunization services also contributed to strengthening access to essential preventive healthcare for young children. The immunization services have been provided only by the MHTs in Nangarhar and Paktika provinces.



(5) Mental Health and Psychosocial Support (MHPSS) Services

Recognizing the mental health and psychosocial needs of affected communities, 634 people were reached with mental health and psychosocial support (MHPSS) services. These services aimed to support the emotional and psychosocial well-being of individuals experiencing distress and other challenges. The activity contributed to promoting psychosocial well-being and strengthening community resilience among vulnerable and affected populations. Further analysis on the delivery of the MHPSS services will be shared in the final report.

(6) Training and Mobilization of Volunteers for Community-Based Health and First Aid (CBHFA)

A total of 72 volunteers were mobilized to provide Community-Based Health and First Aid (CBHFA) services in the targeted communities including 24 volunteers newly trained as a part of the response. The training helped strengthen volunteers' knowledge and skills in community health, disease prevention, basic first aid, and health promotion. Through their engagement, the volunteers supported community-level health awareness and encouraged healthy practices, contributing to stronger community participation in health-related activities.

(7) Referral of Children with Severe and Moderate Acute Malnutrition to BPHS Services

Through nutrition screening and referral activities, 271 children identified with Severe Acute Malnutrition (SAM) or Moderate Acute Malnutrition (MAM) were referred to health facilities for further assessment and appropriate care. These referrals helped connect malnourished children with available nutrition and healthcare services. The activity supported early identification and referral of vulnerable children, contributing to efforts to reduce nutrition-related health risks and improve child well-being in the targeted communities. However, the closure of approximately 500 health facilities in Afghanistan in 2026 and the negative impact this has had on referral pathways is reflected in the number of referrals.



Water, Sanitation And Hygiene

Budget: CHF 35,611

Targeted Persons: 3,500

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
# of liters of safe water distributed	70,643	53,200
# of people received family hygiene kit	3,500	3,129
# of people covered with hygiene promotion activities	3,500	4,320

Progress Towards Outcome

List of activities:

1. 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.
2. Conduct hygiene promotion sessions at community level through trained volunteers, covering handwashing, safe water storage, food handling, and waste disposal.
3. Provide clean drinking water to displaced populations through water trucking and treatment.
4. Coordinate with WASH Cluster partners to ensure complementarity and avoid duplication.

Progress:



(1) Distribution of Safe Drinking Water

To improve access to safe drinking water among vulnerable and affected communities, ARCS distributed a total of 53,200 litres of safe drinking water to people in the targeted areas mainly through water trucking. This assistance helped address the immediate water needs of affected households, particularly those facing limited access to clean and safe water sources. The activity contributed to reducing the risk of waterborne diseases and improving the health and well-being of vulnerable communities.

(2) Distribution of Family Hygiene Kits

As part of efforts to improve personal and household hygiene practices, 3,129 people were reached through the distribution of family hygiene kits. These kits provided essential hygiene items to help families maintain personal cleanliness and improve hygiene conditions at the household level. The assistance supported vulnerable households in meeting their basic hygiene needs and contributed to reducing the risk of hygiene-related diseases, particularly among affected communities with limited access to essential hygiene supplies.

(3) Hygiene Promotion and Community Awareness Activities

To strengthen hygiene awareness and encourage healthy practices among affected communities, 4,320 people were reached through hygiene promotion activities in the targeted areas. A total of 72 volunteers were mobilized to support the implementation of these activities and deliver key hygiene messages at the community level. The volunteers played an important role in raising awareness about personal hygiene, safe water handling, handwashing with soap, and the prevention of waterborne diseases. Through their active engagement with community members, the activities helped promote positive hygiene behaviours, strengthen community participation, and reduce health risks associated with poor hygiene and sanitation practices.



Protection, Gender And Inclusion

Budget: CHF 10,544

Targeted Persons: 600

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
% of staff and volunteer trained on prevention and protection of sexual exploitation and abuse (PSEA) and or all forms of child safeguarding	100	24
Child safeguarding risk analysis completed within the first two weeks of the operation	1	1
# of persons reached through PGI/PSEA awareness sessions	500	0

Progress Towards Outcome

List of activities:

1. Complete the child safeguarding risk analysis within the first two weeks of the operation, tailored to the specific risks of the current conflict context.
2. Train all staff and volunteers on child safeguarding protocols before deployment, integrated with existing PGI/PSEA and CEA training sessions
3. Establish safe referral pathways for child protection cases, including unaccompanied and separated children, in coordination with UNICEF and child protection cluster partners.
4. 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.



5. Conduct community awareness session for PGI/PSEA

Progress:

(1) Child Safeguarding Risk Analysis and Institutional Strengthening

ARCS completed the IFRC Child Safeguarding Risk Analysis, which required targeted actions to address identified vulnerabilities. The following activities were prioritized:

- (i) Conduct refresher training on child safeguarding risk analysis for key ARCS and IFRC staff.
- (ii) Orient all staff and volunteers on the ARCS Code of Conduct (CoC) and ensure they read, understand, and sign it, preferably as an annual practice.
- (iii) Ensure safe and respectful interactions with children, including the presence of both genders where appropriate, and prohibit staff or volunteers from being alone with children or engaging without proper consent.

An orientation session on the Child Safeguarding Risk Analysis Tool was conducted in June 2026 with 31 participants (28 male, 3 female) across different ARCS departments. The aim was to strengthen key ARCS staff capacity to identify, assess, mitigate, and monitor child safeguarding risks across programs and operations with following key learnings:

(a) Existing practices: ARCS provides vulnerable children with healthcare, education, shelter, nutrition, financial assistance, vocational training, recreational activities, family tracing and reunification services, and specialized medical treatment. Safeguarding, gender, and inclusion training has also been provided to staff and volunteers.

(b) Areas for improvement: Participants recommended strengthening community-based child protection, expanding awareness and child rights education, preventing child labour, improving access to healthcare and education, expanding child-friendly spaces and childcare facilities, and strengthening support for unaccompanied and vulnerable children.

(c) Technical support needs: Priorities included developing child protection policies aligned with international standards, mobilizing resources, improving health and education facilities, expanding vocational training, and strengthening community-based prevention initiatives.

The orientation strengthened participants' understanding of the Child Safeguarding Risk Analysis Tool and reinforced the shared responsibility of ARCS, IFRC, and other stakeholders to protect children.

(2) Development of institutional child safeguarding guidelines

Additionally, ARCS has also agreed to develop a child safeguarding guidance. To strengthen child safeguarding and protection within the ARCS, a departmental working group comprising representatives from all ARCS departments was established. ARCS has also agreed to develop a Child Safeguarding and Protection Guidelines to strengthen institutional mechanisms for preventing and responding to child safeguarding risks and concerns across ARCS programmes and operations.

A staff perception survey has been conducted to gather staff perspectives on existing child safeguarding practices, identify institutional gaps and areas requiring improvement, document good practices, and collect recommendations to inform the development of practical, contextually appropriate, and institutionally relevant guidelines.

(3) Capacity Strengthening

PSEA training planning is being finalized for target provinces. It will cover PGI, Prevention of Sexual Exploitation and Abuse (PSEA), and the ARCS PGI Policy and aims to reach approximately 150 participants, including female and male staff, volunteers, and management personnel. The trainings are expected to be implemented during the last two months of the operational timeframe.

(4) Integration of Dignity, Access, Participation, and Safety (DAPS) principles

The operation has recognized the heightened protection risks faced by affected populations and considered the DAPS) principles in the delivery of humanitarian assistance.

Efforts focused on ensuring that beneficiaries were treated with dignity and without discrimination, identifying and addressing barriers to accessing assistance, and considering the specific needs of women, children, older persons, persons with disabilities, and other individuals facing heightened protection risks.

Community engagement and feedback were considered in understanding beneficiaries' needs and improving the relevance and accessibility of assistance. Protection concerns associated with service delivery were also considered to help identify potential risks and



inform appropriate mitigation measures.

These efforts aimed to promote safe, inclusive, and accountable humanitarian assistance while upholding the rights and dignity of affected populations.



Community Engagement And Accountability

Budget: CHF 2,663

Targeted Persons: 5,000

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
# of methods established to communicate with communities about what is happening in the organization/program/operation, including selection criteria	4	3
% of people surveyed who feel treated with respect by the organisation's/programme's/operation's staff and volunteers.	75	0
% of surveyed people who feel the organisation/operation has communicated well about plans and activities	70	0
% of people surveyed who report they know how to provide feedback about the organisation/operation	70	0

Progress Towards Outcome

List of activities:

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

Progress:

1. Community Information Sharing and Communication

During the reporting period, ARCS prepared and shared a frequently asked questions (FAQ) sheet with frontline volunteers to ensure consistent and accurate information was provided to affected communities across the targeted provinces.

During distributions, community meetings and awareness sessions, ARCS used three of the four planned communication methods: face-to-face communication through staff and volunteers, community meetings with separate consultations for women and men, and information sessions at distribution points and displacement sites.

These efforts aimed to improve communities' understanding of available assistance, selection criteria, and their rights and entitlements.



Three of the four planned communication methods were established, achieving 75 per cent of the target.

2. PDM and Community Feedback

The planned PDM activities were delayed due to competing operational priorities. As a result, only one round of PDM will be conducted, scheduled for November–December, to gather feedback from affected communities on the assistance received.

The PDM findings, together with ARCS data from exit surveys, will be presented in the final report to provide insights into the relevance and effectiveness of assistance and beneficiaries' experiences.



Secretariat Services

Budget: CHF 64,273

Targeted Persons: 0

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
# of surge personnel deployed	1	2
% of financial reporting compliance to IFRC procedures	100	100

Progress Towards Outcome

List of Activities:

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

Progress:

1. Operational Coordination and Technical Support

IFRC has supported ARCS with procurement and coordination as well as technical support for the activities. PDM has not been conducted yet but is still planned.

2. Surge Deployment and Operational Capacity Support

During the reporting period two surge personnel were deployed to support the IFRC Country Delegation and the National Society. National Society Readiness and Response Capacity Coordinator was deployed in March to support operational readiness and contingency planning. Procurement Officer is currently deployed to support the IFRC Country Delegation including in finalizing framework agreements for different NFIs. This became a priority following the increased supply chain restrictions and challenges for international procurement due to the border closures and the crisis in the Middle East.



The surge deployments provided additional technical and operational capacity to support response implementation and address emerging operational challenges.

3. Communications and Operational Visibility

IFRC and ARCS supported public communication and visibility efforts during the reporting period, including sharing updates through social media and documenting response activities through photographs. These communications helped highlight the humanitarian situation and the response activities undertaken by ARCS with IFRC support

Public communications outputs:

- Photo collection: https://shared.ifrc.org/collections/_q38vD152
- <https://x.com/ifrc/status/2098310349489418705>
- <https://x.com/ifrc/status/2034204508272632227>
- https://x.com/IFRC_DREF/status/2037191828709994939
- <https://x.com/TOLONewsEnglish/status/2034175194202620283>
- <https://www.linkedin.com/posts/afghan-red-crescent-ugcPost-7439969774891098112-vpK-/>



National Society Strengthening

Budget: CHF 27,193

Targeted Persons: 50

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
# of lessons learned workshops conducted	1	0
# of volunteers recruited and trained covering sector-specific interventions	50	245
National Society warehousing capacity has been improved (1=Yes, 0=No)	1	0

Progress Towards Outcome

List of activities:

1. 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.
2. Deploy trained volunteers across all sectors at displacement sites and affected communities.
3. Conduct a lesson learned workshop at the end of implementation, incorporating community feedback from CEA mechanisms, PDM, and exit surveys.
4. Rehabilitation and improvement of ARCS warehouse facilities to strengthen operational preparedness and response capacity

Progress:

1. Volunteer Recruitment and Mobilization

During the first six months, ARCS recruited 245 new volunteers across Khost, Kunar, Nangarhar, Nuristan, Paktika and Paktia provinces, exceeding the target of 50 volunteers. Of the newly recruited volunteers, 100 were mobilized during the recent floods, including 40 in Nuristan, 20 in Nangarhar, 10 in Khost, 10 in Paktia, and 20 in Paktika. These volunteers supported affected families through assessment and distribution activities, first aid, psychosocial support, and emergency response.



2. Warehouse Improvement and Emergency Preparedness

The warehouse improvement under this operation is planned for November and December as a part of a larger initiative and will focus on weather-proofing the facilities for the winter season.

3. Lessons Learned Workshop (LLW)

The Lessons Learned Workshop has not yet been conducted and is planned for the final phase of the operation. The workshop is expected to provide an opportunity for ARCS and relevant stakeholders to review operational achievements, challenges and lessons learned and identify recommendations to strengthen future emergency preparedness and response.

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? Please provide the role profile needed.

The operation will primarily utilize the existing capacity of ARCS branches and the technical resources of IFRC that are already in the country. In addition, IFRC deployed a surge personnel for a National Society Readiness and Response Capacity Strengthening Coordinator to support ongoing operational preparations.

Due to the evolving operational requirements in the country, a procurement officer surge personnel was deployed six months into the operation to support the multiple ongoing in the country and the procurement capacity at the delegation as well as to improve future operational readiness through development of framework agreements for selected non-food items.



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

Procurement has been 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 has been 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 the planned replenishment for these has been completed with the exception of kitchen sets for which procurement was not completed due to the wider challenges in the international procurement at the start of the operation.

Recognizing these challenges, the Country Delegation Logistics team and APRO worked on several options, including sourcing abroad, and airfreight. Other supplies available locally including hygiene kits, sanitary kits, soap, water treatment supplies, and other consumables were 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.

As the initial round of post-distribution monitoring (PDM) planned for after distributions and MPCA deliver has not been conducted due to competing operational priorities, only one round of PDM will be done at 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 Complex Emergency

Operating Budget

Planned Operations	908,534
Shelter and Basic Household Items	220,290
Livelihoods	0
Multi-purpose Cash	371,580
Health	267,848
Water, Sanitation & Hygiene	35,611
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	91,466
Coordination and Partnerships	0
Secretariat Services	64,273
National Society Strengthening	27,193
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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[Click here for the reference](#)

