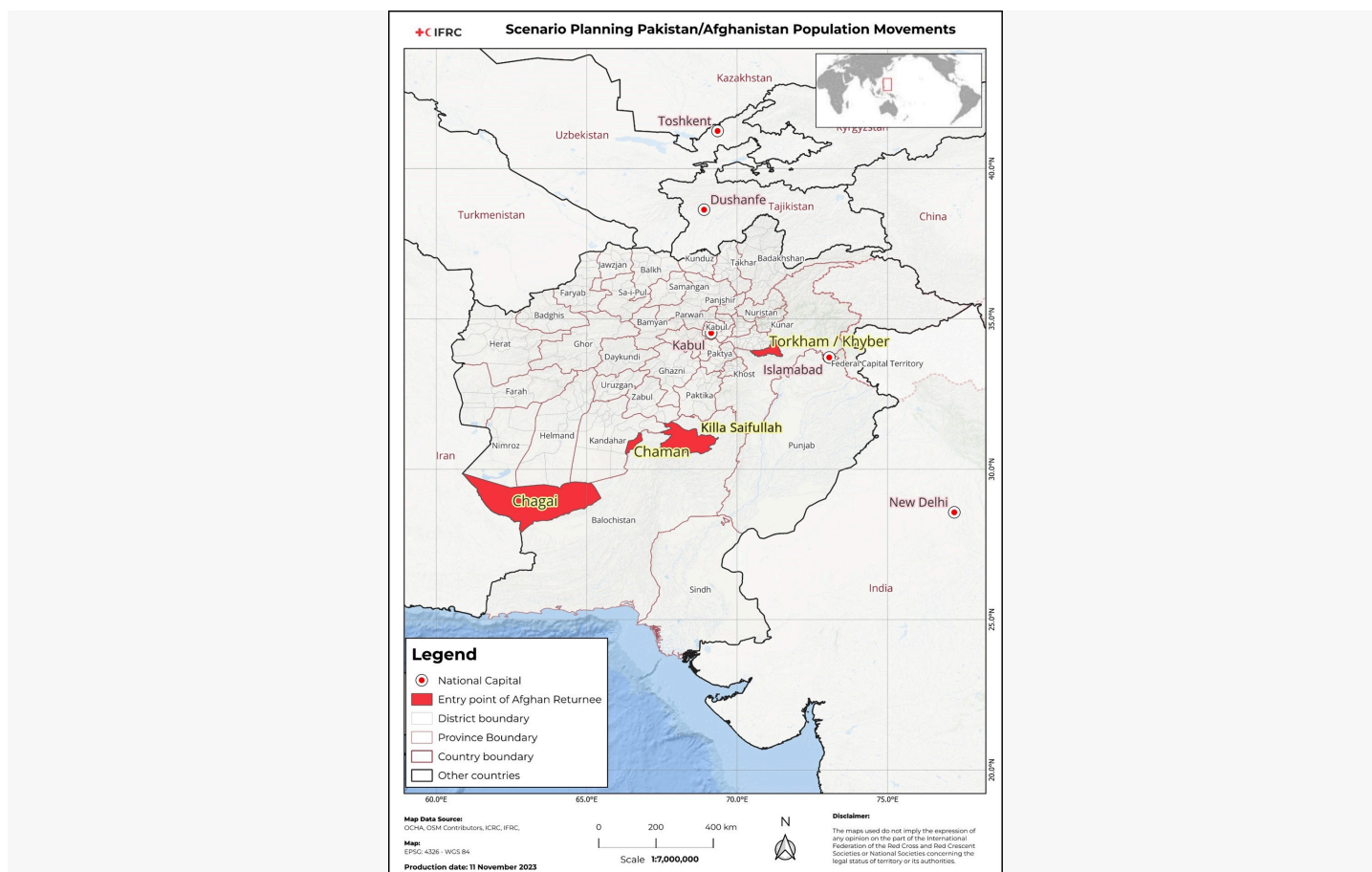




Community mobilization through cash for work programme in waste management activities at Torkham crossing point in Nangarhar. (Photo: Meer Abdullah, Rasikh, IFRC)

|  |  |   |   |
|--|--|---|---|
| Appeal:<br><b>MDRAF013</b>                           | Total DREF Allocation:<br>-                | Crisis Category:<br><b>Orange</b>                                     | Hazard:<br><b>Population Movement</b>         |
| Glide Number:<br><b>CE-2023-000233-AFG</b>           | People Affected:<br><b>800,000 people</b>  | People Targeted:<br><b>50,000 people</b>                              |   |
| Event Onset:<br><b>Slow</b>                          | Operation Start Date:<br><b>27-11-2023</b> | New Operational End Date:<br><b>31-05-2024</b>                        | Total Operating Timeframe:<br><b>6 months</b> |
| Reporting Timeframe Start Date:<br><b>11-11-2023</b> |  | Reporting Timeframe End Date:<br><b>28-05-2024</b>                    |   |
| Additional Allocation Requested:<br>-                |  | Targeted Areas:<br><b>Badakhshan, Helmand, Kandahar, Khost, Kunar</b> |   |

# Description of the Event



## Date when the trigger was met

11-11-2023

## 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 to November 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. As the season moved into cold winters towards December, there was a notable decrease in the number of people returning to Afghanistan.

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 was an initial 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. However, since then, the Pakistani authorities although previously indicated they would not extend the stay of undocumented migrants beyond an earlier deadline, they have since relaxed this policy specifically for PoR and ACC holder and granted an extension up till 30 June 2024.

As also reflected by UNHCR and IOM Flash Update #20 on Arrest and Detention/Flow Monitoring, 15 September 2023 to 18 May 2024:



In response to the Ministry of Interior's (MoI) decision of 26 September 2023 to enact an "Illegal Foreigners' Repatriation Plan", UNHCR, the UN Refugee Agency and IOM, the UN Migration Agency, have collated their data on the arrest, detention, and deportation of Proof of Registration (PoR) holders, Afghan Citizen Card (ACC) holders, and undocumented Afghan nationals as well as on the outflows of Afghan nationals at the Torkham and Chaman border crossing points, to better understand the protection environment and movements of Afghan nationals returning to Afghanistan from Pakistan. While the Government of Pakistan has yet to halt the "IFRP", the rate of arrest, detention, deportation, and returns has decreased significantly since its peak in October and November 2023. Furthermore, on 26 April 2024, the Ministry of States and Frontier Regions (SAFRON) issued a notification that the validity of the POR card has been extended until 30 June 2024.

Due to the evolving situation on ground, the needs and demand have shifted, resulting in this Operations Update with further details in the Summary of Changes.

## Scope and Scale

It is estimated that Pakistan is currently hosting approximately 1.3 million undocumented Afghan residents. Based on historical data, detention rates, and evolving contextual changes in both Pakistan and Afghanistan, it was anticipated that around 720,000 undocumented individuals, along with 50,000 voluntary repatriation returnees, would require assistance at border points from November 2023 to July 2024. As of 7 March 2024, 531,400 Afghans returned.

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

Afghanistan's economy remains fragile, having contracted by 25 per cent in the last two years. The country continues to be 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 a labor supply exceeding demand. Additionally, Afghanistan is disproportionately affected by environmental hazards such as earthquakes, flooding, drought, landslides, and avalanches. This situation is further exacerbated by the approximately 6.6 million internally displaced persons (IDPs) in the country as of December 2022, 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 individuals with disabilities, at risk. Reports and news media have already documented instances of families selling household and other assets due to poverty.

## Source Information

| Source Name   | Source Link   |
|---|---|
| 1. UNHCR and IOM Flash Update #20 on Arrest and Detention/Flow Monitoring, 15 Sep 23 to 18 May 2024 | <a href="https://data.unhcr.org/en/documents/details/108869">https://data.unhcr.org/en/documents/details/108869</a> |

## Summary of Changes

|   |     |
|---|-----|
| Are you changing the timeframe of the operation         | No  |
| Are you changing the operational strategy               | Yes |
| Are you changing the target population of the operation | No  |
| Are you changing the geographical location              | No  |
| Are you making changes to the budget                    | Yes |
| Is this a request for a second allocation               | No  |
| Has the forecasted event materialize?                   | No  |

Please explain the summary of changes and justification:



Though earlier indications projected that a significant number of Afghans residing in Pakistan without proper documents were to be deported, this didn't materialize as significantly as forecasted. The Pakistani authorities had previously indicated they would not extend the stay of undocumented migrants beyond an earlier deadline, they have since relaxed this policy specifically for PoR and ACC holder and granted an extension up till 30 June 2024. Since then, Pakistan authorities have extended the stay of Afghans without proper document and manageable returnees are trickling into Afghanistan. Also, prior to the winter season, there was a high volume of people returning from Pakistan to Afghanistan. However, once winter arrived in December 2023, there was a notable decrease in the number of people returning to Afghanistan. As such the numbers, especially at border points where ARCS had strategically pitched its services, didn't get utilized to its full potential aside for health-related services.

As reported by border consortium and IOM, most returnees prefer to go to major cities, Kandahar, Kabul and Nangahar. It is in this regard, that ARCS has reported significant health service seeking in the said cities (Kandahar and Nangahar) all attributed to returnees. They depleted their medical stock and have had to mobilize more support teams to provide medical services in these areas via their own and partner supported resources.

ARCS were still operating at the crossing points as escalations were still a possibility till as late as end of April, dependent on actions from Pakistan authorities. However, the rhetoric died down by the second week of May, prompting ARCS to re-strategize next course of action.

As a result of decrease in the expected number of returnees crossing at large and staying at transit points, and also the lower-than-expected returnees during the winter period, the provision of hot food, drinking water, as well as shelter support, were not heavily required. However, there has been a significant increase in health service utilization by the returnees, especially in the major cities which they prefer to go directly to. Because of that, there has been a rise in procurement and supply of medical supplies, particularly for MHTs and comprehensive health centers in Kandahar and Nangarhar provinces.

Therefore, following changes have been made in the operation:

- Full reallocation of budget from Shelter Housing and Settlements (CHF 137,521.80) to Health
- Full reallocation of Emergency Food Assistance (CHF 45,000) to Health
- Partial reallocation of budget under WASH (CHF 30,000) to Health
- Savings under Volunteer and NS Staff (save CHF 63,478.50) to Health
- Increase in budget under Health (CHF 266,000.30) and associated Transport & Vehicle cost (CHF 10,000)

## Current National Society Actions

### Start date of National Society actions

01-11-2023

|   |  |
|---|--|
| <p><b>Health</b></p>                        | <p>ARCS mobilised and dispatched four MHTs, in addition to volunteers and medical supplies. ARCS established a temporary health center at the reception center providing 24-hour 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.</p>  |
| <p><b>Water, Sanitation And Hygiene</b></p> | <p>ARCS is delivering hygiene kits to support vulnerable people, including women and children.</p>   |
| <p><b>Coordination</b></p>                  | <p>A Strategic Movement Coordination Meeting focusing on Afghan returnees was held on 11 November 2023. The ARCS President, ARCS Secretary General, ICRC 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 2024. 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</p> |



|                                   |  |
|-----------------------------------|--|
|                                   | <p>movement, and ideas were shared on how to position and support ARCS in the response.</p>  |
| <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>                 | <p>IFRC deployed a team to Nangarhar's Torkham border crossing to conduct a 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, the installation of sanitation facilities in the hub, and the supply of clean drinking water and food for both responders and patients.</p>  |
| <b>National Society EOC</b>       | <p>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.</p>  |

## IFRC Network Actions Related To The Current Event

|                    |  |
|--------------------|--|
| <b>Secretariat</b> | <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> |
|--------------------|--|



|   |   |
|---|---|
| <b>Participating National Societies</b> | <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 materials 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

|  |   |
|--|---|
| <b>Government has requested international assistance</b> | Yes   |
| <b>National authorities</b>                              | <p>A commission led by the Prime Minister was established at the central level and a sub-commission at the province level to oversee the overall influx of returnees and response in the 10 provinces that border Pakistan. ARCS is a member of 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 the number of returnees from Pakistan to Afghanistan, leading to a 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 people in need and in line with contingency plan scenarios developed.</p> <p>International Organization for Migration 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 the 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



### 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 at the end of 2023, many lacked shelter and faced harsh conditions, increasing the need for emergency shelters and household items at that time, with vulnerabilities expected to increase during winter. However, the number of people crossing during the winter period decreased, hence, the services available at the transit points did not see a surge, especially with returnees moving primarily to the cities instead of staying at the transit points for long.

Though this DREF operation de-escalated the Shelter component to the more dire need in Health, it is important to note that the population movement puts additional pressure to the already existing shelter needs in the country. The returnees often face major challenges in their destination, having been away for an extended period and some without close relatives and with the lack of shelter, returnees might resort to temporary makeshift structure that are prone to effects of harsh elements. Even those with host families, they will still be under pressure as shown by the dire shelter needs in the country. As such, there is a continuous need for shelter support to ensure their safety and protection from the elements which is currently integrated and supported by the ES-NFI Cluster and other partners.



### Livelihoods And Basic Needs

Livelihoods and basic needs were strained by the need, and authorities had called 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. However, due to significant reduction in returnees' numbers from December 2023 to May 2024, followed by relaxation of Pakistan authorities on their position to expel undocumented refugees, agencies have been able to cope with this need.



### Health

The increasing number of returnees initially, and the movement of returnees to the cities with healthcare priorities over other essential needs 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.

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.



### Water, Sanitation And Hygiene

Upon their arrival at the Torkham and Spin Boldak crossing points, returnees are temporarily accommodated in reception centers consisting of makeshift shelters, tents. The lack of potable water exposes them to 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.



## Migration And Displacement

As returnees continue through the crossing points, coordination discussions with other partners highlight the continuing need for the 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 for the disabled, company for the elderly and unaccompanied minors, and sensitization on weapon contamination (WEC) risks in their final destination.



## Community Engagement And Accountability

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).



## 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.

# Operational Strategy

## Overall objective of the operation

This DREF operation aims at supporting the immediate needs of 50,000 people arriving in Afghanistan by providing Health, WASH, Livelihood and cross-cutting support such as CEA, PGI, and migration and displacement support in the various border points with Pakistan as well as medium-term needs for the early recovery of people returned to their area of destination for 6 months.

## Operation strategy rationale

To achieve the objective of the operation and address the needs of the returnees, the operation established Humanitarian Service Point (HSP), amongst other services, at the border and town sites in Kandahar and Nangarhar provinces as below:

### HUMANITARIAN SERVICE POINTS (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 (by other agencies). 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.

#### Services:

- Primary health services through deployment of MHTs for providing primary health services, polio immunization, and MHPSS activities with PFA in the humanitarian service point at border site.
- There will be 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. This will be addressed by integrating the returnees into various programmes implemented across the country, with returnee status added to our vulnerability criteria in the programmes supported.
- Install two rub halls for accommodation and working space for staff and volunteers.
- Restoring family links.
- Registration of people for further assistance.
- Mobilization of two ambulances.
- Mobilization of volunteers at the border crossing points to support people who need assistance and sensitization on services provided. This included support for mothers with toddlers, support for people with disability support for older people with mobility limitations (such as by having wheelchairs), elderly, unaccompanied minors, and those who arrive with injuries or illnesses and need to be taken to medical facilities; and risks of weapon contamination (WEC).
- Establishment of adequate waste disposal systems and regular waste collection services.
- At the 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 considered the inclusion of returnees to be part of the target group that will receive longer-term support, such as in livelihoods.

#### 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 warm clothes through other sources of funding (ongoing EA).
- Provide hot meals and bottled water through mobile kitchen (ARCS own resources).

#### MIGRATION:

ARCS has identified three priority locations for intervention:

##### 1. Assistance at the border crossing points

- ARCS 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 by other agencies 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.
- Provide households items such as blankets, mattresses, and kitchen sets (ARCS own resources).

##### 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 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.

##### 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 will integrate returnees into its existing programs and operations, prioritizing returnee status to be part of the target group that will receive longer-term support, such as in livelihoods.

#### HEALTH:

Primary health care, psychological first aid, and health and hygiene promotions are essential needs for the returnees from Pakistan to Afghanistan, given the challenging circumstances they are facing.

Here is how the provision of these services by ARCS will address their needs:

- Primary healthcare: Because of the critical shortage of medicine, healthcare workers, and medical supplies, it is essential to establish



efficient and accessible primary healthcare services at humanitarian service points and health facilities. These services will 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. ARCS will be 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 wellbeing.
- Trauma services: Based on assessments and reports, many returnees are experiencing alarming levels of serious illnesses, including acute respiratory infections and diarrhea. Trauma services, such as immediate medical intervention, specialized treatment, and ongoing care, will be available to address these life-threatening conditions effectively.
- Health and hygiene promotion: Returnees often have limited access to clean water, sanitation, and hygiene supplies due to displacement. ARCS will be promoting basic hygiene practices like handwashing and safe water storage as it is critical.

#### WASH:

1. UNHCR and Health Cluster reports highlight the lack of proper sanitation facilities in temporary shelters and the consequent risk of communicable diseases. As such, ARCS will support with:

- 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. Solid Waste Management:

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

3. Hygiene Promotion and Education (integrated with the health services):

- 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.

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  |
|--|--|
| Delays in the procurement of medical kits may hamper service delivery through MHTs | The Country Delegation Logistics and APRO are 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   |
| Harsh winter affecting returnees   | Consideration of launching an appeal and integrating current programmes with winter support for migration response. Additionally, the response will ensure adaptation 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.  |

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 type 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 per 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.)

Has the child safeguarding risk analysis assessment been completed?

No

## Planned Intervention



### Shelter Housing And Settlements

Budget: CHF 0

Targeted Persons: 910

#### Indicators

| Title  | Target | Actual |
|--|--------|--------|
| # of people accommodated in tents at destination | 910    | 0      |

#### Progress Towards Outcome

Pakistani Authority relaxed their position on the deportation of undocumented Afghans and extended their stay for another three months. As such, the number of returnees was not overwhelming, to warrant substantive humanitarian intervention in shelter through the provision of transitional shelter, authorities assisted in relocating the returnees to their final destination.

Therefore, there is no need for procuring winter accommodation tents.



### Livelihoods And Basic Needs

Budget: CHF 47,925

Targeted Persons: 1,050

#### Indicators

| Title   | Target | Actual |
|---|--------|--------|
| # of host community members hired to undertake environment cleanup exercise | 153    | 50     |

#### Progress Towards Outcome

Provided cash-for-work initiatives for 50 people in waste management activities at humanitarian service points. They were also provided tools manage waste.



### Health

Budget: CHF 549,540



Targeted Persons: 48,000

## Indicators

| Title   | Target | Actual |
|---|--------|--------|
| # of patients treated in humanitarian service point | 48,000 | 42,863 |
| # of patients fed at health facility                | 9,000  | 0      |
| # of medical kits procured                          | 60     | 0      |

## Progress Towards Outcome

ARCS mobilised two MHTs in Torkham and one at Spin Boldak crossing points. IFRC supported ARCS to establish 14 connexus for health camps with latrines for returnees in Nangarhar.

On another angle, ARCS approached IFRC and indicated that they needed support in procuring medical items more so for MHTs and Comprehensive Health Centers in both Kandahar and Nangarhar since they recorded a rise in services provision in the two areas, and this was largely attributed to returnees seeking assistance there.

Additional medical supplies and mobilization of medical personnel are needed to help ARCS in providing health services to the returnees Kandahar and Nangarhar. This is reflected in the scale up of the health component in this Operations Update.

Provision of meals is no longer necessary at the crossing points under the DREF operation. However, ARCS provided cooked meal through its other resources to the manageable number of returnees that arrived.



## Water, Sanitation And Hygiene

Budget: CHF 6,390

Targeted Persons: 5,000

## Indicators

| Title  | Target | Actual |
|--|--------|--------|
| # of people able to access latrines within health facilities | 48,000 | 4,953  |
| # of people able to access water within health facility      | 48,000 | 4,953  |

## Progress Towards Outcome

ARCS installed 10 hand washing facilities, two water tank (1,500 liter), 20 garbage bins, and six potable latrines at Torkham crossing point in Nangarhar.

Provision of drinking water is no longer necessary at the crossing points as the number of returnees is manageable.

ARCS provided water bottles from its own resources alongside other humanitarian actors who were also providing such services.



## Protection, Gender And Inclusion

Budget: CHF 0



Targeted Persons: 50,000

## Indicators

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

## Progress Towards Outcome

ARCS training on protection gender inclusion, gender based violence and safeguarding to 54 ARCS staff and volunteers (28 male and 26 female) involved in the operation in Nangarhar.



## Migration And Displacement

Budget: CHF 118,455

Targeted Persons: 50,000

## Indicators

| Title  | Target | Actual |
|--|--------|--------|
| # of people served at humanitarian service points  | 50,000 | 42,863 |
| # of volunteers mobilised to support the operation | 100    | 60     |

## Progress Towards Outcome

ARCS supported by IFRC established two humanitarian service points, one at Spin Boldak (Kandahar) and the other at Torkham (Nangarhar) border crossing points.

At the humanitarian service point, staff and volunteers stationed according to their specific sector expertise. They were assigned to clearly designated points to efficiently provide assistance to returnees. Ushers were positioned at the entrance to guide returnees through the available services, with priority given to health cases. The services 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 received 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.



## Risk Reduction, Climate Adaptation And Recovery

Budget: CHF 5,325

Targeted Persons: 113

## Indicators

| Title   | Target | Actual |
|---|--------|--------|
| # of staff and volunteers participating in lessons learned workshop | 113    | 0      |



## Progress Towards Outcome

ARCS is conducting a lessons learned workshop in the last week of May 2024.



## Community Engagement And Accountability

**Budget:** CHF 3,195

**Targeted Persons:** 50,000

### Indicators

| Title   | Target | Actual  |
|---|--------|---------|
| % of people satisfied with receiving services and with dignity            | 90     | -       |
| # of people reached through dissemination of key information and messages | 50,000 | 142,863 |

## Progress Towards Outcome

IFRC supported ARCS in establishing quality, accountability, and compliance systems in the population movement operation through a two-day training on community engagement and accountability, protection gender inclusion, gender based violence and safeguarding to 54 ARCS staff and volunteers (28 male and 26 female) involved in the operation in Nangarhar.



## Secretariat Services

**Budget:** CHF 0

**Targeted Persons:** 0

### Indicators

| Title  | Target | Actual |
|--|--------|--------|
| % of financial reporting compliance to IFRC procedures | 100    | 100    |

## Progress Towards Outcome

Provided technical and management support for the operation, utilizing existing IFRC Secretariat capacities in the country supported under Emergency Appeal.



## National Society Strengthening

**Budget:** CHF 5,325

**Targeted Persons:** 100

### Indicators

| Title | Target | Actual |
|-------|--------|--------|
|-------|--------|--------|



|   |     |    |
|---|-----|----|
| # of volunteers recruited and mobilised | 100 | 60 |
|---|-----|----|

## Progress Towards Outcome

ARCS recruited more than 60 volunteers and mobilized them in humanitarian activities.

# 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 from 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 for monitoring of the intervention at operation level.

ARCS/IFRC 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 based on 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 supported 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 generated visibility and support for humanitarian needs and the Red Cross Red Crescent response. Close collaboration is maintained between the IFRC Asia Pacific 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               | 0              |
| Livelihoods                                     | 47,925         |
| Multi-purpose Cash                              | 0              |
| Health  | 549,540        |
| Water, Sanitation & Hygiene                     | 6,390          |
| Protection, Gender and Inclusion                | 0              |
| Education                                       | 0              |
| Migration                                       | 118,455        |
| 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](#)

