

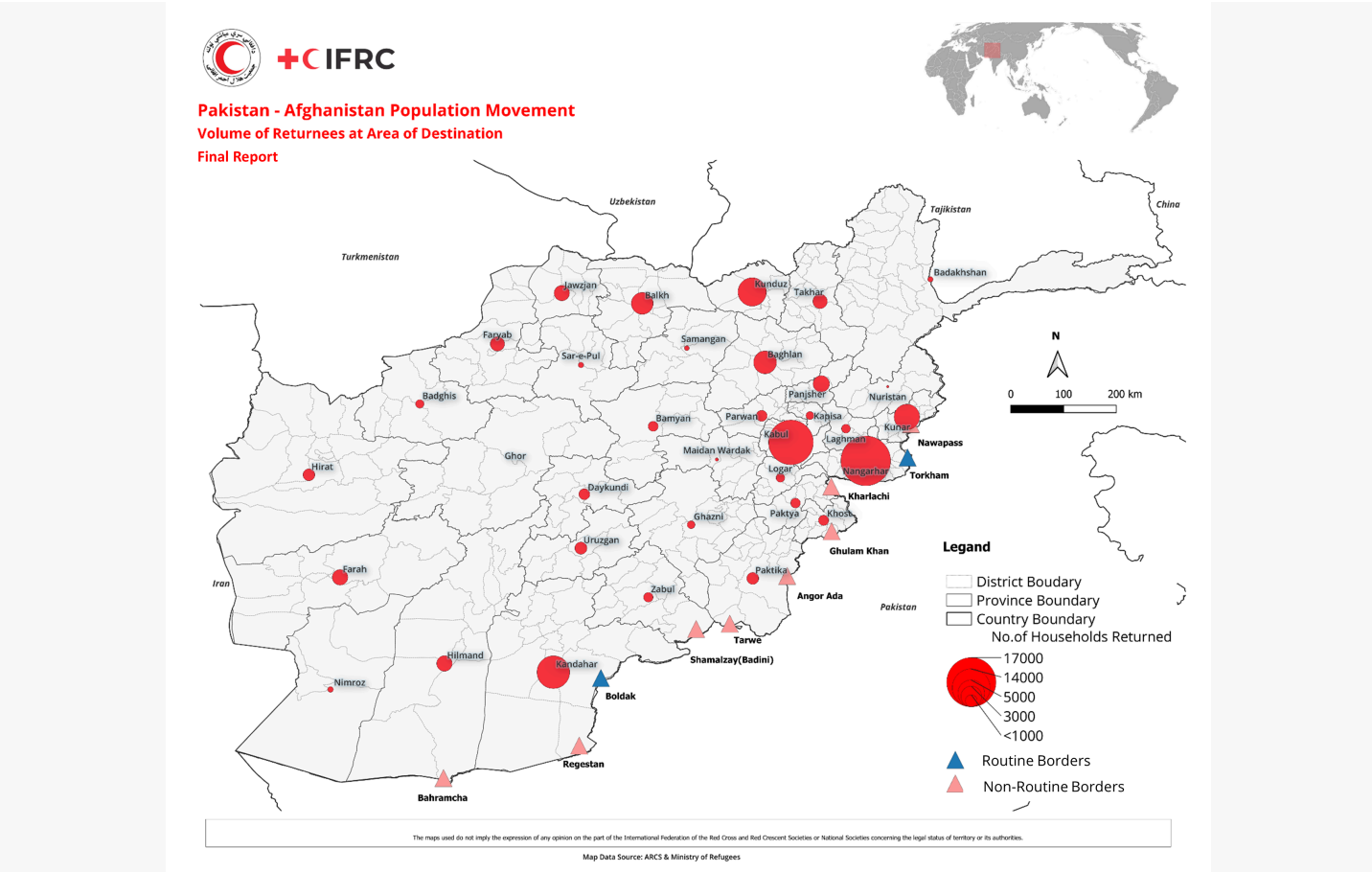


ARCS carrying out environmental sanitation activities. (Photo: IFRC)

Appeal: MDRAF013	Total DREF Allocation: CHF 750,000	Hazard: Population Movement	Crisis Category: Orange
Glide Number: CE-2023-000233-AFG	People at Risk: 800,000 people	People Targeted: 50,000 people	People Assisted: 49,213 people
Event Onset: Slow	Operation Start Date: 27-11-2023	Operational End Date: 31-05-2024	Total Operating Timeframe: 6 months
Targeted Regions: Badakhshan, Helmand, Kandahar, Khost, Kunar			

The major donors and partners of the IFRC-DREF include the Red Cross Societies and governments of Australia, Austria, Belgium, Britain, China, Czech, Canada, Denmark, German, Ireland, Italy, Japan, Luxembourg, Liechtenstein, Malta, Norway, Spain, Sweden, Switzerland, Thailand and the Netherlands, as well as DG ECHO, Mondelez Foundation, and other corporate and private donors. The IFRC, on behalf of the National Society, would like to extend thanks to all for their generous contributions.

Description of the Event



Map of returnees arriving at their areas of destination. (Source: IFRC)

Date when the trigger was met

11-11-2023

What happened, where and when?

The latter part of 2023 saw the return of hundreds of thousands of refugees and undocumented Afghans from Pakistan, triggered by the Pakistani government's 'Illegal Foreigners' Repatriation Plan' (IFRP), which affected an estimated 1.3 million unregistered Afghans and other groups without legal status in Pakistan. (Source: UNHCR Regional Bureau for Asia and Pacific. Emergency Update #9: Pakistan-Afghanistan Returns Response, as of 18 January 2024).

Prior to this announcement, an average of 260 individuals crossed back into Afghanistan daily in 2022 and through the third quarter of 2023. However, from mid-October to November 2023, an average of 5,000 undocumented returnees crossed daily through the Spin Boldak (Kandahar) and Torkham (Nangarhar) border points. The main entry points into Afghanistan are in Kandahar and Nangarhar provinces, as well as other provinces bordering Pakistan: Badakhshan, Helmand, Kunar, Khost, Paktika, Paktiya, Nimrooz, and Zabul. As winter approached in December 2023, there was a notable decrease in the number of returnees.

These returnees, many of whom endured arduous journeys lasting several days, were exposed to severe weather conditions. Their health, safety, and well-being, particularly that of vulnerable groups like women, children, and the elderly, were of paramount concern. Immediate comprehensive support was required, including medical care, adequate shelter, and essential supplies, to address their dire conditions and to mitigate the humanitarian impact of this large-scale population movement. Although Pakistan authorities initially indicated they would not extend the stay of undocumented migrants beyond the original deadline, they later relaxed this policy, specifically for Proof of Registration (PoR) and Afghan Citizen Card (ACC) holders, granting an extension until 30 June 2024. This resulted in a significant decrease in returns after their peak in October and November 2023. With the evolving situation, needs and demands shifted.

The IFRC-DREF Operation Strategy underwent adjustments in 2024 for several reasons:



- While early indications projected that many Afghans residing in Pakistan without proper documentation would be deported, this did not materialize as significantly as expected. Pakistan authorities, although initially had indicated they would not extend the stay of undocumented migrants beyond an earlier deadline, later relaxed their policy specifically for PoR and ACC holders, granting an extension until 30 June 2024. Since then, Pakistan authorities have extended the stay of Afghans without proper documentation, and manageable returnees are trickling into Afghanistan.
- Prior to the winter season, it was predicted that there would be 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. The numbers, especially at border points where ARCS had strategically positioned its services, did not reach their full potential, aside from health-related services.
- According to the border consortium and IOM, most returnees prefer major cities such as Kandahar, Kabul, and Nangarhar. Meanwhile, ARCS reported significant utilization of health services in Kandahar and Nangarhar, attributing this to returnees depleting medical stocks. ARCS mobilized additional support teams to provide medical services in these areas using their own and partner-supported resources.

The 'Operational Strategy' section of this report details the changes.



ARCS medical staff providing vaccination service. (Photo: ARCS)

Scope and Scale

Based on historical data, detention rates, and evolving contextual changes in both Pakistan and Afghanistan, it was anticipated that approximately 720,000 undocumented individuals, along with 50,000 voluntary repatriation returnees, would require assistance at border crossing points from November 2023 to July 2024. As of 24 May 2024, 595,200 Afghans had returned to Afghanistan, with over 104,000 returning in 2024. Returns have been steadily increasing since March, with 50 per cent of the 2024 returns occurring in April and May 2024 (UNHCR-Pakistan-Afghanistan, Returns Emergency Response as of 23 May 2024). These figures highlighted the escalating needs and the importance of a long-term strategy to support undocumented returnees and strengthen humanitarian support systems to effectively address the rising demands. Afghanistan's economy remains fragile, having contracted by 25 per cent over the last three years [1].

The country continues to rely heavily on external support, and despite the cessation of conflict, half of the Afghan population still lives in poverty (World Bank, Afghanistan Economic Update, 2023). Additionally, Afghanistan is disproportionately affected by environmental hazards such as earthquakes, flooding, drought, landslides, and avalanches. This situation is further exacerbated by approximately 6.6

million internally displaced persons (IDPs) as of December 2022, primarily displaced by historical conflict, violence, and environmental hazards. Living conditions for displaced families and individuals in affected areas are rapidly deteriorating due to the uncertain context. Without assistance, many destitute families have resorted to negative coping strategies, putting the lives of vulnerable individuals, especially women, children, and those with disabilities, at risk. Reports and news media have documented instances of families selling household and other assets due to poverty.

The Population Movement Operation strategy underwent changes due to evolving circumstances on the ground. Initially, a large number of undocumented Afghans residing in Pakistan were expected to be deported, prompting ARCS to prepare for a significant influx of returnees. However, Pakistani authorities relaxed their stance, granting extensions to PoR and ACC holders and allowing undocumented Afghans to stay until June 2024. As a result, the anticipated surge in returnees did not materialize, with only a manageable number of returnees gradually crossing into Afghanistan.

Despite predictions of a high volume of returns before the winter season, the number of returnees decreased significantly in December 2023, particularly at key border points where ARCS had strategically positioned its services. Most returnees opted to go directly to major cities like Kandahar, Kabul, and Nangarhar, where ARCS reported a significant increase in health service utilization. This led to the depletion of medical stock, necessitating the mobilization of additional resources to support health services in these areas.

ARCS continued operations at crossing points until late April 2024, anticipating potential escalations. However, by mid-May, the situation stabilized, leading ARCS to re-strategize. The lower-than-expected number of returnees resulted in reduced demand for services like hot meals, drinking water, and shelter support. Instead, there was a notable rise in the need for health services, particularly in major cities.

In response to these developments, IFRC/ARCS made the following operational adjustments:

- Shelter – CHF 146,461 to CHF 0
- Health – CHF 314,175 to CHF CHF 549,540
- WASH – CHF 38,340 to CHF 6,390
- Migration and displacement – CHF 175,410 to CHF 118,455

These adjustments prioritized health services to address the evolving needs of returnees.

Links:
[1] <https://prddsgofilestorage.blob.core.windows.net/api/dref/images/p-AFG2490.jpg>

Source Information

Source Name	Source Link
1. Multi-Sectoral RAPID NEEDS ASSESSMENT (MRAT) OF AFGHAN RETURNEES- April 2024	https://reliefweb.int/report/afghanistan/multi-sectoral-rapid-needs-assessment-mrat-afghan-returnees-april-2024
2. UNHCR and IOM Flash Update #20 on Arrest and Detention/Flow Monitoring, 15 Sep 23 to 18 May 2024	https://data.unhcr.org/en/documents/details/108869
3. Pakistan-Afghanistan, Returns Emergency Response as of 23 May 2024	https://reliefweb.int/attachments/90c3da4a-ec42-4316-8dc2-3a976f06a1f3/Pakistan-Afghanistan%20Returns%20Emergency%20Response%2015%20-%2024%20May%202024.pdf

National Society Actions

Have the National Society conducted any intervention additionally to those part of this DREF Operation?	Yes
Please provide a brief description of those additional activities	ARCS distributed winterization kits to 3,000 returnee families in Kandahar and Nangarhar with the support of IFRC Emergency Appeal.



IFRC Network Actions Related To The Current Event

Secretariat	<p>IFRC, through its network, has been assisting ARCS with coordination efforts in both Afghanistan and Pakistan. Furthermore:</p> <ul style="list-style-type: none"> Released two rub halls to support ARCS in establishing humanitarian service points at the Spin Boldak and Torkham border crossing points in Kandahar and Nangarhar, respectively. Provided two ambulances to support ARCS with emergency medical referrals. Participated in Humanitarian Country Team (HCT) meetings and held discussions with ARCS management, including involvement in the Emergency Operation Center (EOC). Supported scenario planning, resource mobilization, coordination, and engagement with interagency mechanisms. Engaged with the IFRC Pakistan delegation regarding issues related to returnees. Dispatched a team to conduct a rapid assessment and situation analysis at the Torkham border point. Assisted ARCS in developing and coordinating information management systems. Mobilized two information management experts to provide surge support. These experts helped the operations team monitor data influx and leverage secondary data from various reports and information shared by other organizations. Provided financial (through DREF) and technical support to carry out the population movement operation.
Participating National Societies	<ul style="list-style-type: none"> Danish Red Cross (DRC) supported ARCS in operating three Mobile Health Teams (MHTs) and distributing 465 winterization kits to returnees in Kandahar and Nangarhar. Norwegian Red Cross (NorCross) supported ARCS in operating three MHTs at the crossing points of Torkham (Nangarhar), Spin Boldak (Kandahar), and Qamarudin (Paktika). Qatar Red Crescent Society (QRCS) supported ARCS by providing food items (50 kg of flour, 24.5 kg of rice, 5 kg of sugar, 1 kg of tea, 5 kg of beans, and 5 liters of cooking oil) to 260 households in Kandahar province. Turkish Red Crescent (TRC) supported ARCS by providing cooked meals to 55,500 returnees at the Torkham border in Nangarhar province with funding from the IFRC Emergency Appeal (MDRAF007). Additionally, TRC provided winterization kits (including stoves and coal) to 1,000 households to help them cope with harsh winter conditions and supplied food and household items to 1,500 households in Kandahar and Nangarhar provinces.

ICRC Actions Related To The Current Event

<p>The ICRC deployed a medical team to support ARCS in providing emergency medical services to returnees at the transit points during the day. Additionally, ICRC allocated funds to mobilize volunteers who disseminated awareness messages on weapon contamination (WEC) and distributed related IEC materials. ICRC also provided wheelchairs from its orthopedic centers to enable ARCS to assist people with disabilities, older individuals with mobility limitations, and those with medical conditions that hinder walking.</p>	
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Other Actors Actions Related To The Current Event

Government has requested international assistance	<p>Yes</p>
National authorities	<p>The authorities established a central-level commission, led by the Prime Minister, to oversee the influx of returnees and coordinate response efforts across the 10 provinces bordering Pakistan. Additionally, sub-commissions were formed at the provincial level to support these efforts. ARCS is a member of both the central commission and all</p>



	provincial sub-commissions. Local authorities managed vehicles to transport returnees and their household items from the border.
UN or other actors	<p>The UN network, along with other international non-governmental organizations (INGOs) working at the Afghanistan-Pakistan border crossing points (Torkham and Spin Boldak), observed an increase in the number of returnees from Pakistan to Afghanistan. This led to a scaling up of their operational capacity. They adopted a joint and harmonized approach to assistance, ensuring optimal use of resources to support the high volume of people in need, in accordance with the contingency plans developed.</p> <p>The IOM led operations targeting unregistered returnees, conducting registrations, and providing transport tokens. UNHCR complemented IOM's efforts by providing food rations for a month for each household and managing voluntary repatriation cases. UNICEF supported children by providing therapeutic feeding and establishing child-friendly spaces. WHO monitored the overall health situation, while UNFPA focused on reproductive health.</p> <p>IFRC/ARCS actively coordinated with various NGOs and UN agencies to support returnees at border crossing points. These organizations include IOM, the Food and Agriculture Organization (FAO), the World Food Programme (WFP), UN OCHA, the International Rescue Committee (IRC), Save the Children, and the Norwegian Refugee Council (NRC).</p>

Are there major coordination mechanism in place?

At the national level, the Humanitarian Country Team (HCT) serves as a strategic, policy-level, and decision-making forum that guides principled humanitarian action in Afghanistan. IFRC attends these meetings weekly as a representative of its membership. Both ARCS and IFRC are members of, and actively 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 meetings. 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 international and national NGOs, UN agencies, public authorities, and other stakeholders.

Needs (Gaps) Identified



Shelter Housing And Settlements

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

Initially, the Cluster's plans did not specifically include returnees. However, with around 5,000 people crossing the border daily, many of whom lacked shelter and faced harsh conditions, the need for emergency shelters and household items became urgent, especially with winter approaching. The current population movement has intensified existing shelter needs in the country. Many returnees, having spent nights in open spaces or makeshift structures, require immediate emergency shelters and household items. The provision of winter clothing is also critical as the winter season approaches. Ensuring immediate emergency shelter is essential for the safety and protection of returnees. Many have faced significant challenges at their destinations, having been away for an extended period and, in some cases, lacking close relatives or adequate shelter. Even those with host families are under pressure, highlighting the dire shelter needs across the country.

In the first quarter of 2024, Operational Coordination Teams (OCTs) and the Inter-Cluster Coordination Group (ICCG) conducted Multi-Sectoral Rapid Needs Assessment Teams (MRAT) that targeted more than 24,000 households of returnees and host populations across all seven regions of Afghanistan. Key shelter needs identified include construction assistance for permanent shelters (45.6 per cent), cash support for rent (48 per cent), and the distribution of shelter materials (35.4 per cent). Widespread concerns include leaking shelters (46 per cent), lack of insulation (33 per cent), and insufficient living space (31 per cent).





Livelihoods And Basic Needs

Emergency Food Assistance: Upon arrival at border and reception sites, Afghan returnees required immediate food assistance. The overwhelming need led authorities to call for more humanitarian actors to intervene in this sector. The provision of nutritious food, including ready-to-eat meals and food packages, was crucial in meeting their basic nutritional needs during the initial transition period.

Food Security and Livelihood Support: Ensuring the food security and livelihoods of Afghan returnees is essential for their long-term well-being. A multi-sectoral approach that combines immediate food assistance with long-term livelihood support is vital for fostering self-reliance and sustainable reintegration of returnees.



Health

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

Additionally, there was a lack of proper WASH facilities, including toilets, washing basins, and solid waste management, which heightened the risk of communicable disease outbreaks. Limited access to drinking water and reliance on external food assistance raised concerns about inadequate nutrition in these tented environments. Support was crucial, including nutrition screening and health promotion.

Severe respiratory infections were likely exacerbated by prolonged exposure to dust storms, smoky shelters, contact with other sick individuals, and extreme cold weather. Many families traveled to Afghanistan in open and overcrowded trucks, which contributed to their health issues.



Water, Sanitation And Hygiene

ARCS accommodated in reception centers consisting of makeshift shelters and tents. The lack of potable water exposed them to the risk of waterborne diseases and dehydration. Additionally, the limited availability of toilets, with only a few local latrines constructed, led to open defecation practices. This further contributed to poor sanitation and the spread of disease.



Migration And Displacement

As returnees continued through the crossing points, coordination discussions with other partners underscored the ongoing need for service provision. The returnees comprised diverse demographics. Efforts were made to guide them through the border crossing points and inform them about available services, including where and how they could be served and who the service providers were. This included providing mobility assistance equipment, such as wheelchairs for individuals with disabilities, companionship for the elderly and unaccompanied minors, and sensitization on weapon contamination risks at their final destination.



Community Engagement And Accountability

Accountability requires ARCS to actively listen to the people they serve, take their needs and feedback into account throughout all phases of humanitarian programming, and use this information to design and adjust their programs.

It is crucial to communicate transparently and effectively with people using their preferred channels, formats, and languages. Additionally, ARCS must be accountable for the conduct of aid workers, adhere to Prevention and Response to Sexual Exploitation and Abuse (PSEA) standards, and ensure the quality, effectiveness, and fairness of resources and programs.

The National Society needs to engage target communities to ensure they can access necessary humanitarian assistance, have the required information about available services, and are involved in the planning and delivery of aid, including recipient selection and post-distribution monitoring.



Movement-wide commitments and minimum actions for Community Engagement and Accountability (CEA) should be integrated into operations as much as the context allows. This includes building and strengthening CEA capacity, piloting and expanding safe and inclusive feedback mechanisms, collaborating with relevant inter-agency working groups, mainstreaming CEA, and incorporating CEA responsibilities into all sectors and operations (e.g., adding CEA questions to all assessments).



Environment Sustainability

As a result of setting up a temporary transit center where returnees stay for a few days and are provided with ready-to-eat meals, a significant amount of solid waste accumulated in the area. To address this issue, efforts were made to implement waste management practices and engage host communities in refuse collection through incentive-based programmes.

Operational Strategy

Overall objective of the operation

The IFRC-DREF operation aimed to support 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 for people returning to their final destination. The operation reached more than 49,000 people through WASH, and health and care, with a focus on MHPSS and PFA livelihood initiatives (cash for work programme for waste management) for a duration of six months.

Operation strategy rationale

To achieve the operation's objectives and address the needs of the returnees, ARCS planned and implemented the following actions at the border crossing points and in towns within Kandahar and Nangarhar provinces:

- **Establishment of Humanitarian Service Points (HSPs):** Two HSPs were set up to provide a range of services including first aid, emergency health services, mental health and psychosocial support (MHPSS), restoring family links (RFL), risk communication and community engagement (RCCE), and information on weapon contamination. These HSPs reached over 49,000 people. More than 60 ARCS staff and volunteers were stationed at the HSPs, with ushers guiding returnees through available services, prioritizing health cases. Awareness campaigns were also conducted to educate returnees on area-specific weapon contamination hazards.
- **Primary Healthcare:** Two health camps were established to address the critical shortage of medicine, healthcare workers, and medical supplies. These camps provided immediate medical attention and were equipped with necessary supplies and trained personnel.
- **Psychological First Aid:** Given the mental stress and trauma experienced by returnees, ARCS provided psychological first aid, including emotional support, active listening, and referrals to mental health professionals.
- **Health and Hygiene Promotion:** To address limited access to clean water, sanitation, and hygiene supplies, ARCS promoted basic hygiene practices and established hand washing facilities at health camps.
- **Cash for Work Programme:** To manage waste in transitional camps where returnees stayed for 1 to 5 days, ARCS implemented a cash-for-work program, providing regular waste management while offering livelihood options.

The number of people targeted and reached is detailed in the relevant section of the report.

Initially, high volumes of returns were expected before winter, but the number of returnees significantly decreased after December 2023. The anticipated surge did not materialize at border points, except for health-related services. Additionally, in April 2024, Pakistani authorities extended the stay of undocumented migrants until 30 June 2024, leading to a manageable number of returnees gradually entering Afghanistan.

Returnees predominantly preferred major cities like Kandahar, Kabul, and Nangarhar. ARCS reported a significant increase in health service utilization in Kandahar and Nangarhar, leading to the depletion of medical supplies. In response, ARCS mobilized additional support teams to these areas using their resources and those of their partners. However, due to the lower-than-expected number of returnees, the immediate needs for hot meals, drinking water, and shelter were less than anticipated. Instead, there was a notable increase in the need for medical supplies, especially for mobile health teams (MHTs) and comprehensive health centers.

Consequently, IFRC/ARCS re-strategized the DREF Operation in May 2024 with the following major changes:



- Full reallocation of the 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 WASH budget (CHF 30,000) to Health
- Savings under volunteer and National Society Staff (CHF 63,478.50) reallocated to Health
- Increase in the budget for Health (CHF 266,000.30) and associated transport and vehicle costs (CHF 10,000)

Targeting Strategy

Who was targeted by this operation?

The operation specifically targeted Afghan returnees from Pakistan, with a focus on vulnerable groups such as pregnant women, mothers with toddlers, individuals with disabilities, older people with mobility limitations (including those needing wheelchairs), and those with injuries or illnesses requiring medical attention.

The operation was planned for implementation in the following 10 provinces bordering Pakistan: Badakhshan, Helmand, Kandahar, Kunar, Khost, Nangarhar, Paktika, Paktiya, Nimroz, and Zabul.

Explain the selection criteria for the targeted population

To prioritize assistance, the following vulnerability criteria were used:

- Seniors responsible for children in the household.
- Households headed by widows or single mothers with young children.
- Households with members who have chronic medical conditions.
- Households with a member with a disability.
- Pregnant and lactating women.
- Households with members having congenital heart defects.
- Households with no relatives in their final destination.

These criteria, along with specific considerations related to other sectors (such as health, shelter, and IDPs), were developed through consultations with community elders, relevant government departments, and other (inter)national organizations operating in the provinces. ARCS worked closely with organizations also involved in emergency food security programming to prevent duplication of efforts. Coordination with relevant clusters ensured that humanitarian cluster-aligned standards were applied in the programme.

Total Assisted Population

Assisted Women	-	Rural	-
Assisted Girls (under 18)	-	Urban	-
Assisted Men	-	People with disabilities (estimated)	5%
Assisted Boys (under 18)	-		
Total Population Assisted	49,213		
Total Targeted Population	50,000		

Risk and Security Considerations (including "management")

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



Risk	Mitigation action
Harsh winter was affecting returnees	Consideration of launching an appeal and integrating current programmes with winter support to migration response. Additionally, the response was aiming to ensure to adapt to the harsh winter conditions.
Overestimated the number of returnees arriving.	Contingency plan preparation was done, it was ready within a month after endorsement and approval by ARCS leadership. As well as coordination with UN-IOM at boarder and communication with Pakistan Red Crescent Society (PRC).
Delayed in the procurement of medical kits may hamper service delivery through MHTs	the Country Delegation Logs and APRO was working on several options including sourcing abroad and reaching out to international organizations in Afghanistan to procure the medical kits. The regional procurement department was also working and supporting us in this regard. The option to consider borrowing items from buffer stock in country to kick-start with the aim to replenish once procurement is completed.
Other neighboring countries were sending Afghans back to Afghanistan	Contingency plan preparation. Closely worked and collaborated with UN-IOM at the border to mobilize resources, coordinated response efforts and provided support for the returnees.

Please indicate any security and safety concerns for this operation:

Since the announcement by the Pakistan authorities of their 'Illegal Foreigners Repatriation Plan' and the start of the large-scale return of Afghans, general security and safety situation along the border between Afghanistan and Pakistan has not deteriorated drastically. Nevertheless, the following factors might have an effect on security and safety at both legal and illegal border crossings, as well as Afghanistan in general:

- During 2023, both Torkham and Spin Boldak, as main border crossings, experienced occasional skirmishes between the security forces, which led to human casualties on both sides and resulted in the closing of the border crossing for several days. The reason behind this 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 relations 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 where the returnees were not well accepted by the local community in the areas they were returning.
- The border area between Afghanistan and Iran, also experiences occasional skirmishes between the security forces, however not at the level as at the Pakistan border line.

Main challenges for returnees and the security situation were as follows:

- Individuals who have sought international protection or asylum in Pakistan upon their return may encounter potential risks.
- In the case of informal settlements, the misunderstanding and potential clashes, between returnees and the hosting community have been witnessed. More so, the conflict between returnees in informal settlements and Government was 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 were extremely poor and in case of inadequate response from the international community and IEA, they would have an easy target for extremist groups. Those type of groups presented suitable ground for extremist groups to recruit new followers.
- General crime rate was increased in the bordering areas as well as in area where returnees are settling. As per the preliminary reports from Afghanistan security forces, general crime rate already increased as large group of people returning attracted criminals of various profiles (smugglers, human trafficking, narcotics, etc.)

Has the child safeguarding risk analysis assessment been completed?

No

Implementation



Shelter Housing And Settlements

Budget: CHF 0
Targeted Persons: 0
Assisted Persons: 0
Targeted Male: -
Targeted Female: -

Indicators

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

Narrative description of achievements

In April 2024, the Pakistan 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 was no need to procure winter accommodation tents.

However, ARCS, supported by the IFRC Secretariat, distributed 3,000 winterization kits to returnee households across different provinces. Of these, 1,280 kits were procured from the DREF. Refer to the 'Risk Reduction, Climate Adaptation, and Recovery' section for details.

Lessons Learnt

Not applicable

Challenges

Not applicable



Livelihoods And Basic Needs

Budget: CHF 47,925
Targeted Persons: 1,050
Assisted Persons: 350
Targeted Male: -
Targeted Female: 0

Indicators

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



Narrative description of achievements

With the support of IFRC Secretariat, ARCS provided cash-for-work initiatives for 50 people in waste management activities at humanitarian service points. Each of them received AFN 450 (equivalent to CHF 5.5) per day for three months (26 working days per month), which amounted to AFN 35,100 (equivalent to CHF 440). They were also provided with tools such as brooms, gloves, and garbage bins for waste management.

Since all household members relied on the individuals involved in the cash for work programme, it could be estimated that all household members benefited from the programme. Therefore, the total number of people reached by the cash-for-work programme is 350 (average Afghan household size of 7).

Because of a decrease in the number of families residing in transitional camps, fewer people were needed for engagement, resulting in a significant discrepancy between the number of people reached (350) and the initial target (1,050).

ARCS planning, monitoring, evaluation, and reporting (PMER) department carried out exit surveys of the cash for work programme to get feedback from the recipients so that immediate improvements could be made in the ongoing distribution. During April 2024, a total of 50 recipients were interviewed, all male recipients in Kandahar and Nangarhar. Out of them, 98 percent of respondents were 18–50 years old, while 2 per cent were more than 50 years old.

Key findings of the survey:

- 62 per cent of the respondents said that they accessed the information about distribution from ARCS volunteers, while the remaining 38 per cent accessed the information about distribution from the ARCS office.
- 52 per cent of the respondents said that they did not know how to register a complaint, while 48 per cent said that they were aware of how to register a complaint.

All respondents said that:

- They did not pay money or any other benefit to be included in the distribution list.
- All respondents said that they were satisfied with the information provided by the ARCS on cash for work programme.
- ARCS staff and volunteers behaved with respondents respectfully.

ARCS PMER department shared the findings to operation team for their needful action.

Lessons Learnt

It is crucial that the operation team increase the number of sensitization or awareness sessions before each intervention at the community level to provide all the information related to the intervention.

Challenges

Because of the restriction policy and cultural sensitivity, ARCS could not enroll any females in the cash for work initiative.



Health

Budget: CHF 549,540

Targeted Persons: 48,000

Assisted Persons: 42,863

Targeted Male: 19,064

Targeted Female: 23,799

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	120
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Narrative description of achievements

ARCS, with the support of the IFRC Secretariat, managed two health camps: one near the Torkham and the other near the Boldak border crossing points. The health camps, focused on providing healthcare services to vulnerable populations, have achieved substantial milestones. In terms of patient care, 42,863 people (comprising 23,799 females and 19,064 males) received medical treatment at designated cross-border points. Furthermore, the project has demonstrated efficient use of medical resources, with a consultation rate of 10,716 patients per physician, ensuring that each patient receives timely and quality care (as of 31 May 2024). Likewise, 9,870 under-five children (4,650 male, 5,220 female) were provided with routine immunizations and Oral Polio Virus (OPV). Routine vaccinations included Bacillus Calmette-Guerin (BCG), Hepatitis-B, OPV, Inactivated Polio Vaccine (IPV), measles, pentavalent, Pneumococcal Conjugate Vaccine (PCV), and Rotavirus vaccines. Furthermore, MHPSS services included providing psychological first aid, psychosocial support, and referral.

Initially, the project aimed to deploy the MHTs to provide services to returnees from Pakistan; however, as the situation evolved and demand for healthcare services increased, the project was modified to establish fixed health camps to provide comprehensive services. Each camp was equipped with medical and non-medical equipment and WASH facilities available for staff and clients, ensuring that patients received quality medical care and a safe and hygienic environment. IFRC procured 120 medical kits provided to the camps, ensuring the provision of essential medical resources. Each kit consists of 63 medicine items that cover the medicine supply of an estimated 2,640 people. Hence, 120 kits will cover the medicine supply of 316,800 people.

The operation also ensured swift and effective medical emergency evacuation by maintaining a standby ambulance service in Torkham and Spin Boldak Cross-borders. In response to urgent medical needs, 28 medical cases were referred to higher-level health facilities, to receive further medical care and investigations that enabled patients to receive timely and specialized treatment

However, health camp operations were suspended following the conclusion of the DREF operation. ARCS will resume the health camps if there is resurgence of returnees.

Provision of meals was 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.

Lessons Learnt

Not any

Challenges

Mobilization of female volunteers was challenging because of the restriction policy for females in the workplace; this led to challenges in reaching out to female returnees. However, ARCS mobilized female staff within the health facilities to ensure women and girls received services.



Water, Sanitation And Hygiene

Budget: CHF 6,390

Targeted Persons: 5,000

Assisted Persons: 4,953

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
# of people able to access latrines within health facilities	5,000	4,953
# of people able to access water within health facility	5,000	4,953

Narrative description of achievements

- The ARCS set up 10 handwashing stations, two water tanks (1,500 liters), 20 garbage bins, and six portable latrines at health facilities at the Torkham crossing point in Nangarhar, benefiting 4,953 people.
- As the number of returnees became manageable, the provision of drinking water at the crossing points was no longer necessary. Consequently, the DREF operation was revised, reallocating part of the WASH budget to health. However, ARCS, along with other humanitarian actors, provided water bottles from its own resources.

Lessons Learnt

Not any

Challenges

Not any



Protection, Gender And Inclusion

Budget: CHF 0

Targeted Persons: 50,000

Assisted Persons: 43,213

Targeted Male: 19,243

Targeted Female: 23,970

Indicators

Title	Target	Actual
% of deployed staff and volunteers oriented in PGI sensitization and minimum standards	70	90

Narrative description of achievements

The IFRC/ARCS conducted a two-day orientation on CEA, PGI, and safeguarding for 54 ARCS health staff and PSS volunteers (26 female, 28 male) in the Eastern region. The objective was to build participants' capacity in engaging communities at every stage of the operation, incorporating CEA and PGI minimum standards, ensuring child protection measures, and safeguarding. Following the orientation, all participants expressed their commitment to integrating these principles into their activities and services.

Similarly, the IFRC/ARCS provided an orientation on CEA and PGI, including the CEA-PGI minimum standards checklist, to more than 10 members of the shelter and health teams at headquarters. Additionally, all data collection tools were reviewed through a CEA-PGI lens and revised to address PGI issues. A CEA-PGI assessment questionnaire was also developed, and staff and volunteers involved in the assessment were trained in its use. These tools are now being utilized by the operation and PMER teams during data collection.

Furthermore, the ARCS/IFRC drafted a child safeguarding risk analysis tool and provided an orientation to the operation team on its use. The finalization of the tool is currently in progress.

As CEA-PGI issues were integrated into each service under the DREF Operation, the total number of people reached through direct health care and cash-for-work initiatives has been considered as individuals served under CEA and PGI.

Lessons Learnt

- It is important that a separate budget be allocated for PGI activities for their smooth implementation.



Challenges

In the Afghanistan context, it is culturally expected that services to women should be provided by female personnel. However, the limited availability and mobility of female ARCS staff and volunteers hindered the ability to effectively reach and provide assistance to the most vulnerable groups, especially women.



Migration And Displacement

Budget: CHF 118,455

Targeted Persons: 50,000

Assisted Persons: 49,213

Targeted Male: 22,303

Targeted Female: 26,911

Indicators

Title	Target	Actual
# of people served at humanitarian service points	50,000	49,213
# of volunteers mobilised to support the operation	100	60

Narrative description of achievements

ARCS, with support from IFRC, established two humanitarian service points at the Spin Boldak (Kandahar) and Torkham (Nangarhar) border crossing points.

At these service points, ARCS oriented and assigned 60 volunteers based on their sector expertise to effectively assist returnees. Ushers were positioned at the entrance to guide returnees through available services, prioritizing health cases. The ARCS reached more than 49,000 people through primary health services, MHPSS activities, RFL services, and RCCE activities, including information sharing about area-specific hazards related to weapon contamination, aiming to prevent accidental explosions that could lead to injuries or loss of life.

Lessons Learnt

- Lessons learnt are presented under the 'Risk Reduction, Climate Adaptation and Recovery' section of this report.

Challenges

- Mobilization of female volunteers was challenging because of the restriction policy for females in the workplace; this led to challenges in reaching out to female returnees. However, ARCS mobilized female staff within the MHTs to assist women who visited for health concerns.



Risk Reduction, Climate Adaptation And Recovery

Budget: CHF 5,324

Targeted Persons: 113

Assisted Persons: 40

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
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Narrative description of achievements

With the support of IFRC, ARCS provided 3,000 winterization kits to 3000 returnee households in five provinces (Helmand-300, Kabul-500, Kandahar-700, Kunar-300 and Nagarhar-1000). Of these, 1,280 kits were procured through the DREF. Each winterization kit contained: children's sweaters-5 pieces, adult sweaters-2 pieces, women's winter shawls-2 pieces, men's winter wraps (Patto)-2 pieces, adult winter shoes- 2 pairs, children's boots-4 pairs, socks-12 pairs, children's woolen gloves-4 pairs, warm woolen children's caps-4 pieces, winter coats-2 pieces, and 3 bag-1 piece.

ARCS/IFRC organized a joint lesson learned workshop on 11-12 June 2024 for population movement DREF operation, cold wave DREF operation and flood operations, focusing on primary health care services, and the cash for work programme in Kabul, Afghanistan. The event took place at the ARCS headquarters and was attended by 40 people, including ARCS senior leadership, and representatives from different regional offices, branches, and headquarters, as well as volunteers, IFRC sectoral/operation team, and quality and accountability team, and financial service providers.

The workshop was crucial for sharing lessons learned and best practices from the field of operations, discussing challenges, and drawing recommendations for future interventions.

Key recommendations from the workshop include:

- Increase number of workshops and meetings between IFRC and ARCS to clarify operation objectives, activities, policy and procedure .
- Designate an appropriate location for the accommodation of the operational team working in the field during emergencies.
- Ensure sufficient budget allocation, accounting for the number of vulnerable individuals in any operations.

Refer to the section below for lessons learned and challenges.

Unlike traditional lessons learned workshops, participants were asked which past lessons were applied in this operation. They shared that by learning from their experiences, they were able to better orient volunteers and allocate sufficient time for the assessment and registration of recipients. This approach minimized errors in the recipient lists and details, resulting in a smoother distribution process.

Lessons Learnt

- It is crucial to allocate sufficient time for the registration of aid recipients to ensure effective project implementation.
- Providing orientation and training for staff, along with utilizing standardized systems like RedRose for household registrations, promotes efficiency and effective database management.
- Engaging with the community to communicate project criteria before implementation fosters transparency and enhances understanding among stakeholders.
- Conducting exit surveys to gather real-time feedback from recipients is essential for identifying areas that need improvement in the distribution process.

Challenges

- Budget limitations restricted the project's ability to cover the full scope of need, underscoring the challenge of providing support to all vulnerable populations within resource constraints.



Community Engagement And Accountability

Budget: CHF 3,195

Targeted Persons: 50,000

Assisted Persons: 43,213

Targeted Male: 19,243

Targeted Female: 23,970

Indicators

Title	Target	Actual
% of people satisfied with receiving services and with dignity	90	82



# of people reached through dissemination of key information and messages	50,000	43,213
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Narrative description of achievements

ARCS communicated the selection criteria for any distributions and services to both recipients and non-recipients using a variety of channels, including community meetings, and information shared at distribution points. With support from IFRC, ARCS disseminated key information in the target area, emphasizing that all aid provided is completely free. This measure was taken to minimize the risks of sexual exploitation, abuse, and corruption.

A Frequently Asked Questions (FAQ) document was developed and distributed to volunteers, enabling them to provide accurate information to community members.

ARCS, with support from IFRC, conducted two days of CEA, PGI, and safeguarding training to 54 (26 female, 28 male) ARCS staff in volunteers in Eastern regions to ensure the capacity of participants are build on cross cutting issues while the CEA minimum action and PGI minimum standards are mainstreamed in the program cycle.

As CEA-PGI issues were integrated into each service under the DREF Operation, the total number of people reached through direct health care and cash-for-work initiatives has been considered as individuals served under CEA and PGI.

Lessons Learnt

Face-to-face communication is an important feedback channel, but providing an option for the community to share their concerns would be beneficial. Based on observations, a toll-free hotline would be particularly useful for the community, especially for women, the elderly, and individuals with disabilities or chronic illnesses who may have difficulty going outside to seek information or who rely solely on relatives. The hotline would facilitate their access to ARCS.

Challenges

- A shortage of female volunteers limited consultation and feedback collection from women in the operation. However, female staff from MHTs discussed with females about their health problem who visited the health facilities for their treatment.



Secretariat Services

Budget: CHF 0
Targeted Persons: 0
Assisted Persons: 0
Targeted Male: -
Targeted Female: -

Indicators

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

Narrative description of achievements

The IFRC Secretariat extended several services under this operation. They provided technical and management support by leveraging existing capacities in the country. (supported by other emergency appeals). Additionally, two information management coordinators were deployed remotely as surge support for emergency operations, with one focusing specifically on the population movement operation by monitoring secondary data and updating the operational team. The IFRC Secretariat also offered membership services, which included security, reporting, procurement, and resource mobilization. Furthermore, communications personnel were mobilized to the Torkham and Spin Boldak border crossing points to collect visual evidence, draft key messages, and conduct anonymous interviews with returnees for media dissemination, although these interviews were not published due to extreme sensitivities.



Lessons Learnt

- Given the unique nature of this crisis, it is crucial to deploy communication personnel to conduct in-depth and anonymous interviews. These should focus on ARCS services, personal experiences with the adequacy of services, and related stories.

Challenges

- Not any



National Society Strengthening

Budget: CHF 5,325

Targeted Persons: 100

Assisted Persons: 60

Targeted Male: 60

Targeted Female: 0

Indicators

Title	Target	Actual
# of volunteers recruited and mobilised	100	60

Narrative description of achievements

Under National Society Strengthening, ARCS oriented and mobilized 60 volunteers for humanitarian activities in the population movement operation. They were positioned at humanitarian service points to guide returnees on available services and RCCE activities, including information sharing about area-specific hazards related to weapon contamination, aiming to prevent accidental explosions that could lead to injuries or loss of life.

Likewise, ARCS/IFRC coordinated with authorities, Red Cross Red Crescent Movement partners, humanitarian actors, and different clusters for an effective response to the returnees arriving in Afghanistan. Refer to the 'major coordination mechanism' section of this report for further information.

Lessons Learnt

- Not any

Challenges

- Not any



Financial Report

DREF Operation

FINAL FINANCIAL REPORT

MDRAF013 - Afghanistan - Population Movement

Operating Timeframe: 27 Nov 2023 to 31 May 2024

I. Summary

Opening Balance	0
Funds & Other Income	750,000
DREF Response Pillar	750,000
Expenditure	-749,176
Closing Balance	824

II. Expenditure by planned operations / enabling approaches

Description	Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items			0
PO02 - Livelihoods	47,925	47,410	515
PO03 - Multi-purpose Cash			0
PO04 - Health	549,540	549,871	-331
PO05 - Water, Sanitation & Hygiene	6,390	10,851	-4,461
PO06 - Protection, Gender and Inclusion			0
PO07 - Education			0
PO08 - Migration	118,455	95,077	23,378
PO09 - Risk Reduction, Climate Adaptation and Recovery	5,325	23,781	-18,456
PO10 - Community Engagement and Accountability	3,195	3,146	49
PO11 - Environmental Sustainability			0
Planned Operations Total	730,830	730,136	694
EA01 - Coordination and Partnerships	13,845	13,739	106
EA02 - Secretariat Services			0
EA03 - National Society Strengthening	5,325	5,301	24
Enabling Approaches Total	19,170	19,040	130
Grand Total	750,000	749,176	824

III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
Relief items, Construction, Supplies	507,000	292,887	214,113
Shelter - Relief		24,234	-24,234
Construction - Housing		-136,775	136,775
Construction Materials	56,000	54,020	1,980
Food			0
Water, Sanitation & Hygiene	6,000		6,000
Medical & First Aid	360,000	79,988	280,012
Utensils & Tools		136,775	-136,775
Other Supplies & Services	40,000	110,455	-70,455
Cash Disbursement	45,000	24,190	20,810
Logistics, Transport & Storage	55,000	32,446	22,554
Storage		2,340	-2,340
Distribution & Monitoring		4,552	-4,552
Transport & Vehicles Costs	55,000	15,927	39,073
Logistics Services		9,627	-9,627
Personnel	116,226	38,104	78,121
National Staff		14,757	-14,757
National Society Staff	83,000	23,347	59,653
Volunteers	33,226		33,226
Workshops & Training	26,000	22,409	3,590
Workshops & Training	26,000	22,409	3,590
General Expenditure		27,165	-27,165
Travel		5,442	-5,442
Information & Public Relations		288	-288
Office Costs		8,228	-8,228
Communications		516	-516
Financial Charges		6,057	-6,057
Other General Expenses		74	-74
Shared Office and Services Costs		6,560	-6,560
Contributions & Transfers		290,440	-290,440
National Society Expenses		290,440	-290,440
Indirect Costs	45,775	45,724	51
Programme & Services Support Recover	45,775	45,724	51
Grand Total	750,000	749,176	824

Internal

[Click here for the complete financial report](#)

Please explain variances (if any)

Budget variance from slight underspending:

CHF 750,000 was allocated from the IFRC-DREF for ARCS to respond to the needs of approximately 50,000 people. By the end of the operation, the total expenditure recorded was CHF 749,176, which represents 99 per cent of the budget spent. The left balance of CHF 824 will be returned to the IFRC-DREF pot.

The variance in the financial report is due to system-related misclassifications in the initial budget, not incorrect spending. Some costs



were budgeted under the wrong account lines or charged to the wrong planned operation code. As a result, expenses appear under categories with no allocation. Despite this, the report remains broadly aligned with the approved budget.



Contact Information

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

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[Click here for reference](#)

