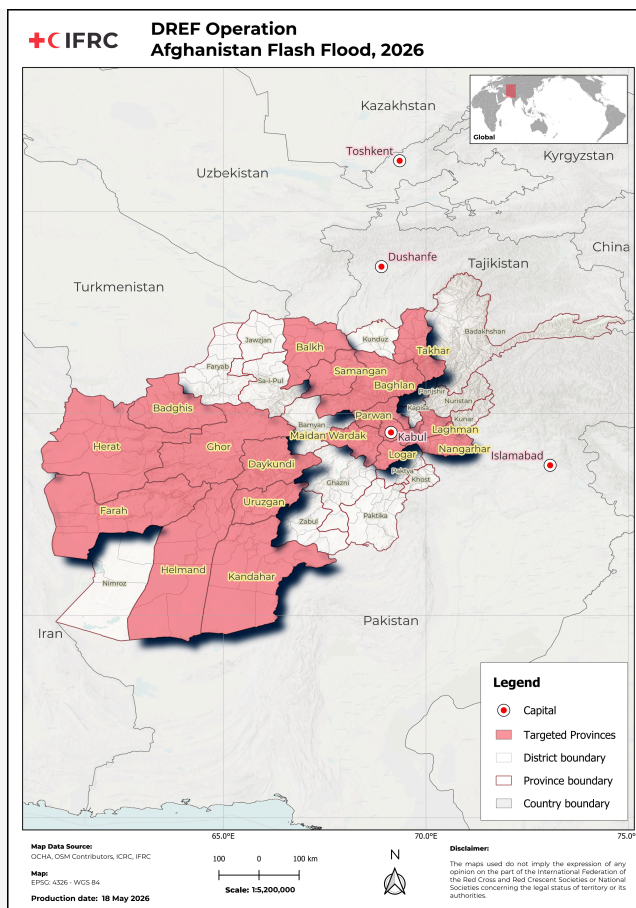




Dispatching relief items for the distribution. (Source: IFRC)

Appeal: MDRAF021	Total DREF Allocation: CHF 1,000,000	Crisis Category: Orange	Hazard: Flood
Glide Number: FF-2026-000043-AFG	People Affected: 77,462 people	People Targeted: 38,000 people	
Event Onset: Sudden	Operation Start Date: 05-04-2026	New Operational End Date: 31-01-2027	Total Operating Timeframe: 9 months
Reporting Timeframe Start Date: 05-04-2026		Reporting Timeframe End Date: 30-04-2026	
Additional Allocation Requested: 500,000		Targeted Regions: Badghis, Baghlan, Balkh, Day Kundi, Farah, Ghor, Helmand, Herat, Kabul, Kandahar, Laghman, Logar, Maydan Wardak, Nangarhar, Parwan, Samangan, Takhar, Uruzgan	

Description of the Event



Map of targeted areas (Source: IFRC IM)

Date of event

30-03-2026

What happened, where and when?

The flash flooding event began on 26 March 2026, when heavy and sustained rainfall struck multiple regions of Afghanistan, coinciding with the spring thaw and snowmelt from mountainous catchments. The DREF was triggered on 30 March 2026 based on ARCS field reports of a sharp rise in affected families, ARCS's formal request for international support, and meteorological forecasts confirming that continued rainfall and snowmelt would further compound flood risks. The initial allocation under MDRAF021 was released against 2,634 affected families (18,438 people).

Rainfall did not stabilize after activation. Successive precipitation episodes through early and mid-April produced repeated waves of flash flooding, progressively extending the disaster's footprint. On 14 April 2026, ARCS field assessments recorded 11,067 households (approximately 77,462 people) affected, a substantial increase from the initial caseload, and on 24 April, ARCS shared the consolidated field report on the IFRC GO platform and requested the support to upscale the operation, which was considered the trigger date for the second allocation request.

OCHA's Flash Update #3 (17-26 April 2026) reports a lower figure of 73,300 people initially identified as affected and 56,900 confirmed in need, with joint inter-agency assessments still ongoing in 34 districts. The variance between ARCS and OCHA figures reflects differences in methodology and coverage rather than contradiction: ARCS data is drawn from its 34 provincial branch network with direct community-level access, including areas not yet reached by inter-agency missions, while OCHA figures are based on verified joint assessments completed at the time of reporting and exclude districts where assessments remain in progress. ARCS figures are therefore used as the operational planning basis for this second allocation, with OCHA data referenced for inter-agency corroboration of the overall trajectory. FEWS NET's April-September 2026 Outlook similarly confirms flash flooding countrywide, affecting nearly 74,000 people through destruction of homes, infrastructure, and agricultural land.

Scope and Scale

The flash floods have resulted severe impacts across lives, livelihoods, well-being, and infrastructure, with the scale escalating sharply since the initial DREF application as assessment teams reached previously inaccessible communities and successive waves of flooding extended the disaster footprint. ARCS preliminary figures as of 4 April 2026 recorded 51 deaths, 114 injuries, 5 missing persons, and 2,634 families (18,438 people) affected. By 14 April 2026, the ARCS field assessment confirmed 166 deaths, 230 injuries, 8 missing persons, and 11,066 households (approximately 77,462 people) whose shelter was completely or partially damaged, a more than fourfold increase in caseload over ten days. On 24 April 2026, ARCS published the consolidated field report and formally requested response escalation.

Shelter, livelihood, and infrastructure losses have compounded at every dimension. Shelter damage has risen from 2,634 to 11,066 houses destroyed or partially damaged, leaving families without adequate protection during continued rainfall. Livestock losses have increased from 1,730 to 2,214 head, and agricultural land damaged from 26,841 jeribs (5,368 hectares) to approximately 36,435 jeribs, striking at the worst possible moment in the spring planting season and translating directly into projected food insecurity in the months ahead. Damage to roads, bridges, and irrigation systems continues to isolate communities, delay humanitarian delivery, and undermine the foundations of agricultural recovery.

These physical losses are compounded by deteriorating economic conditions. The closure of Pakistan border crossings has driven severe year-on-year food price increases (rice up 27–52 per cent, wheat up 18 per cent, cooking oil up 11 per cent), undermining household purchasing power even where cash assistance is available. Reduced labour availability (1.7 days per week, a 19 per cent year-on-year decrease) further limits income, while Middle East energy disruptions have pushed urea up 23 per cent and DAP up 14 per cent, creating barriers to agricultural recovery beyond the immediate physical destruction. However, according to WFP's Afghanistan Weekly Market Report (Issue 294, Week 1, May 2026), domestic markets across the country continue to function with generally adequate supplies, supported by local harvests and continued imports through western and northern trade corridors. With markets operational and the afghani stable at around 64.5 AFN/USD, cash assistance is confirmed as both feasible and appropriate for affected households to meet their basic needs.

Protection and well-being concerns have intensified alongside the expanded caseload. OCHA estimates 14,174 individuals within the affected population are at heightened risk of gender-based violence, including 3,023 adolescent girls and 589 pregnant women. Children face increased risks of waterborne disease and malnutrition, with a 25 per cent rise in diarrhoeal disease, damage to 61 health facilities across five provinces, and disrupted learning for over 24,000 children following damage to more than 120 schools. Elderly persons and persons with disabilities face compounded barriers to accessing emergency services.

Pre-existing vulnerability was already acute, with 21.9 million people, nearly half of Afghanistan's population, in need of humanitarian assistance before the floods struck. The original DREF was launched to 2,634 families across eight provinces and has now been outpaced by the verified scale of need to cover the needs in 18 most priority provinces. ARCS's locally mobilized resources (130 staff and 182 volunteers across 34 provincial branches) have been further stretched by concurrent operations and depleted preparedness stocks. A second allocation is therefore necessary to enable ARCS, with IFRC support, to scale the response commensurate with the verified caseload across the expanded province set, while preserving capacity to respond to potential further emergencies

Source Information

Source Name	Source Link
1. Afghanistan: Humanitarian Needs and Response Plan 2026 Summary	https://www.unocha.org/publications/report/afghanistan/afghanistan-humanitarian-needs-and-response-plan-2026-summary
2. ACAPS Anticipatory Report: Afghanistan - The key risks Afghans face between 2024–2030 that are driven or compounded by climate change (31 July 2024)	https://reliefweb.int/report/afghanistan/acaps-anticipatory-report-afghanistan-key-risks-afghans-face-between-2024-2030-are-driven-or-compounded-climate-change-31-july-2024
3. IPC ACUTE FOOD INSECURITY ANALYSIS SEPTEMBER 2025 – SEPTEMBER 2026	https://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/IPC_Afghanistan_Acute_Food_Insecurity_Sept2025_Sept2026_Report.pdf
4. Afghanistan: Weekly Market Report: Issue 289: Week 4 – March 2026	https://reliefweb.int/report/afghanistan/afghanistan-weekly-market-report-issue-289-week-4-march-2026



Summary of Changes

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

Please explain the summary of changes and justification:

The following revisions are requested to scale the response proportionally:

- Timeframe: Extended from 31 October to 31 January 2027 (9-month in total) to absorb the larger caseload
- Target population: Increased from 12,000 to 38,000 people, reflecting the fourfold rise in the verified affected population and continued vulnerability-based targeting.
- Geographic location: Expanded from 8 to 18 provinces, adding Nangarhar, Balkh, Baghlan, Parwan, Maidan Wardak, Laghman, Samangan, Daikondi, Kabul, and Takhar, in line with ARCS and OCHA assessment findings.
- Budget: Revised from CHF 500,000 to CHF 1,000,000 to scale NFIs, MPCA, MHT deployment, CBHFA, and surge support, and to absorb cost escalation from border closures and regional logistics disruptions.
- Additional allocation: CHF 500,000 requested, bringing the total DREF allocation to CHF 1,000,000

IFRC Network Actions Related To The Current Event

<p>Secretariat</p>	<p>The IFRC Country Delegation supports coordination with clusters, inter-agency working groups, and humanitarian actors at both national and sub-national levels. The IFRC continues to monitor the situation across the affected provinces and maintains regular communication with ARCS accordingly.</p> <p>The IFRC has supported the development of this DREF application and will continue to assist ARCS in submitting field reports to the GO platform. Through this operation, the IFRC has released relief items from its in-country stocks to supplement ARCS's ongoing response and completed the fund transfer within the first week following approval. In parallel, the IFRC procurement team is fast-tracking procurement under this DREF to ensure the timely delivery of assistance to the affected population.</p> <p>Key achievements to date include the deployment of 1 out of 3 ARCS-supported Mobile Health Teams (MHTs) to the most affected areas to address urgent health needs; the completion of registration and distribution for the Multi-Purpose Cash Assistance (MPCA) component under the first allocation, reaching 1,000 households with a one-off cash transfer of CHF 133 per household; and the distribution of non-food items (NFIs) to 300 households. The current burn rate stands at 29%.</p>
<p>Participating National Societies</p>	<p>The Danish Red Cross (DRC) supported 250 families through Multi-Purpose Cash Assistance (MPCA) in Logar and Nanghar. ARCS has also been informed of the possibility of activating the crisis modifier under the DRC/Austrian Red Cross (AutRC) consortium, subject to alignment with the ARCS operational plan and donor notification requirements.</p>



The Norwegian Red Cross (NoRC) supports ARCS in the delivery of primary health care services, including referral care, across the eight targeted provinces through an established network of health facilities which are mobilized to support the emergency. A total of 20 facilities are currently supported, distributed as follows: Badghis (1 Basic Health Centre, 1 Mobile Health Team); Farah (1 Basic Health Centre); Ghor (1 Basic Health Centre); Helmand (1 Basic Health Centre, 2 Mobile Health Teams); Herat (2 Basic Health Centres, 1 Sub-Health Centre, 2 Mobile Health Teams); Kandahar (1 Basic Health Centre, 2 Mobile Health Teams); Logar (1 Basic Health Centre, 1 Sub-Health Centre, 1 Mobile Health Team); and Uruzgan (1 Sub-Health Centre, 1 Mobile Health Team).

ICRC Actions Related To The Current Event

The nature and scope of ICRC's engagement in the current flood response are focused on areas affected by the armed conflict.

Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes
National authorities	The government has established committees for coordinating the responses to the needs across the affected provinces.
UN or other actors	<p>The UN and other humanitarian agencies have scaled up their responses in the affected provinces to accommodate the needs of the affected population.</p> <p>The European Union has allocated €175,000 (over 13 million Afghani) in humanitarian funding to assist those affected by recent floods in Afghanistan, covering eight provinces: Badghis, Farah, Ghor, Helmand, Herat, Kandahar, Logar, and Uruzgan.</p> <p>Channeled through the IFRC's Disaster Response Emergency Fund (DREF), the contribution has enabled ARCS to deliver cash assistance, emergency shelter items (tents, blankets, household items), hygiene kits, safe water, and primary health care to the most vulnerable communities.</p> <p>This comes as part of the EU's broader humanitarian engagement in Afghanistan, which has exceeded €162 million so far this year.</p>

Are there major coordination mechanism in place?

OCHA, together with humanitarian partners and the Afghanistan National Disaster Management Authority, continues to lead response coordination in close collaboration with UN agencies and national and international non-governmental organizations. Till 26 April 2026, joint needs assessments have been completed across 115 districts to identify priority needs and inform response planning, with additional assessments ongoing in a further 34 districts.

Inter-agency coordination mechanisms were activated at the onset of the crisis, and Operational Coordination Teams (OCTs) continue to convene across the affected provinces, covering food security, shelter, health, nutrition, WASH, education, protection, and cash assistance. Response efforts are guided by Joint Assessment Team findings and prioritized according to severity of impact and accessibility. Efforts to scale up assistance in the worst-affected areas remain ongoing.

ARCS and IFRC participate in national-level monthly coordination meetings of the Food Security and Agriculture Cluster, Cash and Voucher Working Group, Emergency Shelter and Non-Food Items (ES-NFI) Cluster, Accountability to Affected Population Working Group, Health Cluster, WASH Cluster, and Gender in Humanitarian Action Working Group. IFRC also attends the Inter-cluster Coordination Team meeting.



Needs (Gaps) Identified



Shelter Housing And Settlements

The flash floods have caused severe damage to housing across 31 provinces. The cumulative ARCS field report records 11,067 houses completely or partially destroyed, while OCHA's Flash Update #3 (17–26 April 2026) reports up to 7,500 homes damaged (6,000) or destroyed (1,500) nationally. The difference reflects assessment coverage and timing: ARCS figures come from branch-level field assessments with broader on-the-ground reach, whereas OCHA's are based on a national snapshot with a different cut-off date. The operation's targeting uses ARCS field data, with verification ongoing.

Displacement has been reported across Kunar, Nangarhar, Nuristan, Khost, Paktia, and Paktika provinces, as well as in central provinces. Families whose homes were damaged or destroyed are exposed to the elements amid continued rainfall and unstable weather. Many have also lost essential household items, bedding, cooking utensils, and water storage containers, and cannot meet their basic domestic needs.

The situation is likely to worsen. Low-lying areas and riverside settlements remain at high risk of further flooding, with rainfall expected to continue at around 30mm daily across the central, southern, southeast, and southwest regions. Displaced families are sheltering in damaged structures or with host communities, causing overcrowding and increased vulnerability.

Unmet shelter need is significant. In the eastern region, OCHA reports 5,041 of 13,295 assessed families eligible for shelter assistance, of whom 3,102 remain unassisted due to access constraints in Kunar and Nangarhar. In the southern region, a further 976 households (7,503 people) require assistance, with key gaps in shelter repair and livelihoods support. Without adequate shelter materials and household items, affected populations face greater exposure to weather-related illness, loss of dignity, and deteriorating living conditions. Women, children, elderly persons, and people with disabilities are particularly vulnerable, given their limited mobility and heightened protection risks in damaged or temporary shelter.



Multi purpose cash grants

The floods have severely undermined the livelihoods and food security of affected households across all 31 provinces, overwhelming the capacity of existing response mechanisms and prompting local authorities and humanitarian partners to call for additional support. According to the cumulative ARCS field report, 2,214 livestock have been lost and approximately 36,435 jeribs (7,287 hectares) of agricultural land damaged at the start of the spring planting season, eliminating primary income and food sources for pastoral and farming households, many of whom had no savings or safety net to absorb the shock. OCHA's Flash Update #3 (17–26 April 2026) similarly notes that vast swathes of agricultural land have been affected nationally, with damage most acute in the eastern, southern, central, and northern regions.

The loss of these income and food sources has left affected households with limited access to food and essential services, placing them at increased risk of hunger and malnutrition. Vulnerable groups, including children, pregnant and lactating women, and the elderly, are especially exposed due to reduced access to nutritious food and healthcare. OCHA's Flash Update #3 reinforces this picture, reporting that partners screening children and women across flood-affected areas have identified cases of severe acute malnutrition (SAM), moderate acute malnutrition (MAM), and high-risk malnutrition (HRM), alongside malnourished pregnant women requiring treatment and inpatient referral.

These production losses coincide with acute market stress. According to the WFP Countrywide Weekly Market Report (fourth week of March 2026), the closure of Pakistan border crossings has driven rice prices up 27–52 per cent (depending on variety), wheat grain up 18 per cent, and cooking oil up 11 per cent year-on-year. Daily labour availability has declined to 1.7 days per week, a 19 per cent decrease compared to the prior year, severely limiting cash income for households that have already lost agricultural livelihoods. OCHA corroborates these dynamics, confirming that the prolonged Afghanistan–Pakistan border closure is disrupting supply chains, particularly for food and nutrition commodities, and accelerating the depletion of contingency stocks.

The scale of unmet need is significant. As of 24 April 2026, WFP had approved assistance for only 7,400 flood-affected families across 28 provinces, a substantial shortfall relative to verified needs, while joint assessments remain ongoing in 34 districts. Damaged and impassable roads, alongside access restrictions in remote and insecure areas, continue to delay response delivery in hard-to-reach districts. Without targeted intervention, affected families face immediate hunger and deepening poverty, with limited capacity to rebuild. To address these urgent needs, the response will prioritise multipurpose cash assistance (MPCA) in the most affected areas, enabling households to meet their immediate food and basic needs flexibly while supporting the early restoration of livelihoods.





Health

The current flood situation has had significant impacts on the health and well-being of affected communities across multiple provinces. The destruction and damage of houses have displaced families and created conditions that severely limit access to emergency and routine healthcare. Transport routes, including vital access roads, were damaged or washed away, further hindering access to health facilities and delaying critical care for trauma victims and people with chronic conditions. OCHA's Flash Update #3 (17–26 April 2026) corroborates this disruption, reporting that flooding has affected 61 health facilities across five provinces (Kandahar, Zabul, Badghis, Logar, and Nangarhar), with widespread partial damage, particularly in Nangarhar, where 55 facilities reported water leakage, 16 sustained surrounding wall damage, and 13 experienced service room damage, affecting continuity of essential services for thousands of people. These acute impacts unfold within a national context of profound health system fragility.

The WHO Public Health Situation Analysis (March 2026) highlights that Afghanistan's health system is under extreme pressure due to multiple structural and resource constraints, including chronic underinvestment, reductions in international health funding, and restrictive policies that limit women's access to healthcare. The already widespread burden of malnutrition, affecting 3.7 million children under five and 1.2 million pregnant and breastfeeding women, places flood-affected populations at even higher risk of health complications. In areas where health services have been disrupted by flood damage, vulnerable groups now face additional obstacles to accessing life-saving care, increasing the likelihood of preventable illness, deterioration of existing conditions, and potential rises in maternal and child mortality.

The health risks associated with communicable diseases have also intensified. Flood contamination of water sources increases the probability of Acute Watery Diarrhoea (AWD) and other waterborne disease outbreaks, particularly in overcrowded temporary shelters or damaged settlements. OCHA reports an estimated 25 per cent increase in diarrhoeal diseases across flood-affected areas, alongside shortages of essential medicines and trauma kits that are constraining the response. As health facilities struggle to maintain functionality and outreach, disease surveillance systems become less effective, reducing early detection and response capacity during a period of heightened risk.

Alongside these physical health impacts, the floods have generated significant psychosocial needs. The sudden loss of homes, possessions and, in some cases, family members, combined with displacement into temporary and overcrowded shelters, has caused acute distress among affected populations. Community rapid needs assessments captured in UNFPA's Flash Update (9 April 2026) explicitly identify psychosocial support as an urgent priority, alongside food, shelter, and other essential needs. These stressors compound a substantial pre-existing mental health burden; psychological distress is estimated to affect more than half of the Afghan population, with one in five people experiencing more severe conditions, leaving communities with limited resilience to absorb a further shock.

Children, women and girls, older people and persons with disabilities are disproportionately affected, while specialised mental health services remain scarce across the affected provinces and have been further reduced by the facility damage noted above. Without timely psychological first aid and community-based psychosocial support, acute distress risks deteriorating into longer-term mental health conditions and undermining affected people's capacity to recover.



Water, Sanitation And Hygiene

The floods have severely impacted water, sanitation and hygiene conditions across affected provinces. Extensive damage to water supply systems, including the destruction of irrigation canals, household water networks, and local wells, has compromised access to safe drinking water. There are reports of widespread destruction of water-related infrastructure across multiple provinces, making it difficult for households to secure clean water for drinking, cooking, or hygiene. Flooded latrines, damaged sanitation facilities, and widespread contamination have increased the likelihood of open defecation, environmental pollution, and public health risks. These immediate impacts occur in a national environment already characterised by limited access to safe water and adequate sanitation.

According to OCHA's 2026 humanitarian overview, nearly 21.9 million people, approximately 45 per cent of the population, were projected to require humanitarian assistance even before the recent floods, with WASH identified as a critical need. Existing pressures from drought, displacement, and deteriorating rural water systems have already weakened community resilience. The new wave of flooding has intensified these challenges by contaminating water sources, destroying household hygiene items, and disrupting sanitation infrastructure.

OCHA's Flash Update #3 (17–26 April 2026) confirms that WASH partners have so far reached 7,540 people through hygiene kits, AquaTabs, chlorine, and hygiene promotion materials, but notes that limited pre-positioned stocks, funding shortfalls, and logistical constraints are affecting the speed and scale of response, particularly in hard-to-reach areas, while recurrent flooding, especially in the southeast, continues to increase demand.

As a result, families face severe difficulties in maintaining hygiene practices, increasing the risk of AWD outbreaks and other communicable diseases. Displaced families, in particular, face inadequate access to safe water and sanitation in temporary shelter sites. Insufficient hygiene materials, such as soap, menstrual hygiene supplies, and safe water containers, further increase vulnerabilities,



especially among women and girls. Without timely intervention, WASH-related risks may escalate rapidly, leading to the deterioration of health outcomes and compounding the overall humanitarian impact.



Protection, Gender And Inclusion

The floods have exacerbated pre-existing protection risks and vulnerabilities, particularly for women, girls, elderly persons, people with disabilities, and female-headed households. Displacement, loss of livelihoods, and destruction of homes have increased exposure to protection threats, including gender-based violence, exploitation, and family separation. OCHA's Flash Update #3 (17–26 April 2026) confirms the scale of this risk, estimating that 14,174 individuals across the flood-affected caseload are at risk of gender-based violence, including 3,023 adolescent girls and 589 pregnant women. Women and girls face specific risks related to privacy, safety, and dignity in damaged shelters and temporary displacement settings where sanitation facilities, lighting, and secure spaces are inadequate.

Female-headed households, widows with young children, elderly caregivers, and households with members with disabilities face compounded vulnerabilities due to their limited mobility, reduced access to information, and exclusion from decision-making processes. Many of these groups have difficulty accessing humanitarian assistance due to physical barriers, social stigma, or lack of awareness about available services. OCHA reports that protection concerns remain particularly acute among female-headed households, pregnant women, infants under six months, persons with disabilities, chronically ill individuals, and families living in host communities, open spaces, tents, or makeshift shelters. The risk environment is further compounded by explosive ordnance contamination: 1,034 sq. km of hazardous land across 259 districts and 1,557 villages affects an estimated 2.7 million people, while floodwaters continue to shift explosive hazards into previously safe areas.

The lack of dignity kits, including menstrual hygiene materials, soap, undergarments, and other personal items, leaves women and girls without essential supplies to maintain their health, hygiene, and dignity. Protection messaging and awareness of available services are limited, leaving affected populations unaware of where to seek help for protection concerns, health services, or psychosocial support. OCHA notes that resource shortages and significant funding gaps are limiting the scale-up of protection activities, including explosive ordnance risk education, clearance, and victim assistance, with reduced operational presence and fewer clearance teams delaying timely responses and increasing exposure to secondary hazards. Furthermore, the absence of gender and diversity sensitive programming risks excluding the most vulnerable groups from receiving the assistance they need.



Community Engagement And Accountability

Following the floods, affected communities face multiple challenges in accessing timely, relevant, and accurate information about available humanitarian assistance. The lack of established feedback mechanisms and two-way communication channels prevents communities from voicing their concerns, preferences, and complaints, limiting their participation in the design and delivery of assistance.

Vulnerable groups, including women, elderly persons, people with disabilities, and marginalized communities, often face additional barriers to accessing information and participating in decision-making due to limited mobility, illiteracy, language barriers, or social exclusion. Without inclusive and accessible communication mechanisms, these groups risk being overlooked or excluded from assistance. OCHA's Flash Update #3 (17–26 April 2026) underscores the operational relevance of this gap, noting that response delivery is being shaped by community-based and mobile service modalities in hard-to-reach areas, which depend directly on functioning two-way communication with affected populations to ensure that assistance reaches the right households.

The absence of systematic community engagement undermines trust between affected populations and humanitarian actors and increases the risk of errors in beneficiary targeting, duplication of assistance, or misalignment between assistance provided and actual needs. Communities are also unable to report issues such as protection concerns, fraud, exploitation, or dissatisfaction with assistance when feedback channels are not established or widely known. Continuous communication and community engagement are essential to ensuring operational success, building trust, and strengthening long-term community resilience, but these mechanisms are currently insufficient.

Any identified gaps/limitations in the assessment

Ongoing rainfall, damaged infrastructure, and blocked roads have restricted access to a number of affected communities, particularly in remote and mountainous areas, preventing comprehensive assessment coverage across all 22 provinces. OCHA's Flash Update #3 (17–26 April 2026) reinforces this caveat, confirming that joint assessments have been completed in 115 districts with assessments still ongoing in a further 34 districts, and that damaged and impassable roads, alongside access restrictions in remote and insecure areas, continue to delay response delivery and verification in hard-to-reach districts.

Figures will be revised upward as access improves and assessments are completed. The simultaneous onset of flooding across 31



provinces has stretched ARCS assessment capacity, making standardized data collection difficult and resulting in uneven information quality across regions.

Operational Strategy

Overall objective of the operation

The initial DREF strategy committed to assisting 12,000 flood-affected individuals across 8 provinces over a six-month operation through multipurpose cash assistance to 1,000 households; emergency shelter and NFIs to 300 households; mobile health services via three mobile health teams; CBHFA training for 200 volunteers; WASH support to 350 households (350 hygiene kits and 70,000 litres of trucked water); PGI training for 130 staff and volunteers with 300 dignity kits; and two rounds of post-distribution monitoring. Progress against these targets are as follows:

Emergency shelter and NFIs: All 300 targeted households have received emergency shelter and essential household items (50 in Logar and 250 in Helmand), representing 100 per cent of the initial target. Distributions were drawn from pre-positioned ARCS preparedness stocks and accompanied by safer-shelter guidance on tent installation, drainage, and safe siting. There is no increase to this caseload under the second allocation; procurement to replenish the depleted ARCS stocks is currently underway.

Multipurpose cash assistance: All 1,000 targeted households have received the one-time cash transfer of approximately 133 CHF (AFN 10,500), distributed across Herat, Kandahar, Ghor, and Farah, 100 per cent of the initial target. Under the second allocation, the cash caseload is proposed to increase by a further 1,250 households to address the expanded affected population. The cash transfer is conducted through the FSP active agreement.

Mobile health services: 1 out of 3 mobile health teams have been deployed in Uruzgan, and Logar and Laghman MHTs are under recruitment, as set out in the initial strategy. Under the second allocation, one additional MHT will be added to extend primary health care coverage across the expanded province set.

WASH: The 350 family hygiene kits have been procured and dispatched to ARCS, with distribution scheduled for May–June 2026. Funds for the trucking of 70,000 liters of safe drinking water have been transferred to ARCS. Under the second allocation, hygiene kit distribution is proposed to increase by 150 kits (to 500), and the safe water target is proposed to increase to 700,000 liters.

PGI: The 300 dignity kits have been procured and dispatched to ARCS, with distribution scheduled for May–June 2026. Training of 130 staff and volunteers on PSEA, disability inclusion, and gender-sensitive programming is being delivered across distribution and service-delivery points as planned. An additional 50 dignity kits are proposed under the second allocation.

CBHFA: CBHFA training for 200 volunteers across 8 provinces is planned to extend health promotion reach beyond MHT coverage areas; under the second allocation, the CBHFA caseload is proposed to increase to 360 volunteers to match the expanded geographic spread. CEA mechanisms remain embedded across all sectors, including transparent communication of selection criteria, two rounds of post-distribution monitoring, exit surveys, and Kobo-based help desks, with no change to CEA targets under the second allocation.

The two largest life-saving components, multipurpose cash assistance and emergency shelter/NFIs, are fully delivered at 100 per cent of their initial targets. WASH and PGI in-kind items are procured, dispatched, and scheduled for distribution in May–June, with delivery sequenced to the May–June 2026.

The second allocation does not redirect the strategy: it scales the cash, WASH, health, and CBHFA components to match a verified caseload that escalated and extends the operation timeframe from six to nine months to allow the expanded delivery to be completed.

Operation strategy rationale

This operation delivers immediate, multi-sectoral assistance across 18 prioritized provinces, with resources concentrated in the 10 most severely affected: Farah, Kandahar, Herat, Badghis, Helmand, Uruzgan, Logar, Ghor, Nangarhar, and Balkh. Where field assessments confirmed the greatest concentration of damage and need.

Shelter damage is the first systematically verifiable indicator in sudden-onset flood emergencies and forms the basis for the 11,067 households recorded as affected at the time of operational update submission. This figure represents the minimum verified baseline of directly affected people, not a comprehensive measure of total humanitarian impact, as it does not capture households that suffered livelihood, agricultural, or livestock losses without structural shelter damage nor communities that remained inaccessible at the time of assessment. Those figures are from the 31 provinces where the ARCS field assessment has been carried out.

Assistance is prioritized for households with the greatest losses and least capacity to recover without external support, with specific targeting of female-headed households, households with children under five, elderly caregivers, persons with disabilities, and pregnant and lactating women.



MPCA is the primary modality for this operation. The floods have simultaneously destroyed homes, livestock, agricultural land, and household assets, meaning needs vary significantly across families. A one-time cash transfer of AFN 10,500 (approx. CHF 133) per household, aligned with the Cash and Voucher Working Group minimum expenditure basket, will reach 2,250 households (including the initial 1,000 HH reached through the first allocation), giving households the flexibility to address their most pressing immediate need. The intended outcome is that targeted households are able to meet their immediate basic needs in the weeks following the floods, reducing negative coping behaviors such as reducing meal frequency or selling productive assets. The additional 1,250 households will be selected based on the vulnerability criteria and distributed across the most affected provinces, ensuring no duplication with other operations. ARCS will share the implementation plan for the proposed additional MPCA allocation.

Emergency shelter and NFI distributions complement the cash component for the most severely affected households where physical assets have been entirely lost. Distributions of 300 family tents, 300 kitchen sets, 600 tarpaulins, 600 jerrycans, and 2,100 blankets will reach approximately 300 households (2,100 people) in the hardest-hit locations, prioritizing families whose homes are completely destroyed and who are living in the open or in damaged structures during continued rainfall. The intended outcome is that targeted households have adequate temporary protection from the elements and the essential items needed to maintain basic domestic functions while longer-term shelter solutions are established.

Shelter targeting will prioritize households whose homes are fully destroyed or structurally unsafe, especially those currently residing in open spaces, damaged structures, or overcrowded host family arrangements. In addition to family tents and core household items, ARCS will provide key safer shelter guidance on anchoring/ tent installation, drainage, and safe siting to reduce secondary flood risks during the continued rainfall period.

4 Mobile Health Teams will be deployed in Logar, Laghman, Badghis and Uruzgan, provinces identified through ARCS field assessments as having the highest levels of health service disruption relative to need. Each MHT will provide outpatient consultations, nutrition screening, reproductive health services, immunization outreach, and psychological first aid. The intended outcome is that 38,000 flood-affected people have access to primary health care services, reducing preventable illness, maternal and child mortality risk, and the burden of untreated trauma. CBHFA (Community-Based Health and First Aid) training for 360 volunteers across 10 provinces extends health promotion reach beyond MHT coverage areas and builds lasting local response capacity within ARCS branches.

WASH support directly addresses the disease transmission risks created by flood contamination of water sources and destruction of sanitation infrastructure. Distribution of 500 family hygiene kits (containing soap, Aqua-tabs, laundry basins, and related items) and water trucking operations delivering 700,000 liters of safe drinking water, combined with hygiene promotion and household water treatment awareness sessions. The intended outcome is a measurable reduction in WASH-related disease risk, particularly Acute Watery Diarrhoea, among the most vulnerable flood-affected households in areas where water systems remain compromised.

PGI (Protection, gender, and inclusion) activities are integrated across all sectors rather than delivered as a standalone programme. Training of 130 staff and volunteers on PSEA, disability inclusion, and gender sensitive programming ensures that PGI standards are operationalized at every distribution point and service delivery location. Distribution of 350 dignity kits to women and girls addresses immediate needs that are frequently overlooked in emergency response. The establishment of referral pathways for protection concerns ensures that cases identified during field operations. The intended outcome is that the most vulnerable groups, particularly women, girls, and persons with disabilities, are able to access assistance safely and with dignity throughout the operation.

CEA (Community engagement and accountability) mechanisms are embedded across all sectors from the outset. Selection criteria will be communicated transparently to both recipients and non-recipients. Two rounds of PDM (Post-distribution monitoring), exit surveys at key distribution points, and digital feedback collection through Kobo-based help desks will ensure that community concerns are captured and acted upon. The intended outcome is that affected people are consistently informed, have accessible means to raise concerns, and that operational adjustments are made in response to feedback throughout the operation.

Targeting Strategy

Who will be targeted through this operation?

The operation targets flood affected households across 18 priority provinces: Farah, Logar, Kandahar, Herat, Badghis, Uruzgan, Helmand, Ghor, Nangarhar, Balkh, Baghlan, Parwan, Maidan Wardak, Laghman, Samangan, Daikondi, Kabul, and Takhar, selected based on field assessments confirming the highest concentration of damage and need. Assistance is prioritized for households with the greatest losses and the least capacity to recover without external support.

Targeting will be conducted in collaboration and consultation with local administrations, village heads, and humanitarian partners, guided by the existing coordination framework in Afghanistan.

Households will be eligible for assistance if they meet one or more of the following primary criteria:

- Households whose house was destroyed or damaged by the floods
- Households that have engaged in negative food-related coping mechanisms



- Households with two or more children under the age of five who are unable to meet their basic needs

The following criteria will be used to prioritise within the primary group:

- Elderly people with responsibility for children in the household
- Households without livestock or productive assets
- Households headed by widows or single mothers with young children
- Households with chronically ill members
- Households with a member with a disability
- Pregnant and lactating women

ARCS provincial branches and volunteers, drawing on their established community presence and trust, will lead household-level registration using the vulnerability criteria above. Beneficiary lists will be validated through community and local authority consultation to minimise exclusion errors and ensure that the most isolated and marginalised households, including those headed by women, or containing persons with disabilities or chronic illness, are not overlooked in favour of more visible or better-connected families.

For health services, Mobile Health Teams will conduct community outreach and prioritise accessibility for elderly people, persons with disabilities, pregnant and lactating women, and caregivers with young children. The inclusion of female health workers, midwives and nutrition counsellors, within MHT composition ensures that women and girls can access services in a culturally safe and appropriate manner.

For CBHFA, gender balanced volunteer recruitment, 180 male and 180 female volunteers, ensures that female community members can be meaningfully engaged and reached by volunteers of the same gender, which is essential for effective outreach in the Afghan context.

Internally displaced persons and other groups without formal community registration will be actively identified during the registration process to ensure that lack of documentation does not result in exclusion, where protection needs exceed ARCS's mandate, cases will be referred to relevant humanitarian actors. Multiple community feedback mechanisms, described under the CEA section, will enable affected people to raise concerns about targeting, exclusion, or the assistance process throughout the operation.

Registration for the flood DREF is conducted through the Red Rose digital platform, and the IFRC and ARCS Information Management (IM) teams have cross-verified the registration lists against the active caseloads of the active operations to confirm that no household is receiving duplicate assistance for the same need.

Explain the selection criteria for the targeted population

The primary criteria are designed to capture households facing the most acute and immediate risks.

- Households with destroyed or damaged shelter face direct exposure to continued rainfall and harsh conditions, making them the most urgent priority. Those already engaged in negative food coping strategies, such as reducing meal frequency, selling productive assets, or withdrawing children from school, are households whose resilience has already been exhausted and who are at risk of irreversible harm without immediate intervention.
- Households with multiple young children represent a heightened vulnerability given children's particular susceptibility to waterborne disease, malnutrition, and the health consequences of displacement.

The secondary criteria are applied where demand exceeds available resources and reflect the specific layers of vulnerability most prevalent in the Afghan context following a sudden-onset emergency:

- Female-headed households, particularly widows and single mothers, face structural barriers to accessing assistance, replacing lost assets, and resuming income-generating activities, making them disproportionately likely to fall into deeper poverty without targeted support.
- Households that have lost all livestock or productive assets face both an immediate consumption crisis and a long-term recovery deficit, as these assets represent their primary, and often only, source of food and income.
- Elderly caregivers, persons with disabilities, and chronically ill household members face compounded risks due to reduced mobility, limited access to health services, and inability to engage in labour or recovery activities.
- Pregnant and lactating women are prioritised given the heightened nutritional and health risks they face in displacement and emergency settings, particularly where health services have been disrupted.

Beyond the primary and secondary criteria, ARCS will take deliberate steps to ensure that the most marginalised groups are not excluded from assistance. Internally displaced persons and households without formal community registration will be actively identified during the registration process to ensure that lack of documentation does not result in exclusion.

Female ARCS volunteers and female health workers within Mobile Health Teams will conduct targeted outreach to women and girls, ensuring they can access assistance and health services in a culturally safe and appropriate manner. Community feedback mechanisms will allow affected people, including those who may feel unable to raise concerns publicly, to report exclusion or targeting concerns throughout the operation. Any protection needs identified that fall outside ARCS's mandate will be referred to relevant humanitarian actors operating in the affected provinces.



Total Targeted Population

Women	7,980	Rural	-
Girls (under 18)	10,640	Urban	-
Men	8,360	People with disabilities (estimated)	7%
Boys (under 18)	11,020		
Total targeted population	38,000		

Risk and Security Considerations (including "management")

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

Risk	Mitigation action
Market inflation and rising commodity prices may reduce the purchasing power of the proposed cash transfer, rendering it insufficient to cover basic household needs by the time of distribution.	ARCS and IFRC will maintain active coordination with the Cash and Voucher Working Group throughout the operation to ensure the transfer value remains aligned with the latest market monitoring data and minimum expenditure basket recommendations, and to recalculate the transfer value if required and possible.
Deteriorating security situation: While the security situation remains relatively stable across most operational areas, localized incidents, ethnic tensions, and unpredictable security dynamics could disrupt operations or endanger staff and volunteers.	IFRC continuously monitors the security situation in Afghanistan and coordinates closely with ARCS branches, local authorities, and humanitarian partners to anticipate security developments. Security protocols are strictly enforced for all ARCS and IFRC personnel. Pre-deployment security briefings are mandatory, and all staff complete Stay Safe 2.0 e-learning. Movement tracking via phone/WhatsApp ensures real-time awareness of personnel locations. Security assessments are conducted before entering new operational areas. The IFRC Country Delegation security team maintains close coordination with external humanitarian actors and ARCS branches in flood-affected regions. Primary implementation is carried out by ARCS staff and volunteers who have local knowledge and community acceptance, minimizing exposure of international personnel.
UXO contamination: The border situation with Pakistan remains tense and unpredictable. Areas around Torkham crossing are contaminated with unexploded ordnance (UXOs), presenting high risks for personnel movement.	Operations in high-risk border areas are carefully assessed and coordinated with local authorities. ARCS applies its security framework for all national staff and volunteers. Movement near contaminated areas is strictly controlled and follows explosive ordnance risk education (EORE) protocols. Alternative access routes are identified where possible.
Continued rainfall and secondary flooding: Meteorological forecasts predict continued rainfall with daily accumulation averaging 30mm across central, southern, southeast, and southwest regions. Areas already saturated are at high risk of secondary flooding	ARCS continuously monitors weather forecasts and coordinates with meteorological authorities. Distribution points and Humanitarian Service Points are not established in flood-prone or low-lying areas. Response plans remain flexible to adapt to evolving conditions. Distributions are scheduled during weather



	windows to maximize safety and access. Emergency stocks are prepositioned in strategic locations to enable rapid response if additional flooding occurs.
Supply chain disruptions: Maritime uncertainty in the Strait of Hormuz and regional airspace restrictions are disrupting commercial and humanitarian logistics. Afghanistan is particularly exposed as Asia is the main destination for crude oil and LNG passing through the strait.	ARCS and IFRC prioritize use of pre-positioned stocks to enable immediate response while procurement is underway. Diversified supply chains and suppliers are utilized to reduce dependence on single routes. Early procurement of critical items (NFIs, medicines, hygiene kits) is prioritized. Logistics team is looking into the possible option to obtain free flight from the donors, to be flown from Dubai to Kabul directly. However, it is subject to the air space situation, if it clears the commercial aircraft to utilize the space as it is now under conflict zone.
Fuel price increases: Diesel prices have risen significantly across the region. This impacts all aspects of humanitarian logistics including water trucking, mobile health teams, and distributions.	Fuel costs are carefully monitored and factored into operational budgets with contingency margins. Distributions are consolidated where feasible to reduce transportation trips. MHT deployment is strategically planned to maximize coverage per movement. Close budget monitoring enables early identification of cost overruns requiring operational adjustments.
Procurement delays: Lead times for international procurement may be extended due to supply chain disruptions from the energy crisis. Local markets may have limited availability of specific items (e.g., dignity kit contents, medical supplies).	Local procurement is prioritized where quality and availability permit, reducing lead times and supporting local markets. Multiple suppliers are identified for critical items. Procurement plans include contingency timelines accounting for potential delays.

Please indicate any security and safety concerns for this operation:

Security landscape in the country remains complex and fragile. Situation along the border with Pakistan is tense and unpredictable. Border line around Torkham is contaminated with UXOs and present high risk for movement and presence of staff and volunteers. During operation NS security framework will be applicable to NS staff and volunteers. IFRC security framework will be applicable for personnel (staff, staff on loan, surge, consultants) deployed under IFRC umbrella.

Comprehensive security measures will be implemented to ensure the safety and security of all RCRC personnel engaged in this operation. These measures include but are not limited to continuous situation monitoring, timely security and safety updates, tracking of staff movements (via phone or WhatsApp), security assessments in operational areas, and pre-deployment briefings on the current security context. Additionally, completion of relevant IFRC e-learning courses (such as Stay Safe 2.0) are mandatory. The IFRC CD security team is maintaining close coordination with external humanitarian actors in the country, particularly regarding flood-affected areas, and is also working closely with ARCS branches and local authorities in the operational regions.

Has the child safeguarding risk analysis assessment been completed?	Yes
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Planned Intervention



Shelter Housing And Settlements

Budget: CHF 206,663
Targeted Persons: 2,100
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
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# of people reached with shelter support	2,100	2,100
% of the households who received shelter assistance reported improvement in their living conditions	70	0

Progress Towards Outcome

ARCS has distributed emergency shelter and essential household items to 300 flood-affected families across two provinces: 50 households in Logar and 250 households in Helmand. These provinces were prioritized under the first allocation phase based on verified damage severity and confirmed need, and distributions were sequenced through the inter-agency coordination mechanism to avoid duplication and ensure proportional assistance across responding actors.

Each household received one family tent, one kitchen set, seven blankets, two jerry cans, and two tarpaulins — a total of 300 family tents, 300 kitchen sets, 2,100 blankets, 600 jerry cans, and 600 tarpaulins drawn from pre-positioned IFRC preparedness stocks.

People assisted were registered through the Red Rose digital platform, with sex- and age-disaggregated data (SADD) captured at the point of registration. Vulnerability-based selection criteria prioritized female-headed households, households with elderly members or persons with disabilities, and families whose shelters were destroyed or severely damaged. Registration lists were verified by ARCS and IFRC PMER teams. Distributions were monitored by ARCS branch teams, and post-distribution monitoring is planned to verify receipt, assess beneficiary satisfaction, and capture feedback through the Community Engagement and Accountability (CEA) channels established for the operation.

Procurement of NFIs to replenish stocks is currently underway to cover the new caseload and restore depleted IFRC preparedness reserves. As these items are procured internationally through the IFRC global supply chain, lead times are extended by the ongoing closure of the Afghanistan–Pakistan border crossings, which has disrupted established overland routes and forced reliance on alternative corridors. The border closure has also driven significant cost escalation across imported commodities, increasing unit costs for NFIs and transport and tightening the operational margin under the current allocation.



Multi Purpose Cash

Budget: CHF 357,840

Targeted Persons: 15,750

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
# of households provided with unconditional cash assistance	2,250	1,000
% of surveyed people whose households received cash transfers / vouchers are satisfied with the time/period that cash / vouchers were received	70	0

Progress Towards Outcome

Registration for multi-purpose cash assistance (MPCA) under the first allocation has been finalized. Households were identified and verified by ARCS field teams in the targeted provinces, in line with the vulnerability-based selection criteria agreed under the operational strategy. A total of 1,000 households across Herat, Ghor, Kandahar, and Farah received a one-off transfer of CHF 133 per household (approximately AFN 10,500) to support their basic needs.

Under the second allocation, assistance will be extended to 1,250 households, expanding the intervention to the newly added provinces and responding to emerging needs. A post-distribution monitoring (PDM) is planned following the distribution.



Budget: CHF 231,216
Targeted Persons: 38,000
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
# of Mobile Health Teams (MHTS) supported with staff, equipment and running costs for the provision of primary health services.	4	1
# of people reached with primary health services	38,000	912
# of people provided with MHPSS interventions including PFA	1,200	32
# of people reached through CBHFA/ECV activities	16,200	0

Progress Towards Outcome

During the reporting period, ARCS mobilized one Mobile Health Team (MHT) under the DREF response in Urozgan, where an existing team was already operational, while recruitment for the remaining MHTs is ongoing. Through this deployed team in Urozgan, ARCS reached 912 individuals with primary health services and provided MHPSS interventions, including Psychological First Aid (PFA), to 32 individuals. In parallel, ARCS MHT in Laghman province, although not supported under the DREF, was temporarily mobilized to support the response, reaching 430 people with primary health services and delivering MHPSS/PFA services to 40 individuals. This temporary deployment helped bridge immediate service gaps while DREF-supported teams are being finalized.



Water, Sanitation And Hygiene

Budget: CHF 70,578
Targeted Persons: 7,560
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
# of households reached with WASH actions in emergency response	500	0
# of liters of safe water distributed	700,000	0
# of people provided with hygiene promotion awareness and household water Treatment	7,560	0

Progress Towards Outcome

To date, 350 family hygiene kits have been procured and dispatched to ARCS for distribution to flood-affected households in the targeted provinces to be distributed by the ARCS team through the end of May and beginning of June 2026.

Funds for water trucking and associated costs have been transferred to ARCS, enabling the activation of water trucking operations in priority locations. In parallel, procurement of water taps is currently under process to support the rehabilitation and functionality of WASH infrastructure in affected communities.



Protection, Gender And Inclusion

Budget: CHF 19,228

Targeted Persons: 480

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
# of male and female staff and volunteers trained on cross-cutting topics/PGI and CEA	130	0
# of people reached by PGI programming	480	0
# of women and girls who received dignity kit	350	0

Progress Towards Outcome

Procurement of 300 dignity kits, containing menstrual hygiene materials, soap, undergarments, and other personal items, is currently underway to support women and girls in flood-affected households.



Community Engagement And Accountability

Budget: CHF 13,419

Targeted Persons: 500

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
% of people surveyed who feel treated with respect by the organisation's/programme's/operation's staff and volunteers.	70	0
% of surveyed people who feel the organisation/operation has communicated well about plans and activities	70	0
% of feedback received that is responded to within a defined timeframe	60	0



Progress Towards Outcome

Early CEA priority actions have been initiated during this period, including the provision of information to communities on planned assistance, rights and entitlements, and key messages, delivered through volunteers and outreach activities, emphasizing that aid is free of charge. Standardized Q&A sheets for volunteers are also under preparation to ensure consistent messaging. Initial observations highlight strong community interest in timely and clear information on assistance, eligibility, and available feedback channels. As these actions are still at an early stage, no quantitative data is available for the reporting period; CEA progress will be reported in the next operation update and the final report.



Secretariat Services

Budget: CHF 86,265
Targeted Persons: 2
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
% of financial reporting compliance to IFRC procedures	100	0
Number of Surge personal deployed to support the operation	2	1

Progress Towards Outcome

The communication Surge has been deployed to support the flood operations and document the humanitarian impact of the crisis.



National Society Strengthening

Budget: CHF 14,792
Targeted Persons: 100
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
# of lessons learned workshops conducted	1	0
# of volunteers recruited and trained covering sector-specific interventions	100	0

Progress Towards Outcome

Three Mobile Health Teams (MHTs) have been deployed to the most affected areas to deliver basic health services. International procurement of medical kits is currently underway.



About Support Services

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

ARCS will deploy a total of 100 volunteers across the intervention areas to implement this operation and has mobilized BDRTs; each consisting of an average of 10 active volunteers. These 100 volunteers will be recruited and mobilized for the operation across these provinces, trained in sector-specific interventions and deployed to displacement sites, health camps, distribution points, and community engagement activities. Volunteer roles include first aid provision, psychosocial support, hygiene promotion, community engagement and information dissemination, beneficiary registration and verification, distribution support, and post-distribution monitoring.

In addition, 1 Mobile Health Team will be deployed, in addition to the 3 MHTs were already deployed, to provide emergency primary healthcare services across the affected provinces. Each MHT comprises medical professionals including physicians, nurses, midwives, and community health workers providing outpatient consultations, reproductive health services, nutrition screening, IMCI treatment, polio immunization, and referral services.

The ARCS staff supporting this DREF operations are drawn from the affected provinces and DREF operational areas, at the branches, regional and HQ levels. The staff from part of the core team deployed to operationalize response activities at displacement sites and are drawn from different departments with sector-specific specialization, including PSS counsellors, volunteer management officers, DRR officers, health coordinators, and WASH focal points. Staff are responsible for current emergency operations overall field coordination, beneficiary registration management, distribution oversight, health service supervision, WASH monitoring, and reporting.

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

All 100 deployed volunteers and staff will be insured for the duration of the operation. All personnel will receive orientation on the operation objectives, sector-specific interventions, PGI and PSEA standards, CEA principles, security protocols, and reporting procedures before deployment to the field.

Will surge personnel be deployed? Please provide the role profile needed.

A Communications Coordinator has been deployed through the IFRC surge mechanism to support the Afghanistan Floods operation. The deployed person is bringing proven expertise in humanitarian communications, media engagement, content production (including photography, video, and human-interest storytelling), and donor visibility, with demonstrated experience supporting emergency operations in complex contexts. The role leads the development and implementation of the operation's communications strategy in close coordination with ARCS and Movement partners, ensuring timely production of quality content for internal and external audiences, supporting donor visibility and reporting requirements, and strengthening ARCS's communications capacity throughout the operation. Specific responsibilities include drafting press releases, and social media content; coordinating media outreach; capturing field-level stories and multimedia assets from affected areas; and ensuring adherence to IFRC and Movement branding, safeguarding, and ethical communications standards.

To support the ongoing operation, a PMER surge alert has also been launched. The surge request is justified by the scale and complexity of the response, which now spans 31 affected provinces and four concurrent Afghanistan operations (MDRAF018, MDRAF019, MDRAF020, and MDRAF021), placing significant pressure on existing in-country PMER capacity. Dedicated surge support is required to ensure robust monitoring, timely reporting against the expanded logframe under this second allocation, quality assurance of beneficiary data captured through the Red Rose system, and consolidated evidence for donor reporting and operational decision-making as the response scales up.

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

Procurement will be shared between ARCS and IFRC based on the nature and source of the required items, following the same approach successfully used in several operations. Procurement of family tents and imported items will be carried out by IFRC, leveraging its international supply chain and procurement capacity. Recognising these challenges, the Country Delegation Logistics team and APRO are working on several options, including sourcing abroad and airfreight, which will mainly be for replenishment of stock.

Other supplies available locally, including hygiene kits, sanitary kits, soap, water treatment supplies, and other consumables, will be procured locally within the country by ARCS, subject to market availability.



Cash transfers for MPCA are delivered through a contracted Financial Service Provider (FSP), with the contracting process managed by the IFRC in coordination with ARCS and the Cash and Voucher Working Group. Any other necessary procurement, including items not available locally or requiring international standards compliance, will be carried out by the IFRC. All procurement will adhere to IFRC procedures and standards, ensuring transparency, competitiveness, and value for money.

How will this operation be monitored?

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

ARCS operational teams, supported by IFRC, are primarily responsible for monitoring interventions at the field level across all intervention area.

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

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

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

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

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

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

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

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

Please briefly explain the National Societies communication strategy for this operation

IFRC collaborates with the ARCS communications team to communicate in line with Movement-agreed key messages with external regional and global audiences, with a focus on the humanitarian situation generated by the Afghanistan flash floods and the Red Cross and Red Crescent humanitarian actions in assisting affected people. The communications strategy aims to generate visibility and support for humanitarian needs and the Movement's response, raise awareness among donors and the international community, and advocate for timely and sustained funding to address the scale of the emergency.

ARCS is collaborating with the IFRC Country Delegation on communications content, including photographs, videos, human interest



stories, situation updates, and other materials documenting the impact of the floods on affected populations and the response being delivered by ARCS with Movement support. Content highlights the specific vulnerabilities of affected populations, including the disproportionate impact on women, children, elderly people, and farming and pastoral households who have lost their homes, livestock, and agricultural land, as well as the scale of damage across 22 provinces, the gaps in humanitarian coverage, and the urgent need for sustained funding to support recovery.

Close collaboration on the sharing of content is maintained between the Asia Pacific IFRC regional communications unit, the IFRC Country Delegation, and ARCS to ensure a coherent and coordinated communications approach in line with the Movement approach. All external communications will adhere to IFRC editorial and visual identity guidelines, protection of personal data standards, and do-no-harm principles, with particular attention to the safe and dignified representation of affected populations. ARCS also use its communications capacity to support community engagement and accountability throughout the operation.



Budget Overview



DREF OPERATION

MDRAF021 - Afghan Red Crescent (ARCS) Afghanistan Flash Flood- 2026

Operating Budget

Planned Operations	898,944
Shelter and Basic Household Items	206,663
Livelihoods	0
Multi-purpose Cash	357,840
Health	231,216
Water, Sanitation & Hygiene	70,578
Protection, Gender and Inclusion	19,228
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	13,419
Environmental Sustainability	0
Enabling Approaches	101,057
Coordination and Partnerships	0
Secretariat Services	86,265
National Society Strengthening	14,792
TOTAL BUDGET	1,000,000

all amounts in Swiss Francs (CHF)



Contact Information

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

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