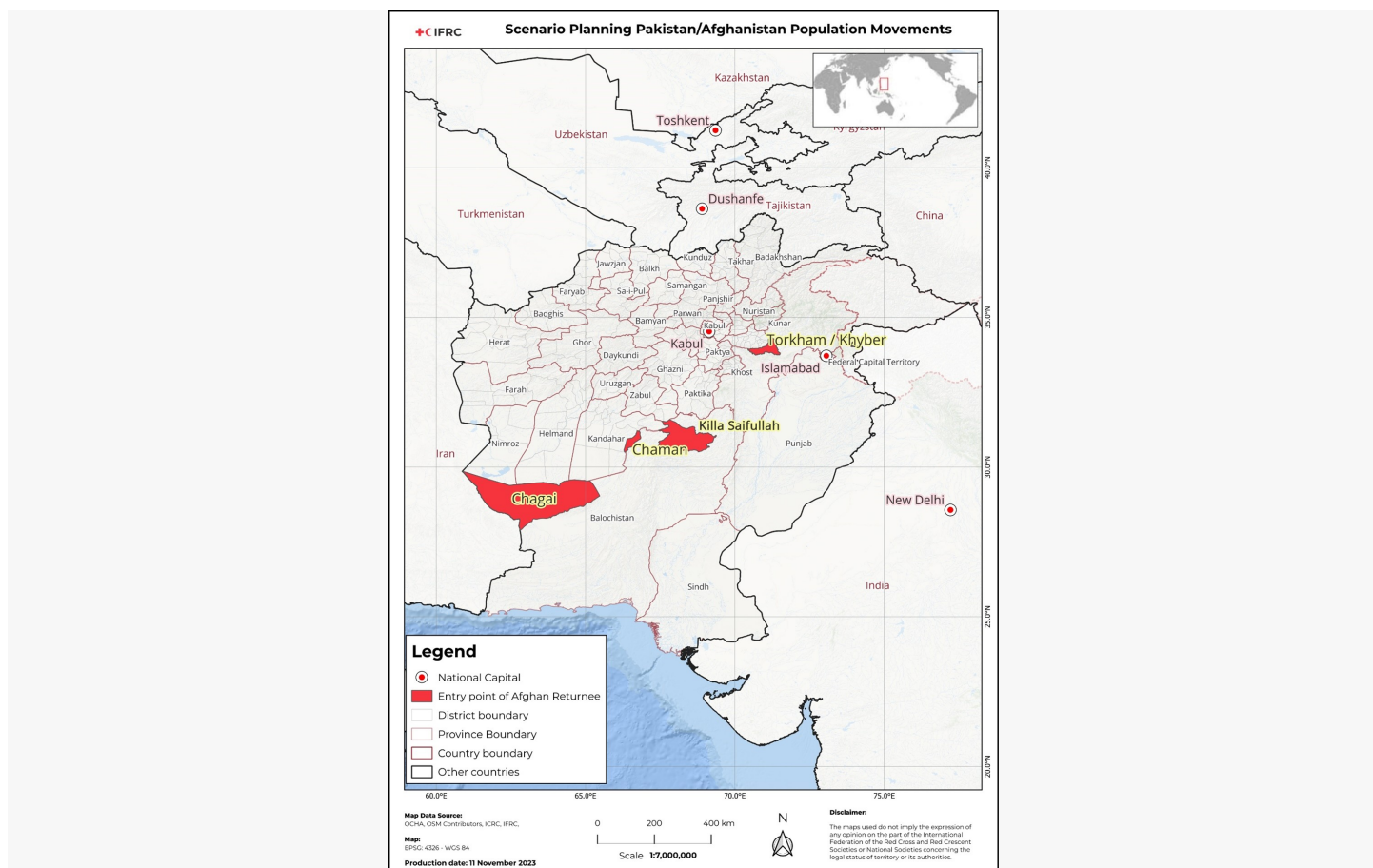




ARCS medical staff providing health service to Afghan returnees from Pakistan at Torkham border. (Photo: IFRC)

Appeal: <b>MDRAF013</b>	Country: <b>Afghanistan</b>	Hazard: <b>Population Movement</b>	Type of DREF: <b>Response</b>
Crisis Category: <b>Orange</b>	Event Onset: <b>Slow</b>	DREF Allocation: <b>CHF 750,000</b>	
Glide Number: <b>CE-2023-000233-AFG</b>	People Affected: <b>800,000 people</b>	People Targeted: <b>50,000 people</b>	
Operation Start Date: <b>2023-11-27</b>	Operation Timeframe: <b>6 months</b>	Operation End Date: <b>2024-05-31</b>	DREF Published: <b>2023-11-29</b>
Targeted Areas: <b>Badakhshan, Helmand, Kandahar, Khost, Kunar</b>			

# Description of the Event



## What happened, where and when?

On 3 October 2023, the Government of Pakistan announced plans to repatriate “illegal foreigners” who do not leave Pakistan voluntarily by 1 November, after which they face deportation. Afghans make up a significant number of undocumented persons present in Pakistan. It is estimated that 1.3 million undocumented Afghans presently reside in Pakistan. This announcement significantly impacts the Afghan community, as they constitute a large portion of Pakistan's undocumented population, estimated at around 1.3 million. This has sparked a notable surge in Afghans returning to their homeland, driven by fears of arrest and deportation. Reports from across the border indicate that authorities are demolishing unauthorized settlements occupied by unregistered foreigners. Prior to the announcement, on average, 260 individuals used to cross back per day to Afghanistan in 2022 and until the third quarter of 2023. However, since mid-October 2023, an average of 5,000 undocumented returnees have been crossing per day through the Spin Boldak (Kandahar) and Torkham (Nangarhar) border crossing points back to Afghanistan. The main entry points into Afghanistan are the borders in Kandahar and Nangarhar provinces, as well as the following provinces that share borders with Pakistan: Badakhshan, Helmand, Kandahar, Kunar, Khust, Nangarhar, Paktika, Paktiya, Nimrooz and Zabul.

Due to the high number of returnees, the registration process of returnees, which is led by authority supported by the International Organisation for Migration (IOM) has been overwhelmed at the border leading to delays in the process. The staggering number of individuals awaiting registration has led to prolonged stays in transit centers. At the Torkham Border, for instance, around 20,000 people are estimated to be waiting in transit camps for 1 to 5 days. To address these delays, authorities have deployed additional personnel to expedite the registration process.

The returnees, many of whom have undertaken arduous journeys spanning several days, face exposure to severe weather conditions. The health, safety, and wellbeing of these returnees, especially vulnerable groups like women, children, and the elderly, are of paramount concern. There is a pressing need for comprehensive support, including access to medical care, adequate shelter, and essential supplies, to address the dire conditions faced by the returnees and to mitigate the humanitarian impact of this large-scale population movement.

## Scope and Scale

It is estimated that Pakistan is currently home to approximately 1.3 million undocumented Afghan residents. Based on historical data, detention rates, and evolving contextual changes in both Pakistan and Afghanistan, it is anticipated that approximately 720,000 undocumented individuals, along with 50,000 voluntary repatriation returnees will require assistance at border points from 1 November 2023 to July 2024. The aid delivery will be in different phases, and priority will be given to the most vulnerable individuals. The migration is expected to continue throughout 2024, with estimates indicating that 30 per cent will occur until the end of 2023 and the remaining 70 percent in 2024.

The significant rise in the number of returnees projected from 2023 to 2024 emphasizes the increasing demand for humanitarian support, especially among Afghans. These figures underscore escalating needs and the importance of a long-term strategy to support undocumented returnees and capacitate humanitarian support systems to meet rising demands effectively.

Afghanistan's economy is fragile, with a 25 per cent contraction in the last two years. The country remains heavily dependent on external support, and despite the cessation of conflict, half of the Afghan population still lives in poverty. Unemployment has doubled due to an increase in labor supply surpassing demand. Additionally, Afghanistan is disproportionately affected by environmental hazards such as earthquakes, flooding, drought, landslides, and avalanches. This situation is further exacerbated by a significant number of internally displaced persons (IDPs), approximately 6.6 million IDPs as of December 2022, in the country, primarily displaced by historical conflict, violence, and environmental hazards.

Without assistance, many destitute families will continue resorting to negative coping strategies, putting the lives of vulnerable people, especially women, children, and people with disabilities, at risk. Selling household assets and other assets due to poverty is already happening, as evident in the reports and news media.

## Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	No
Did it affect the same population group?	No
Did the National Society respond?	No
Did the National Society request funding form DREF for that event(s)	No
If yes, please specify which operation	-

**If you have answered yes to all questions above, justify why the use of DREF for a recurrent event, or how this event should not be considered recurrent:**

-

### Lessons learned:

From the past IFRC-DREF application lessons learned workshops, it emerged that the National Society faced challenges in understanding how to access IFRC-DREF and its guidelines, primarily due to staff turnover. The country delegation team has taken the guidelines through the National Society team and continuously engages the National Society at different levels, disseminating them about it. Additionally, concerted efforts are put in place to ensure the National Society actively participates in current and future IFRC-DREF applications.

## Current National Society Actions

<b>Coordination</b>	A Strategic Movement Coordination Meeting focusing on Afghan returnees was held on 11 November 2023. The ARCS President, ARCS Secretary General, ICRC
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	<p>Head of Delegation, and IFRC Head of Delegation attended. The leadership acknowledged the difficulties faced by returnees and discussed how to position the National Society and how the International Red Cross Red Crescent (RCRC) Movement collectively supports ARCS in responding to the imperative humanitarian needs.</p> <p>Additionally, ARCS convened an Emergency Task Force meeting on 8 November. The meeting was attended by the IFRC Secretariat, ICRC, and in-country PNS. The members were updated on the humanitarian situation due to this population movement, and ideas were shared on how to position and support ARCS in the response.</p>
<b>National Society EOC</b>	ARCS activated its EOC on 1 November 2023 and convened two Emergency Task Force meetings comprise of ICRC, ARCS, Danish Red Cross (DRC), Norwegian Red Cross (NorCross), Qatar Red Crescent Society (QRCS), and Turkish Red Crescent (TRC). The Taskforce decided to deploy an assessment team to assess the needs and gaps, as well as the deployment of ARCS mobile health teams (MHTs) to the border to provide health services to the returnees.
<b>Health</b>	ARCS mobilised and dispatched four MHTs, in addition to volunteers and medical supplies. ARCS established a temporary health center at the reception center providing 24hrs medical services and referring complex health cases to the provincial hospital in Jalalabad. So far, the MHTs have reached over 5,662 people with emergency medical care, maternal healthcare, nutrition services, and basic mental health support. In addition, ARCS has also distributed dignity kits to vulnerable women at the border site. The ARCS volunteers are assisting returnees in guiding them through the process, accompanying the elderly, unaccompanied minors, and the disabled.
<b>Water, Sanitation And Hygiene</b>	ARCS is delivering hygiene kits to support vulnerable people, including women and children.
<b>National Society Readiness</b>	<p>ARCS presence and local networks across the country are well-established, enabling the National Society to reach vulnerable populations not served by any other humanitarian actors, for instance, in highly remote and hard-to-reach areas. ARCS has vast expertise in diverse types of programming through multilateral projects supported by the IFRC, as well as through programmes with other RCRC Movement partners. This includes programming related to youth development, disaster risk management, community-based health and first aid (CBHFA), restoring family links (RFL), community resilience (including water sanitation and hygiene (WASH), livelihoods), dissemination of international humanitarian law (IHL), humanitarian values, Fundamental Principles of the International RCRC Movement, and physical rehabilitation for IDPs with disabilities.</p> <p>ARCS volunteers play a critical role at all stages of ARCS programmes. This includes the assessment, identification, and registration of target communities including IDPs. In addition, volunteers carry out hygiene promotion and community mobilisation. With nationwide coverage through 34 provincial branches and a network of at least 30,000 volunteers, ARCS can implement large-scale and long-term preparedness and response programmes in coordination with public authorities. The ARCS has implemented four IFRC-DREF operations (three IFRC-DREF operations concluded) and one Emergency Appeal since 2021. More information about ARCS response to the operation can be found on the IFRC GO platform.</p>
<b>Assessment</b>	IFRC deployed a team to Nangarhar's Torkham border crossing to conduct rapid assessment on 7 November 2023. Based on initial observations in the field, the

team noted that ARCS presence in the field should be further enhanced for an effective response to support the returnees. This includes establishing Mobile Health Teams (MHTs) at the Torkham border crossing point, the installation of Rubb halls (large, relocatable tent-like structure) to establish a comprehensive humanitarian service point, the installation of accommodation tents for staff and volunteers, supplying more medical and non-medical consumables, wheelchairs, stretchers, and other outpatient department equipment, installation of sanitation facilities in the hub, and the supply of clean drinking water and food for both responders and patients.

## IFRC Network Actions Related To The Current Event

<p><b>Secretariat</b></p>	<ul style="list-style-type: none"> <li>• Released two rubb halls to support ARCS to establish humanitarian service points in Spin Boldak and Torkham border points in Kandahar and Nangahar respectively.</li> <li>• Released two ambulances to support ARCS in emergency medical referrals</li> <li>• Participated in Humanitarian Country Team (HCT) meetings and held discussions with ARCS management, including participation in the EOC.</li> <li>• Offered support in scenario planning, resource mobilization, coordination, and engagement with interagency mechanisms.</li> <li>• Engaged with the IFRC Pakistan delegation regarding the returnees' issues during the past three weeks.</li> <li>• Dispatched a team to undertake rapid assessment and situation analysis at Torkham border point</li> <li>• Assisted ARCS in information management development and coordination</li> </ul> <p>IFRC, through its network, is assisting ARCS in coordination both in Afghanistan and Pakistan.</p>
<p><b>Participating National Societies</b></p>	<p>Turkish Red Crescent, with support from IFRC, is in the process of supporting ARCS in providing ready-to-eat food to the returnees at Torkham border.</p> <p>The Danish Red Cross has supported one MHT with two psychological workers and a doctor trained in mental health to provide essential medical services and MHPSS for people in distress.</p>

## ICRC Actions Related To The Current Event

ICRC deployed a medical team which has been supporting ARCS in providing emergency medical services to returnees during the day at the transit. In addition, the ICRC agreed to release some funds for mobilising volunteers who will disseminate awareness message on weapon contamination (WEC) and provide IEC material on the same.

ICRC agreed to provide wheelchairs, from its orthopedic centres, to enable ARCS to provide support to people with a disability, older people with mobility limitations, and those with medical conditions limiting walking.

## Other Actors Actions Related To The Current Event

<p><b>Government has requested international assistance</b></p>	<p>Yes</p>
<p><b>National authorities</b></p>	<p>A commission led by the Prime Minister has been established at the central level and a sub-commission at the province level to oversee the overall influx of returnees and response in 10 provinces that are bordering Pakistan. ARCS is a</p>

	<p>member in the commission and all sub-commissions.</p> <p>Local authorities managed vehicles to transport returnees and their household items from the border.</p>
<b>UN or other actors</b>	<p>The UN network, along with other INGOs working at the Afghanistan-Pakistan border crossing area (Torkham and Spin Boldak), observed an increase in number of returnees from Pakistan to Afghanistan, leading to scaling-up of their operational capacity. They have adopted a joint and harmonized approach to the provision of assistance, ensuring optimal use of resources to assist the high volume of persons in need and in line with contingency plan scenarios developed.</p> <p>IOM is leading in the operation targeting unregistered returnees conducting registration and providing a token for transport; UNHCR complements IOM by providing food rations for a month for each household, as well as taking care of all the needs for voluntary repatriation cases; UNICEF is serving children through provision of therapeutic feeding and supporting child-friendly spaces; and WHO is overseeing the overall health situation, whereas UNFPA looks at reproductive health.</p>

**Are there major coordination mechanism in place?**

At the national level, HCT serves as a strategic, policy-level, and decision-making forum that guides principled humanitarian action in Afghanistan, which the IFRC attends weekly as a representative of the membership.

The ARCS and IFRC are members of and participate in the 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. The Clusters system was established as a sectoral coordination mechanism at the national and regional levels to clarify the roles and responsibilities of each partner, including non-governmental organizations, United Nations (UN) agencies, public authorities, and other stakeholders. Cluster meetings occur monthly at the national level, coordinated by the respective cluster lead agencies, such as shelter, food security and agriculture, health, WASH, protection, and nutrition which is coordinated through OCHA.

At the field level, ARCS attends sector-specific coordination, health, and WASH cluster coordination meetings co-chaired by MoPH and WHO.

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

## Needs (Gaps) Identified



As the number of returnees continues to increase, coordination discussions with other partners highlight the continuing needs in provision of services. The returnees are made up of diverse demographics. Efforts should be put in place to guide them through the border crossing point and sensitize them to the services available, where they are served, how they are served, and who are the providers of the services. Access to mobility assistance equipment like wheelchairs to the disabled, company to the elderly and unaccompanied minors, and sensitization on weapon contamination (WEC) risks in their final destination.



Accountability requires that ARCS listen and take into account people in all humanitarian programming phases and use the feedback to design and adjust programming; to giving account by transparently and effectively communicating with people using

channels, formats and languages they prefer; and to being held to account for aid workers' conduct - respecting Prevention and Response to Sexual Exploitation and Abuse (PSEA) and for the quality, effectiveness and fairness of resources and programmes. CEA is amongst the core components of IFRC's and ARCS's humanitarian programming. Under this operation, IFRC and ARCS will ensure CEA in all aspects of field implementation, applying the Movement-wide commitments and minimum actions for CEA. Affected communities will continuously be engaged by ensuring that they are able to access humanitarian assistance as necessary, have the required information on the services available to them, and are involved in the planning and delivery of assistance, including beneficiary selection, distribution of cash assistance, and implementation of post distribution monitoring activities.

The Movement-wide commitments and minimum actions for CEA will be mainstreamed throughout operations as much as the context allows. For instance, this will be done through building and strengthening CEA capacity, piloting and expanding a safe and inclusive feedback mechanism, collaborating with relevant inter-agency working groups and mainstreaming CEA and including CEA responsibilities throughout all sectors and operations (i.e. adding CEA questions into all assessments).



## Shelter Housing And Settlements

In 2023, the ES-NFI Cluster planned to focus more on shelter activities, such as repairs and transitional shelter support, due to reduced conflict-related displacements and a heightened need for shelter repairs. Transitional shelter needs are particularly high, with a significant portion of internally displaced persons (IDPs) and other groups reporting severe shelter needs.

The Cluster's plans did not originally include returnees, but with around 5,000 people crossing the border daily, many lacking shelter and facing harsh conditions, the need for emergency shelters and household items is pressing, especially with the approaching winter. The current population movement has put pressure to the already existing shelter needs in the country. With an average of 5,000 people crossing the border daily, while lacking shelter on the way and have had to spend nights in open space, and some will do so at their destination because they lack homes or relatives to host them. As such, there is immediate need for emergency shelters and household items as well as winter clothing winter season is approaching in Afghanistan. Immediate provision of emergency shelter is essential to ensure their safety and protection from the elem. The returnees might face major challenges in their destination, having been away for an extended period and some without close relative, lack shelter and might resort to temporary makeshift structure that are prone to effects of element during winter which if first approaching. Even those with host families, will still be under pressure as shown by the dire shelter needs in the country.

Assessment is ongoing currently to know the exact number of households requiring shelter assistance among the returnees.



## Environment Sustainability

As a result of setting up temporary transit center where returnees stay for a few days, provided with ready to eat meals, there is a lot of solid waste scattered in the area. Effort should be made to provide waste management and engage host communities in undertaking refuse collection through incentives.



## Livelihoods And Basic Needs

Emergency Food Assistance: Upon arrival at border and reception sites, Afghan returnees require immediate food assistance. Agencies are overwhelmed by the need, and authorities are calling for more humanitarian actors to intervene in this sector. The provision of nutritious food, including ready-to-eat meals or food packages, will help meet their basic nutritional needs during the initial transition period.

Food Security and Livelihood Support: Supporting the food security and livelihoods of Afghan returnees is essential for their long-term well-being. It is important to conduct assessments and engage with returnees to identify their specific food and livelihood needs and design context-specific interventions. A multi-sectoral approach that combines immediate food assistance with long-term livelihood support is essential for supporting the self-reliance and sustainable reintegration of Afghan returnees.



## Health

The increasing number of returnees has led to a higher demand for healthcare services. There is already a critical shortage of medicine, healthcare workers (especially female staff), medical supplies, and equipment. The limited space in health facilities within the temporary settings, such as tents, makes it challenging to maintain patient privacy and provide reproductive, maternal, newborn, child, and adolescent health services, including normal deliveries and the insertion of intrauterine contraceptive devices.

There is also a lack of proper WASH facilities, such as toilets, washing basins, and solid waste management, which can contribute to the outbreak of communicable diseases. In addition to limited access to drinking water, food distribution is dependent on assistance, raising concerns about inadequate nutrition in the tented environments. Support is crucial, including nutrition screening and health promotion.

Severe respiratory infections are likely a result of prolonged exposure to dust storms, enclosed smoky shelters, contact with other sick individuals, and extreme cold weather, as many families have traveled to Afghanistan in open and overcrowded trucks. Assessments are currently on going.



## Water, Sanitation And Hygiene

Upon their arrival at the Torkham and Spin Boldak borders, returnees are temporarily accommodated in reception centers consisting of makeshift shelters like school rooms and tents. However, as the harsh winter season approaches, the already challenging living conditions become even more precarious for these vulnerable individuals. The lack of potable water exacerbates the risk of waterborne diseases and dehydration. Additionally, the limited availability of toilets, with only a few local latrines built, leads to open defecation practices that further contribute to poor sanitation and the spread of diseases. The prevalence of upper respiratory infections, watery diarrhea, and skin infections such as Scabies is alarmingly high within the camp, highlighting the urgent need for improved WASH services.

According to reports from the Health Cluster and UNHCR, there are critical needs that must be addressed to prevent disease transmission among Afghan returnees. Insufficient access to clean and safe drinking water, as highlighted in the UNHCR report, poses a significant health risk and increases the likelihood of waterborne diseases. The Health Cluster report emphasizes the urgent need for safe drinking water to mitigate these risks. Furthermore, the lack of proper sanitation facilities in temporary shelters, as noted in the UNHCR report, contributes to poor sanitation and heightens the risk of communicable diseases.

# Operational Strategy

## Overall objective of the operation

To support the ARCS in responding to the immediate needs of 50,000 people arriving in Afghanistan through various border points with Pakistan as well as medium-term needs for the early recovery of people returned to their final destination.

The main objectives include covering immediate humanitarian needs: emergency shelter and household items such tents, blankets, mattresses, ready to eat meals, water and sanitation, health and care, with a focus on MHPSS with PFA in the humanitarian service point at boarder site.

Mobilization of volunteers to provide support services to returnees at entry points and sensitization on services provided, accompanying the elderly, unaccompanied minor, disabled; and risks of weapon contamination (WEC)

Intermediate response to early recovery: Shelter, food and livelihoods, health and care, with a focus on community health and MHPSS, all of which will contribute to improved resilience and coping mechanisms of the returnees at individual and household levels.

## Operation strategy rationale

To achieve the objective of this operation and address the needs of the returnees, this operation is planned to provide:

- Health services including first aid, PSS services, basic health services through MHTs, ready to eat meals.
- WASH services including the distribution of hygiene kits, clean drinking water and hygiene promotion.
- Raising awareness of protection concerns.
- RFL services.

ARCS plans to establish a humanitarian service point at the border site, which will centralize all of ARCS' services into one location. This initiative aims to provide returnees with a comprehensive range of services at a single station, effectively reducing the time they would otherwise spend seeking assistance.

Humanitarian Service Point (HSP):

At the humanitarian service point, staff and volunteers will be organized and stationed according to their specific sector expertise. They will be assigned to clearly designated points within the HSP to efficiently provide assistance to returnees. Ushers will be positioned at the entrance to guide returnees through the available services, with priority given to health cases. The services will include provision of health services, MHPSS, restoration of family links, dissemination of information on weapon contamination, and provision of hot meals to patients. Additionally, returnees will receive further sensitization regarding area-specific hazards related to weapon contamination at their destination. This awareness campaign aims to prevent accidental explosions of weapons, which could lead to unnecessary injuries or loss of life. Through these coordinated efforts, ARCS seeks to provide comprehensive support to returnees, addressing their immediate and long-term needs while promoting their integration into the community in a safe and sustainable manner.

Activities targeting 50,000 people at the HSP:

- Establish humanitarian service points at Torkham and Spin Boldak borders.
- Install two rubble halls for accommodation and working space for staff and volunteers.
- Provide hot meals for 300 people per day for three months who seek health services.
- Scale up primary health services through deployment of MHTs for providing primary health services, polio immunization, and MHPSS activities.
- Provide restoring family links.
- Register people for further assistance.
- Provide cash for transportation
- Support IOM in registering the returnees through the mobilization of an estimated 200 volunteers.
- Provide clean drinking water
- Set up sanitation facilities at field bases and in community camps.
- Dispatch two ambulances and support their running for three months.

At reception point, final destination: (ARCS branch office)

- Coordinate for establishing evacuation centers for the returnees especially in public buildings such as schools, mosques, madrasa.
- Encourage people to live in the evacuation center.
- Provide household items such as blankets, mattresses, and kitchen sets.
- Provide warm clothes.
- Provide hot meals through mobile kitchen.

MIGRATION:

ARCS has identified three priority locations for intervention:

1. Assistance at the border crossing points

- ARCS is willing to mobilize volunteers who can provide supplementary support to Immigration Officials and IOM on the registration of returnees at the border crossing points. IOM & ARCS have held initial discussions.
- ARCS volunteers would be at the border crossing points to support people who need assistance to get to the temporary camps established just after crossing. This would include support for mothers with toddlers, support for people with disability support for older people with mobility limitations (such as by having wheelchairs), and those who arrive with injuries or illnesses and need to be taken to medical facilities.

2. Assistance after the border crossing

- ARCS will establish Humanitarian Service Points to act as one-stop places for a range of services by the National Society. The services would entail provision of ready-to-eat meals and water, first aid and emergency health services (via mobile health teams

and/or static health teams), mental health and psychosocial support (MHPSS), Restoring Family Links (RFL), RCCE, and information services such as on weapon contamination (WEC), services provided by ARCS in other locations, and services provided by other specialized agencies.

- The possibility of providing cash for transport would need to be assessed further since it is resource-intensive and reports indicated that transport assistance, including cash for transport is well provided by the UN and other actors.

### 3. Assistance at final destination

- ARCS branches to do surveys to identify returnee households that do not have host families or established structures to accommodate them. Such households would then be provided with food and non-food assistance, including winterization kits, as part of the wider humanitarian crisis operation. Customarily, people who have relatives do not stay out in the open, in makeshift shelters, or in tents.

- Based on the number of returnees per branch, ARCS may consider including returnees to be part of the target group that will receive longer-term support, such as in livelihoods.

### WASH:

1. UNHCR and Health Cluster reports highlight the lack of proper sanitation facilities in temporary shelters and the consequent risk of communicable diseases.

- Provision of clean and accessible toilets and washing facilities in temporary shelters.
- Gender-segregated and culturally appropriate sanitation facilities, such as latrines or communal bathrooms.
- Regular maintenance and waste management systems for functionality and cleanliness.

### 2. Improved Water Supply:

- Insufficient access to clean and safe drinking water, as highlighted in the UNHCR report, poses a serious challenge. The Health Cluster report underscores the critical need for safe drinking water to prevent waterborne diseases.

- Establishment of reliable water sources like wells or water tanks.
- Implementation of water treatment and purification systems for safe drinking water.

### 3. Solid Waste Management:

- Establishment of adequate waste disposal systems and regular waste collection services.

### 4. Hygiene Promotion and Education:

- The Health Cluster report emphasizes the importance of hygiene promotion to prevent disease transmission among Afghan returnees. Similarly, the UNHCR report highlights the significance of promoting hygiene practices, particularly among vulnerable populations.

- Comprehensive hygiene promotion programs to educate returnees about proper hygiene practices.
- Promoting handwashing with soap, safe food handling, and maintaining cleanliness.

### HEALTH:

First Aid and Psychological First Aid are essential needs for the returnees from Pakistan to Afghanistan, given the challenging circumstances they are facing. Here's how these services can address their needs:

- **First Aid Education:** Providing first aid education to healthcare workers and community members is crucial in addressing the increasing demand for healthcare services. This education should focus on basic life-saving techniques, proper wound care, and emergency response. By equipping individuals with first aid skills, the returnees will have immediate access to essential medical care, reducing the strain on healthcare resources.

- **First Aid Service Delivery:** Due to the critical shortage of medicine, healthcare workers, and medical supplies, it is essential to establish efficient and accessible first aid services within the temporary reception centers and health facilities. These services should be equipped with necessary medical supplies and staffed by trained personnel who can provide immediate medical attention to those in need.

- **Psychological First Aid:** The returnees are likely to face mental stress and trauma due to their displacement and the challenging living conditions they are experiencing. Providing psychological first aid, which includes emotional support, active listening, and referrals to mental health professionals if needed, can help individuals cope with their distress and promote their overall well-being.

- **Trauma Services:** As mentioned in the report, many returnees are experiencing alarming levels of serious illnesses, including acute respiratory infections and diarrhoea. Trauma services, such as immediate medical intervention, specialized treatment, and ongoing care, should be available to address these life-threatening conditions effectively.

This comprehensive approach aims to address immediate needs while laying the groundwork to support the returnees into their communities.

## Targeting Strategy

### Who will be targeted through this operation?

Afghan returnees from Pakistan especially pregnant and/or- mothers with toddlers, people with a disability, older people with mobility limitations (such as by having wheelchairs), and those who arrive with injuries or illnesses and need to be taken to medical facilities.

This operation is targeted to be implemented in 10 provinces that share the border with Pakistan; Badakhshan, Helmand, Kandahar, Kunar, Khust, Nangahar, Paktika, Paktiya, Nimrooz and Zabul.

### Explain the selection criteria for the targeted population

Following vulnerability criteria will be used to prioritise selection:

- Seniors with responsibility for children in the household.
- Households headed by widow or single mother with young children.
- Households with members with chronic medical conditions.
- Households with a member with disability.
- Pregnant and lactating women.
- Households with members with congenital heart defects
- Households with no relatives in their final destination.

These targeting criteria, together with specific criteria related to other sectors (like health, shelter, IDPs, etc.) will be further discussed and then finalised in consultation with community elders, relevant government departments, and other (inter)national organisations that are operational in these provinces. The ARCS will coordinate closely with other organisations working in the areas that are also implementing emergency food security programming in these provinces to avoid duplication. Relevant clusters will be consulted, and humanitarian cluster aligned standards will be implemented in the programme.

## Total Targeted Population

Women	7,143	Rural	-
Girls (under 18)	17,500	Urban	-
Men	7,143	People with disabilities (estimated)	5%
Boys (under 18)	18,214		
Total targeted population	50,000		

## Risk and Security Considerations

Please indicate about potential operation risk for this operations and mitigation actions

Risk	Mitigation action
Harsh winter affecting returnees	Consideration of launching an appeal and integrating current programmes with winter support to migration

	response. Additionally, the response will ensure to adapt to the harsh winter condition.
Overwhelming number of returnees arriving	Contingency plan preparation is ongoing, it will be ready within a month after endorsement and approval by ARCS leadership.
Delays in the procurement of medical kits may hamper service delivery through MHTs	the Country Delegation Logs and APRO is working on several options including sourcing abroad and reaching out to international organisations in Afghanistan to procure the medical kits.
Other neighbouring countries sending Afghans back to Afghanistan	Contingency plan preparation

### Please indicate any security and safety concerns for this operation

Since the beginning of the refugee crisis general security and safety situation along the border between Afghanistan and Pakistan have not deteriorate drastically, nevertheless the following factors might have effect on security and safety at both legal and illegal border crossing as well as Afghanistan in general:

- During the 2023, both Torkham and Spin Boldak, as main border crossing, experienced occasional skirmish between the security forces, which led to human casualties on both sides and result the closing the border crossing for several days. The reason behind this is continuous effort from Pakistani Government to build wall in the zone of Duran line and protect the border from illegal crossing.
- Continuous conflict between Pakistani Government and Pakistan Taliban (TTP) effected the security in the bordering area between Afghanistan and Pakistan and this will continue to be challenge for general security situation and relation between Afghanistan and Pakistan Governments.
- Sporadic intercommunity violence between local tribes in Afghanistan have been recorded in 2023 and might have effect to security situation, especially in cases the returnees are not well accepted by the local community in the areas they are returning.
- Bordering area between Afghanistan and Iran, also experiences occasional skirmish between the security forces, however not at the level as at Pakistani border line.

Main challenges for returnees and security situation are as follows:

- Individuals who have sought international protection or asylum in Pakistan upon their return may encounter potential risks.
- In case of informal settlements, the misunderstanding and potential clashes, between returnees and hosting community can be expected. More so, the conflict between returnees in informal settlements and Government can be expected if large groups decided to settle in areas not approved by the Government. Both of those challenges have been experienced in the past in Afghanistan.
- Most of returnees are extremely poor and in case of inadequate response from the international community and IEA, they might become an easy target for extremist groups. Those typo of groups presents suitable ground for extremist groups to recruit new followers.
- General crime rate will increase in the bordering areas as well as in area where returnees are settling. As pre the preliminary reports from IEA Security forces, general crime rate already increased as large group of people returning attracts criminals of various profiles ( smugglers, human trafficking, narcotics, etc)

## Planned Intervention



**Budget:** CHF 175,410

**Targeted Persons:** 50,000

## Indicators

Title	Target
# of people served at humanitarian service points	50,000
# of volunteers mobilised to support the operation	100

## Priority Actions

1. Establish two Humanitarian Service Points, one at Spin Boldak (Kandahar) and the other at Torkham (Nangarhar) border crossing points.

ARCS will carry out the interventions at humanitarian service points that cover on hot meals, health services, Restoring Family Links, WASH interventions as outlined in the other sectors. The activities also seek to recruit and mobilise volunteers. Therefore, orientation and training for the volunteers will be conducted to ensure volunteers are aware of the Humanitarian Service Points



## Risk Reduction, Climate Adaptation And Recovery

**Budget:** CHF 5,324

**Targeted Persons:** 113

## Indicators

Title	Target
# of staff and volunteers participating in lessons learned workshop	113

## Priority Actions

1. Conduct lessons learned workshop
2. Document lessons learned



## Community Engagement And Accountability

**Budget:** CHF 3,195

**Targeted Persons:** 50,000

## Indicators

Title	Target
% of people satisfied with receiving services and with dignity	90
# of people reached through dissemination of key information and messages	50,000

## Priority Actions

1. Communicate selection criteria widely and clearly for all sectors (MPCA, meal, and hygiene kits, etc), with recipients and non-recipients, using a range of channels and approaches.
2. Share information on sectoral plans, progress, activities and distribution processes, delays, and challenges, and people's rights and entitlements systematically.

3. Stress that aid is free to minimize the risk of sexual exploitation and abuse and corruption.
4. Provide a question-and-answer sheet for volunteers to use when in communities to help them share consistent information.
5. Provide staff and volunteers involved in the operation with CEA orientation/training.
6. Use existing community feedback mechanisms and use community feedback data for informed decision-making.
7. Ensure separate sessions for women and men during the project socialization and community organization activities.
8. Ensure the coverage of mahram costs to facilitate female staff and beneficiaries' participation in the implementation of MPCA.



## National Society Strengthening

**Budget:** CHF 5,325

**Targeted Persons:** 100

### Indicators

Title	Target
# of volunteers recruited and mobilised	100

### Priority Actions

1. National Society Strengthening activities are as follows:
  - Recruit volunteers and sensitize the volunteers on the operation
  - Mobilise volunteers in response activities
2. Below are the activities to be undertaken on Coordination and Partnerships:
  - Coordinate with authorities
  - Coordination with Movement Partners
  - Coordination with Humanitarian Actors in the country and different clusters



## Protection, Gender And Inclusion

**Budget:** -

**Targeted Persons:** 50,000

### Indicators

Title	Target
% of deployed staff and volunteers oriented in PGI sensitization and minimum standards	70

### Priority Actions

PGI has been integrated in all sectors. Hence, there is no separate budget for PGI. List of planned activities:

1. Train staff and volunteers on a) PGI sensitive assessment, b) PGI
2. mainstreaming under technical sectors and c) sex and age disaggregated data (SADD) collection.
3. Ensure diversity of staff and volunteers, including male and female,
4. Ensure reach of all including female-headed households.
5. Conduct Child Safeguarding Risk Assessment, and related work
6. Plan using the PGI minimum standard checklist for WASH, livelihood, Health and MPCA sectors.



## Secretariat Services

Budget: -

Targeted Persons: -

### Indicators

Title	Target
% of financial reporting compliance to IFRC procedures	100

### Priority Actions

1. Provide technical and management support for the operation, utilizing existing IFRC Secretariat capacities in the country supported under Emergency Appeal
2. Provide membership services, including security, reporting, procurement, communication, and resource mobilization.



## Livelihoods And Basic Needs

Budget: CHF 47,925

Targeted Persons: 1,050

### Indicators

Title	Target
# of host community members hired to undertake environment cleanup exercise	153

### Priority Actions

1. Provision of weekly wage payment to environmental cleaners from host communities that conducts daily garbage collection at the transit center.



## Shelter Housing And Settlements

Budget: CHF 146,461

Targeted Persons: 910

### Indicators

Title	Target
# of people accommodated in tents at destination	910

### Priority Actions

1. Procure 130 winter accommodation tents.
2. Vulnerable returnees housed at destination temporary camps.



**Budget:** CHF 314,175  
**Targeted Persons:** 48,000

### Indicators

Title	Target
# of patients treated in humanitarian service point	48,000
# of patients fed at health facility	9,000
# of medical kits procured	60

### Priority Actions

1. Daily consultation per physician.
2. Provide MHPSS service.
3. Deploy 10 Mobile Health Teams to provide health services at humanitarian service points at borders.
4. Carry out polio immunization programme.
5. Carry out medical emergency evacuation.
6. Serve meals to patients at health facilities.
7. Ambulance on standby for emergency evacuation.



## Water, Sanitation And Hygiene

**Budget:** CHF 38,340  
**Targeted Persons:** 48,000

### Indicators

Title	Target
# of people able to access latrines within health facilities	48,000
# of people able to access water within health facility	48,000

### Priority Actions

1. Construct temporary sanitation facilities at humanitarian service points
2. Provide safe drinking water

## About Support Services

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

ARCS has mobilized three branch disaster response team (BDRTs), each of which consists of an average of 10 active volunteers into the border crossing in Nangarhar province. In addition, four ARCS MHTs have been providing health services in the transit center.

- There will be 13 ARCS staff partially covered by this IFRC-DREF with an ongoing system to ensure the proper time allocation. These staff will be from the affected and IFRC-DREF operational areas and consist of four staff per branch (eight staff) and two staff from the relevant local regional offices (four staff) and one roving from headquarters. The staff form part of the core team deployed to operationalise the HSP at the borders and are drawn from different departments with sector specific specialization that would immediately activate the HSP (PSS counselor, RFL officer, volunteer management officer, DRR officer).
- Existing technical resources supported under the current Emergency Appeal will be utilized to support this IFRC-DREF operation. They include: IFRC operation manager, field coordinator, PER delegate, CEA consultant, senior emergency cash officer, operation officer, two information management officers, PGI officer, senior monitoring, evaluation and learning officer, and planning and reporting delegate supported by programme support services.

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

Deployment of operation coordinator from Asia Pacific Regional Office for a month for 1.) facilitating participatory scenario planning and the preparation of an analytical scenario plan. 2.) advising on response options for Afghan returnees 3.) Maintain a knowledge management and information sharing system that captures lessons learned, best practices, and innovative approaches from the response operation. 4) Foster coordination and collaboration among response stakeholders, both within the Afghanistan delegation and across the border with the Pakistan delegation.

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

All procurements are handled by IFRC. Food and other supplies available locally will be procured in the country, while medical kits and rub halls will be imported. The medical kits consists of over 90 items which will pose some challenges in the supply chain to be procured within required timeframe. Recognising the challenges, the CD Logs and APRO is working on several options including sourcing abroad and reaching out to international organisations in Afghanistan to procure the medical kits.

## **How will this operation be monitored?**

ARCS leadership and the IFRC Head of Delegation will ultimately be accountable for the timely implementation, compliance, financial management, and reporting of the operation. This will be done with the support of the operations manager. Furthermore, ARCS operation team supported by IFRC will primarily be responsible monitoring of the intervention at operation level.

ARCS/IFRCs PMER and CEA team will support the operation team to develop M&E plan and solicits feedback from the target population. The operation team will carry out M&E activities abased the plan. IFRC-DREF progress monthly reports will be compiled by the National Society, informing the IFRC on the progress and challenges of the operation, along with a monitoring plan / indicator tracking table to map out, ensure the collection, and keep track of the key indicators.

Accordingly, progress reports will be shared with the IFRC APRO to inform them of the operation's progress. A lesson learned workshop will be conducted at the end of the implementation to follow up on key operational and organizational learnings and document the findings as a reference for future interventions.

## **Please briefly explain the National Societies communication strategy for this operation**

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

The communications will generate visibility and support for humanitarian needs and the Red Cross Red Crescent response. Close collaboration will be maintained between the Asia Pacific IFRC regional communications unit, IFRC Country Delegation and the National Society to ensure a coherent and coordinated communications approach.

# Budget Overview



## DREF OPERATION

### MDRAF013 - Afghan Red Crescent Society - Afghanistan Pakistan-Afghanistan Population Movement

#### Operating Budget

<b>Planned Operations</b>	<b>730,830</b>
Shelter and Basic Household Items	146,461
Livelihoods	47,925
Multi-purpose Cash	0
Health	314,175
Water, Sanitation & Hygiene	38,340
Protection, Gender and Inclusion	0
Education	0
Migration	175,410
Risk Reduction, Climate Adaptation and Recovery	5,325
Community Engagement and Accountability	3,195
Environmental Sustainability	0
<b>Enabling Approaches</b>	<b>19,170</b>
Coordination and Partnerships	13,845
Secretariat Services	0
National Society Strengthening	5,325
<b>TOTAL BUDGET</b>	<b>750,000</b>

*all amounts in Swiss Francs (CHF)*

# Contact Information

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

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[Click here for the reference](#)