



ARCS volunteers providing primary health care services for people affected by the earthquake in Mazar Dara, Noorgal District, Kunar province. **(Photo credit: IFRC)**

Appeal №: MDRAF019	To be assisted: 150,000 people IFRC Secretariat 170,000 people Federation-wide	Appeal launched: 03/09/2025
Glide №: EQ-2025-000153-AFG	DREF allocated: CHF 1 million	Disaster Categorisation: Orange
Operation start date: 31/08/2025	Operation end date: 31/12/2027	

IFRC Secretariat Funding requirement: CHF 22 million
Federation-wide Funding requirement: CHF 25 million¹

¹ The Federation-wide funding requirement encompasses all financial support to be directed to the Afghan Red Crescent Society (ARCS) in response to the earthquake response. It includes the ARCS's domestic funding requests and the appeals for support from National Red Cross and Red Crescent Societies (CHF 3 million), as well as the appeal funding requests of the IFRC secretariat (CHF 22 million). This comprehensive approach ensures that all available resources are mobilised to address the immediate, medium, and longer-term needs of affected people and communities.

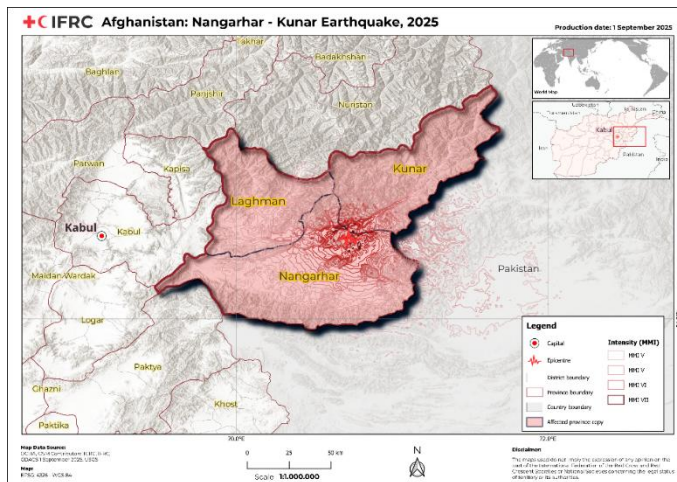


ARCS staff establishing a camp for people displaced and affected by the earthquake in Patang Dara, Noorgal district of Kunar province. (Photo credit: IFRC)

TIMELINE

- 31 August 2025:** A 6.0 magnitude earthquake strikes southeastern Afghanistan in Nangarhar, Kunar, and Laghman provinces near the border with neighbouring Pakistan. Several aftershocks are also recorded.
- 1 September 2025:** The ARCS activates its Emergency Operation Centre, deploys branch disaster response teams, and mobilises existing resources from neighbouring provinces to the affected area.
- 2 September 2025:** CHF 100,000 was disbursed to the ARCS as an Initial Response Advance from the IFRC.
- 3 September 2025:** An Emergency Appeal is launched for CHF 25 million to support the ARCS in its immediate response efforts and to plan for recovery assistance.
- 9 September 2025:** IFRC-DREF allocates a total of CHF 1,000,000 from the Disaster Response Emergency Fund (DREF) to support the ARCS in addressing urgent humanitarian needs following the earthquake. This includes primary healthcare, temporary shelter, WASH, multipurpose cash assistance, and hot meals.

DESCRIPTION OF THE EVENT



Late in the evening of 31 August 2025, a 6.0 magnitude earthquake struck southeastern Afghanistan, with the epicentre near Jalalabad. The epicentre was approximately 30 kilometres northeast of the Momand Dara district of Nangarhar province and Nurgal district of Kunar province. The tremors severely affected Kunar and Nangarhar provinces, with impacts extending to Laghman and Nuristan. Several strong aftershocks, including ones measuring magnitudes of 5.2, 4.5, and 5.6, occurred in the hours after the main shock and on 5 September.

Humanitarian Conditions

The disaster has caused widespread devastation. According to the Afghan Red Crescent Society (ARCS) Eastern Regional and branch office, at least 2,200 people have been confirmed dead as of 7 September 2025, with some estimates suggesting higher figures, while more than 3,700 people are reported injured. Rescue operations are facing severe challenges due to the rugged and mountainous terrain, blocked roads, and infrastructure damage caused by landslides and aftershocks. Initial estimates suggest up to 1.3 million people are directly and indirectly affected, with thousands displaced as homes collapsed in Kunar and Nangarhar provinces, the hardest-hit areas. Mountainous terrain, heavy rains, and landslides have blocked access routes to affected districts, slowing relief and medical response. Hospitals in Jalalabad and the surrounding areas are overwhelmed, struggling to cope with the influx of casualties, while health centres in three districts of Kunar reported minor structural

damage. Military helicopters have conducted around 40 evacuation flights, transporting hundreds of injured and deceased to health facilities, but resources remain critically insufficient.

The authorities have issued an urgent appeal for international aid, citing the limited response capacity within the country. The earthquake comes amid a deep crisis in Afghanistan, where a prolonged economic downturn, reduced international assistance, and the forced return of more than 2.4 million people from neighbouring countries have already left millions in need of support. Women and children are disproportionately affected, with their access to urgent medical care further restricted.

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

Most affected households lack food and the financial means to buy even basic household items. The destruction and damage to homes, buildings, and infrastructure has further limited access to livelihoods among affected populations. Many households have lost food stocks, agricultural inputs, and some have lost livestock, while traders have lost goods they relied on to earn an income. Families already in debt now struggle to repay loans due to reduced or no earnings. Protection concerns for women and girls are rising, with many at risk of missing vital information on earthquake preparedness and much-needed assistance. Support to re-establish livelihoods through in-kind aid or cash and voucher assistance (CVA) is urgently required.

In many affected districts, pre-existing health facilities were limited or absent. Expanding access to health services by deploying mobile health teams is therefore a priority, while establishing static facilities will require coordination and consultation with the authorities and other health actors to ensure alignment with the basic package for health services (BPHS).

The earthquake also damaged water and sanitation systems. Immediate needs include the

provision of safe water (through trucking or by establishing water points where surface water is easily accessible) near affected communities, together with emergency sanitation facilities. In the medium-term, support for rehabilitating water and sanitation facilities will be crucial to enabling a swift recovery.

In Nangarhar, Laghman, and Kunar, the 2020 cropping calendar² suggests that the earthquake may disrupt rice harvesting and could delay the sowing of wheat, barley, and sugarcane, which typically begins in October. This, in turn, could directly reduce farmers' incomes. If not properly addressed and supported, households may be forced to redirect their savings from farming and economic activities to dealing with the earthquake's impact, leading to harmful coping mechanisms such as taking high-interest loans or selling assets.

Households also need urgent support with water storage containers, purification tablets for household water treatment, where necessary, and hygiene items that meet the needs of all groups, including the provision of appropriate sanitary materials for menstrual hygiene management.

The risk of communicable diseases, such as the spread of acute watery diarrhoea (AWD), is high where water and sanitation facilities have been damaged and people are living in camp-like conditions. Elevated risks of AWD, malaria, dengue, and respiratory infections are also present due to displacement and damaged WASH infrastructure. Strengthened health and hygiene promotion efforts, linked to health awareness, is essential.

Field reports indicate that approximately 8,000 houses (sheltering roughly 56,000 people) have been destroyed or damaged. A Red Cross Red Crescent multisector team deployed to the affected areas in Norgul district of Kunar province confirmed that almost all houses in Mazar Dara were damaged and destroyed.

Emergency shelter assistance is urgently needed for those who have lost their homes, as well as for households hosting displaced families outside the worst-hit areas. Support for transitional shelter

and rebuilding must be prioritised alongside immediate emergency shelter needs, as winter is only one month away.

Rebuilding efforts will need to ensure that new houses are resilient to future seismic shocks. Support may be delivered in-kind or by utilising CVA to provide affected households with the choice and flexibility to rebuild their homes in ways that fit local practices, while both would be accompanied by technical support and guidance on safe construction practices.

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

2. Impact on physical and mental well-being

In addition to killing at least 2,200 people, the earthquakes left more than 3,700 people injured, some severely. The need for emergency health services is critical, including the deployment of health teams to provide services in affected locations and the referral of serious cases to better-equipped facilities elsewhere. Health teams and facilities also require medicines, medical supplies, and equipment.

The earthquakes have caused severe mental anguish those who lost close family members, homes, and livelihoods, as well as among people whose underlying psychosocial conditions have been worsened by the disaster.

According to assessments and anecdotal information, affected individuals have expressed shock, fear, and grief due to the situation. Addressing mental health and psychosocial support (MHPSS) is essential to preventing the development of serious conditions. As such, timely

and targeted MHPSS interventions will be critical to promoting resilience, facilitating recovery, and enhancing the overall well-being of affected populations, including staff and volunteers.

3. Risks and vulnerabilities

The earthquakes struck against the backdrop of decades of conflict, severe and prolonged drought, the effects of other intense climate-related disasters, extreme economic hardship, a battered health system, and systemic gaps. Internal and cross-border displacement continues, with returns (including deportations) ongoing and expected in the months ahead. Impacts in the provinces of Kunar, Nangarhar, Lagman, and Nuristan compound an already dire humanitarian situation, making timely response efforts critical. Many people are currently living under tarpaulins, in tents, or in open spaces.

Children are particularly vulnerable, with many experiencing severe psychological distress and requiring MHPSS. Additionally, some earthquake-affected households have experienced internal displacement, relocation, and family separation. Critical gaps identified to date include the limited number of partners available to provide specialised counselling and poor connectivity in affected areas, which is disrupting communication and delaying the transfer of assessment data.

The earthquakes have left some children orphaned, women widowed, men as widowers, and some people with physical disabilities. Services must incorporate and address the unique needs of groups facing heightened vulnerabilities, including identifying individuals with specific needs for either direct assistance or referral to other suitable services available.

Reports from the affected areas also indicate that some people lost identification documents. These individuals must be included in assistance lists, and mechanisms need to be put in place to ensure they can access their entitlements in a safe and dignified manner. A two-way, cross-sectoral communication system that allows the reporting of complaints and any other issues should be prioritised. The earthquakes also destroyed dozens of schools and community-based education facilities. Immediate needs include

creating temporary learning spaces and replacing teaching and learning materials.

Most houses in the affected areas were made of stone and mud, with weak structures that made them extremely vulnerable to earthquakes. They lacked structural integrity, reinforcement, and strong foundations. Given their poor load-bearing capacity and low resistance, many were damaged during the earthquakes and subsequent aftershocks, causing fatalities and injuries, extensive damage to household items, and mass displacement.

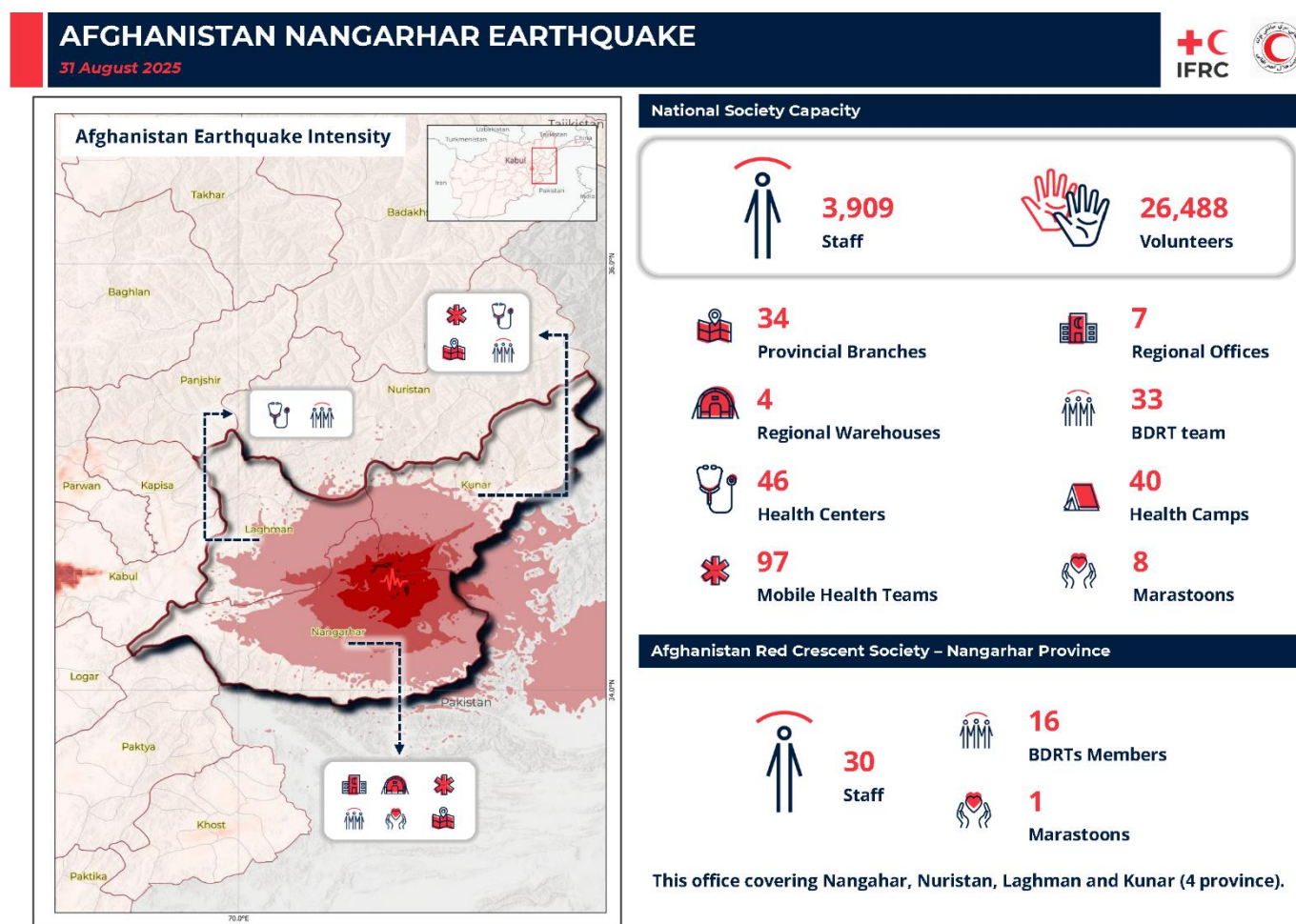
Many people remain in open spaces under tents or tarpaulins because their homes were destroyed or due to fear of returning amid frequent aftershocks.

ARCS and IFRC teams on the ground have been engaged to determine community information needs. Based on observations, people need accurate information on available services and assistance. Rumours have circulated that another strong earthquake would strike again. It is therefore critical to provide accurate information, including the fact that earthquakes cannot be predicted, and to raise awareness on how communities can protect themselves during aftershocks and future tremors.

CAPACITIES AND RESPONSE

1. National Society response capacity

1.1 National Society capacity and ongoing response



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

The ARCS also provides access to healthcare services through a network of over 250 facilities, which includes a comprehensive hospital in Kabul, 46 fixed clinics, one comprehensive health centre (CHC), 23 health sub-centres, and over 150 mobile health teams (MHTs) and/or emergency MHTs active across all 34 provinces. These 168 facilities (71 fixed) are supported by temporary facilities known as health camps. Since 2023, 168 health and satellite camps have been operating with a focus on polio eradication. Additionally, the ARCS is the only organisation in Afghanistan that provides treatment for congenital heart defects (CHDs). In terms of CVA, the ARCS, in partnership with the IFRC Afghanistan Country Delegation, has implemented this approach for seven

DREFs and two Emergency Appeals since 2022, using Redrose supported by framework agreements with four national financial service providers (FSPs).

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

Actions taken by the Afghan Red Crescent Society

A total of 60 community health volunteers have been deployed (40 male and 20 female volunteers) as of 7 September 2025 to provide awareness on household water treatment, community health awareness, PFA, and basic health services, including MHPPS services in Kunar province. Additionally, National Disaster Response Team (NDRT) team members along with the regional Disaster Response Unit (DRU) have been deployed to support the operation in Kunar. Frontline humanitarian response efforts have been supported by the IFRC and Movement partners.

Key actions to date include:

- **Helicopter deployments** to rescue affected individuals in hard-to-reach and remote areas.
- **Road clearance** using excavators to clear blocked roads, restoring vital access to affected communities.
- **Health services and medical treatment** are provided by two public hospitals (Kunar and Jalalabad) for people sustaining injuries.
- **Ambulance** services evacuate injured individuals from danger zones.
- **Rescue Teams** from the Afghanistan National Disaster Management Authority (ANDMA) to support rescue and response efforts.
- **Mobile Health Teams**, including one mobile health team (MHT) from the ARCS's Kunar branch, are equipped with medicines for immediate distribution, while 12 additional MHTs from neighbouring provinces and central regions were deployed to Kunar province. Out of the 13 MHTs initially deployed, 10 were operational for a few days. Currently, six MHTs remain in place providing health services, while four have returned to their original locations. Of the six teams still active, four are supported by the IFRC and two by the Danish Red Cross (DRC). In Sawkai district, two IFRC and two DRC teams are operational, while in Nurgal district of Kunar province, two IFRC teams continue to provide services.

Service/Activity	Male	Female	Total	Notes/Details
OPD Consultation Services Provided	1,582	1,583	3,165	
Under-5 Children Screened for Malnutrition	56	47	103	
ARCS CBHFA Volunteers Mobilised (since Day 1)	70	-	70	Volunteering in PFA, Hygiene Promotion, and First Aid
Volunteers Deployed from Nangarhar to Kunar	40	20	60	2 teams of 40 male volunteers and 1 team of female volunteers providing PFA, Hygiene, and First Aid

- **Distribution of Hot Meals** to 3,000 people on a daily basis in Kunar Province began on 2 September 2025, with support from the IFRC and Participating National Societies. A total of 24,529 people (IFRC 7,000, Turkish Red Crescent (TRC) 10,529, DRC 7,000) have benefited from hot meal services until 8 September 2025.
- **Temporary camps** were established by the ARCS in Chawkay district of Kunar Province on 8 September. The capacity for the first phase is 674 tents, accommodating a total of 4,718 people (seven people in each). The camps include facilities such as health clinics for both men and women, housing for ARCS staff and volunteers, basic WASH facilities, and a kitchen to prepare three hot meals a day.

Household Items (HHs) dispatched to Kunar Province

1. 674 family tents accommodating a total of 4,718 people have been dispatched
2. 3,000 jerry cans, 1,000 tarpaulins, 500 kitchen sets (including 100 water tanks and 150 washing facilities) have been dispatched
3. 49 dignity kits have been dispatched and delivered
4. 4 tents delivered
5. 9,175 blankets have been dispatched and delivered
6. The Government of Japan/JICA provided 250 essential household items (1,620 sleeping pads, 250 large size tents, 250 foldable tanks and 1,620 blankets) for 250 households, benefiting approximately 1,750 people, including 250 jerry cans

1.2 Capacity and response at the national level

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

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

The ARCS, as the country's leading humanitarian organisation and auxiliary to the public authorities, has extensive nationwide capacity in disaster management, encompassing disaster risk reduction, preparedness, response, and primary healthcare. Through its 34 provincial branches and a wide volunteer network, the ARCS is at the forefront of the earthquake response, working in close coordination with the IFRC Country Delegation, national and local authorities, UN agencies, and other national and international humanitarian actors to ensure that assistance reaches the most affected and vulnerable communities.

2. International capacity and response

2.1 Red Cross Red Crescent Movement capacity and response

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

Currently, four Participating National Societies (PNSs) support the ARCS with an in-country presence in Afghanistan, namely Danish Red Cross, Norwegian Red Cross, Qatar Red Crescent Society, and Turkish Red Crescent.

Participating National Societies that have channelled support via the IFRC Population Movement (Returnees) Emergency Appeal (MDRAF018) are the Swiss Red Cross, EU/ECHO, Japanese Red Cross, Canadian Red Cross, Netherlands Red Cross, Netherlands Red Cross, Red Cross of Monaco and Saudi Red Crescent Authority.

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

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

IFRC membership

The IFRC and in-country PNSs – Danish Red Cross, Norwegian Red Cross, Qatar Red Crescent, and Turkish Red Crescent – are supporting the ARCS, based on their area of expertise and available capacity, with technical, financial, and in-kind support. In response to the devastating earthquake, the IFRC is working closely with PNSs to coordinate efforts and maintain alignment under the Ways of Working approach. Several PNSs have expressed their commitment to support the ARCS, each contributing in line with their strengths.

In-country PNSs provide immediate support in primary healthcare, medicines, hygiene kits, distribution of hot meals and clean water, and financial resources.

ICRC

The ICRC is participating in the ARCS Task Force meetings. Since the beginning of the crisis, it provided an immediate financial contribution of CHF 175,000. In addition, the ICRC is advising Movement partners on security analysis and developments, providing guidance on the use of the emblem and external communications jointly with the IFRC, and supporting the ARCS in implementing the Safer Access Framework to help ensure safe and effective operations in the affected areas.

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

2.2 International Humanitarian Stakeholder capacity and response

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

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

Furthermore, the IFRC participates in the Inter-Cluster Coordination Team (ICCT) to strengthen inter-cluster coordination, while also supporting community awareness on how to stay safe during aftershocks or future earthquakes.

3. Gaps in the response

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

The eastern earthquake has also overwhelmed the limited capacity at local hubs, forcing people to live away from their homes and creating urgent needs for food, shelter, health, livelihoods, and basic WASH services. This situation has severely restricted access to essential resources such as food, clean water, hygiene facilities, and health services.

The main gaps are summarised below:

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

Medium-term needs: Support for transitional shelters, restoring livelihoods, access to clean water and sanitation, and primary health and care services. The branch development framework will further strengthen the branch system process and procedures with volunteer management guidelines for integrated programme delivery. Continuous mental health and psychosocial support is needed, including but not limited to PFA, recreational activities for children, and other initiatives to help the affected population recover.

Long term needs: Durable shelter, restoring livelihoods and income-generating initiatives, improving food security, water and sanitation facilities, and National Society Development, including preparedness for effective response.

Needs as per sector:

Shelter

The earthquake is estimated to have damaged or destroyed approximately 8,000 houses and affected at least 1.3 million people, many of whom are now living in open areas. There is an urgent need for basic household items and sustainable shelter solutions. Moving from emergency tents to transitional shelter is a priority in most of the impacted villages where community members have expressed serious concerns about shelter ahead of winter. Those affected need materials or cash support, along with guidance and technical assistance, to ensure they can build back better and safer.

Shelter recovery must address the immediate, medium-term, and long-term needs of affected communities, while safeguarding health, safety, security, privacy, and dignity through community-driven solutions.

Appropriate options should be identified following field assessments by teams comprising technical personnel (engineers). Community awareness and sensitisation training on appropriate building techniques are also essential to reduce future risks. The Shelter Strategy should emphasise repairing and rebuilding using locally available materials, technologies, and practices, while seeking improvements to strengthen them.

With winter approaching, options such as rental housing and support for host families should be explored to provide timely and dignified shelter solutions. The IFRC and ARCS can also use existing tractors to help communities transport rubble now and building materials later during reconstruction.

Emergency Health and WASH

There is an urgent need to support emergency health services, including MHPSS, with a focus on first aid and emergency basic health services for affected populations. This includes the deployment of health teams to provide services in affected locations and referring serious cases to better-equipped facilities in other locations. Health teams and facilities (including those in the capital, accommodating referrals), also require medicines, medical supplies, and equipment. Further consultations with the authorities and health partners may identify a need to establish static health facilities in the affected districts.

Initial needs assessments by the ARCS, NRCS, and IFRC's Community Health and WASH Unit have identified urgent WASH needs in the targeted communities. Access to safe drinking water is non-existent, and latrine facilities have been severely damaged, increasing the risk of diseases such as acute watery diarrhoea (AWD) and malaria. These risks are further compounded by a lack of hygiene items due to displacement. In addition, immediate WASH interventions should include the repair and rehabilitation of damaged water facilities and latrines and basic vector control measures such as environmental cleaning to reduce mosquito breeding. Detailed assessments are planned to ensure that all WASH needs are comprehensively identified and that any significant gaps are addressed.

The earthquakes have also created broader health needs, including trauma care, physical rehabilitation, as well as ongoing MHPSS. Further support is needed to provide medical supplies and equipment, essential primary health care services, and to prevent, detect, and respond to communicable disease outbreaks caused by insufficient shelter and sanitation.

Food Security, Cash, and Livelihoods

Affected families in the target districts were already facing extremely severe challenges, including widespread poverty, unemployment, prolonged drought, economic hardship, and food insecurity. As a result of the earthquake, many families lost their food stocks, hampering their ability to start the planting season, while herder households lost livestock. CVA can help meet immediate basic needs and support the recovery of livelihoods. Using cash as a tool to deliver assistance provides flexibility for the targeted population to prioritise their most urgent needs for recovery. Initial analysis indicates that markets in nearby urban areas are functioning, making this approach feasible.

PGI and CEA

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

Communities reported that feedback mechanisms are either not in place or poorly documented, making it difficult to track and respond to their concerns. While most people are generally aware of the ARCS's mandate and expressed satisfaction with the support they have received, there remains a clear expectation for additional aid, either from the ARCS or other humanitarian organisations. Without an adequate feedback system, questions and concerns may go unanswered, which can lead to misinformation and deprive communities of potentially lifesaving or life-improving information. It is therefore crucial to establish a systematic feedback mechanism using multiple channels (minimum two) to ensure that questions from community members are answered promptly and that information and engagement with communities can be tailored according to their needs. In affected villages, the communication channels could include face-to-face interactions and the use of local radio stations.

Women and girls have been disproportionately impacted by the earthquakes, accounting for 52 per cent of fatalities compared to 48 per cent for men. Among the injured, 54 per cent are women, while 46 per cent are men. Many affected individuals are women-headed households and pregnant women, particularly concentrated in the Noorgal district of Kunar. Women face significant challenges in accessing assistance due to conservative social norms, a lack of support and information networks following displacement, and the limited presence of female humanitarian workers. Shelter is the most urgent need identified by women during focus group discussions (FGDs), as they spend most of their time inside tents, which lack privacy and increase protection risks. Women also request essential household items, especially clothing, since many fled their homes without belongings. In terms of food security, women and girls are asking for food, cooking utensils, and designated cooking spaces. They also express a critical need for financial support, including cash assistance, with 90 per cent of households reporting no money for food and many women having lost their primary income source – livestock. Injured women are calling for urgent health services, particularly the availability of female doctors and nurses, as well as access to maternal and reproductive healthcare. Additionally, due to the trauma and increased caregiving responsibilities they face, women request MHPSS services provided by female counsellors. Protection concerns are high, including gender-based violence (GBV), prompting humanitarian workers to call for more protection and safeguarding specialists on the ground. WASH issues are also prevalent, with many women unsure of where to go for basic hygiene needs, often having to leave the camps to find secluded areas, which exposes them to protection risks and unexploded ordnance. Finally, regarding accountability to affected populations (AAP), women report limited access to information about available assistance. Most do not own phones and have expressed that in-person communication from female humanitarian workers would be the most appropriate and effective way to receive information.³

There is a critical shortage of female medical staff, particularly doctors and nurses, in the affected provinces. This is forcing injured women to delay or forgo medical treatment due to cultural norms against being treated by male healthcare providers. Reports indicate that some pregnant women have died due to a lack of female medical personnel. An estimated 12,500 pregnant women are affected by the quake across the eastern provinces.⁴ Sex-disaggregated data on the total number of casualties is still unavailable. The World Health Organization (WHO) emphasised that the presence of female health workers is critical to delivering culturally appropriate and life-saving assistance, especially in communities where women are reluctant or unable to seek care from male providers. The organisation continues to advocate for immediate exemptions to ensure an inclusive and effective emergency response.

³ Gender Alert 1, GiHA Working Group (UN Women)

⁴ UNFPA Flash Update 3 September

OPERATIONAL CONSTRAINTS

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

Despite UN Security Council Resolution (SCR) 2615, which provides exceptions for humanitarian action, disruptions in financial services and cash flow continue to be felt. Challenges in making money transfers, payments, or completing transactions can sometimes cause operational delays. The IFRC continues to closely monitor and assess the situation and is engaging in private meetings with various stakeholders, including financial institutions, to manage these risks. Furthermore, the IFRC has a framework agreement with four financial service providers to support cash-based assistance.

Frequent aftershocks in Nurgul district have caused road blockages, making travel difficult and delaying rapid aid delivery. Operational flexibility should be maintained, allowing assistance to be delivered either through cash-based assistance or in-kind modalities, depending on the context.

There are unpredictable and increasing restrictions on humanitarian actors, including limitations on the participation of female humanitarian workers. For now, the IFRC network's programmes and operations continue with the engagement of female staff and volunteers. The priority remains to alleviate human suffering wherever it is found, delivering services as widely as possible, and using available resources while finding practical solutions to ensure the inclusion of women and all groups in the process.

FEDERATION-WIDE APPROACH

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

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

OPERATIONAL STRATEGY

Vision

This operation aims to support the ARCS in addressing the immediate, medium, and longer-term needs of Afghans affected by the earthquake. It targets 150,000 people (IFRC Secretariat) and 170,000 (Federation-wide) across Nangarhar, Kunar, Lagman and Nuristan provinces through a coordinated response. The operation seeks to reduce pressure on fragile communities and overstretched services in priority areas of return and (re)integration, with an additional focus on supporting individuals with multiple and complex vulnerabilities to (re)establish sustainable livelihoods, health, WASH/CBHFA, and shelter construction. By December 2027, the emergency operation will complement ongoing and future interventions undertaken by the ARCS, with IFRC support and coordination with Movement partners and other stakeholders. Particular attention will be given to ensuring complementarity with responses provided by authorities and by other actors, leveraging the unique

position and access of the ARCS to avoid duplication in the services provided by humanitarian agencies and maximise outcomes.

Transition to longer-term planning

In the emergency phase, interventions include temporary shelter, essential primary healthcare including MHPSS, distribution of food and household items, winterisation kits, and cash assistance (particularly for women with multiple vulnerabilities). As the context stabilises, the operation will shift towards recovery, providing transitional shelters and targeted livelihood support to restore self-reliance. These efforts will also ease pressure on fragile communities and help people with complex needs rebuild their lives with dignity and resilience.

To ensure sustainability and an effective exit strategy following the completion of all activities, the ARCS and IFRC will link the objectives of this Emergency Appeal operation to the Unified Plan, which supports multiple initiatives implemented by the ARCS.

Anticipated climate-related risks and adjustments in the operation:

This year, rainfall levels across Afghanistan remain significantly below the seasonal average, worsening the country's ongoing drought and creating serious risks to the availability of water.

Targeting

1. People to be assisted

The goal is to reach a total of 150,000 people supported directly through a coordinated Federation-wide response over a two-year period.

The following eligibility criteria are anticipated and will be verified through community engagement processes:

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

Within this, the following vulnerability criteria will be used to prioritise selection:

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

These targeting criteria, together with specific criteria related to other sectors (such as health, shelter, IDPs, etc.) will be further discussed and then finalised in consultation with community elders, relevant government departments, and other (inter)national organisations that are operational in these provinces. The ARCS will coordinate closely with other organisations providing emergency food security programming in the same areas to avoid duplication efforts.

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

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

The ARCS will build staff, volunteer, and leadership capacity on CEA to improve communication and responsiveness to community needs, while applying at least three methods to share information on programme activities and selection processes. Communities will actively participate in planning and managing services through FGDs and feedback-driven adjustments, with regular perception and feedback reports produced to guide decisions. Strengthened feedback systems will collect and break down community input by sex, age, and disability, while sensitive issues such as SEA, fraud, corruption, or protection concerns will be addressed through secure and confidential channels, ensuring transparency, trust, and alignment with community needs.

Feedback mechanisms will be established to encourage individuals to share their concerns, ensuring transparency, trust-building, and alignment of support with identified needs.


To maintain a rights-based and inclusive approach throughout the humanitarian response, protection, gender, and inclusion (PGI) considerations will be integrated into the needs analysis phase. This will guide the identification of at-risk individuals and inform sectoral planning. PGI principles will be mainstreamed across all sector interventions to promote inclusive access to services and mitigate the risk of harm.

As part of the IFRC and ARCS's commitment to promoting PGI standards, the project will design, print, and distribute IEC materials, including leaflets and flyers, to raise awareness and educate communities on key PGI principles. Staff and volunteers will receive targeted training in PGI minimum standards to ensure consistent and sensitive service delivery across all activities. Field visits and focus group discussions (FGDs) will be conducted to assess community needs, gather feedback, and inform programme implementation. To further support affected populations, dignity and delivery kits will be provided to women and girls, ensuring their specific health and hygiene needs are met. Female volunteers will be mobilised and their capacities strengthened through tailored training sessions, enabling them to play an active role in community outreach and support. Disability inclusion will additionally be a key priority across all activities.


Capacity building will be prioritised through targeted training for staff and volunteers on PGI in emergency settings, enhancing their ability to recognise and respond to protection concerns. A service mapping and referral pathway for individuals with disabilities will be developed and shared across all sectors to facilitate timely and appropriate services and referrals. Additionally, robust child safeguarding mechanisms will be established and reinforced, with staff and volunteers trained to uphold these standards.


Finally, the IFRC and ARCS will actively participate in relevant PGI sector coordination meetings, such as the GBV sub-cluster and Gender in Humanitarian Action working groups, to align with inter-agency efforts, share information, and strengthen protection and gender outcomes.

PLANNED OPERATIONS

 Shelter, Housing, and Settlements	Female > 18: 3,998	Female < 18: 5,596	CHF 6,761,000
	Male > 18: 4,273	Male < 18: 5,733	Total target: 19,600
Objective:	Provide safe and secure shelter solutions for people severely affected by the earthquake in Kunar, Nangarhar, and Laghman provinces, enhancing their safety, dignity, and well-being while supporting longer-term recovery and community integration.		
Priority Actions:	<p>Emergency Support Phase</p> <ol style="list-style-type: none"> 1. Project kick-off meeting and orientation for ARCS staff and volunteers. 2. Conduct a comprehensive assessment to determine the nature and scope of shelter and settlement needs for earthquake-affected families. 3. Coordinate with relevant organisations, local authorities, and the Shelter Cluster ensuring a harmonised shelter and settlements response. 4. Provide housing, land, and property (HLP) orientation and awareness sessions to earthquake-affected communities. Facilitate engagement with authorities to obtain the necessary documentation for resettlement, property claims, and titles. 5. Support the transitional stay of earthquake-affected communities in camps managed by authorities and different organisations, while establishing case management for more durable shelter and settlements. <p>Transition and Recovery Support Phase</p> <ol style="list-style-type: none"> 1. Conduct detailed assessments to identify earthquake-affected households that own a house or land, categorise the level of damage (minor, severe, destroyed, etc.) and evaluate access to basic services in the selected areas. 2. Undertake surveys to identify households that will receive assistance, revalidate their eligibility, and register them. 3. Provide training for volunteers and ARCS staff on HLP, focusing on land demarcation, documentation, rights, etc. 4. Organise HLP orientation sessions for earthquake-affected families, host communities, and community members, with specific attention paid to minors and female-headed households and their rights. 5. Address secondary occupation or damaged housing through community-led mediation and legal aid referrals. 6. Provide selected households with orientation on the intervention and distribution process. 7. Distribute essential shelter and relevant household items. 8. Provide shelter construction and repair support (conditional cash assistance or in-kind) following minimum quality standards (SPHERE, cluster guidance, shelter strategy, etc.) 9. Offer guidance on climate-smart building techniques and nature-based solutions, considering building back safer principles, to selected households as well as volunteers and 		


	ARCS staff. Engage local construction specialists to advise on climate-smart, build back safer, and flood resilient building techniques.
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 Livelihoods	Female > 18: 8,364	Female < 18: 11,706	CHF 4,516,000
	Male > 18: 8,936	Male < 18: 11,993	Total target: 41,000
Objective:	Provide sustainable livelihood opportunities for earthquake-affected families through a community-based approach that promotes economic self-reliance, strengthens local markets, and supports long-term reintegration and stability within their communities.		
Priority Actions:	<ol style="list-style-type: none"> 1. Conduct research on the livelihood activities of earthquake-affected families to understand their adaptability and coping mechanisms. 2. Assess potential adjustments required for displaced families to rebuild their livelihoods in new or host community locations. 3. Map local market opportunities to align livelihood interventions with existing demand. 4. Provide conditional cash grants to targeted households, enabling them to invest in small businesses and income-generating activities. 5. Support families in restoring their livelihoods while strengthening local market resilience. 6. Deliver soft business management training (basic accounting, marketing) to strengthen small enterprises. 7. Provide vocational training tailored to local job markets, with a focus on trades and skills that can generate immediate and long-term income. 8. Procure tools and equipment for Cash for Work (CfW) initiatives in agriculture, livestock management, and community asset rehabilitation. 9. Implement CfW schemes that restore community infrastructure while providing temporary income for affected households. 10. Conduct Post-Distribution Monitoring (PDMs) to evaluate the effectiveness of cash grants and training. 		


 Multi-purpose Cash	Female > 18: 15000	Female < 18: 20,000	CHF 2,114,000
	Male > 18: 15000	Male < 18: 20,000	Total target: 60,000
Objective:	Support families affected by earthquakes to meet their basic needs and access essential items – such as food, household goods, and vital dignity-related services – through multi-purpose cash assistance (MPCA) grants, ensuring their safety, dignity, and overall well-being.		
Priority Actions:	<ol style="list-style-type: none"> 1. Conduct a market assessment to verify the cash assistance needs in earthquake-affected communities. 2. Train and mobilise relevant staff and volunteers. 3. Community mobilisation and sensitisation in targeted communities. 4. Identify households and individuals eligible to receive cash assistance using clear, transparent, and participatory vulnerability criteria. 5. Prioritise highly affected communities in Kunar, Laghman, and Nangarhar provinces. 6. Document and verify lists of the targeted population to ensure fairness and accountability. 7. Provide multipurpose cash to 2,000 selected households and individuals based on CWG standards through FSPs (depending on budget availability). 8. Establish community-based feedback and complaints mechanisms (hotlines, helpdesks, suggestion boxes) to promote transparency and address concerns. 9. Monitor the effectiveness of cash transfers through PDM and community consultations. 10. Document lessons learned to strengthen future CVA interventions. 		

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

(MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT/COMMUNITY HEALTH)

 Health and Care <i>(Mental Health and Psychosocial Support/Community Health/Medical Services)</i>	Female > 18: 19,354	Female < 18: 26,726	CHF 1,867,000
	Male > 18: 20,966	Male < 18: 28,954	Total target: 96,000
Objective:	Contribute to the overall humanitarian response by safeguarding the health, dignity, and mental health and psychological well-		

	being of earthquake-affected populations in southeastern Afghanistan.
Priority Actions:	<p>Primary health care and referral</p> <ol style="list-style-type: none"> 1. Deploy eight MHTs to provide outpatient consultations, maternal and child health services, and immunisations. 2. Procure and distribute medicine kits for all eight MHTs. 3. Provide medical and non-medical equipment for MHTs. 4. Procure two ambulances for the ARCS to ensure timely patient transport during emergencies and to strengthen preparedness for future disasters in remote and high-risk areas. 5. Conduct capacity building for MHT staff on the Health Management Information System (HMIS), nutrition, mental health, Expanded Program on Immunisation (EPI), Basic Emergency Obstetric and Newborn Care (BEmONC), etc. 6. Conduct health education and awareness sessions on key topics such as hygiene, nutrition, maternal health, and disease prevention. <p>Mental Health and Psychosocial Support</p> <ol style="list-style-type: none"> 7. Train health staff in PFA. 8. Conduct PFA training sessions for volunteers. 9. Provide mental health and psychosocial support through MHTs and trained volunteers in affected communities. 10. Establish safe spaces and community healing activities through community-based structures. <p>Community Health</p> <ol style="list-style-type: none"> 11. Train 1,280 volunteers (640 men, 640 women) across Kunar, Nangarhar, Laghman, and Nuristan through CBHFA, PFA, Epidemic Control for Volunteers (ECV), hygiene promotion, Sexual and Reproductive Health (SRH), Menstrual Hygiene Management (MHM), and Non-communicable Disease (NCD) training sessions. 12. Conduct 1,280 community awareness sessions reaching 38,400 participants (19,200 men, 19,200 women). 13. Establish 43 Health Committees and 43 Grandmother Committees to support community health mobilisation. 14. Distribute 4,000 first aid kits and 4,000 refilling kits to trained volunteers. 15. Conduct CBHFA refresher training for all trained volunteers in 2026.


 Water, Sanitation, and Hygiene	Female > 18: 10,200	Female < 18: 14,275	CHF 1,818,000
	Male > 18: 10,900	Male < 18: 14,625	Total target: 75,000
Objective:	Ensure access to clean water, improve sanitation facilities, and promote good hygiene practices among earthquake populations thereby enhancing overall health and well-being		

Priority Actions:


1. Construct nine water supply pipe schemes to restore access to safe drinking water in the hardest-hit communities. These systems are designed to serve communal water points, making clean water available to families who lost their homes or are living in temporary shelters.
2. Supply and distribute 1,000 plastic jerry cans (10 litres) for 500 families.
3. Construct 500 dry pit latrines in communities.
4. Supply and install 500 HDPE (500 litres) water tanks with steel stands (one per bathroom).
5. Supply and distribute 5,000 MHM kits.
6. Supply and distribute 5,000 family hygiene kits.
7. Build two small to medium size check dams to support WASH goals by improving water availability.
8. Construct six modern latrines (six cabins), which will include facilities for persons with disabilities (PWD) and an MHM room. Each latrine will be equipped with handwashing facilities, a solar system, and a septic tank.
9. Manage excreta and solid waste in camps and the settlements of people affected by the earthquake.
10. Conduct technical training sessions for ARCS WASH staff and volunteers.

PROTECTION AND PREVENTION

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


 Protection, Gender, and Inclusion	Female > 18: 500	Female < 18: 5,000	CHF 42,000
	Male > 18: 500	Male < 18: 5,000	Total target: 50,000
Objective:	Ensure inclusive, meaningful, and safe access to services by disseminating IEC materials, training personnel, engaging communities, distributing essential kits, and empowering female volunteers – thereby promoting equitable and secure service delivery for all.		
Priority Actions:	<ol style="list-style-type: none"> 1. Conduct capacity building training on PGI minimum standards and their application across different sectoral interventions. 2. Organise field visits to affected communities and facilitate FGDs to identify protection risks, coping strategies, and priority needs. 		

	<ol style="list-style-type: none"> 3. Mobilise and strengthen the capacity of female ARCS volunteers to enhance women's participation and leadership in humanitarian action. 4. Establish monitoring tools to track progress on PGI commitments and ensure accountability to affected people (i.e. disaggregated and demographics data). 5. Design, print, and distribute IEC materials (leaflets, flyers, posters) to raise awareness on PGI principles. Ensure that messages are simple, accessible, culturally appropriate, and inclusive of marginalised groups. 6. Develop women and child-friendly spaces designed to ensure safety, dignity, and access to essential services, while supporting learning, well-being, and inclusive participation in a protective and empowering environment. 7. Distribute MHM and dignity, delivery, and newborn baby kits.
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 Community Engagement and Accountability	Female > 18: 1,000	Female < 18: 10,000	CHF 85,000
	Male > 18: 1,000	Male < 18: 10,000	Total target: 50,000
Objective:	Ensure meaningful community engagement with earthquake-affected individuals and communities through inclusive feedback and communication mechanisms that support transparency, participation, and accountability.		
Priority Actions:	<ol style="list-style-type: none"> 1. Organise short, practical orientation sessions on CEA, accountability, and feedback handling for ARCS staff and volunteers. 2. Establish at least three communication methods including community meetings, posters/leaflets, and social media/complaint box. 3. Standardise the process for updating communities on programme criteria, aid distribution, and the role of the ARCS. 4. Monitor community access for these methods ensuring the inclusion of women, senior citizens, and people with disabilities. 5. Hold consultation meetings during the planning of services and distributions. 6. Involve community representatives in monitoring activities (e.g. distribution oversight and needs validation). 7. Develop a simple reporting template for field teams to summarise feedback trends on a weekly basis. 8. Assign responsibility at HQ to compile these inputs into monthly perception/feedback reports. 9. Share reports with the DM, health, and leadership to ensure feedback informs and guides decision-making. 10. Collect feedback systematically through established channels. 		

	<ol style="list-style-type: none"> 11. Train volunteers on how to document feedback with disaggregation (sex, age, disability). 12. Implement a confidential and safe referral mechanism for sensitive cases (SEA, fraud, corruption, protection). 13. Regularly update databases to track feedback volume, type, and trends.
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Enabling approaches

 National Society Strengthening	CHF 250,000
Objective:	<p>Strengthen the ARCS's capacity to deliver timely and effective humanitarian assistance by addressing gaps in systems, logistics, and resources, enhancing volunteer management and safety, pre-positioning emergency stocks, and leveraging technical expertise to refine operational plans. This will reinforce the ARCS's position as a resilient, trusted, and capable humanitarian actor in Afghanistan, particularly in response to crises such as earthquakes.</p>
Priority Actions:	<p>Strengthening the ARCS's disaster and crisis response capacity at the national, regional, and branch levels:</p> <ol style="list-style-type: none"> 1. Undertake assessments and strengthen both logistics and supply chain management capacity at headquarters and branch levels. 2. Support the expansion of the ARCS's volunteer management system and strengthen volunteer engagement. 3. Conduct National Disaster Response Team (NDRT) training. Support the ARCS's Digital Transformation Initiative through the digitisation of tools and the expansion of digital solutions to enhance operational efficiency and accountability at headquarters and selected branches. 4. Provide training on the structure and functioning of emergency operations centres (EOCs) for selected branches. 5. Conduct budgeting for preparedness and response training at headquarters and selected branches. 6. Undertake contingency planning for affected branches, inclusive of training. 7. Update the ARCS's website to highlight the National Society's work and support resource mobilisation (particularly donations) in times of crises.



Coordination and Partnerships

CHF 319,000

Objective:

Strengthen coordination and collaboration among members to ensure timely and effective humanitarian response efforts supporting people affected by the earthquake and actively engage relevant stakeholders through humanitarian diplomacy to achieve positive outcomes for those affected.

Priority Actions:

Membership Coordination

1. The ICRC, IFRC, and in-country PNSs (Danish Red Cross, Norwegian Red Cross, Qatar Red Crescent, and Turkish Red Crescent) support the ARCS based on their area of expertise and available capacity, including technical, financial, and in-kind support.
2. Coordinate efforts and align under the Ways of Working approach.

Engagement with External Partners

3. Coordinate closely with Afghan authorities, ANDMA, UN agencies, and other relevant stakeholders to support the earthquake response. The ARCS is the only national organisation that is a member of the National Emergency Committee.
4. Participate in national coordination platforms, including the HCT, ICCT, Cash Working Group, Health Cluster, Shelter Cluster, and Food Security Cluster, and co-lead and facilitate joint field visits and needs assessments with partners.

Movement Cooperation

5. Promote a Movement-wide approach, as well as support to the ARCS, wherever possible.
6. Ensure internal alignment and transparency, through regular contact with in-country and international PNSs.



Shelter Cluster Coordination

Objective:

The IFRC network's capacity to influence the prioritisation, design, resourcing, implementation, and quality of shelter interventions in favour of affected populations is optimised.

Priority Actions:

1. Engage actively in the Emergency Shelter and NFI Cluster.
2. Engage a Shelter Delegate and technical team.
3. Engage actively in Shelter Technical Working Groups.

Note: The budget is linked with shelter, housing, and settlements, since the IFRC is not a co-convenor of the Cluster in Afghanistan.



Objective:

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

Priority Actions:

Security

Considering the significant earthquake threats in affected areas, including issues such as disrupted road access, landslides, and potential aftershocks, comprehensive measures will be taken to ensure the safety and security of all RCRC personnel involved in this operation. These measures include, but are not limited to, continuous monitoring of the situation, timely security and safety updates, tracking of staff movements (via phone or WhatsApp), security assessments in operational areas, and pre-deployment safety briefings on the current security environment. Contingency plans and completion of relevant IFRC e-learning courses (e.g. Basic Knowledge and Prevention Measures for Responders, Personal Security, Security Management, Volunteer Security) are mandatory. The IFRC Country Delegation security team maintains close coordination with external humanitarian actors, particularly in earthquake-affected areas, and collaborates closely with ARCS branches and local administrations in the operational regions.

1. Maintain security assessments and plans in the operational areas of the appeal, including strengthening security protocols in coordination with all in-country partners.
2. Take all necessary measures to ensure the safety and security of IFRC personnel and members involved in this operation.
 - All IFRC personnel must, and RCRC staff and volunteers are encouraged, to complete the IFRC Stay Safe 2.0 e-learning courses.
 - The IFRC Country Delegation security team is maintaining close coordination with external humanitarian actors in-country on the situation, particularly at the Torkham and Spin Boldak crossing points.
 - The security team will also be maintaining close coordination with ARCS units and local administrations in the operational areas.
 - The National Society's security framework will apply to all staff and volunteers throughout the duration of the operation.
 - For personnel under the IFRC's security responsibility, including surge support and integrated PNS deployed to the area, the existing IFRC country security plan, including security regulations, contingency plans for

medical emergencies, relocation, and critical incident management, will apply.

- Any field missions undertaken by IFRC personnel will follow the current IFRC travel process.
3. Maintain and follow an enhanced Federation-wide risk management process.
 4. Maintain and update a Federation-wide risk register, contingency planning, and business continuity plan for Afghanistan.
 5. Facilitate global supply chain and logistics services, including the procurement of in-kind items (for distribution) and engaging financial service providers (for cash assistance activities).
 6. Facilitate joint monitoring, quality assurance, and evaluations.
 7. Support improved financial management and conduct regular financial audits.
 8. Provide key services to integrated National Societies, including but not exclusively on procurement, transportation, accommodation, and security management.

Communications

1. Develop an emergency communication strategy to document the ARCS's response activities and impact.
2. Coordinate with the HD team on evidence-based messaging guided by PMER evaluations and programme impact.
3. Coordinate with the ARCS and ICRC on Movement messages and reactive lines.
4. Prioritise partner visibility collateral materials in close coordination with the Strategic Partnerships and Resource Mobilisation (SPRM), Operations, and Programmes teams.
5. The IFRC and ICRC will support the development of Info-as-Aid leaflets to be disseminated to people affected by the earthquake at border-crossing points.
6. Generate in-depth human stories and relevant content to keep attention focused on the slow on-set crisis.
7. Regularly promote the operation's response on social media and relevant media outlets.
8. Regularly produce photos and videos to support promotion and visibility of the returnees' influx.
9. Coordinate with the Humanitarian Diplomacy, Operations, and Programmes teams to determine

relevant angles for communication materials planned for this operation.

Supply Chain Management

- The IFRC Country Delegation has a well-established procurement system to manage local procurement of goods and services with proper risk management and mitigation measures, in close coordination with the Regional Logistics unit in the Asia-Pacific within the IFRC Secretariat's Global Humanitarian Services and Supply Chain Management structure.
- The Delegation has the capacity to procure items locally as needed. The Supply Chain team already completed local procurement of WASH items and is preparing to procure hygiene kits, winterisation kits, and other items needed for WASH activities. Emergency procurement procedures will be applied when applicable.
- Family tents and other household items are being imported from Dubai with support from the MENA and Asia-Pacific Supply Chain teams, leveraging the International Humanitarian City air bridge. Additional household items will be procured through the Federation-wide Appeal (FWA) in Pakistan.
- The Regional Logistics unit will handle the procurement and import of medicines, using reorders to accelerate the process.

Finance

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

Information Management (IM)

- Provide training and technical support on data collection, analysis, and visualisation.

- Maintain the IFRC GO emergency page and develop operational dashboards and infographics to ensure timely situational awareness across the IFRC network.
- Produce regular, evidence-based information outputs for internal coordination and external communication.
- Support the planning, implementation, and analysis of needs assessments and ongoing monitoring activities.

Planning, Monitoring, Evaluation, and Reporting (PMER)

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

Human Resources and Surge Capacity

To address the urgent human resource needs, IFRC activated its emergency standby roster to ensure rapid support. The profiles that were deployed under this mechanism include PMER officer, Operations Coordinator, Communications Coordinator, Health in Emergencies Coordinator, SPRM Coordinator, and PGI Coordinator. The surge mechanism has been activated to facilitate a smooth transition and complement the deployment of IFRC staff. The surge deployment is expected for three months deployment.

IFRC plans to adopt a unified human resource structure through which both the Population Movement Operation (PMO) and the Earthquake Operation (EQ) will be coordinated. This includes the appointment of a Humanitarian Response Coordinator to oversee both operations, as well as any new emergencies that may arise in Afghanistan.

Risk management

The operational risks to humanitarian efforts include disrupted logistics, heavily damaged infrastructure, funding shortages, gender-related access constraints, environmental hazards, and long-term health and rebuilding challenges.

Risk	Likelihood	Impact	Mitigating actions
Topography and security access constraints in quake-affected areas result in significant response challenges.	Medium	High	<ul style="list-style-type: none"> Effective coordination with local authorities and NGOs is essential to ensure clear and reliable information on community access routes and to reach earthquake-affected areas in Kunar, Laghman, and Jalalabad. By working closely with those on the ground, humanitarian teams can better understand local dynamics, identify safe and accessible pathways, and deliver timely assistance to those in need. This collaboration also helps avoid duplication, ensures that resources are used efficiently, and strengthens trust with the communities the IFRC aims to support.
Delays in the procurement of medical kits may impede service delivery through MHTs.	Medium	High	<ul style="list-style-type: none"> The Country Delegation Logistics and APRO is working on several options, including sourcing abroad and reaching out to international organisations in Afghanistan to procure medical kits.
Key security threats in Kunar include militant activity and cross-border shelling in border districts, criminality along main transit routes, and community unrest at aid distribution points. Protection risks are elevated for women and vulnerable groups in displacement areas.	High	Medium	<p>Adopt strict movement tracking and check-in procedures.</p> <p>Use 4x4 vehicles with recovery equipment and emergency supplies.</p> <p>Pre-identify safe shelters and earthquake assembly points.</p> <p>Coordinate with ARCS, UN, and INGO security focal points on the local SLT framework.</p> <p>Activate hibernation, relocation, or evacuation plans if security or earthquake aftershocks further degrade access.</p> <p>Mandatory completion of IFRC Minimum Security Requirements and Stay Safe training for all staff.</p>
Harsh weather conditions.	Medium	Medium	<ul style="list-style-type: none"> Timely project planning and prepositioning of materials.

Lack of female aid workers due to restrictions on women's participation reducing access to female survivors. Cultural barriers impede women and children from receiving timely care, as male responders may not be permitted to assist them.	High	Medium	<ul style="list-style-type: none"> Engage female health workers, where possible, through humanitarian diplomacy with ARCS authorities and through negotiations with local community leaders, including advocacy and coordination with partners. Mobilise local female volunteers and community health workers.
Displaced populations, inadequate shelter, and damaged water and sanitation systems raise the risk of disease outbreaks and long-term public health crises, especially as winter approaches.	High	High	<ul style="list-style-type: none"> Coordinate with the health, WASH, and shelter clusters, as well as local authorities through the ARCS, to ensure an integrated response. Map and monitor areas at risk of being cut-off and set up contingency plans for sustained access. Deploy mobile health teams and support existing health facilities. Conduct hygiene promotion campaigns.

Quality and accountability

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

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

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

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

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

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

SECTOR	INDICATOR	TARGET
Shelter	Number of people reached with shelter support	5,600
	Number of people taking part in cash-for-work (CFW) schemes related to shelter and settlement activities	4,000
	Number of people trained in shelter and settlement vocational programmers (Mason)	200
	Number of households who received cash assistance (conditional cash for shelter construction – community-based)	800
Health and Care	Number of mobile health teams operational and providing quality primary health care	8
	Number of consultations through primary health care mobile units operated by the National Society	96,000
	Number of people reached with immunisation services	23,040
	Number of ANC and PNC visits provided by the ARCS midwife	11,520
	Number of children screened for malnutrition status	19,200
	Number of people provided with health education	96,000
	Number of people reached with first aid services and PFA	N/A
	Number of volunteers trained on CBHFA, ECV, and hygiene promotion	1,280
	Number of people reached by key messages through CBHFA trained volunteers	89,600
	Number of community health committees established	43
	Number of grandmother committees established	43
WASH	Number of people reached for improved water source in emergencies	18,900
	Number of portable latrines installed	500
	Number of people reached through hygiene promotion activities	89,600
	Number of family hygiene kits distributed	5,000
	Number of MHM kits distributed	5,000
	Number of women reached by MHM awareness sessions	3,600
	Number of female volunteers trained on MHM	640
Relief and Recovery	Number of people who received hot meals through National Society response efforts	25,000
Livelihoods	Number of households that received essential household items	20,000

	Number of targeted households reached with livelihood support (livestock, agriculture)	3,000
	Number of people receiving temporary employment opportunities (cash for work)	1,000
	Number of people receiving vocational or soft skills training (disaggregated by type)	300
	Number households receiving support for income-generation activities	2,000
	Number of women and at-risk youth who received vocational training support and tools to start income-generating activities	300
	Number of targeted households reached with livelihood support (livestock, agriculture)	2,000
	Number of people receiving temporary employment opportunities (cash for work)	1,000
	Number households receiving support for income-generation activities.	2,000
Multi-purpose Cash	Number of people provided with unconditional cash assistance (MPCA)	1,000
CEA	Number of staff, volunteers, and leadership trained in community engagement and accountability	100
	Number of methods established to communicate with communities on what is happening in the organisation, programme, and operation, including selection criteria if these are being used	4
	Number of methods used to enable communities to participate in planning and managing services, programmes, and operations	10,000
	Number of community perception and feedback reports produced	12
	Number of feedback comments collected, disaggregated by sex, age, and disability, including sensitive feedback linked to SEA, fraud, corruption or protection concerns	100
PGI	Number of staff and volunteers trained to apply the PGI Minimum Standards in emergency and development programming, disaggregated by sex, age, and disability	3
	Number of sectoral or multisectoral assessments conducted using the PGI Minimum Standards, with documented recommendations integrated into programme design	2
	Number of women, girls, and people who menstruate reached through inclusive and culturally appropriate MHM information sessions, disaggregated by age and disability	10
	Number of individuals reached through PGI-sensitive services or activities (e.g. referrals, safe spaces, inclusive distributions), disaggregated by sex, age, disability, and vulnerability status	2,000

	The ARCS systematically applies the IFRC PGI Minimum Standards across all emergency response operations, with documentation of compliance and lessons learned	250
	The ARCS has a trained safeguarding focal point with an active role in prevention and response to safeguarding concerns	4
	The ARCS has male and female PGI focal persons	500
	The ARCS has developed a PGI operation guideline	Yes
National Society Strengthening	Number of branches with enhanced disaster and crisis response capabilities	4
	Number of branches with strengthened logistics, supply chain, and warehousing capacity	4
	Number of branches with improved volunteer management practices, including enhanced engagement, registration in the new Volunteer Data Management System (VMS), and provision of volunteer mobilisation kits	4
	Enhanced youth engagement in awareness and disaster response	1
	Enhanced digitalisation and digital transformation for IM and IT between headquarters and branches	4
	The ARCS will strengthen community engagement, build trust, and enhance its auxiliary role at headquarters and branches at the provincial level	4
	The ARCS will develop a stronger resources enhancement strategy and build its capacity	6
	Number of branches and HQ with a strengthened communication strategy and outreach	4
	Number of branches with enhanced facilities and improved operational capacity	4
Coordination and Partnerships	Number of staff and volunteers trained in the Movement's principled approach to migration and displacement	100
	Number of strategic partnerships the National Society is engaged in	4
	External HD meetings conducted	4
IFRC Secretariat	Number of MOC meetings coordinated	5
	Percentage of financial reports compliant with IFRC procedures	100%
	Number of technical and monitoring visits conducted	10
	Number of IFRC monitoring and support missions	12
	Number of evaluations conducted (MTR and final evaluation)	2
	Number of surges profiles deployed	6

FUNDING REQUIREMENT

Federation-wide funding requirement*

Federation-wide Funding Requirement including the National Society’s domestic target, IFRC Secretariat and the Participating National Society’s funding requirement	
CHF 25 million	IFRC Secretariat Funding Requirement in support of the Federation-wide funding ask CHF 22 million

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

Breakdown of the IFRC secretariat funding requirement



OPERATIONAL STRATEGY

MDRAF019 - Afghanistan
Afghanistan -Earthquake

FUNDING REQUIREMENTS

Planned Operations	17,224,000
Shelter and Basic Household Items	6,761,000
Livelihoods	4,516,000
Multi-purpose Cash	2,114,000
Health	1,867,000
Water, Sanitation & Hygiene	1,818,000
Protection, Gender and Inclusion	42,000
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	21,000
Community Engagement and Accountability	85,000
Environmental Sustainability	0
Enabling Approaches	4,776,000
Coordination and Partnerships	319,000
Secretariat Services	4,207,000
National Society Strengthening	250,000
TOTAL FUNDING REQUIREMENTS	22,000,000

all amounts in Swiss Francs (CHF)

Contact information

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

At the Afghan Red Crescent Society:

- **Acting Secretary General:** Molavi Ruhullah Mohmand; email: sg@arcs.af
- **International Relations Department:** email: ir@arcs.af

IFRC Afghanistan Delegation:

- **Interim Head of Delegation:** Joy Singhal; email: joy.singhal@ifrc.org
- **Interim Deputy Head of Delegation:** Homa Nader; email: homa.nader@ifrc.org, phone: +603597358

IFRC Asia Pacific Regional Office in Kuala Lumpur:

- **Regional Director:** Alexander Matheou; email: alexander.matheou@ifrc.org
- **Deputy Regional Director:** Juja Kim; email: juja.kim@ifrc.org
- **Acting Head of Health, Disaster, Climate, and Crises Unit:** Felipe Delcid; email: felipe.delcid@ifrc.org
- **Large Scale Disasters and Crises Coordinator:** Anne-Sophie Pétri; email: anne-sophie.petri@ifrc.org
- **Operations Coordinator:** Nusrat Hassan; email: opscoord.southasia@ifrc.org
- **Communications Manager:** Afrhill Rances; email: afrhill.rances@ifrc.org

IFRC Geneva:

- **Senior Officer Operations Coordination:** Christina Duschl; email: christina.duschl@ifrc.org

IFRC Resource Mobilisation and Pledges support:

- **IFRC Asia-Pacific Regional Office:** Mohd Hisham Ahmad Nazri; email: PartnershipsEA.AP@ifrc.org

In-Kind Donations and Mobilisation table support:

- **Manager, Regional Logistics Unit:** Nuraiza Khairuddin; email: nuraiza.khairuddin@ifrc.org