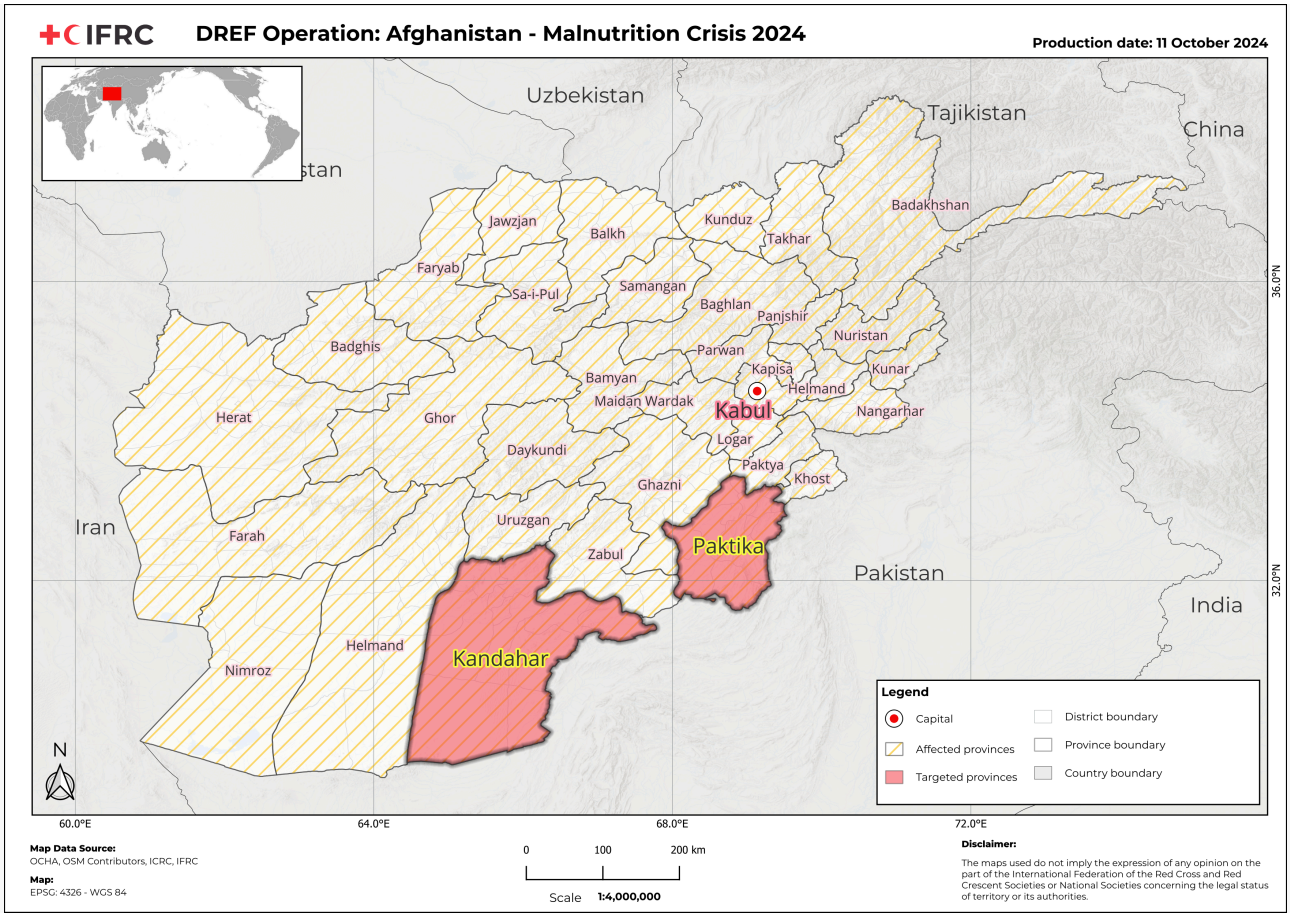
DREF Operational Update

Afghanistan malnutrition crisis 2024

IFRC staff visiting a Child Friendly Space in Kandahar (Photo: IFRC)

Appeal: **MDRAF017**	Total DREF Allocation: **CHF 500,834**	Crisis Category: Orange	Hazard: **Other**
Glide Number: **OT-2024-000184-AFG**	People at Risk: **2,920,657 people**	People Targeted: **62,834 people**	
Event Onset: **Slow**	Operation Start Date: **18-10-2024**	New Operational End Date: **31-08-2025**	Total Operating Timeframe: **10 months**
Reporting Timeframe Start Date: **18-10-2024**		Reporting Timeframe End Date: **31-07-2025**	
Additional Allocation Requested: **0**		Targeted Regions: **Kandahar, Paktika**	

Description of the Event



Map of targeted areas (Source: IFRC IM)

Date when the trigger was met

10-10-2024

What happened, where and when?

Malnutrition has long been a pressing public health issue in Afghanistan, driven by a complex interplay of underlying and immediate factors. Prolonged drought, natural disasters, population displacement, a sharp increase in the cost of living, food insecurity, and widespread unemployment have all contributed to this crisis.

While these factors have been gradually exacerbating malnutrition over the years, the situation took a severe turn between May and September 2024. During this period, malnutrition rates soared to unprecedented and alarming levels, necessitating urgent and coordinated humanitarian interventions. A notable increase in acute malnutrition was observed among children and pregnant or lactating women nationwide.

This alarming trend was corroborated by the release of the 2024 Global Hunger Index on 10 October 2024, which underscored the worsening malnutrition and hunger crisis in Afghanistan. Reports indicated that the situation had deteriorated further due to rising humanitarian needs coupled with a decline in humanitarian funding. Although the crisis affects the entire country, Kandahar and Paktika provinces have emerged as the most severely impacted areas.

Following the alarming surge in malnutrition in 2024, the crisis in Afghanistan has deepened further into 2025, with no signs of reduction. As of mid-2025, an estimated 3.5 million children under five are suffering or projected to suffer from acute malnutrition, including nearly 900,000 cases of severe acute malnutrition (SAM) and 2.6 million cases of moderate acute malnutrition (MAM). Additionally, 1.2 million pregnant and breastfeeding women are affected. The situation remains most dire in Kandahar and Paktika, but widespread child food poverty has placed nearly every province under strain. Humanitarian agencies warn that a sharp drop in funding, including partial suspensions by key donors, is threatening the continuity of life-saving nutrition programs. The World Food Programme (WFP) has described the crisis as “record-breaking” with children being hit hardest and urgent appeals issued for sustained international support.

A young patient receiving care at a health facility. (Photo: ARCS)

Mothers caring for their children at a health facility. (Photo: ARCS)

Scope and Scale

As of mid-2025, Afghanistan remains engulfed in a severe malnutrition crisis, with updated figures from UNICEF indicating that approximately 3.5 million children under five are either suffering from or projected to suffer from acute malnutrition, including over 867,000 cases of severe acute malnutrition (SAM). The situation is compounded by an estimated 1.2 million pregnant and breastfeeding women facing acute nutritional deficiencies. According to the Integrated Food Security Phase Classification (IPC) analysis released in March 2025, the drivers of this crisis include poor dietary diversity, widespread childhood illnesses such as diarrhea and acute respiratory infections, and limited access to clean water and sanitation. While some seasonal improvements in food availability have been noted, the IPC still classifies 14.8 million people as acutely food insecure through the first quarter of the year.

Kandahar and Paktika provinces continue to bear the brunt of this emergency. The IPC Acute Malnutrition report for March–May 2025 categorizes both provinces in Phase 4 (Critical), signaling dangerously high levels of malnutrition. Kandahar, with a population exceeding two million, and Paktika, with nearly 853,000 residents, collectively account for tens of thousands of children and women in urgent need of nutritional support. The winter season exacerbated the crisis, as heavy snowfall rendered many districts inaccessible, disrupting supply chains and increasing vulnerability to seasonal illnesses. Although neighboring provinces such as Khost are projected to improve, Kandahar and Paktika are expected to remain in critical condition due to persistent access constraints and under-resourced health systems.

In response, humanitarian organizations have intensified their efforts. UNICEF reports that between January and March 2025, over 829,000 children were screened for wasting, with more than 37,000 admitted for outpatient therapeutic care. Ready-to-Use Therapeutic Food (RUTF) remains the primary intervention for treating SAM, especially in remote and conflict-affected areas. However, funding shortfalls pose a significant challenge. UNICEF's nutrition cluster update from March 2025 reveals that only 16% of the required budget for SAM treatment has been secured.

To address the urgent nutritional needs of vulnerable families in Kandahar and Paktika, this project plans to offer cash assistance to households with malnourished children. Cash support allows vulnerable families to buy nutritious food, reach health services, and avoid harmful coping strategies like skipping meals. In provinces like Kandahar and Paktika, where access is limited and needs are high, cash assistance gives families the flexibility to respond quickly to their children's nutritional needs. Backed by the Afghan Red Crescent Society (ARCS) and the IFRC and funded through the DREF, will provide cash assistance to 900 families in both provinces; each family will receive USD 156 (about 11,000 AFN) to buy nutritious foods critical for preventing acute malnutrition in children.
Beneficiary selection will follow clear and rigorous criteria to ensure support is directed to families with children showing moderate to

severe malnutrition, maximizing the program's effectiveness.
Cash will be distributed through financial service provider to guarantee secure, timely, and respectful delivery. This project will cover both urban and rural areas in Kandahar and Paktika, reaching those most in need. By providing conditional cash assistance, the initiative supports families' autonomy and dignity while addressing children's immediate nutritional requirements.

Source Information

Source Name	Source Link
1. Integrated Phase Classification Report - Afghanistan	https://www.ipcinfo.org/ipc-country-analysis/details-map/en/c/1157027/
2. Afghanistan Humanitarian Situation Report	https://www.unicef.org/afghanistan/topics/situation-report

Summary of Changes

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

Please explain the summary of changes and justification:

As part of the revised operational strategy, adjustments have been made to both the implementation modality and budget allocation to ensure effective and efficient use of resources.

Following the procurement process, the selected supplier for Ready-to-Use Therapeutic Food (RUTF) and Ready-to-Use Supplementary Food (RUSF) quoted prices significantly below the initially budgeted amounts. This resulted in notable cost savings under this budget line.

To ensure the full utilization of available resources while remaining aligned with the overall operational objectives, the IFRC, through ARCS, will reallocate the savings to provide emergency assistance to affected families through the Multipurpose Cash Assistance (MPCA) approach. This shift will support vulnerable households—particularly those with malnourished children—by enabling them to purchase locally available, nutritious food to diversify their diets and reduce the risk of further malnutrition.

Targeted support will be provided based on the following Household Vulnerability Criteria:

1. Socio-Economic Status: Households with no stable income source, employment, or livelihood assets.
2. Household Food Insecurity: Families unable to afford or access a minimum of three meals per day and demonstrating poor dietary diversity and nutritional intake.
3. Child Malnutrition: Households with at least one child currently enrolled in a nutrition program for Severe Acute Malnutrition (SAM) or Moderate Acute Malnutrition (MAM).
4. Other Vulnerability Factors: Including but not limited to female-headed or single-parent households, families with orphaned children, recent returnees or displaced persons, and households with members experiencing chronic illness, disability, or terminal health conditions.

This adaptation ensures that the operation remains needs-driven, context-appropriate, and results-oriented while also maximizing the impact of the available funding.

IFRC Network Actions Related To The Current Event

Secretariat	The IFRC Country Delegation supports ARCS to coordinate with clusters, inter-agency working groups, and other international humanitarian actors at national and sub-national levels. IFRC is an active member of the Nutrition Cluster in Afghanistan. The IFRC has participated in the Emergency Taskforce meeting convened by the ARCS. The IFRC continues to monitor the evolution of the situation across the impacted provinces and maintain communications with the ARCS accordingly. The IFRC offered support for the development of the DREF application and the drafting of field reports for sharing on go.ifrc platform. The IFRC takes lead in coordinating with UNICEF and WFP for provision of RUTF and RUSF respectively through the MoPH. IFRC is also taking lead in procurement of additional stock of RUTF and RUSF to supplement the food commodities that will be provided by UNICEF and WFP.

Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes
National authorities	The government has established committees for coordinating the responses to the needs across the affected provinces.
UN or other actors	Led by UNICEF and WFP, the UN and other humanitarian agencies have scaled up their responses to the malnutrition crisis across Afghanistan, particularly in the most affected provinces. UNICEF is taking lead in coordinating the interventions through the Nutrition Cluster at National level.

Are there major coordination mechanism in place?

The Nutrition Cluster is serving as the strategic, policy level, and decision-making forum that ensures unified response to malnutrition through monthly coordination meetings, regular reporting and provision of continuous technical support.

The ARCS and IFRC are members of and participate in national level monthly coordination meetings of the Nutrition Cluster. IFRC is a member of the Technical Working Group (TWG) of the Nutrition Cluster.

Additionally, IFRC and ARCS are also active members of Food Security and Agriculture Cluster, Cash and Voucher Working Group, Emergency Shelter and Non-Food Items (ES-NFI) Cluster, Accountability to Affected Population Working Group, Health Cluster, WASH Cluster, and Gender in Humanitarian Action Working Group. IFRC also attends the Inter-cluster Coordination Team meeting. The Clusters system was established as a sectoral coordination mechanism at the national and regional levels to clarify the roles and responsibilities of each partner, including non-governmental organizations, United Nations (UN) agencies, public authorities, and other stakeholders. Cluster meetings occur monthly at the national level, coordinated by the respective cluster lead agencies such as shelter, food security and agriculture, health, WASH, protection, and nutrition which is coordinated through OCHA.

IFRC is coordinating closely with the various nutrition cluster members at national and sub-regional levels to ensure unified response and to avoid duplication, while ensuring meeting people's needs in a timely and efficient manner.

Needs (Gaps) Identified

Multi purpose cash grants

To address the urgent nutritional needs of vulnerable families in Kandahar and Paktika, this project plans to offer cash assistance to households with malnourished children. Cash support allows vulnerable families to buy nutritious food, reach health services, and avoid harmful coping strategies like skipping meals. In provinces like Kandahar and Paktika, where access is limited and needs are high, cash assistance gives families the flexibility to respond quickly to their children's nutritional needs. Backed by the Afghan Red Crescent Society (ARCS) and the IFRC and funded through the DREF, will provide conditional cash assistance to 900 families in both provinces; each family will receive USD 156 (about 11,000 AFN) to buy nutritious foods critical for preventing acute malnutrition in children. The conditionality is that the selected beneficiaries will need to attended session regarding good nutrition and food preparation.

Health

The multi-sectoral rapid needs assessment conducted in April 2024 revealed an alarming nutrition situation in the Southern provinces of Afghanistan including Kandahar and Paktika. Outcomes of the assessment revealed a significant reduction in meal size for children less than 5 years of age in 51 per cent of families, while 20.25 per cent reported a decrease in the frequency of complementary feeding. Regarding breastfeeding practices for newborns and infants aged 0 to 2 years, the outcomes of the assessment indicated 34.7 per cent of children were not breastfed because of lack of breast milk as a result of malnutrition among lactating women.

Additionally, using mid-upper arm circumference (MUAC), 6,257 children and 4,283 PLW were screened on an ongoing basis in the months of August and September through 13 ARCS-supported MHTs and 15 static health facilities in Paktika and Kandahar provinces. Of these, it was discovered that 2654 (62 per cent) of the pregnant and lactating mothers and 4280 (68 per cent) of children had severe and moderate

acute malnutrition respectively. Furthermore, MHTs and static health facilities reported a 6.4 per cent fatality rate among children in the month of September alone as a result of malnutrition and related medical complications; this is a death rate that is far higher than the <3 per cent SPHERE recommended threshold.

The most overarching needs include high levels of malnutrition among children and pregnant/lactating women, low coverage as most affected communities are in extremely remote locations, lack of sufficient therapeutic and supplementary food commodities (RUTF and RUSF) for treatment of severe and moderate malnutrition, lack of basic knowledge in infant and young child feeding (IYCF) and lack of knowledge in basic hygiene practices and prevention of malnutrition at household level. Lack of RUTF and RUSF is attributable to the fact that malnutrition-related caseload is currently high and supplies from UNICEF and WFP are insufficient. The RUTF and RUSF supplies procured by IFRC have partially arrived in the country with the remaining supplies expected to be delivered soon. ARCS has developed a detailed distribution plan and will start the distributions accordingly.

Water, Sanitation And Hygiene

Outcomes of the multisectoral needs assessment conducted in the Southern region revealed that 32.15 per cent of the population relied on public hand pumps while 21.5 per cent of the population relied on private hand pumps and piped water, with 69.35 per cent lacking treated water and 79.55 per cent facing issues of insufficient access (79.55 per cent), especially during droughts. Outcomes of the assessment also revealed that 32.05 per cent of households use pit latrines without slabs or platforms while 32.05 per cent engaged in open defecation.

Due to poor sanitation and hygiene practices, the risks of infectious diseases remain high in Kandarhar and Paktika provinces - a major predisposing factor to malnutrition. Diarrheal and other WASH-related diseases among children predispose them to malnutrition and other associated medical complications.

Protection, Gender And Inclusion

Protection and gender issues cut across all other sectors. Women continue suffering from gender-based violence, sexual violence, lack of freedom including inability to travel to public places (even for health care) without Mahrams. Most children not only suffer from

malnutrition and other health issues but also have other protection concerns. It is therefore imperative that these PGI interventions be mainstreamed in the proposed 'treatment of malnutrition' interventions.

Community Engagement And Accountability

ARCS has a network of Volunteers working in the communities and they are involving them more extensively in program activities including screening, defaulter tracing, active case finding and dissemination of key health, nutrition and WASH messages. Currently, ARCS does not have robust community feedback mechanisms through which community members can share their feedback on the impact and effectiveness of the program.

Any identified gaps/limitations in the assessment

The assessment focused a bit more on returnee families and not the entire population because of limited resources. This means the burden of malnutrition is higher than what was revealed in the outcomes of the assessment. ARCS' MHTs and static health facilities only screened beneficiaries who managed to access the service delivery points. Because of high opportunity costs and other factors, chances are high many beneficiaries could not access service delivery points hence they were not screened. This means the burden of malnutrition could be higher than what was revealed in the assessment.

Operational Strategy

Overall objective of the operation

To support the Afghan Red Crescent Society (ARCS) to provide emergency, life-saving nutrition interventions to 45,310 children and 17,524 pregnant and lactating women (a total of 62,834 beneficiaries) in Kandahar and Paktika provinces. The DREF operation is designed to support provision of therapeutic and supplementary nutrition interventions to malnourished children under 5 years and pregnant and lactating women respectively.

Operation strategy rationale

1. TREATMENT OF MALNUTRITION: IFRC will Support existing ARCS' MHTs to provide 'treatment of Severe Acute Malnutrition (SAM) services to children under 5 years through for Outpatient Therapeutic Programme (OTP) as well as 'treatment of Moderate Acute Malnutrition (MAM)' interventions to Pregnant and Lactating Women (PLW) through Targeted Supplementary feeding Programme (TSFP). Children with SAM will be treated using RUTF while PLW with MAM will be treated using RUSF, each carton box containing 150 sachets of RUSF. The number of sachets distributed to children will be in line with their weight, each carton box containing 150 sachets of RUTF. Caregivers will be educated on domestic use of RUTF while ensuring hygiene standards are adhered to, to prevent infections.

As a preventive approach for malnutrition, IFRC will support vulnerable families with cash though Multi Purpose Cash Assistance. This will enable families to buy nutritious food items in order to improve dietary diversification and food security at household level

SAM and MAM beneficiaries will be identified through routine anthropometric screening using Mid-Upper Arm Circumference (MUAC) as well as assessment of oedema and where possible, Weight-for-Height (WFH). Screening will be conducted at MHT and health facility level by Nutrition Counsellors. Community Volunteers will also be trained and supported to conduct screening at community level on an ongoing basis. Volunteers will also support with active case finding and referral of SAM and MAM cases, continuous dissemination of key nutrition and hygiene messages and follow up of defaulters and absentees. Volunteers will be trained in anthropometric screening including MUAC, assessment of oedema, measurement of Weight for Height (WFH), timely identification and referral of SAM children with medical complications. The key messages that Volunteers will disseminate at community level will include, proper handwashing, use of safe drinking water at household level, safe disposal of wastes, domestic utilization of RUTF and RUSF, exclusive breastfeeding for the first 6 months and complementary feeding thereafter with continued breastfeeding up to 2 years, nutrition during lactation and pregnancy and utilization of locally available foods.

ARCS is operating in extremely remote districts of Kandahar and Paktika provinces with no other humanitarian actors. While the Ministry of Public Health (MoPH) is making efforts to address the current burden of malnutrition through sparsely distributed health facilities, the impact is minimal as the health few health facilities can only cater for <20 per cent of the needs. This means chances of duplicating interventions are minimal. With robust support through provision of supplies, support for human resources and capacity building, ARCS remains in the best position to provide 'treatment of malnutrition' interventions in Kandahar and Paktika provinces and alleviate the burden of maternal and child morbidity and mortality due to malnutrition.

Due to production capacity constraints, the initially selected supplier declined the contract, prompting a re-tendering process. A new supplier, validated based on the IFRC procurement process, has been engaged, and samples have been received. The proposed delivery timeline is 50 days, with the overall procurement process now expected to take approximately three months, factoring in potential delays and holidays.

2. WASH: IFRC will support ARCS to develop and distribute IEC materials with WASH messages translated in the local language. The messages will include domestic hygiene, handwashing, safe disposal of wastes and use of safe drinking water. Community Volunteers will conduct hygiene promotion sessions at community level on an ongoing basis.

3. PROTECTION, GENDER AND INCLUSION: During routine 'treatment of malnutrition' services, ARCS will enquire and support children related to safeguarding concerns by providing counselling to caregivers and/or referring them for specialized support. Besides nutrition services, women will also be screened for any gender/ protection related issues (including GBV, rape etc.) and referring them to tertiary health facilities for specialized/ clinical management. During service provision, staff will be trained to prioritize female beneficiaries at triage level based on the severity of their conditions. Female beneficiaries will be handled only by female staff and privacy will be ensured at both MHT and health facility level. As a way of bolstering the capacity of women, ARCS will ensure women are included in all trainings including the Community Management of Acute Malnutrition (CMAM) training.

4. COMMUNITY ENGAGEMENT AND ACCOUNTABILITY: Program activities will be primarily anchored on Community Volunteers and beneficiaries. Volunteers will play a pivotal role in disseminating key messages to the community as well as screening, referral, active case finding and follow up of defaulters and absentees. ARCS staff will ensure community members are provided will all necessary information about the program and they are also given chance to give feedback on the impact or effectiveness of the interventions, setbacks and remedial measures that ought to be taken.

5. SECRETARIAT SERVICES: MHTs and health facilities will collect program data on an ongoing basis and report on the same using standard reporting tools in order for ARCS and IFRC to monitor the trends and impact being made by the program. ARCS, IFRC and MoPH will also conduct 2 joint monitoring and supervision visits to program areas to ensure quality service provision and any challenges are addressed in time.

6. NATIONAL SOCIETY STRENGTHENING: In quest to fulfil its core mandate of developing the national society, IFRC will ensure ARCS staff are trained in community management of acute malnutrition (CMAM) and are supported to translate the skills gained into hands-on work. As IFRC is already an active member of the Nutrition Cluster, it will ensure ARCS also attends the meetings at national level.

7. MULTIPLE PURPOSE CASH ASSISTANCE: The IFRC will provide cash support to meet the urgent nutritional needs of vulnerable families in Kandahar and Paktika through a Multiple Purpose Cash Assistance (MPCA) program focused on households with malnourished children. Each eligible family will receive USD 156 (around 11,000 AFN) to purchase nutritious food vital for preventing acute malnutrition among children. The selection process will use strict and transparent criteria to ensure aid is given to families with children suffering from moderate to severe malnutrition, optimizing the program's effectiveness. This initiative will reach both urban and rural communities in Kandahar and Paktika, prioritizing those most in need. By offering MPCA, the project supports families' independence and dignity while addressing immediate nutritional requirements as well as other essential household needs. IFRC has strong experience of CVA MPCA and already have framework agreement with RedRose, which will be used to deliver assistance to beneficiaries. At the end of the project, a PDM with minimal sample of 270 respondents (to fulfill 5 per cent margin error, 95 per cent confident level, and 50 per cent distribution error) will be conducted to measure the effectiveness of MPCA to support selected communities to cope with their nutrition problem which can be used in the future response

EXIT STRATEGY: Because interventions associated with this proposed program are lifesaving and emergency in nature, the program will not be sustainable, but it will only be meant to address critical life-threatening needs. IFRC will work in close collaboration with Afghan Red Crescent Society to strengthen its capacity so that it can continue providing the same services beyond this DREF period. IFRC will not set up any new structures or systems but will operate within existing ARCS structures and will make efforts to strengthen them including building the capacity of staff to ensure continuity of service provision. Because interventions will be emergency and lifesaving ones, beneficiaries will also be educated in more sustainable and locally acceptable ways of preventing malnutrition including combination of locally available foods into a balanced diet, basics of infant and young child feeding (IYCF) as well as nutrition during lactation and pregnancy. With this exit strategy, IFRC will uphold its 'Do No Harm principle such that a large-scale program will not be set up for a short time then beneficiaries be left to suffer. IFRC and ARCS will also ensure all beneficiaries enrolled in the nutrition program are treated and discharged from the program. Additionally, ARCS will consult with provincial health directorate about the IPD services in Kandahar on proper handover at the end of project

Targeting Strategy

Who will be targeted through this operation?

The ARCS will target 45,310 children under five years and 17,524 pregnant and lactating women (62834 beneficiaries) in Kandahar and Paktika provinces. While the estimated total numbers of children with severe acute malnutrition and pregnant/ lactating women with moderate acute malnutrition are 151,033 and 58,412 respectively (based on the targeted affected population), it is estimated 12,586 children and 4,868 PLW will be reached per month. Because the initial cycle of the DREF period was six months, it was estimated that 75,517 children and 29,206 PLW will be reached. However, 100 per cent of this target may not be reached. Considering the areas of operation are both rural and urban, coverage is estimated at 60 per cent hence 45,310 children and 17,524 pregnant and lactating women.

Based on the outcomes of the 2024 IPC Acute Malnutrition Report for Afghanistan, provinces like Badakhshan, Balkh, Faryab and Ghazni had GAM levels of 16.6, 15.5, 17.6 and 16.7 respectively, all classified as 'critical.' Inasmuch as these provinces are severely affected by acute malnutrition and are equally in need of life-saving assistance, Kandahar and Paktika provinces were instead selected for this DREF response, not only based severity of acute malnutrition (GAM rates of 15.5 and 17.5 respectively) but also due to ARCS' strong presence. ARCS is already operating MHTs and static health facilities in the mentioned locations hence has a good understanding on the context and interventions can be implemented with minimal constraints.

Explain the selection criteria for the targeted population

The interventions will primarily focus on treatment of malnutrition among children less than 5 years of age as well as pregnant and lactating women. Selection of beneficiaries will be through the following criteria:
1. Children aged less than 5 years
2. Children screened through anthropometric (using MUAC) and found to have severe acute malnutrition (SAM) i.e. MUAC of <11.5 cm and no medical complications including oedema.
3. Pregnant women in the second and third trimester screened through anthropometry (using MUAC) and found to have moderate acute malnutrition (MAM) i.e. MUAC of <21.0 cm
4. Lactating women within less than 6 months of lactation screened through anthropometry (using MUAC) and found to have moderate acute malnutrition (MAM) i.e. MUAC of <21.0 cm
5. For cash assistance, the following Household Vulnerability Criteria will be used;

5a) Poor Socio-Economic Status: Lack of employment and absence of income-generating assets or sources of sustainable livelihood

5b) Household Food Insecurity: Inability to afford or access at least three meals per day and poor dietary diversity and inadequate nutritional intake

5c) Child Malnutrition: At least one child in the household is currently enrolled in a nutrition program due to Severe Acute Malnutrition (SAM) or Moderate Acute Malnutrition (MAM)

5d) Other Vulnerability Factors: Female-headed or single-parent households, presence of orphaned children, recent returnees or displaced households and family members with permanent disabilities, chronic illnesses, or terminal health conditions

Total Targeted Population

Women	17,524	Rural	100%
Girls (under 18)	24,921	Urban	0%
Men	0	People with disabilities (estimated)	10%
Boys (under 18)	20,389		
Total targeted population	62,834		

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
Seasonal Changes which could bring additional strain on the population through the impacts on their health, livelihoods and property.	There is constant monitoring of the weather situation across the country and care is taken to not establish Humanitarian Service Points in vulnerable areas.
Ethnic and social tensions	The ARCS will work through its branches to fully understand the social setting in targeted communities prior to conducting any intervention and use the information provided to design appropriate strategies that takes into consideration mores which goes counter to community cohesion. In the event that the security situation deteriorates, ARCS will adhere to its security protocols during its operations including, where necessary, temporary suspension of activities.
Possible breakages in the supplies pipeline due to delays in procurement, long approval processes, signing agreements/ contracts with UNICEF, WFP or local suppliers, harsh weather conditions and unforeseen countrywide shortage of supplies	IFRC will assess all possible impediments in time and take necessary precautionary measures including agreeing on timelines with local suppliers, delivering supplies to service delivery points in time, budgeting for in-country transportation and lobbying with the senior leadership to expedite approvals.
Change in security situation. While the security situation remains generally stable across the country, there is always a possibility that this could change.	The IFRC constantly monitors the security situation in Afghanistan and works closely with various partners to potentially pre-empt changes in the country. It also provides advice on the deployment of team members internally and conducts routine assessment in areas it operates or intend to operate. Further, the risk of exposing IFRC staff is minimal as the implementation of the DREF operation will be carried out primarily by ARCS operatives who are also guided by security protocols.

Please indicate any security and safety concerns for this operation:

While the security situation in Paktika and Kandahar provinces remains relatively stable, chances are the situation may change any time because of unforeseen conflicts between IEA and armed opposition groups as well as between communities. This might have a significant negative impact on this operation. So far during the operations, no changes have been observed in the security situation in either of the provinces and ARCS is able to continue their operations normally

Has the child safeguarding risk analysis assessment been completed?	**Yes**

Planned Intervention

Multi Purpose Cash

Budget: CHF 127,962
Targeted Persons: 6,300
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
# of families supported through multi-purpose cash assistance	900	0

Progress Towards Outcome

The details on the activities will be provided during the final reporting of the operation.

Health

Budget: CHF 310,941
Targeted Persons: 62,834
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
# of children screened using MUAC	45,310	61,751
# of PLW screened using MUAC	17,524	22,307
# of children successfully treated and discharged from the program	27,186	12,416
# of PLW successfully treated and discharged from the program	10,514	7,329
# of group nutrition counselling sessions conducted	42	471
% cure rate for SAM children under 5 years	85	81
# of SAM children with medical complications referred for inpatient care	240	187
# of people reached with messages on good nutrition and / or food preparation	900	0

Progress Towards Outcome

During the DREF implementation period, IFRC continued to support 13 ARCS MHTs to provide 'treatment of Severe Acute Malnutrition (SAM)' services to children under 5 years through Outpatient Therapeutic Programme (OTP) as well as 'treatment of Moderate Acute Malnutrition (MAM)' interventions to children with MAM through Targeted Supplementary Feeding Program (TSFP). There were no significant changes in the planned implementation and operational strategy. SAM and MAM beneficiaries were identified through routine anthropometric screening using Mid-Upper Arm Circumference (MUAC) as well as assessment of oedema.

Further details on the activities will be provided during final reporting of the DREF.

Water, Sanitation And Hygiene

Budget: CHF 3,195
Targeted Persons: 62,834
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
# of WASH related/hygiene IEC materials procured distributed	2,000	2,000
# of people reached with hygiene promotion activities in the response period	50,267	102,182

Progress Towards Outcome

IFRC supported ARCS to develop and distribute 2000 copies of IEC materials with WASH messages translated in the local language. The IEC materials included messages on domestic hygiene, handwashing, safe disposal of wastes and use of safe drinking water. Community Volunteers conducted hygiene promotion sessions at community level on an ongoing basis.

The DREF prioritizes urgent nutrition needs, with WASH interventions focused on hygiene promotion to mitigate immediate risks. The allocation reflects this limited scope, supplemented by ARCS' existing supplies (e.g., soap) to maximize reach. Considering the WASH access gaps, the ARCS pursues complementary funding and coordination to address them beyond this emergency window.

Further details on the activities will be provided during final reporting of the DREF.

Protection, Gender And Inclusion

Budget: CHF 18,638
Targeted Persons: 3,525
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
# of separated or unaccompanied children identified during the implementation period	174	73
# of female staff included in the response team (MHTs and health	55	51

facilities)		
% of women who report having been subjected to any form of violence	100	57
# of child friendly spaces established	2	2
# of staff trained in handling basic disclosure on violence and safeguarding concerns and PFA	35	35

Progress Towards Outcome

During routine 'treatment of malnutrition' services, ARCS also enquired about and supported children related to safeguarding concerns of children for any protection concerns and provided counselling to caregivers and/or referring them for specialized support. Besides nutrition services, women were also enquired for gender/ protection related issues (including GBV, etc.) and referred to tertiary health facilities for specialized/ clinical management. During service provision, staff were trained to prioritize female beneficiaries at triage level based on the severity of their conditions.

Female beneficiaries were handled only by female staff and privacy was ensured at both MHT and health facility level. As a way of bolstering the capacity of women, ARCS trained 26 female and 9 male staff in community-based management of acute malnutrition.

Further details on the activities will be provided during final reporting of the DREF.

Community Engagement And Accountability

Budget: CHF 3,728
Targeted Persons: 312
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
# of Community Volunteers trained and engaged in program activities	135	178
% of people of who feel their opinion is taken into account in decisions about services, programs and operations	60	77
# of defaulters traced and re-admitted in the program	312	310

Progress Towards Outcome

ARCS continued to involve its network of over 625 community Volunteers to conduct community sensitization, defaulter tracing and anthropometric screening at community level. IFRC was also able to establish community feedback mechanisms both in Kandahar and Paktika provinces.

Further details on the activities will be provided during final reporting of the DREF.

Coordination And Partnerships

Budget: CHF 0
Targeted Persons: 0
Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
# of Nutrition Cluster meetings attended by IFRC and ARCS	6	8
# of Nutrition Technical Working Group meetings attended by IFRC and ARCS	3	6

Progress Towards Outcome

The details on the activities will be provided during final reporting of the DREF.

Secretariat Services

Budget: CHF 12,141
Targeted Persons: 0
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
# of joint monitoring and supervision visits conducted	2	4
# of MHTs submitting monitoring data/ reports	8	13
# of health facilities submitting monitoring data/ reports	12	15
# of PDM conducted	1	0

Progress Towards Outcome

The details on the activities will be provided during final reporting of the DREF.

National Society Strengthening

Budget: CHF 24,229
Targeted Persons: 0
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
# of NS staff trained in CMAM	45	74

# of Volunteers mobilized to participate in program interventions	135	178
# of Lessons Learned Workshops conducted	1	0

Progress Towards Outcome

The details on the activities will be provided during final reporting of the DREF.

About Support Services

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

135 ARCS Volunteers are providing support with anthropometric screening at community level, dissemination of key nutrition messages, active case finding and referral of SAM and MAM cases. More than 45 staff members are providing hands-on nutrition interventions, coordination support at the provincial and regional levels as well as sharing the required information with Movement partners and other stakeholders.

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

IFRC will undertake all procurements with strict adherence to its procurement procedures and standards. IFRC plans to procure RUTF and RUSF internationally. Additionally, IFRC and ARCS will also explore the option of getting RUTF from UNICEF (through the MoPH) and RUSF from WFP. It is expected RUTF and RUSF will be sufficient to treat all targeted beneficiaries up to full recovery and no stockouts will be experienced.

How will this operation be monitored?

With support from IFRC, ARCS conducted a rapid nutrition assessment to get a clearer picture of the trends of acute malnutrition and other needs in the targeted areas. Data from the assessment formed the basis for implementation and ongoing monitoring.

Monitoring will be an integral part of the operation and will be undertaken involving those assisted through the interventions as well as other stakeholders utilizing participatory approaches throughout the operation's timeframe. With support from IFRC, ARCS monitors the trends of cases of malnutrition on an ongoing basis and take remedial actions. IFRC, ARCS and the MoPH conducted 2 joint monitoring and supervision visits during which any challenges will be addressed. Use of standard reporting and monitoring tools will be assessed as well as adherence to recommended screening and admission criteria. Joint discussions will be held to discuss remedial measures to be taken. Joint monitoring and supervision reports will also be shared.

In the event that this DREF operation extended for 4 months, ARCS and IFRC will submit the final report within three months after the end of the implementation period. The final report will capture key operational achievements and planned activities for projected period under DREF operation. It will also reflect the numbers of beneficiaries (disaggregated by gender, age and disabilities) who received nutrition services. Additionally, the report will also include information on meetings with key stakeholders and monitoring visits.

Through the beneficiary/community feedback mechanisms, community members will be given chance to share their opinions regarding the services being provided in the program. Simple feedback sheets (translated in the local language) will be provided in all service delivery points, community members will be sensitized on the same and will be free to write their feedback. ARCS will be able to review all the feedback and provide responses (if any) during promotion sessions.

Please briefly explain the National Societies communication strategy for this operation

IFRC will support the ARCS communications team to communicate with external audiences with a focus on the situation and the Red Cross and Red Crescent humanitarian actions in assisting the affected people.

The communications will generate visibility and support for humanitarian needs and the Red Cross Red Crescent response. Close

collaboration will be maintained between the Asia Pacific IFRC regional communications unit, IFRC Country Delegation and the National Society to ensure a coherent and coordinated communications approach.

Budget Overview

IFRC

DREF OPERATION

MDRAF017 - Afghanistan Red Crescent
Afghanistan Malnutrition Crisis 2024

Operating Budget

Planned Operations	**464,464**
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	127,962
Health	310,941
Water, Sanitation & Hygiene	3,195
Protection, Gender and Inclusion	18,638
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	3,728
Environmental Sustainability	0
Enabling Approaches	**36,370**
Coordination and Partnerships	0
Secretariat Services	12,141
National Society Strengthening	24,229
TOTAL BUDGET	**500,834**

all amounts in Swiss Francs (CHF)

Internal

Click here to download the budget file

Contact Information

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

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Click here for the reference