**REVISED EMERGENCY APPEAL**

Afghanistan, Asia Pacific | Humanitarian Crisis

Afghan Red Crescent Society provides cash assistance to community elders in Faryab Province (Photo credit: Meer Abdullah, IFRC)

| Appeal №: MDRAF007 | IFRC Secretariat Funding requirements: **CHF 120 million**  
Federation-wide Funding requirements: **CHF 300 million**¹ |
|-------------------|-----------------------------------------------------------|
| Glide №: DR-2021-000022-AFG  
EQ-2022-000232-AFG | People affected.  
**28.8 million**  
People to be assisted:  
**2 million (286,000 households)** |
| DREF allocation: **CHF 1.75 million** | Appeal launched:  
**10/4/2021**  
Appeal ends:  
**31/12/2024** |
| Appeal Revision | Revision #:5  
Date: **15/08/2023** |

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¹ Comprises the following:
- CHF 120 million IFRC Secretariat Revised Emergency Appeal funding requirements
- CHF 60 million IFRC Secretariat country plan funding requirements
- CHF 60 million Bilateral support by Participating National Societies
- CHF 60 million Afghan Red Crescent Society other (non-Movement) sources
SITUATION OVERVIEW

Two-thirds of Afghanistan’s population, **28.8 million people**, are in urgent need of humanitarian **assistance to survive** as the country enters its third consecutive year of **drought conditions** and the second year of **crippling economic decline**, while still reeling from pre-existing effects of decades-long conflict. Unrelenting multiple shocks – including **climatic and seismic events** as well as protection concerns – are compounding humanitarian conditions, leaving Afghanistan as one of the world’s worst humanitarian crises.

According to the latest food insecurity assessment by the Food Security and Agriculture Cluster (FSAC), **15.5 million people are facing acute food insecurity**, of whom **2.7 million people are one step away from famine**. Women and children are disproportionately affected by the humanitarian crisis, with some 3.2 million children and 840,000 pregnant and lactating mothers facing moderate acute malnutrition (MAM) or severe acute malnutrition (SAM). There is, therefore, a need to continue providing food in some places as well as support for addressing MAM and SAM.

Economic hardships, exacerbated by sanctions to a great extent, are a key driver of the dire humanitarian situation. The situation remains critical due to significant humanitarian funding gaps while more people are becoming dependent on relief aid every day. According to Afghanistan Socio-Economic Outlook 2023 released by UNDP, over **85 per cent of the country’s population is now living below the poverty line**. With most jobs traditionally around the agricultural sector, those who rely on agriculture continue to suffer from the negative impacts of consecutive droughts. There is a need to continue providing cash assistance and livelihood support at household or community levels.

Afghanistan is highly prone to intense and recurring natural hazards – including earthquakes, floods, landslides, avalanches, and droughts – which often cause disasters, some deadly. It is ranked **fourth in the world regarding the highest risk of humanitarian crises that are more likely to require international assistance** and among the 15 countries most vulnerable to the impacts of climate change and least prepared to adapt. In the second half of July 2023, heavy offseason rainfall caused flash floods in more than a dozen provinces, killing at least 50 people, damaging more than 1,200 houses, and washing away vast tracts of agricultural land and hundreds of livestock. IFRC supports ARCS in response to the flash flood by launching an **IFRC-DREF**.

Owing to limited funding for public healthcare, there are **significant gaps in access to healthcare**, especially in rural areas. Related costs, like those for transport, present additional barriers to accessing healthcare due to increasing poverty. Among key health threats are acute disease outbreaks, including multiple outbreaks of measles, acute watery diarrhea (AWD), dengue fever, pertussis, Crimean Congo Hemorrhagic Fever (CCHF), and malaria. The **threat of vaccine-preventable diseases** to child morbidity and mortality remains. Cases of measles, pertussis, and polio were reported in 2022. There is a need to enhance routine immunization efforts alongside primary health services.

Some infectious diseases, such as AWD, are driven by other conditions including **poor sanitation** and **insufficient and poor water** quality and quantity. Prolonged drought conditions have resulted in the drying of surface water sources and a significant drop in groundwater levels. As a result, there are

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2 OCHA 2023 Afghanistan Humanitarian Needs Overview  
3 UNDP 2023, Afghanistan Socio-economic Outlook  
4 Notre Dame Global Adaptation Initiative
major gaps in access to water across the country. There is a need to support the improvement of community water supply as well as promoting hygiene and sanitation practices.

Deep scars of a decades-long conflict, economic hardships, other pre-existing needs, and in some cases a high rate of substance abuse have resulted in vast numbers of people with mental illness. The UN estimates that one in two Afghans – most of them women – suffered from psychological distress prior to August 2021, and also more recently the alarming rate of mental health issues has been highlighted internationally. There is a need to provide mental health and psychosocial support.

On 22 June 2022, a devastating earthquake struck south-eastern Afghanistan, leaving a trail of destruction mainly in the provinces of Khost and Paktika. While affected households have since had their immediate and medium-term needs largely met, gaps in recovery – including for rebuilding destroyed houses – remain. There is a need to support communities that were affected by the earthquake to rebuild destroyed houses and restore livelihoods.

Compounding the humanitarian situation are constraints relating to the participation of women and minority groups. A major effect of decades of conflict is the high number of widows and female-headed households. While there are currently no official statistics, the Afghanistan Analysts Network (AAN) estimates, in an article issued in June 2023, that there are at least two million widows in Afghanistan. This vulnerable group largely struggles to access income-earning and other opportunities. There is a need for multisector support for female-headed households, widows and their children as they are disproportionately affected by humanitarian crises.

Finally, a somewhat parallel structure, in which local authorities and actors are not the main drivers, has persisted over the past two years, reducing the potential for strengthening local capacities or sustainability of investments made. There is a need for investments to also contribute to strengthening the capacities of local actors, including state entities responsible for humanitarian services. That is because aid cannot substitute for state, and experience world over has demonstrated that local communities and entities are always the first to respond in the event of a disaster or crisis.

**Red Cross Red Crescent action to date**

As of July 2023, the IFRC Secretariat support has reached 1.7 million people since the start of this emergency appeal in April 2021. This includes one million people reached by health interventions, more than 115,000 people reached with WASH interventions, 68,000 people who have received winterization kits, more than 500,000 people provided with food and livelihood assistance, and 112,000 people reached with cash assistance. Alongside activities funded under this emergency appeal, ARCS reached an overall 3.5 million people with various services and programmes.

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5 BBC report 5 June 2023: “Afghan women in mental health crisis over bleak future”
This fifth Emergency Appeal revision is informed by three considerations. First, against a backdrop of declining humanitarian funding, the IFRC network will focus on specific niche areas that are not largely covered by the wider humanitarian system. Second, there is a need to capitalize on the strengths of ARCS as a local organization with a wide reach across Afghanistan, including in areas where the wider humanitarian system may not be able to access should contextual limitations arise. Third, the delivery of humanitarian assistance will not only address urgent needs but also incorporate solutions that provide some degree of longevity, looking beyond relief.

Furthermore, investment will be put into strengthening local preparedness and response capacity. The CHF 30 million increase in funding requirements factors in support that will be provided within the operation timeframe, which has been extended by 12 months until 31 December 2024.
**Federation Wide Funding Requirement: CHF 300 million**

**2023 Federation-wide Funding Requirements**

The IFRC and its members are aiming to deliver assistance to 5 million people across 34 provinces of Afghanistan, with its renewed focus to scale-up response strategies to support those peoples who are dealing with multiple vulnerabilities. Till date, the IFRC Secretariat and members have reached 3.5 million people.

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<th>CHF 120 million</th>
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<tr>
<td>Emergency Appeal</td>
<td>Longer-Term Plan</td>
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<td>Multisectoral &amp; Integrated Assistance</td>
<td>Health and WASH</td>
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<td>Protection &amp; Prevention</td>
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**Partner National Societies**

- CHF 60 million Participating National Societies support
- CHF 60 million ARCS Domestic and Non-Movement

**CHF 300 million**

**TARGETING**

This revised Emergency Appeal operation targets two million people under the IFRC Secretariat support to ARCS across all 34 provinces in Afghanistan. This is an increase of one million people. The operation will be reorientated so that interventions focus on the most vulnerable of the most vulnerable. This is because while 28.8 million people are in urgent need of humanitarian assistance, the funding picture looks bleak.

As such IFRC integrated multisector humanitarian interventions will prioritize:

- Households headed by women at risk (mostly widows);
- Households severely impacted by destitution;
- Underprivileged households with children with congenital heart defects;
- Households whose heads have severe mental health illness;
- Households whose heads have been extensively impacted by substance abuse;
- Returnee and internally displaced households.
The strategy of the IFRC's supported response will be to contribute to improving immediate, medium-term, and recovery needs in communities affected by drought, earthquake, economic hardships, and other multiple shocks across all 34 provinces of Afghanistan.

### Integrated assistance
Will comprise emergency and recovery support as well as bridging solutions which provide some degree of longevity. Integrated intervention areas will include multi-purpose cash assistance, provision of essential household items, shelter support (emergency and recovery), economic recovery and livelihoods assistance (at household and community levels), capacity strengthening, and risk reduction.

### Health & Care including Water, Sanitation and Hygiene (WASH)
Health intervention areas will include first aid, primary health, nutrition, pre-hospital care, mental health and psychosocial support, support for children with congenital heart disease, and health promotion. In addition, to address WASH needs, intervention areas will include construction or rehabilitation of household, community, school, and health facilities water and sanitation facilities, provision of hygiene items, and hygiene promotion.

### Protection and Prevention
Protection, gender, and inclusion (PGI) will be streamlined across all intervention sectors. The operation will ensure social inclusion and that all layers of the community receive support as needed in line with the IFRC Minimum Standards for PGI in emergencies. PGI focal points will be involved in supporting the operation to ensure equitable access to essential services, safeguarding the dignity, access, participation, and safety (DAPS) of all affected people ensuring that the operation will “do no harm”.

The IFRC Community Engagement and Accountability (CEA) approach will be integrated into the operation to ensure existing selection and exclusion criteria will be taken into consideration when selecting households and individuals to receive assistance. In an effort on ensuring that the target community members are all-inclusive, IFRC and ARCS are committed to consulting and engaging with a variety of stakeholders including men, women, children, and people with disabilities as well as community elders, authorities at national and subnational levels, Clusters, representatives of key humanitarian organizations, and donors.
To streamline and ensure the sustainability of the actions taken within this operation, linking to longer-term interventions, a framework with three pillars is utilized:

**Pillar 1 (Addressing immediate humanitarian needs and recovery):**
Delivery of urgent humanitarian assistance to as well as addressing recovery needs of people affected by the humanitarian crisis. Includes proactively taking early action measures to reduce people's vulnerabilities, and enhancing people's abilities to anticipate, respond to, and quickly recover from crisis.

**Pillar 2 (Bridging humanitarian and development):**
- Comprehensive humanitarian-development bridging interventions, building around health services with primary role of addressing maternal and child health (including immunization against vaccine preventable diseases and support for children with congenital heart disease), mental health and psychosocial support (MHPSS), rehabilitation and equipment of health facilities, and integrating other services such as water and sanitation at household, community and school levels, shelter assistance (emergency and recovery), household and community managed livelihood projects (including on food security), vocational training, cash transfers, and disaster risk reduction. Includes alleviating economic hardship targeting vulnerable households with priority on widows.

**Pillar 3 Strengthening local response capacity:**
- Strengthening local branches of ARCS, training and equipping of ARCS disaster response teams at headquarters and branch levels, pre-positioning of relief items and winterization kits in strategic locations, institutional strengthening, and digital transformation of ARCS. Will also support institutional readiness of state agencies that work closely with ARCS and other humanitarian organizations in disaster response such as the Afghanistan National Disaster Management Authority (ANDMA) and Ministry of Public Health (MoPH).

### Enabling approaches

The sectors outlined above will be supported and enhanced by the following enabling approaches:

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<th>Coordination and Partnerships (Engaged)</th>
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<td>ARCS and the IFRC will continue to engage in regular advocacy and humanitarian policy dialogues in coordination with the public authorities, and key humanitarian actors, including institutions and specialized agencies in the Humanitarian Country Team (HCT), with the aim of ensuring that the impact of the humanitarian crises in Afghanistan is profiled and the needs of the most vulnerable peoples are always placed at the forefront of our collective and continuous dialogue. IFRC, ARCS, and in-country members also engage regularly with relevant bodies of the international donor community through effective humanitarian diplomacy to positively influence decisions and policies addressing the most pressing humanitarian needs in Afghanistan. IFRC will continue to enhance the demonstration of collective impact through effective Membership Coordination and Movement Cooperation. The IFRC Secretariat will engage the Membership who provide support bilaterally or multilaterally in advancing together on the “Agenda for Renewal’s New Ways of Working” mechanism. There will be more emphasis on engagements around issue-based policy work around destitution, climate crisis, child health, and strengthening local capacities as key areas of humanitarian action in Afghanistan.</td>
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<th>Shelter Cluster Coordination</th>
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<td>The IFRC will engage actively in the Afghanistan Shelter Cluster, which is co-led by UNHCR and the International Organization for Migration, to ensure that</td>
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collective efforts are focused on areas where needs are greatest and under the key principle of good coordination. ARCS and IFRC will contribute to the Cluster snapshots which provide critical data on key indicators around resources mobilized and people supported. IFRC will also engage actively in Shelter Technical Working Groups established to define technical specifications for safer construction practices. ARCS and IFRC have obtained 10 tractors which may be used to support in the transportation of shelter materials in remote areas for the benefit of all shelter actors.

IFRC Secretariat services (Accountable)
The IFRC Secretariat will provide services to integrated National Societies, including on procurement, transportation, accommodation, and security management. All procurement required for the operation will be done by the IFRC Secretariat. The IFRC Secretariat has also engaged two financial service providers (FSPs) through whom cash transfers to community members will be channelled. A Quality and Accountability team is in place to ensure that CEA measures are applied, for close monitoring of implementation, and to enhance measures that will improve organization-wide performance. Further, a Compliance, Risk Management, and Safeguarding unit has been established to strengthen adherence to internal/external compliance requirements, response to sexual exploitation and abuse including misconduct related to child safeguarding, and to ensure all possible risks are identified and mitigated. Risks analyzed and considered outside of the risk appetite are escalated to the regional and global levels.

National Society Strengthening (Trusted)
The operation will invest in strengthening the institutional and technical capacities of ARCS to enable them to build on the decades of expertise working with all communities in Afghanistan and deliver principled, relevant, and sustainable humanitarian interventions. ARCS 34 provincial branches (which are embedded within the many communities of Afghanistan and are serving all people irrespective of their regional, linguistic, religious, or political affiliations) will be strengthened with the view of delivering services that cost less while being transparent and accountable. ARCS will also be supported in strengthening its auxiliary role including coordinating closely with state agencies involved in disaster and crisis response.

The planned response reflects the current situation and is based on the information available at the time of this Emergency Appeal revision. Further information on the operation is detailed through the different Operational Strategies including the new Operational Strategy “Humanitarian Crisis”. The revised Operational Strategy also provides additional details on the Federation-wide approach which includes response activities of all contributing Red Cross and Red Crescent National Societies.
AFGHAN RED CRESCENT SOCIETY

Core Areas of Operations

- Provincial Branches: 34
- Regional Offices: 7
- Regional Warehouses: 4
- BDRTs: 28
- Fixed Health Centers: 40
- Health Camps: 97
- Mobile Health Teams: 5
- Marastoons: 26,488
- Volunteers: 26,488
- Staff: 3,909

Supporting in-country Participating National Societies

- DANISH RED CROSS
- TURKISH KIZILAY
- Norwegian Red Cross
- الهلال الأحمر القطري
- Qatar Red Crescent
IFRC Membership coordination

The IFRC Secretariat, via its Country Delegation, provides strategic coordination for the membership. Continuous engagement is maintained with the Membership with in-country presence to implement milestones relating to the ‘Agenda for Renewal’s New Way of Working’. Portions of this Emergency Appeal will be implemented by various Participating National Societies supporting ARCS directly, based on their niche areas, with the IFRC channelling financial resources to them. Subsequent operations updates will take a Federation-wide reporting approach.

Red Cross Red Crescent Movement coordination

Collectively, Red Cross Red Crescent Movement partners have established coordination and cooperation mechanisms aligned with the Seville Agreement 2.0. A Movement Cooperation Agreement exists and will be updated. Movement partners hold tripartite Movement Platform Meetings (MPM) bringing together the ARCS leadership with the International Committee of the Red Cross (ICRC) and IFRC heads of delegation to address strategic issues. Furthermore, Movement Operational Coordination (MOC) meetings bring together the ARCS, ICRC, IFRC, and Participating National Societies in-country to address operational issues and create a shared understanding of operations strategies.

External coordination

The IFRC supports the external coordination within the humanitarian situation as an Observer to the Humanitarian Country Team. IFRC, ARCS, and in-country Partnering National Societies cooperate and coordinate with other humanitarian organizations and key agencies as members of the various Clusters. IFRC and ARCS closely coordinate with key ministries such as the Ministry of Public Health, Ministry of Rural Rehabilitation and Development, Ministry of Education, ANDMA on the ongoing support of response activities in-country.

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After 31 December 2024, response activities to this disaster will continue under the IFRC Network Afghanistan Country Plan for 2025. The IFRC Network Country Plans show an integrated view of ongoing emergency responses and longer-term programming tailored to the needs of the country, as well as a Federation-wide view of the country’s action. This aims to streamline activities under one plan, while still ensuring that the needs of those affected by the disaster are met in an accountable and transparent way. Information will be shared in due time, should there be a need for an extension of the crisis-specific response beyond the above-mentioned timeframe.
Contact information

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Reference

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