



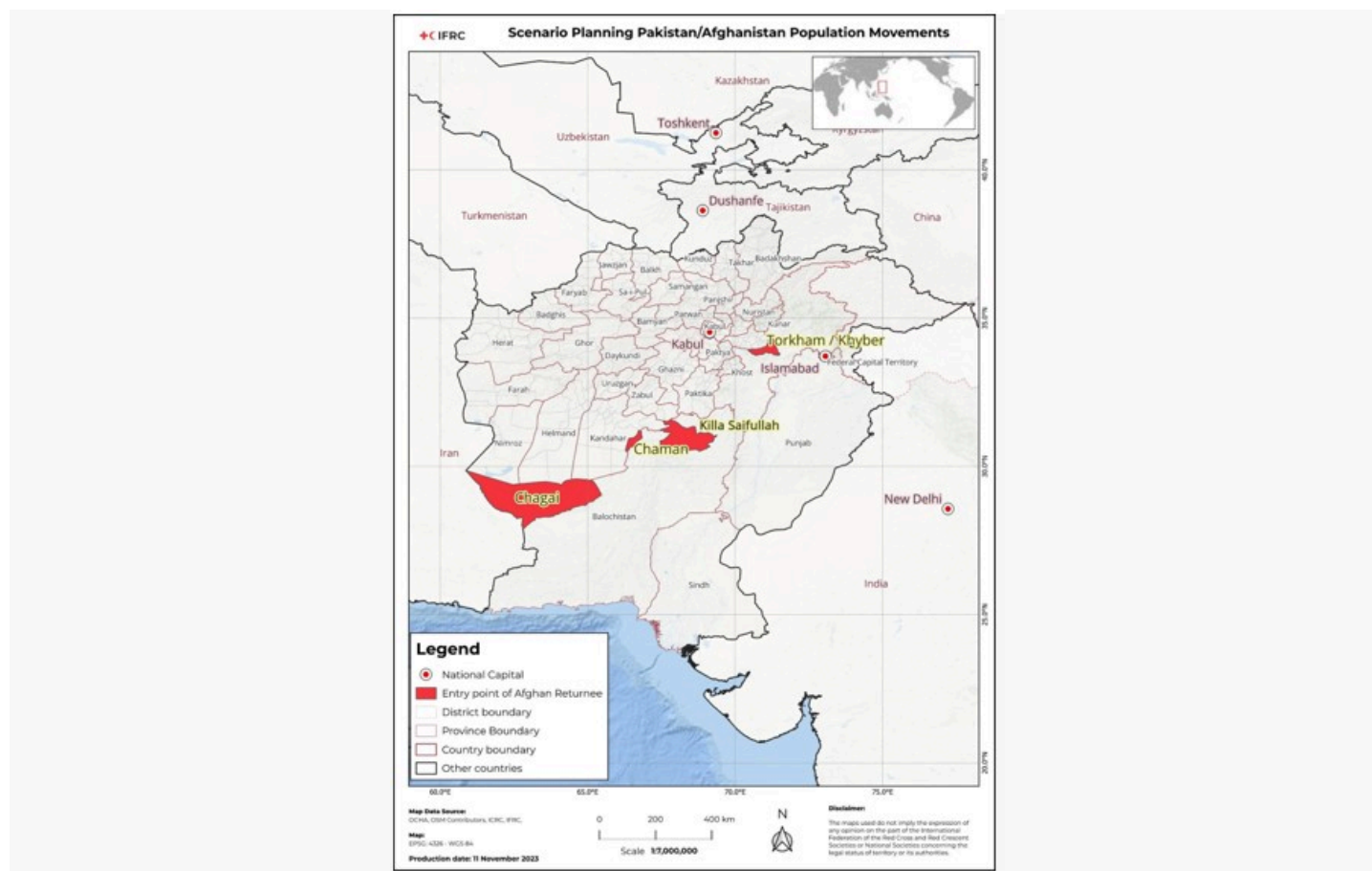
Afghan Red Crescent Society (ARCS) volunteers welcome and assist Afghan returnees to designated temporary camps at the Spin Boldak border in Kandahar province. (Photo credit: IFRC)

Appeal: <b>MDRAF018</b>	Country: <b>Afghanistan</b>	Hazard: <b>Population Movement</b>	Type of DREF: <b>Response</b>
Crisis Category: <b>Orange</b>	Event Onset: <b>Slow</b>	DREF Allocation: <b>CHF 750,083</b>	
Glide Number: <b>CE-2025-000042-AFG</b>	People Affected: <b>800,000 people</b>	People Targeted: <b>50,000 people</b>	
Operation Start Date: <b>12-04-2025</b>	Operation Timeframe: <b>9 months</b>	Operation End Date: <b>31-01-2026</b>	DREF Published: <b>13-04-2025</b>
Targeted Areas: <b>Kandahar, Khost, Kunar, Nangarhar, Paktika, Zabul</b>			

# Description of the Event

## Date when the trigger was met

01-04-2025



## What happened, where and when?

In early March 2025, the Government of Pakistan issued a directive mandating that all Afghan Citizen Card (ACC) holders must leave the country by 31 March 2025, as part of its ongoing Illegal Foreigners Repatriation Plan (IFRP). This directive has led to intensified enforcement measures, with police deployed in various regions to detain undocumented foreigners and advise them to return to their countries of origin. The urgency of this situation is compounded by the Eid-al-Fitr holidays, which have impacted the timeline for repatriation.

This escalation follows a prior announcement on 3 October 2023, wherein the Government of Pakistan outlined plans to repatriate “illegal foreigners” who did not voluntarily depart by 1 November 2023. A total estimated 2.8 million Afghans are in Pakistan, of whom approximately 1.4 million are unregistered/undocumented. The Pakistani authorities’ actions pose a significant risk to an already fragile community recovering from decades of conflict, recurring disasters, and economic challenges.

Recent reports indicate that the Government of Pakistan has commenced demolishing unauthorized settlements occupied by undocumented foreigners, further heightening fears among Afghan migrants. The repercussions of these actions have sparked a notable surge in returnees. Based on the Pakistan Inter-Agency Contingency Plan, from 1 April 2025, approximately 13,000 returnees will enter through the Torkham border and 7,000 through Spin Boldak, totaling around 20,000 returnees per day.

The main entry points into Afghanistan are in Kandahar (Spin Boldak) and Nangarhar (Torkham) provinces, with neighboring provinces such as Badakhshan, Helmand, Kunar, Khost, Paktika, Paktiya, Nimroz, and Zabul also likely to be affected by the influx. The returnees face arduous journeys that can span several days, exposing them to severe weather conditions, limited access to basic health services, and increased safeguarding and protection risks.

The registration process for returnees, managed by authorities with support from IOM, has become overwhelmed due to the staggering number of individuals arriving at border crossings. This has resulted in delays and prolonged stays in transit centers, complicating the

reintegration process for returnees.

As the situation unfolds, the health, safety, and well-being of these returnees—especially vulnerable groups such as women, children, the elderly, and individuals with disabilities—are of paramount concern. The existing pressures on limited humanitarian services and resources are exacerbated by the fact that many humanitarian organizations have scaled down or ceased operations due to funding constraints, particularly following reductions in support from major donors.

Given these pressing humanitarian needs, there is an urgent requirement for comprehensive support, including access to medical care, adequate shelter, and essential supplies. This is critical to address the dire conditions faced by the returnees and to mitigate the humanitarian impact of this large-scale population movement. Coordinated efforts are essential to ensure the safety and well-being of all individuals involved, particularly considering the evolving dynamics of this humanitarian crisis.

Between 1 April and 7 April 2025, a total of 1,825 families, comprising 12,775 individuals, returned to Afghanistan through the formal Torkham and Spin Boldak border crossing points.

## Scope and Scale

The scale and scope of the ongoing returnee crisis is both staggering and rapidly escalating. Between November 2023 and March 2025, an estimated 720,000 undocumented Afghans and 50,000 voluntary repatriates have returned from Pakistan. This significant influx reflects not only a deepening humanitarian emergency but also a critical demand for coordinated, large-scale response efforts. The situation is far from stabilizing—projections from the International Organization for Migration (IOM) estimate that beginning 1 April 2025, approximately 20,000 people will cross daily into Afghanistan via Torkham (13,000) and Spin Boldak (7,000) border points. This anticipated daily surge calls for an urgent, well-resourced, and long-term strategy to meet the needs of returnees and reinforce overstretched humanitarian systems.

The returnees are re-entering a country already under immense socio-economic strain. The Afghan economy has contracted by 25 percent in recent years, resulting in a doubling of unemployment, widespread poverty, and increased reliance on humanitarian assistance. Over half of the population now lives below the poverty line. Compounding these vulnerabilities, Afghanistan remains acutely exposed to natural hazards including earthquakes, floods, droughts, landslides, and avalanches. Internally, approximately 6.6 million people remain displaced due to past conflict, violence, and climate-related disasters.

Meanwhile, recent aid cuts—such as those by USAID and other core donors—have led to the closure of more than 180 health facilities and the loss of over 1,500 humanitarian jobs, further weakening essential services. Without immediate and sustained support, the most vulnerable—including women, children, older persons, and people with disabilities—face heightened protection risks. Households are already adopting negative coping mechanisms, such as selling essential assets, as reported by the United Nations and national media outlets.

The magnitude of this crisis demands not only emergency response, but a sustained, multi-sectoral effort to ensure the safety, dignity, and resilience of returnee populations.

## Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	Yes
Did it affect the same population group?	No
Did the National Society respond?	-
Did the National Society request funding form DREF for that event(s)	-
If yes, please specify which operation	-
If you have answered yes to all questions above, justify why the use of DREF for a recurrent event, or how this event should not be considered recurrent:	
-	
Lessons learned:	



One of the key lessons from the MDRAF013 operation was the importance of allocating sufficient time for the registration of aid recipients to ensure smooth and effective project implementation. Proper planning and scheduling of this process aid in preventing delays and ensure assistance reaches those in need promptly.

Providing refresher trainings and building overall capacity for Afghan Red Crescent Society (ARCS) staff enhances operational efficiency and ensures quality responses. The use of standardized systems, such as Red Rose for household registrations, proved to be highly effective in managing data accurately and streamlining the registration process. Well-trained personnel and reliable digital systems contribute to improved coordination and service delivery; refreshers should be provided twice a year.

Another critical lesson learned was the need for comprehensive and increased community engagement before the initiation of project implementation. Setting project criteria and objectives that are clearly communicated to the affected populations and individuals fosters a culture of transparency, improves trust, and enhances understanding among stakeholders. This proactive approach helps manage expectations and ensures that aid is distributed in a fair and principled manner.

Finally, past DREF operations highlighted the importance of conducting exit surveys to collect real-time feedback from aid recipients. These surveys provide valuable insights into the effectiveness of distribution efforts and help identify areas that require further improvement. By incorporating real-time feedback mechanisms, future operations can continuously refine their approaches to better meet the needs of affected communities.

# Current National Society Actions

## Start date of National Society actions

01-04-2025

Health	<p>ARCS has since mobilized and dispatched one mobile health team (MHT) to the Torkham border to provide life-saving primary health services, in addition to already existing volunteers and medical supplies. ARCS established a temporary health camp at the reception center, providing 24-hour medical services and referring complex medical cases to the provincial hospital in Jalalabad. The MHT is providing emergency primary health services, reproductive health, nutrition services, and basic psychosocial support. Volunteers provide education on key health issues as well as hygiene promotion. ARCS is mobilizing additional MHTs to manage the anticipated increasing number of returnees.</p> <p>Additionally, ARCS will train 60 volunteers in Community-Based Health and First Aid (CBHFA), waste management, and hygiene promotion. These trained volunteers will then be mobilized to ensure community engagement efforts and actively promote hygiene practices.</p>
Water, Sanitation And Hygiene	<p>In addition to hygiene promotion activities delivered by ARCS community-based volunteers, ARCS is also providing portable latrines, sanitary kits, and contributing to waste management to support vulnerable people, including women and children.</p>
Coordination	<p>During a recent coordination meeting in March, the ARCS Acting Secretary General, interim IFRC Head of Delegation, and ICRC Head of Delegation came together to discuss the challenges faced by returnees. The Acting ARCS senior management recognized the urgent need to support returnees and discussed strategies to strengthen the ARCS and broader Red Cross Red Crescent (RCRC) Movement in responding to this crisis.</p> <p>In a separate Emergency Task Force meeting held on 23 March 2025 and convened by the ARCS, key stakeholders including the IFRC Country Delegation, ICRC, and in-country PNSs gathered to assess the evolving humanitarian situation and brainstorm ways to effectively assist ARCS in its immediate response efforts. The collaborative efforts and shared insights from these meetings underscore the commitment of the RCRC Movement to address the pressing needs of the Afghan population amidst challenging circumstances.</p>
National Society Readiness	<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</p>





	<p>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, the 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 inception, assessment phase, identification, and registration of target communities, including IDPs. In addition, volunteers carry out hygiene promotion and community mobilization. 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, acting in its auxiliary role.</p> <p>The ARCS has implemented four IFRC DREF operations (of which three IFRC DREF operations are concluded to date) and one Emergency Appeal since 2021. More information about the ARCS response to the operation can be found on the IFRC GO platform.</p>
<b>Assessment</b>	<p>IFRC is planning to deploy an assessment team to Nangarhar's Torkham border and Kandahar' Spin Boldak border crossing points to conduct rapid needs assessments, which will better inform the early stages of the operation and structured humanitarian support interventions.</p>
<b>National Society EOC</b>	<p>ARCS activated its EOC on two separate occasions, comprising staff from ARCS, IFRC, ICRC, Danish Red Cross (DRC), Norwegian Red Cross (NorCross), Qatar Red Crescent Society (QRCS), and Turkish Red Crescent (TRC). The Emergency Task Force swiftly decided to deploy an assessment team to identify needs and gaps, as well as to anticipate the immediate deployment of ARCS MHTs to the borders to provide essential primary healthcare services to the returnees.</p>

## IFRC Network Actions Related To The Current Event

<b>Secretariat</b>	<ul style="list-style-type: none"> <li>Two rub halls were made available to support ARCS in establishing humanitarian service points at the Spin Boldak and Torkham border points in Kandahar and Nangarhar, respectively.</li> <li>Immediate release of two ambulances to support ARCS in emergency medical referrals.</li> <li>Briefed select Doha-based embassies on the returnee situation and ARCS' plans for immediate relief operations, as well as anticipated medium- to long-term plans.</li> <li>IFRC planned meetings with IEA MoFA, Ministry of Public Health, and ANDMA to discuss their plans for managing the returnee humanitarian crisis and how to best position ARCS' operations and immediate support.</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, early resource mobilization efforts, coordination, and engagement with inter-agency mechanisms.</li> <li>Engaged with the IFRC Pakistan Country Delegation regarding the returnee issues in March 2025.</li> </ul>
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	<ul style="list-style-type: none"> <li>• IFRC is planning needs assessment teams to undertake a rapid assessment and situation analysis at the border points as soon as ARCS provides the green light.</li> <li>• Assisting ARCS in the development and coordination of information management.</li> <li>• A partners call was conducted on 26 March 2025 to provide updates on the evolving Afghan returnee situation and anticipated ARCS operations at the Spin Boldak and Torkham borders. Early impressions were shared with participants regarding the recent drastic aid cuts and the outlook on ARCS' strategy and priorities.</li> </ul>
<b>Participating National Societies</b>	The TRC, with support from IFRC, is in the process of supporting ARCS in providing ready-to-eat meals to returnees at the Torkham border. Additionally, the DRC has supported one MHT with two psychosocial counsellors and a doctor trained in mental health to provide essential medical attention to people in distress.

## ICRC Actions Related To The Current Event

The International Committee of the Red Cross (ICRC) joined the emergency task force meetings led by the ARCS and confirmed its readiness to support the operational costs of staff and volunteers during the early stages of the crisis. In line with its partnership, the ICRC is also coordinating with technical teams to provide support in health, emergency water and sanitation, restoring family links, protection referrals, awareness on risks, and communication. Additionally, it has pledged 600,000 USD through the IFRC to help pre-position essential household items and boost response capacity.

## Other Actors Actions Related To The Current Event

<b>Government has requested international assistance</b>	Yes
<b>National authorities</b>	A commission led by the Deputy Prime Minister has been established at the central level, with a sub-commission at the provincial level to oversee the influx of returnees and the response in 10 provinces bordering Pakistan. ARCS is a member of both the central commission and all sub-commissions. Local authorities have managed vehicles to transport returnees and their household items from the border.
<b>UN or other actors</b>	<p>The UN network, along with other INGOs working at the Afghanistan-Pakistan border crossing areas (Torkham and Spin Boldak), has 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 support the high volume of people in need, in line with contingency plan scenarios developed.</p> <p>IOM is leading the operation targeting unregistered returnees, conducting registration and providing transport tokens. UNHCR complements IOM by providing one month's worth of food rations for each household and taking care of all the needs of voluntary repatriation cases. UNICEF is serving children by providing therapeutic feeding and supporting child-friendly spaces. WHO is overseeing the overall health situation, while UNFPA focuses on reproductive health.</p>

### Are there major coordination mechanism in place?

At the national level, the 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 Populations 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, 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 that people's needs are met in a timely and efficient manner.

## Needs (Gaps) Identified



### Shelter Housing And Settlements

In 2025, the Emergency Shelter-Non-Food Item (ES-NFI) Cluster planned to focus more on shelter activities, such as repairs and transitional shelter support, due to reduced conflict-related displacements and a heightened need for shelter repairs. Transitional shelter needs are particularly high, with a significant portion of internally displaced persons (IDPs) and other groups reporting severe shelter needs.

The Cluster's plans did not originally include returnees, but with around 5,000 people crossing the border daily, many lacking shelter and facing harsh conditions, the need for emergency shelters and household items is pressing, especially with the approaching winter. The current population movement has put pressure on the already existing shelter needs in the country. With an average of 5,000 people crossing the border daily, while lacking shelter on the way and having had to spend nights in open spaces, some will continue to do so at their destination because they lack homes or relatives to host them. As such, there is an immediate need for emergency shelters and household items, as well as winter clothing, with the winter season approaching in Afghanistan. Immediate provision of emergency shelter is essential to ensure their safety and protection from the elements.

The returnees might face major challenges in their destination, having been away for an extended period, and some, without close relatives, lack shelter and might resort to temporary makeshift structures that are prone to the effects of the winter season. Even those with host families will still be under pressure, as shown by the dire shelter needs in the country.

The planned needs assessment will be conducted to identify immediate needs, intermediate needs and long-term needs.



### Livelihoods And Basic Needs

Upon arrival at border and reception sites, Afghan returnees face critical food insecurity, requiring immediate aid. However, the overwhelming demand is straining the ability of humanitarian agencies, and authorities are urging additional actors to step in. Beyond the immediate need for emergency food aid, long-term food security and livelihood support remain largely unaddressed, making sustainable reintegration a challenge. Additionally, the lack of comprehensive assessments and direct engagement with returnees limits the effectiveness of food and livelihood interventions, preventing a tailored approach that meets their specific needs.

The absence of adequate food aid increases vulnerability, particularly among children, pregnant and lactating women, and the elderly, putting them at risk of malnutrition. Without sustainable livelihood opportunities, returnees remain dependent on short-term aid, prolonging economic instability and reducing their ability to regain self-sufficiency. Furthermore, the lack of coordinated food security and livelihood programs delays reintegration efforts, making it difficult for returnees to set up a stable means of living and contribute to their communities.

To address these challenges, emergency food aid must be scaled up, ensuring an increased supply of nutritious, ready-to-eat meals and food packages at border points and reception sites. Strengthening food security and livelihood support through detailed assessments will help identify the specific needs of returnees, allowing for more context-specific interventions that bridge short-term food aid with long-term economic opportunities. Additionally, adopting a multi-sectoral approach by integrating livelihood support programs—such as skills training, cash aid, and agricultural initiatives—will promote self-reliance and ensure the sustainable reintegration of Afghan returnees into their communities.



## Health

The expected significant influx of returnees through the Torkham and Spin Boldak borders in Nangahar and Kandahar, respectively, will undoubtedly lead to increased demand for life-saving health services. There is already a critical shortage of medicines, healthcare workers (especially female staff), medical supplies, and equipment. The anticipated lack of space in health facilities will make 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. Around 17 per cent of households are reportedly not using health facilities. The three most reported reasons for this were the lack of medicine, facilities being too far away, or facilities being closed.

There is also a lack of proper WASH facilities, such as toilets, washing basins, and solid waste management equipment in Torkham and Spin Boldak – a major predisposing factor to the outbreak of communicable diseases. In addition to limited access to clean drinking water, returnee families will lack appropriate sanitation facilities. It is expected there will be high levels of malnutrition, particularly among children and pregnant/lactating women. This will be due to food insecurity at the household level, limited humanitarian actors providing therapeutic and supplementary feeding interventions, lack of basic knowledge in infant and young child feeding (IYCF), and lack of knowledge in basic hygiene practices and prevention of malnutrition at the household level.

Overall, the most overarching health needs in Nangahar and Kandahar provinces include a lack of maternal/reproductive and child health services, lack of quality treatment for communicable and non-communicable diseases, EPI services, and community-based management of acute malnutrition. Health facilities are limited, particularly after the withdrawal of US funding from various humanitarian actors, which has led to the closure of over 28 health facilities and the scale-down of most life-saving humanitarian operations. Additionally, both provinces lack qualified health personnel, particularly female staff, hence the need to build the capacity of available staff.

According to the January 2025 Integrated Food Security Phase Classification (IPC), Nangahar and Kandahar provinces are among the provinces that account for the highest number of malnourished children, with a caseload of nearly 42 per cent of the total burden of malnutrition in the country – a situation that will further worsen with the huge influx of returnees. The Global Acute Malnutrition (GAM) levels in Kandahar and Nangahar are classified at "critical" and "serious" levels, respectively, a situation that requires urgent intervention.



## Water, Sanitation And Hygiene

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

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



## Migration And Displacement

As the number of returnees is expected to rise from 1 April onwards, coordination discussions with partners highlighted ongoing gaps in service provision. Many returnees, including elderly individuals, persons with disabilities, and unaccompanied minors, face challenges in accessing support due to a lack of structured guidance at border crossing points. There is limited awareness among returnees about the services available, where to access them, and which organizations provide them.

Additionally, mobility assistance, such as wheelchairs for persons with disabilities and escorts for elderly individuals and unaccompanied minors, remains insufficient. The absence of proper guidance increases the vulnerability of returnees, leaving them at higher risk of protection concerns, particularly for those with mobility challenges. To address these gaps, efforts should be strengthened to provide clear guidance on service accessibility, improve the availability of mobility assistance equipment, and enhance risk communication on weapon contamination.





## Community Engagement And Accountability

Accountability requires that ARCS listen to and consider people in all phases of humanitarian programming and use their feedback to design and adjust programming. This involves giving an account by transparently and effectively communicating with people through channels, formats, and languages they prefer. It also includes being held accountable for the conduct of aid workers, respecting Prevention and Response to Sexual Exploitation and Abuse (PSEA), and ensuring the quality, effectiveness, and fairness of resources and programs.

Community Engagement and Accountability (CEA) is one of 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, ensuring they can access humanitarian assistance as necessary, have the required information about 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 by 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 (e.g., adding CEA questions into 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, there is a lot of solid waste scattered in the area. Efforts should be made to provide waste management and engage host communities in undertaking refuse collection through incentives.

### [Assessment Report](#)

# Operational Strategy

## Overall objective of the operation

The response aims to support ARCS in addressing the immediate humanitarian needs of 50,000 returnees arriving in Afghanistan through the Torkham and Spin Boldak border points with Pakistan, while also providing medium-term support for their early recovery and reintegration into their final destinations.

The primary objective is to ensure immediate life-saving assistance, including emergency shelter and essential household items such as tents, blankets, mattresses, and ready-to-eat meals. Additionally, access to safe water, sanitation, and health services will be prioritized, with a particular focus on mental health and psychosocial support (MHPSS) through psychological first aid (PFA) at humanitarian service points at border sites.

A key component of the response is the mobilization of volunteers to provide direct support services to returnees. This includes guiding and sensitizing returnees on available services, providing accompaniment for vulnerable groups such as the elderly, unaccompanied minors, and persons with disabilities, and conducting awareness sessions on weapon contamination (WEC) risks to enhance safety in their return areas.

For early recovery, the strategy will focus on shelter assistance, food security, livelihood support, and healthcare, with an emphasis on community health and MHPSS. These interventions aim to strengthen resilience and coping mechanisms at both individual and household levels, ensuring a more sustainable reintegration process for returnees.

## Operation strategy rationale

To achieve the objectives of this operation and effectively address the needs of returnees, this response will focus on immediate humanitarian assistance and medium-term recovery support. The approach is designed to ensure efficient service delivery through the establishment of Humanitarian Service Points (HSPs) at border entry points and coordination with relevant stakeholders at both transit and final destinations.



## Humanitarian Service Points (HSPs) at Border Crossings

ARCS will establish HSPs at the Torkham and Spin Boldak border points to provide a centralized hub for returnee support. These service points will ensure structured, efficient, and accessible humanitarian assistance by assigning trained staff and volunteers to key service areas, including:

- Health Services: First aid, psychosocial support (PSS), and mobile health teams (MHTs) providing primary healthcare services, including polio immunization.
- WASH Support: Distribution of sanitary kits, provision of portable latrines, and hygiene promotion campaigns.
- Protection and Awareness-Raising: Information dissemination on available services, risks of weapon contamination (WEC), and other migration-related concerns.
- Restoring Family Links (RFL): Assistance for separated families to reconnect with loved ones.
- Food Assistance: Provision of hot meals to 890 people daily for three months, prioritizing those seeking health services through TRC.
- Logistics and Transport Support: Registration for further assistance and potential cash-based support for transportation.
- Coordination with IOM: Mobilization of 83 volunteers to support IOM in returnee registration.
- Sanitation and Shelter: Deployment of rub halls to provide accommodation for staff, volunteers, and returnees in need of temporary shelter.
- Establishing Refugee Camps: Distribution of 200 family tents for transitional shelter.
- Waste Management in Returnee Camps: Hiring 80 laborers at both borders for camp cleaning over three months.

## Support at Reception and Final Destinations

At reception centers and final destinations, ARCS will coordinate efforts to facilitate a smooth transition and reintegration of returnees into communities by:

- Establishing temporary evacuation centers in public buildings such as schools, mosques, and madrassas.
- Encouraging returnees to stay in organized shelters rather than informal settlements to ensure access to essential services.
- Deploying mobile kitchens to provide hot meals for returnees at reception sites through TRC.
- Integrating returnees into long-term livelihood programs based on needs assessments conducted at the branch level.

## Migration Response Priorities

The migration response is structured around three key areas:

### 1. Assistance at Border Crossing Points

- ARCS volunteers will assist immigration officials and IOM with returnee registration.
- Special assistance will be provided for vulnerable individuals, including mothers with toddlers, persons with disabilities, and the elderly.
- Support will be extended to those requiring medical attention, including transport to health facilities.

### 2. Support After Border Crossing

- HSPs will act as one-stop centers for immediate assistance, including food, water, healthcare, MHPSS, and RFL services.
- Information campaigns on weapon contamination, available services, and returnee rights will be conducted.

### 3. Support at Final Destinations

- ARCS branches will identify vulnerable households lacking shelter and provide essential humanitarian support.
- Long-term livelihood support opportunities will be explored for returnees as part of broader humanitarian programming.

## WASH Interventions

Given the urgent need for improved sanitation in temporary shelters, WASH interventions will include:

- Provision of clean and accessible toilets and culturally appropriate sanitation facilities.
- Installation of reliable water sources, including wells and water tanks, along with water treatment solutions.
- Solid waste management systems to prevent public health risks.
  - Hygiene promotion campaigns focusing on handwashing, safe food handling, and disease prevention.

## Health Response

With serious health risks posed by the returnee crisis, ARCS will implement life-saving health interventions at border points and in communities:

- First Aid and PFA: Essential to address trauma, distress, and medical emergencies.
- Medical Support: Expansion of MHTs to provide essential health services, particularly for those with acute respiratory infections and diarrheal diseases.
- Training and Capacity Building: Equipping healthcare workers and community responders with first aid skills.
- Trauma Care and Emergency Response: Strengthening referral systems for serious illnesses and injuries.

This operational strategy ensures a comprehensive, multi-sectoral approach that meets the urgent needs of returnees, facilitates their safe and dignified reintegration, and strengthens resilience at both individual and community levels. Through coordinated efforts with partners, ARCS aims to provide life-saving assistance, mitigate risks, and lay the groundwork for long-term recovery and self-reliance among Afghan returnees.

#### Communication

IFRC will support the ARCS communications team in communicating with external regional and global audiences, with a focus on the situation and the Red Cross and Red Crescent humanitarian actions in assisting affected people. ARCS will collaborate with the IFRC Country Delegation on communications content, including photos, videos, stories, and more, to generate visibility and support for humanitarian needs and the RCRC response. Close collaboration on content sharing will be maintained between the IFRC Asia Pacific Regional Office Communications Unit, the IFRC Country Delegation, and the National Society to ensure a coherent and coordinated communications approach.

## Targeting Strategy

### Who will be targeted through this operation?

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

This operation will focus on two key border points with Pakistan, providing immediate support to 50,000 returnees. Assistance will also be extended to individuals who may be relocating onward to any of the six Afghan provinces bordering Pakistan: Kandahar, Khost, Kunar, Nangarhar, Paktika, Zabul.

### Explain the selection criteria for the targeted population

Explain the selection criteria for the targeted population

- Following vulnerability criteria will be used to prioritize selection:
- Returnee documentation.
- 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 disabilities.
- Pregnant and lactating women.
- Households with family members with congenital heart defects.
- Households with no relatives in their final destination.
- Households from host communities who may not have any documentation but have sick family members who are in need of support.

These targeting criteria, together with specific criteria related to other sectors (like health, shelter, IDPs, etc.), will be further discussed and then finalized in consultation with community elders, relevant government departments, and other (inter)national organizations that are operational in these provinces.

The ARCS will coordinate closely with other organizations 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)	7%
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
Overwhelming number of returnees arriving	Contingency plan preparation is ongoing, it will be ready within a month after endorsement and approval by ARCS leadership. It will address the preposition of NFIs & emergency fund to that enable ARCS to use for any emergency.
Other neighboring countries sending Afghans back to Afghanistan	Contingency plan under preparation.
Delays in the procurement of medical kits may hamper service delivery through MHTs	The Country Delegation Logs and APRO are working on several options including sourcing abroad and reaching out to movement partners to assist based on their specific knowledge and expertise.
Restriction on women participation in the field (ARCS staff and volunteers)	Engagement with MoPH and local authorities to advocate for female health workers; Allocation of budget for Mahram to accompany female staff while traveling.
Deterioration of security situation in project area may affect implementation of project activities	Real time monitoring of the situation and advising staff and volunteer; communication of activities and movement with all stakeholders, use of protective emblem; Get information promptly from security platforms and share with the branch office and security briefings and awareness session, movement coordination with movement partners including ICRC.
Harsh weather conditions	Timely project planning and prepositioning of materials

Please indicate any security and safety concerns for this operation

The conflict between returnees in informal settlements and the authorities can be expected if large groups decided to settle in areas not approved by the current authorities. 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 types of groups present suitable grounds for extremist groups to recruit new followers, particularly if the security situation is negatively affected. General crime rates will increase in bordering areas and areas where returnees are settled. 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 63,900

**Targeted Persons:** 1,400

### Indicators

Title	Target
# of family tents distributed to establish camps at border points	200

### Priority Actions

1. Provision and procurement of family tents for vulnerable returnees housed at temporary camps of ARCS at two border points, Torkham and Spin Boldak, for setting up the camps.



## Livelihoods And Basic Needs

**Budget:** CHF 135,788

**Targeted Persons:** 85,000

### Indicators

Title	Target
# of people who received hot meals at border points	85,000

### Priority Actions

1. Distribution of hot meals to returnees at the two border points – Torkham and Spin Boldak.



## Health

**Budget:** CHF 362,792

**Targeted Persons:** 178,964

### Indicators

Title	Target
# of OPD consultations conducted	50,000
# of children screened for malnutrition using anthropometry	23,000
# of women of reproductive age who received TT vaccination	23,180
# of children treated using IMCI protocols	23,000

# of women of reproductive age who are provided with reproductive health services	8,465
# of people who received education on key health issues	50,000
# of complicated cases referred to tertiary health facilities for specialized care	1,202
# of mobile health teams operational	5
# of health camps set up and operational	2
# of staff trained in IMCI (target: 41-female, 69-male)	110

## Priority Actions

1. Conduct daily consultation per physician.
2. Provide MHPSS services.
3. Deploy five MHTs to provide emergency primary health services.
4. Operationalize two health camps (1 in Torkham and 1 in Spin Boldak).
5. Carry out polio immunization programme.
6. Referral of complicated medical cases
7. Conduct training for volunteers in CBHFA, waste management and hygiene promotion.
8. Mobilize trained volunteers for response activities.



## Water, Sanitation And Hygiene

**Budget:** CHF 107,299

**Targeted Persons:** 48,000

## Indicators

Title	Target
# of people reached with hygiene promotion activities in the response period	50,000
# of sanitation facilities constructed or rehabilitated	100
# of sanitary kits distributed	650
# of people reached with improved water source	50,000

## Priority Actions

1. Hygiene promotion at community level by volunteers. This will include dissemination of key hygiene messages by Volunteers. Additionally, ARCS will also distribute soap for handwashing.
2. Establishment of temporary/ portable latrines
3. Solid waste management to prevent public health risks.
4. Distribution of sanitary kits.



## Protection, Gender And Inclusion

**Budget:** CHF 0

**Targeted Persons:** 50,000

## Indicators

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

## Priority Actions

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

1. Mapping and sharing key messages on PGI and PSEA to ARCS staff, volunteers a targeted population.
2. Train staff and volunteers on PGI sensitive assessment.
3. Mainstreaming PGI under technical sectors.
4. Ensure sex and age disaggregated data (SADD) collection.
4. Ensure diversity of staff and volunteers, including male and female.
5. Ensure reach of all including female-headed households.
6. Conduct Child Safeguarding Risk Assessment and related work.

ARCS plans to use the PGI minimum standard checklist for WASH, livelihood, Health and MPCA sectors

The budget has been integrated in CEA as cross cutting sector



## Migration And Displacement

**Budget:** CHF 50,854

**Targeted Persons:** 50,000

## Indicators

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

## Priority Actions

1. Establish two HSPs, one at Spin Boldak (Kandahar) and the other at Torkham (Nangarhar) border crossing points.
2. Health Services: First aid, psychosocial support (PSS), and MHTs providing primary healthcare services, including polio immunization.
3. WASH Support: Distribution of hygiene kits, provision of clean drinking water, and hygiene promotion campaigns.
4. Protection and Awareness-Raising: Information dissemination on available services, risks of weapon contamination (WEC), and other migration-related concerns.
5. Restoring Family Links (RFL): Assistance for separated families to reconnect with loved ones.
6. Food Assistance: Provision of hot meals to 890 people daily for three months, prioritizing those seeking health services.
7. Coordination with IOM: Mobilization of 83 volunteers to support IOM in returnee registration.
8. Sanitation and Shelter: Deployment of rub halls to provide accommodation for staff, volunteers, and returnees in need of temporary shelter.
9. Establishing the camps: Distributing 200 family tents for establishing the transitional shelter.
10. Waste management within the returnee's camp: hiring 80 labors in two borders for cleaning the camps in three months.

ARCS will carry out the interventions at HSPs that cover hot meals, health services, RFL, and WASH interventions, as outlined in the other sectors. The activities will also focus on recruiting and mobilizing volunteers. Therefore, orientation and training for the volunteers will be conducted to ensure they are aware of the HSPs.





## Community Engagement And Accountability

**Budget:** CHF 3,890

**Targeted Persons:** 50,000

### Indicators

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

### Priority Actions

1. Communicate selection criteria widely and clearly for all sectors (MPCA, meal, and hygiene kits, etc.), with recipients and non-recipients, using a range of channels and approaches.
2. Share information on sectoral plans, progress, activities and distribution processes, delays, and challenges, and people's rights and entitlements systematically.
3. Stress that aid is free to minimize the risk of sexual exploitation and abuse and corruption.
4. Provide a question-and-answer sheet for volunteers to use when in communities to help them share consistent information.
5. Provide staff and volunteers involved in the operation with CEA orientation/training.
6. Use existing community feedback mechanisms and use community feedback data for informed decision-making.
7. Ensure separate sessions for women and men during the project socialization and community organization activities.



## Secretariat Services

**Budget:** CHF 0

**Targeted Persons:** 0

### Indicators

Title	Target
% of financial reporting compliance to IFRC procedures	100
# of monitoring visits conducted	2

### Priority Actions

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



## National Society Strengthening

**Budget:** CHF 11,715

**Targeted Persons:** 0



## Indicators

Title	Target
# of volunteers recruited and mobilized	100
# of lessons learned workshop organized	1
# of volunteers Insured for this operation	100

## Priority Actions

1. Recruit volunteers and sensitize them on the operation.
2. Mobilize volunteers for response activities.
3. Coordination and partnerships actions: (1) Coordinate with authorities, (2) Coordination with Movement Partners, and (3) Coordination with Humanitarian Actors in the country and different clusters.
4. Conduct lessons learned workshop and document lessons learned.

# 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 Teams (BDRTs), each consisting of an average of 10 active volunteers, to the border crossing in Nangarhar province. In addition, four ARCS MHTs have been providing health services at the transit center.

There will be 13 ARCS staff partially covered by this IFRC-DREF, with an ongoing system in place to ensure proper time allocation. These staff will be from the affected and IFRC-DREF operational areas and will consist of four staff per branch (eight staff), two staff from the relevant local regional offices (four staff), and one roving staff member from headquarters. These staff form part of the core team deployed to operationalize the HSP at the borders and are drawn from different departments with sector-specific specializations that will immediately activate the HSP (PSS counsellor, RFL officer, volunteer management officer, DRR officer).

Existing technical resources will be used to support this IFRC-DREF operation. These include the IFRC operations manager, field coordinator, PER delegate, CEA consultant, senior emergency cash officer, operations officer, two information management officers, PGI officer, senior monitoring, evaluation and learning officer, and planning and reporting delegate, supported by programme support services.

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

Procurement of the family tents will be done by IFRC. Procurement of the food supplies for meals will be carried out through the TRC. Any other required procurement will be done by IFRC.

Food and other supplies available locally will be procured within the country, while medical kits and family tents will be imported. The medical kits consist of over 90 items, which will pose some challenges in the supply chain to be procured within the required timeframe.

Recognizing these challenges, the IFRC Country Delegation Logistics team and Asia Pacific Regional Office (APRO) are working on several options, including sourcing from abroad and reaching out to international organizations in Afghanistan to procure the medical kits.

## How will this operation be monitored?

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

The ARCS/IFRC PMER and CEA teams will support the operations team in developing the M&E plan and soliciting feedback from the target population. The operations team will carry out M&E activities based on the plan. IFRC-DREF monthly progress reports will be compiled by the National Society to inform IFRC of the progress and challenges of the operation. These reports will include a monitoring plan and an



indicator tracking table to map out, ensure the collection of, and track key indicators.

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

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

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

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

# Budget Overview



## DREF OPERATION

### MDRAF018 - Afghan Red Crescent Society - Afghanistan Afghanistan Population Movement

#### Operating Budget

Planned Operations	724,523
Shelter and Basic Household Items	63,900
Livelihoods	135,788
Multi-purpose Cash	0
Health	362,792
Water, Sanitation & Hygiene	107,299
Protection, Gender and Inclusion	0
Education	0
Migration	50,854
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	3,890
Environmental Sustainability	0
Enabling Approaches	25,560
Coordination and Partnerships	13,845
Secretariat Services	0
National Society Strengthening	11,715
TOTAL BUDGET	750,083

*all amounts in Swiss Francs (CHF)*

Internal

10/4/2025

#V2022.01

[Click here to download the budget file](#)



# Contact Information

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

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[Click here for the reference](#)