

Emergency appeal n° MDRAFRPM21	GLIDE n°: CE-2021-000133-PAK OT-2021-000112-IRN CE-2021-000142-AFG
Operation update # 3, 31/05/2022	Timeframe covered by this update: From 18/08/2021 <sup>1</sup> to 31/03/2022
Operation start date: 25/09/2021	Operation timeframe: 12 months and end date: 30/09/2022
Funding requirements (CHF): CHF 50.5 million IFRC-wide of which CHF 24.6 million is through the IFRC Appeal	DREF amount initially allocated: <ul style="list-style-type: none"> <li>• Pakistan: CHF 97,401</li> <li>• Iran: CHF 168,483</li> <li>• Tajikistan: CHF 348,761</li> </ul>
Number of people being assisted: <ul style="list-style-type: none"> <li>• initially estimated 160,000<sup>2</sup></li> </ul>	

To date, this Emergency Appeal, which seeks CHF 24,600,000 is 37% funded. Further funding contributions are appreciated to enable the National Societies in the region neighboring Afghanistan, with the support of the IFRC, to continue with the preparedness efforts of and provide humanitarian assistance and protection to people on the move from Afghanistan.

## A. SITUATION ANALYSIS

### Description of the crisis

**The situation in Afghanistan remains precarious and uncertain months after the Taliban takeover, as the multiple political, socio-economic, and humanitarian shocks reverberate across the country.**

In the short term, a sudden major increase of cross-border population movement affecting its neighboring remains unlikely. However, figures indicate that Afghans outflow in neighboring countries are getting back to pre-2021 levels.

The combination of increasing internal mobility, due to lack of access to basic services and food insecurity, and the lack of safe pathways to leave Afghanistan due to closed borders policies, is creating a growing potential caseload, which keep justifying a focus on preparedness activities in the neighboring countries.

<sup>1</sup> Start of the first DREF operation (Iran)

<sup>2</sup> The initial number of people to be assisted in Central Asia was based on *Scenario III*. (up to 50,000 people) as detailed in the Emergency Plan of Action. Based on the planned activities aligned to the current context, the projected number of people to be assisted has been adjusted to up to 4,000 people as per *Scenario I*. Please refer to the [Emergency Plan of Action](#) for more details on the scenarios.

In the medium and longer term, i) if the Afghan people may feel that local authorities have little or decreasing capacity to govern and deliver, and/or ii) the international humanitarian response will not be able to maintain its current aid delivery effort, a growing number of Afghans individuals and households may continue to seek refuge in the neighboring countries with Iran and Pakistan likely being the preferred initial destinations.

### **Pakistan**

Pakistan – which shares a 2,700 km land border with Afghanistan – has hosted Afghan migrants and refugees for over 40 years. There are currently an estimated three million Afghans in Pakistan, including both refugees, unregistered and/or undocumented Afghans, according to UNHCR. Since August 2021 it is estimated that up to 200,000 new Afghan migrants have arrived in Pakistan using various means and border crossing points as of May 2022. Simultaneously voluntarily repatriation to Afghanistan from Pakistan remains low; 57 individuals were repatriated in the first quarter of 2022.<sup>3</sup>

Pakistan is struggling to cope with the challenges posed by the newly arrived Afghan refugees in the country in terms of access to shelter, livelihood, food and medical assistance<sup>4</sup>. Even with limited cross border movement, the number of people who have crossed into Pakistan from Afghanistan since August 2021 have already placed additional stress on the highly vulnerable host communities and weak health systems. Needs (detailed in needs analysis section) are considered high in the selected five districts bordering Afghanistan that are already vulnerable and may also face larger numbers of incoming migrants.

The targeted areas of Khyber Pakhtunkhwa (KP) and Balochistan faced multiple shocks in 2021, including high food prices, drought, inadequate rainfall and livestock diseases, which were exacerbated by the impacts of the COVID-19 pandemic. The affected population suffer from high prevalence of food insecurity, malnutrition and poverty. According to IPC report projections, currently in May 2022, an estimated 20 per cent of population in Khyber (KP) and Killa Abdullah (Balochistan), and 35 per cent in North Waziristan (KP) are facing crisis levels of food insecurity (IPC 3+).<sup>5</sup>

### **Iran**



*Afghans crossing into Iran. Source: IRCS*

Iran shares a 921-kilometer border with Afghanistan and is home to one of the world's largest refugee populations, primarily Afghans. According to [data published by the UN Refugee Agency UNHCR](#), Iran sheltered more than 3.4 million Afghans, including nearly two million undocumented migrants and 800,000 refugees in 2020. Several thousand Afghans continue to make their way across the border into Iran every day. Most Afghan refugees enter the country illegally through unofficial border crossing points and lack the necessary documentation to fully access essential services, while official borders between

Afghanistan and Iran remain limited for asylum seekers. Recently, BAFIA affiliated to Iran Ministry of Interior, launched a website and some centres across the country for registration of these undocumented Afghan IDPs (the Census or headcount exercise) so that they will receive up to 1-year temporary residence permit and obtain a referral letter for Covid-19 vaccination. The registration started on 11 April 2022 until 7 June 2022 and will not be extended.

<sup>3</sup> UNHCR <https://data2.unhcr.org/en/documents/details/92128>

<sup>4</sup> <https://reliefweb.int/report/pakistan/unhcr-pakistan-new-arrivals-afghanistan-update-29-november-2021>

<sup>5</sup> [IPC Acute Food Insecurity Analysis October 2021 - June 2022 Issued in December 2021](#)

Economic sanctions imposed on Iran have had an impact on the limited number of humanitarian organizations operating in the country. There have been reports of difficulties in transferring funds and importing goods, causing aid assistance to be delayed.

### **Tajikistan**

The humanitarian context across the borders of Tajikistan and Afghanistan remains critical due to humanitarian needs and security situation within Afghanistan. The situation is aggravated with Tajikistan government's position to keep the border closed for movement of people who want to migrate either to Tajikistan or to a third country transiting it. Based on the official data from the Tajik Ministry of Internal Affairs (MIA), a total of approximately 3,014 Afghans migrated to Tajikistan in 2021 as refugees and asylum seekers. The current total of Afghan refugees and asylum seekers in Tajikistan is approximately 9,700 and around 2,300<sup>6</sup> Afghans have already migrated to a third country since the mid of 2021.

The humanitarian community under the refugee coordination structure of UNHCR is committed to support the planning and preparedness for a potential mass influx of Afghan population to Tajikistan, as current collective humanitarian capacities in the country to respond to such an influx are limited. RCST in coordination with the partners and with the support from the Emergency Appeal is preparing for an influx of up to 20,000<sup>7</sup> people. Recent incidents (April and May 2022) have exemplified the volatility of the situation. Since April 2022, there had been information about regular efforts made by people from Afghanistan's side to cross the river border in search for job opportunities, mostly young men. In May 2022, there had been two reports on escalating conflict, shelling, and intense firing across Farkhor borders from Takhor region in Afghanistan. At several locations, the communities living across the borders remain exposed to border conflicts with limited access to services. Since mid-May 2022, the political and security situation in the Gorno-Badakhshan Autonomous Region (GBAO) of Tajikistan flared up to a situation of civil unrest with several hundred residents of Khorog who protested in the town of Khorugi Bolo and demanded the resignation of the head of GBAO and the mayor of the city of Rizo Nazarzoda. In Rushan district of the GBAO region - Tajikistan, because of civil unrest there were reports of over 25 fatalities and several injuries. This situation is also directly impacting the operation in regard to humanitarian access to the region. Population movement of ethnic Kyrgyz from the Wakhan region of Afghanistan that is bordering with the GBAO may also be expected toward Kyrgyzstan due to ongoing conflicts and insecurity in Afghanistan. This is also a topic of concern for the Kyrgyzstan Government, as was indicated by Kyrgyzstan MFA in May 2022.

## **Summary of response**

### **Overview of Operating National Society**

#### **Pakistan**

Pakistan Red Crescent Society (PRCS) is in regular coordination with the Movement partners including The International Federation for Red Cross and Red Crescent Societies (IFRC), International Committee of the Red Cross (ICRC) and Partner National Societies. Need based meetings are conducted as the situation remains unchanged.

The following preparedness and response actions were carried out by PRCS under the Emergency Appeal (EA):

- Volunteers selected and trained for activities in First Aid; Psychological First Aid; Water, Sanitation and Hygiene (WASH); Cash and Voucher Assistance (CVA); Protection Gender and Inclusion (PGI) and Community Engagement and Accountability (CEA)
- Cash baseline studies and WASH feasibility studies were conducted in target districts
- Mobile Health Units (MHUs) reached 6,580 people with Outpatient Department (OPD) services, free medicine, and health and hygiene sessions.
- 40 beneficiaries reached through first aid

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<sup>6</sup> These figures are based on Ministry of internal affair data – until end of April 2022.

<sup>7</sup> The anticipated influx figures have reduced from the initially planned 50,000 to 20,000 based on the changing context and continued closure of the land border.

- 3 solarized water filtration plants were installed in targeted areas where people started collecting clean water for drinking and cooking.
- 1,250 households were registered for cash disbursements that were initiated in three districts.

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### **Iran**

The IRCS headquarters in Tehran, through the Relief and Rescue Organization (RARO), has been providing continuous oversight and support, as well as deploying staff and resources throughout the operation. As an auxiliary to Iranian public authorities in the provision of humanitarian services, IRCS plays a key role, collaborating with various authorities at both the national and local levels, including the Bureau for Aliens and Foreign Immigrants Affairs (BAFIA), the Ministry of Health, and the Ministry of Foreign Affairs.

Aside from the HQs and provincial branches of Sistan-u-Baluchestan, South Khorasan, Khorasane-Razavi, and Kerman, which are fully engaged in the operations, IRCS key facilities, such as light and heavy vehicles, warehouses, and resources from Hilal Houses in the host community areas, are also used for this response. In addition, the IRCS, IFRC, and ICRC have a long-standing agreement to jointly carry out IRCS operations through the Revised Contingency Planning in the coming month.



*Emergency shelter assistance provided to the Afghan migrants. Source: IRCS*

The IFRC and the Iranian Red Crescent Society (IRCS) sent joint signatory letters to 62 embassies, with the French embassy expressing an interest in vaccination of Afghan refugees and other people entering Iran. According to the UNHCR, the Government of Italy has also generously contributed EUR 1.5 million to support Afghan refugees in the Islamic Republic of Iran.

The IRCS has provided emergency assistance (relief items) to Afghan new arrivals in the eastern provinces, including tents (15,128 units), mats (7,700 pcs), blankets (9,040 pcs), heaters (8,500 pcs), kitchenware (4,000 sets), 72-hour food packages (2,000 packs), and one-month food packages (1,200 packs)

Furthermore, the European Union delegation from Brussels, as well as the Iranian Ministry of Foreign Affairs, paid a visit to the IRCS headquarters (MFA). The IFRC and IRCS presented the mandate and humanitarian value of IFRC/IRCS partnership on the Iranian landscape. The vaccination and status of Afghan refugees was also discussed.

Earlier, the Iranian Red Crescent Society has organized the national coordination meeting with the Bureau for Aliens and Foreign Immigrants Affairs (BAFIA), international Non-Governmental Organizations as well as UN agencies including UNHCR, WFP, UNICEF, Relief International, MSF, Norwegian Refugee Council, in the presence of the IFRC and ICRC representatives in Iran.

The Government has already established screening/transit centres at each border crossing point to register incoming displaced persons. BAFIA, under the Ministry of Interior, is the primary responsible coordinating body on behalf of the government, overseeing both local and international response. The IRCS, the National Disaster Management Organization (NDMO), relevant ministries, and armed/security forces are among the key local actors leading this operation. The involvement of international agencies in an emergency response would depend on their operational capacity as well as government request/approval. IRCS will enjoy full access to all topologies as being the only humanitarian service delivery entity that has maximum access and acceptance by all stakeholders in the country.

In an attempt to contain the spread of the COVID-19 pandemic, the IRCS is selecting locations for the people fleeing from Afghanistan where social distancing can be observed. From 5 March to 10 December 2021, 61,391 passengers were screened at the borders of Sistan-u-Baluchestan province. There were 8,579 PCR tests performed, as well as 60,009 immediate PCR tests. The COVID-19 infected 165 people, who were quarantined.

## ***Tajikistan***

### **Distributions**

During the reporting period following distribution took place:

- The RCST in collaboration with Mercy Corps and Afghan Ariana Society distributed hygiene kits among 460 Afghan refugee households: in Vahdat city (300), Rudaki district (110) and Jabbor Rasulov district (50).
- The RCST since the beginning of 2022, supported 23 Afghan refugees and asylum seekers living in a temporary shelter provided by the MIA with food parcels and hygiene kits during three months.



*RCST registering impacted people in Vahdat for hygiene kits distribution*

### **Cash Voucher Assistance**

- The RCST in coordination with Afghan diaspora identified 400 most vulnerable Afghan families in Tajikistan impacted by the crisis for potential cash intervention (Multipurpose cash grants [MPCG]). The RCST also coordinated its activities on defining modality for the potential cash intervention with the financial service providers (FSP) , with which it is currently waiting to sign an agreement. The identified beneficiaries are from Vahadat city, Dushanbe city and Rudaki district. The plan of MPCG is also coordinated with the MIA and UNHCR for setting up the grant value and selection criteria.

### **Trainings**

- On 16-17 March, RCST conducted basic induction trainings for 20 volunteers in Jayhun district. Planning and preparations for a number of trainings in the areas of First Aid, MHPSS, epidemic control and health promotion, as well as Child Protection in Emergencies, foreseen to be conducted in April and May 2022 for RCST staff and volunteers have taken place in March 2022.

### **Coordination**

- RCST, with the support of IFRC, continues to coordinate the response plan with interagency working group. During the reporting period several interagency coordination meetings including sub group meeting on Infrastructure, WASH, Health, CVA and Shelter took place, where RCST and IFRC actively participated.
- As an auxiliary to the government, RCST continues to coordinate with the Committee of Emergency Situation (CoES) for coordinated response planning. RCST is coordinating with CoES to jointly review their contingency plans for collaborated action in a multi-hazard scenario including border conflicts and population influx.
- RCST in partnership with UNHCR continues to keep close coordination with the border troops for border monitoring, regular visits are conducted by the RCST team to bordering areas for getting direct updates from the border troops.

- Under the health sector lead by the Ministry of Health (MH) and WHO, RCST continues to actively participate and coordinate its activities.
- For continuous refugee monitoring, RCST continues to bi-laterally coordinate with the MIA on monthly basis for population movement updates and to coordinate planned activities for refugees and asylum seekers in Tajikistan.
- RCST's bi-lateral partnership for population movement include UNHCR, UNICEF, WHO, WFP, IOM and Mercy Corps among others.

### **Human resources**

RCST DM Assistant started working in the operation during the reporting period. Recruitments related to the Initial Reception Center (IRC) response were cancelled. RCST PMER Officer was also identified and started working during the reporting period. RCST Cash Focal Point has been hired for one year (with potential extension for additional two years), funded by Swiss Red Cross. In March RCST under its OD department supported by the Emergency Appeal has also appointed a PGI Focal Person who would also cover CEA for technical support.

IFRC surge missions that included Shelter Manager, Operations Manager, Security Delegate and Logistics Surge were completed in February 2022. The Health Delegate continued to support the team with shorter mission with RCST. The Shelter Surge was extended for two more months. A Canadian Red Cross funded Operations Manager arrived in March for a two-month mission (ending in May 2022). The NSD Delegate supported the operation from January (until end April 2022), with funding from outside the Emergency Appeal. There were two short missions from the Central Asia Country Cluster Office to support RCST in CVA planning and coordination.

### **Procurement and Pre-positioning**

During the reporting period several procurements were initiated in the country both by IFRC and RCST. With the change of response strategy, the procurement related to the IRC set up were cancelled, and the focus henceforth changed to more preparedness and pre-positioning of response and relief goods.

A total of 300 family tents with the support from Canadian Red Cross were received for the prepositioning stocks, currently there are 425 family tents procured, including 125 winter kits<sup>8</sup>. The in-country procurement by RCST included NFIs for approximately 700 families, hygiene kits and coal heaters for the winterized family tents. For mobilizing pre-positioning stocks in locations without warehousing facilities five units of 40 ft containers are currently positioned in the RCST central warehouse, and 10 more containers are being procured for strategic locations along the bordering districts.

## **Needs analysis and scenario planning**

### **Needs analysis**

#### ***Pakistan***

Afghans in Pakistan, especially those who are unregistered, lack access to legal services, education, shelter, healthcare services, clean drinking water, opportunities for livelihood and have comparatively low health literacy. COVID-19 has further exacerbated these challenges and the severity of the needs of the most vulnerable among the displaced populations.

Due to the dire food insecurity situation, high prices and lack of livelihood options in the target areas, the Afghans and the households hosting them need support to cover their basic needs.

There is a need to complement the limited health services available in the five targeted districts bordering Afghanistan. The existing clinics are overburdened; they provide access and assistance to some of the most vulnerable and underserved population groups in the country within hard-to-reach areas. Healthcare facilities in Chaman area most under pressure due to existing caseloads that include also Afghans crossing the border for medical treatments.

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<sup>8</sup> The delivery of additional 125 winter kits was delayed supplier-side in Pakistan due to Ramadan.

There is a need to improve hygiene conditions in the host communities, which suffer from poor hygiene due to poverty, overcrowding and limited resources, resulting in poor health and hygiene practices. An increase in the practices of open defecation, poor menstrual hygiene and usage of untreated water expose communities and refugees to additional health risks, the spread of COVID-19, mortality and stunting. There is a need also to consider how the operation may adjust to the challenges caused by climate change and to mitigate against those risks.

### **Iran**

People displaced from Afghanistan are in a vulnerable position and require assistance with shelter, livelihood, water, hygiene, and health services. The Iranian Red Crescent has been preparing for and responding to the population movement right after the situation in Afghanistan started to deteriorate.

Population movement, combined with a severe drought in Afghanistan and the COVID-19 pandemic, increases people's needs and complicates humanitarian assistance efforts. Being on the move increases the risk of COVID-19 infection as the temporary shelters and makeshift camps are frequently overcrowded and lack proper hygiene facilities and water. Moving from one location to other exposes people also for food and water scarcity.

The needs of IDPs were identified by sector in the field assessments being conducted by the IRCS. The data collection methodology was initially based on focus groups discussions and meetings with host community leaders, religious leaders, and local authorities in four provinces: Sistan-u-Baluchestan, South Khorasan, Khorasane-Razavi, and Kerman.

According to primary data, the number of Afghans entering the country through official borders has increased to around 5,000 per day, up from 700 to 800 per day previously. A large number of Afghans enter the country through unofficial crossings, and exact figures are unavailable.

Field reports indicates that the government has not set up a refugee camp. It could be related to the fact that the presence of foreign nationals in the country may result in additional costs in addition to the increased costs of water system usage in areas where drought is a serious concern. Iranian authorities are concerned about the possibility of terrorists crossing the border among displaced Afghan asylum seekers.

To date, the situation of IDPs following the crisis in Afghanistan has not improved due to fear and the economic situation. The needs set out below were expressed through a multi-sectoral sample assessment:

#### **a) Livelihoods and basic needs**

The lack of income of refugees and displaced people, whose sudden displacement and insecurity forced them to abandon their jobs, crops, and trade, demonstrates that the food and nutrition conditions of these displaced populations are extremely poor. Some food assistance has been provided with the assistance of the IFRC, ICRC, and WFP, but coverage remains low. The IRCS operation does not intend to address all nutritional issues but will focus on those who are most vulnerable: children, babies, pregnant women, and the elderly.

#### **b) Shelter**

The IRCS continues to cover partially the shelter needs. Recently, the Director General of the Ministry of Interior's BAFIA reiterated that Iran has not established any refugee camps for refugees and internally displaced people. It is considered that the situation in Afghanistan does not appear to be conducive to a wave of displacement and new refugees fleeing to Iran. The lack of essential household items in four host provinces, on the other hand, is far from being addressed. During the crisis, these displaced people lost almost all of their household goods and clothing, and they now have almost nothing. The IRCS made some NFIs distributions in these provinces, but the needs remain.

#### **c) Health**

In addition to the needs identified in these provinces, the findings show that IDPs' access to health care is a major concern, owing to a lack of resources. Each district has about seven health areas, but the majority of them are more than eight kilometers away from the various sites. The affected populations, along with host communities, are subjected to dust as an emerging phenomenon that has sent a large number of people to hospitals and medical centers in recent weeks. Sandstorms and dust storms not only wreak havoc on human health in these areas, but they also wreak havoc on the environment, agriculture, and infrastructure in general. Climate change has a direct negative impact on the health and well-being of host communities and internally displaced persons. As a result, increased community awareness of hygiene promotion and community health is required.

#### **d) Water, sanitation, and hygiene (WASH)**

The needs for water, sanitation, and hygiene (WASH) in provinces hosting IDPs vary. Boreholes, streams, and other water sources serve as sources of water. Drought impacts, particularly in Sistan-u-Baluchestan, have brought up the issue of water conservation in all of these areas. Despite the efforts of some humanitarian organizations to rehabilitate some water points in order to improve the supply of drinking water to the population, the population/water point ratio in all areas, particularly in this province, remains very low. When water points are available and operational, this results in long lines or the need to travel several kilometers to obtain water.

WASH equipment and water purification services are also required by the host communities and IDPs living in the areas to ensure the conservation and treatment of drinking and domestic water. Between the end of April and the beginning of September, Sistanu-Baluchestan, South Khorasan, Khorasane-Razavi, and Kerman are likely to dry up even more, exacerbating the current water supply issues. The lack of access to water has a negative impact on personal hygiene. Poor personal hygiene and waste management systems are examples of hygiene concerns.

#### **e) Protection and RFL:**

Displaced households, who are primarily housed in makeshift shelters or collective sites, are at risk of being attacked. Many reported cases of family separation were also discovered by the IRCS assessment, which may necessitate the re-establishment of family ties. Separated family members were reported by 32 percent of displaced people in Sistan-u-Baluchestan. Unaccompanied minors, or separated children, are present among the displaced population, accounting for 6% of all IDP children.

While the IRCS provides hygiene items and promotion, other local actors are involved in hard WASH setup. Since the areas are high remote in terms of contextual topography, support for provincial branches is another key aspect to consider in the long run. The central warehouse in Tehran has deployed 18,000 packages across three provinces; keeping central warehouse stocks replenished and up to date in numbers is a prime priority for IRCS. The IRCS's mandate is to respond to any natural/manmade crisis/disasters that occur in any of the country's 31 provinces. On top of that, the sixth wave of COVID-19 is progressing and shaping up. According to the Ministry of Health and Medical Education of Iran, the sixth wave of COVID-19 has significantly affected the in-country social activities and will continue to do so, and the country's health system is once again under increasing pressure. Based on the latest reports, the total number of COVID-19 cases in the country until 31 March 2022 has reached 7 million 162 thousand and 220 people.

The IRCS, along with other players involved in this operation, has established a few camps in Farimaan (4,000 capacity) in Khorasan Razavi (KR), Torbat-e Jaam, Zahedan, Kerman, and other areas to house new arrivals. Moreover, the first phase of the Three-Lateral Movement Contingency Plan (IFRC, ICRC, & IRCS) through which Food & Non-Food Items and Shelter procured by ICRC's funds to reach 30,000 Afghan people.

#### **Tajikistan**

Following the rapid needs assessment reported (as reported in Operations Update #2), several follow up needs assessments as listed below have been arranged and scheduled for the period of April and May, based on updated scenarios and the subsequent review of the strategic approach (also relating to the cancellation of the IRC):

- Needs assessment for Afghan refugees and asylum seekers (Vahdat city, Rudaki district)

- RSCT Branch Infrastructure needs assessment and scoping of components related to Afghan population movement (Boktar regional branch, Balkhi training facility, Jayhun branch, Kulob regional branch, Shamsudin Shohin branch and border crossing points)
- RCST response capacity and gaps assessment in Khatlon province (regional and district branches)
- CVA feasibility assessment for Afghan refugees (FSP mapping) in Khalon province  
Host community and CVA feasibility assessment in Jabbor Rasulov (Sughd province)

## Operation Risk Assessment

### **Pakistan**

The COVID-19 fifth wave and the rapid spread of the Omicron variant affected the country significantly, resulting in the delay or halting of some activities of the response operation. However, the spell is over now, and all restrictions have been eased by the Government. Besides COVID-19 and the current Afghan migration situation, other risk factors may include harsh weather conditions, insecurity, and possible conflict and violence within Afghanistan as well as the deteriorating security conditions in Pakistan.

Risk	Mitigation actions
COVID-19 infection occurs and spreads rapidly, leading to the need for isolation of individuals that are vulnerable.	PRCS has incorporated COVID-19 guidelines into its response protocols and all volunteers and staff will follow adequate control measures to prevent the spread. In addition, awareness building activities on COVID-19 and vaccine administrations will be implemented directly under the EA or in collaboration with ongoing COVID-19 response EA.
The Government has closed its borders to new arrivals and may not encourage organizations to continue activities along the border areas.	PRCS in its auxiliary role, is and will continue to work closely with the Government, already implementing activities for Afghan refugees. The current EA activities will target existing Afghan communities and host communities, alongside possible newly displaced people from Afghanistan, while further aiding and strengthening the host communities for the future.
Other possible risk factors include the ongoing clashes and violence within Afghanistan, as well as the deteriorating security situation across the borders.	PRCS is closely monitoring any developments within Afghanistan focusing on security incidents at the Pakistan/Afghanistan border areas. They are regularly releasing advisories to staff and volunteers accordingly.

### **Iran**

Risks	Mitigation actions
Staff and volunteer health: there is a risk of contracting COVID-19 as a result of response-related community-based activities.	The IRCS begun immunizing all staff and relief workers, and only those vaccinated were deployed in this operation (beginning 3 July 2021). Strict adherence to IRCS COVID-19 awareness protocol. Refreshing the risk awareness communication aspects by utilizing existing COVID-19 protection audio/visual learning platforms for staff/volunteers. The relief operations manager prioritizes adherence monitoring.
The number of COVID-19-infected people from Afghanistan is growing.	IRCS will select locations for the people fleeing from Afghanistan where social distancing can be observed.

Delays in transferring financial aid, in-kind resources, and funds to Iran as a result of sanctions imposed on the country.	Negotiations between the IFRC, ICRC, and IRCS are ongoing to find a solution to expedite the transfer of funds to Iran.  Agreements between the IRCS and the ICRC to financially support refugee vaccination activities as well as the population movement operation
Currency fluctuation may further impact the prices in local markets.	Close monitoring of currency fluctuations, as well as price monitoring, will be conducted in order to propose adaptations to the plan based on the findings.
Resources availability vs deployment of funds/surge/in-kind vs scale-up could be challenging.	Agile fund-raising efforts, allowing for immediate mobilization of funds and resources on the ground. Available Funds to be transferred to the country.
IFRC CO lacks trained human resources to tackle scale-up support.	IFRC is already recruiting PMER and Project officers so that when the operational scale is reached, staff will be prepared to absorb the pressure and provide appropriate technical assistance to IRCS.
Security Risk is considered a major concern for Iranian authorities in tune with the recent developments in the borders where terrorists and fundamentalist groups may intend to cross the country borders among the asylum seekers.	Iranian authorities took serious measures to monitor and control the displaced people's movement at borders and encouraged them to appear for registration so that they can receive vaccination and a temporary resident permit can be granted.

### Tajikistan

Risks	Mitigation actions
Continuation of border closure might lead to perception of lack of preparedness and commitment from the Government of Tajikistan by donors.	Continued advocacy within the stakeholder group for a potential influx of Afghan refugees and asylum seekers in line with the Emergency Appeal.
Risk of extreme weather-related events in South Tajikistan (mud flow, drought, seasonal road closure due to weather conditions). Earthquakes may impose additional humanitarian needs to the situation.	RCST response capacity building at local branch level in close collaboration with key stakeholders. Ensuring emergency response goods are adequately prepositioned at strategic locations for a quicker first response.
Conflicts across border, civil unrest in the GBAO may further complicate the situation of RCST to respond to an emergency in these areas, limiting the access and stretching the resources for response.	Community based activities with volunteers and community engagement with PGI, CEA, CBS and basic health services will allow to conduct an effective immediate response with remote coordination and also to gain a safe in neutral access during emergencies.
Frequent changes in external factors (including situation in Afghanistan and migratory flows to neighboring countries) affecting implementation of planned activities.	NSs and the IFRC maintain close coordination to ensure activities continue to address urgent needs. NSs maintain close national and field levels coordination to ensure that relevant operational information is promptly shared.
Low or no influx of Afghan refugees and asylum seekers may lead to reputational risk of investing too many funds in anticipation.	The overall effort made for the preparation for potential influx of Afghan population is linked to the national emergency preparedness and response plan and increases the capacity for any future emergency.
Newly arrived refugees could trigger higher market prices including real estate and essential commodities prices. This may result in tensions between the Tajik host and guest population.	RCST starts to provide assistance to refugees and host communities to build social cohesion in identified locations of intervention.
Evolving situation of a crisis within Afghanistan and unexpected resurgence of COVID-19 can	Ensure COVID-19 guidelines are an integral part of all response strategies/plans. Ensure that the anticipated

eventually further stretch the collective response capacity of RCST and humanitarian stakeholders.	Afghan influx response plan is linked to the national contingency planning. Take opportunity to scale-up interagency organizational response capacity.
RCST's limited capacity on emergency logistics not enhanced as planned could cause delays in the implementation, especially on procurement and mobilization.	IFRC and RCST to review the emergency logs capacity, including warehouse management, pre-positioning mobilization plan and fleet management system. IFRC support to RCST to be able to quickly adapt to the scaling needs. In case of sudden emergency IFRC deploys logistics surge capacity to support the operation.
Overdue reporting and late reconciliation of working advance from the NS.	Coordination setup is developed involving all necessary levels; different communication means identified at operational and strategic levels which allow regular monitoring and follow-up as well as rapid decision making and approval to avoid delays.
Expenditure does not represent proper value for money.	IFRC makes careful considerations to balance the humanitarian imperative and life-saving response with quality and value-adding interventions, particularly in logistics and procurement service which strives to provide best value for money for humanitarian operations.

## B. OPERATIONAL STRATEGY

### Update on the strategy

#### **Pakistan**

The operational strategy of PRCS and IFRC in Pakistan remained unchanged during the reporting period. Through direct service delivery, awareness building and in-kind support, PRCS aims to improve access to basic health, WASH, livelihood and protection services for existing Afghan and host communities in five targeted districts of Pakistan (Killa Abdullah, Quetta, Khyber, North Waziristan and Chitral).

#### **Health:**

As part of the EA, PRCS launched Mobile Health Units (MHU) in North Waziristan, Khyber and Chitral, and are operational currently. Approximately 6,580 patients have been provided with OPD services along with free medicine by the PRCS teams. Apart from sensitizing the communities through awareness sessions, referral services are also provided in these MHUs. Common diseases are being addressed by the MHUs, including hypertension, Urinary Tract Infection (UTI), Respiratory Tract Infection (RTI), gastronomy, dermatitis, etc.

The health activities under this EA are complemented by PRCS's separate humanitarian buffer Covid-19 vaccine operation, which targets specifically the Afghan communities in Pakistan and includes also districts targeted under this EA.

#### **WASH:**

Under the WASH component, PRCS successfully installed solarized water filtration plants in district North Waziristan, Khyber and Chitral. Areas/locations were identified and technically evaluated within the districts for the installation of solarized water filtration plants. The production of clean drinking water has already started from these plants and is benefiting the communities. Community elders and district administrations highly appreciated the efforts by PRCS for providing clean drinking water in the area.

#### **Livelihood:**

Under the livelihood support, orientation sessions on the Red Rose application were conducted for PRCS staff and volunteers. Beneficiary selection criteria was defined and communicated to relevant stakeholders for equitable

access to services for the most vulnerable families. Beneficiary registration was completed through Red-Rose and disbursement of cash has been initiated via the GPO.

#### Primary Targeting Criteria

1. Afghans having Afghan Citizen Card (ACC)s and asylum seeker certificate holders both in camps and off camps (1st Priority).
2. Afghans having Proof of Registration (POR) cards both in camps and off camps. (2nd Priority).
3. Computerized National Identity Card (CNIC) holders i-e host Pakistani communities. (3rd Priority).

#### **Iran**

The operational strategy remains unchanged. The IRCS Movement Preparedness/Response Plan focuses on the humanitarian implications of an influx of displaced Afghans into/ near the Iranian border. It aims at guiding the Movement's emergency response, defining roles and responsibilities, establishing security measures, and adopting necessary preparedness measures.

The overall operational objective under this EA is to prepare for/respond to 37,500 people (7,500 HHs)/ (25% of the total target) in case of mass influx with emergency shelter, catering of basic needs including food and non-food items, Health and WASH services (partial contribution to IRCS plan).

The main target areas are three provinces, as well as Kerman province, bordering Afghanistan. However, the possibility of setting up some temporary camps/settlements at the border and no-man's land zones to accommodate some refugees/migrants cannot be overlooked. The IRCS will have a prominent role in the national response plan in these scenarios. Camp set-up and management (shelter), protection activities and referral to specialized services as needed, provision of basic food/non-food items, Water Sanitation, mental health and psychosocial support (MHPSS), restoring family links (RFL), and health are among the main areas where the National Society's involvement is predicted.

The IRCS response plan is divided into three stages. The operation is currently in Phase 0 – Phase 1A. The International Committee of the Red Cross (ICRC) has also mobilized and transferred funds to the National Society to cater for response or preparedness.

The following response/preparedness actions are already being carried out:

- Provision of emergency shelters (tents) for camps in Sistan-u-Baluchestan, and South Khorasan provinces. (A total of 15,128 units were deployed).
- Prepositioning of food parcels in provinces bordering Afghanistan (20,000 packages were deployed).
- Distribution of mats and blankets in the Afghan border provinces of Sistan-u-Baluchestan and South Khorasan (a total of 7,700 and 9,040 items were deployed, respectively).
- Provision of heaters in the Afghan border provinces of Sistan-u-Baluchestan and South Khorasan. (A total of 8,500 units were deployed).
- Provision of kitchenware in Afghanistan's border provinces. (4,000 sets were deployed in total).
- Provision of one-month food packages in Afghanistan's border provinces (1,200 packs were deployed).
- Provision of rice in Afghanistan's Khorasan Razavi province. (A total of 50 tons were distributed).
- Implementation of COVID-19 pandemic preventive/treatment measures (vaccination, masks distribution, screening, rapid test, quarantine, etc.) at official borders crossings and entries; until 12 December 2021, the IRCS has vaccinated 332,108 Afghan displaced people. Furthermore, from 5 March to 10 December 2021, 61,391 passengers were screened in conjunction with the health measures implemented by the IRCS during the reporting period, specifically in the province of Sistan-u-Baluchestan. Furthermore, 8,579 PCR tests have been performed, as well as 60,009 immediate PCR tests. The corona virus infected 165 people, who were quarantined. This plan involved a total of 2,458 operational forces.
- COVID-19 screening of 320,661 Afghan displaced people in Afghanistan's border provinces from 01 November 2021 to 12 December 2021. (Khorasan Razavi: 257,555 people, South Khorasan: 1,082 people, and Sistan-u-Baluchestan: 62,024 people).
- Training of 190,036 people for the mine risk awareness program.

Distribution of 50 tons of rice from the province's relief warehouses across the border of Doghadoun in favor of Afghan displaced people in Torbat Jam and Khavaf.

The first phase of this three-lateral movement contingency plan is implemented in which food and non-food items and shelter have been provided to the target population of around 30,000 individuals. The IRCS is still working in collecting the data from the branches and compiling the information, more figures will be shared in the next update after finalization of collecting the information.

### **Tajikistan**

Since the last update there had been some key strategic developments for the response plan in Tajikistan based on the changing context. The planned Initial Reception Centers (IRCs) at border locations were not materializing due to the continuity of border closure. Thus, border troops under the conditions of the MoU have failed to acquire access to land to be provided by the Government for setting up the IRCs. RCST decided to strategically change the focus on humanitarian priorities by providing access to food, basic household items, primary health care, first aid, access to psychosocial support as well as support with identification and referral for protection related to Afghan population in Tajikistan that is composed of 7,636 refugees and 2,072 asylum seekers<sup>9</sup>, vulnerable communities along the Tajikistan's border, as well as implement preparedness activities in anticipation of potential population influx and emergency response. Accordingly, the operations strategy was revised and an extension of the timeframe until 31 December 2022 has been requested to allow the RCST to pivot to new priorities.

With the uncertainty of context, the number of people to be assisted is also adjusted to better reflect the situation in the country. The current scenarios anticipate influx of small groups of refugees and asylum seekers for new registration through UNHCR registration support programmes as Tajikistan very likely will continue to keep the borders closed. The anticipation is also made for a scale between 5,000 to 20,000 refugees and asylum seekers crossing the border in 2022 due to escalation of conflict and clashes between the forces that continues to displace population in Afghanistan willing to cross borders for safety reasons. This less likely scenario is largely dependent on land border policies, humanitarian advocacy for population movement and facilitation of political agreements between the two countries.

A revised strategic approach is based on the following identified priorities:

- A. Actions to enhance the RCST capacity through training, and strategizing contingencies to enable effective response in the given fluid context.
- B. Procure and preposition supplies enabling the RCST to be ready to support centres where refugees, asylum seekers, or other crisis affected population in South Tajikistan will be accommodated.
- C. Support Afghan refugees already staying in Tajikistan through one-off multi-purpose cash assistance.
- D. Community-based actions to promote health and protection in communities vulnerable to border conflicts.
- E. Provisioning preparedness and response capacity in other impacted Central Asian countries .
- F. Social infrastructure support in host communities of refugees and asylum seekers in Tajikistan.

The updated strategy also considers implications of a sudden population movement, taking into account that the RCST may be the only humanitarian organization with access to border areas. Despite a low likelihood of occurrence, the NS may have to respond to high levels of vulnerability. Therefore, a contingency budget is foreseen to allow for flexibility in response in this scenario.

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<sup>9</sup> MoI data, May 2022

## C. DETAILED OPERATIONAL REPORT<sup>10</sup>

### Shelter



#### People to be reached:

	Pakistan <sup>11</sup>	Iran	Tajikistan
Male	-	20,625	up to 23,000
Female	-	16,875	up to 27,000
Total	-	37,500	up to 50,000

The indicators below are part of the monitoring plan

#### Outcome:

Indicators:	Target	Actual
Iran: # of people receiving emergency shelter and household items	37,500	15,128 (3,782 HHs)
TJ <sup>12</sup> : Total # of people reached with shelter interventions	up to 3,000 <sup>13</sup>	80

#### Output:

Indicators:	Target	Actual
Iran: # of tents and shelter items replenished	7,500	400
TJ: # of site assessments carried out	7	16
TJ: # of tents/shelter pre-positioned to IRCs <sup>14</sup>	600	425
TJ: # of people receiving emergency shelter and household items	Up to 3,000 <sup>15</sup>	80

#### Progress towards outcomes

##### Iran:

The IRCS primary activities under this area of intervention are centered on providing emergency shelter to people crossing from Afghanistan.

For this purpose, a DREF was launched to meet the needs of 400 households (HHs) in the early stages of the crisis. The IRCS made use of the DREF-agreed-upon assistance to respond to the needs of those 400 HHs who arrived in camps. The IRCS has so far responded to a total of 15,500 people, out of which 2,000 people are being assisted through the DREF.

The implementation of the activities was hampered by delays in the transfer of funds to the National Society.

So far, the overall response of IRCS has been as follows:

- Provision of shelter support to 3,782 HHs during their stay in camps or at zero borders.
- Distribution of 13,900 carpets, 55,540 blankets, 31,000 kg covering sheets for tents, 7,100 kitchen sets, 11,600 cooking/heating sets.

The IFRC is attempting to mobilize resources for 37,500 people in response to the appeal (7,500 HHs).

<sup>10</sup> The Iranian Red Crescent is still working in collecting the data from the branches and compiling the information, therefore updated figures will be shared in the next update after finalization of collecting the information.

<sup>11</sup> No shelter activities are foreseen in Pakistan

<sup>12</sup> Indicators separate for Tajikistan marked as 'TJ'

<sup>13</sup> as per *Scenario I.* of the EPoA.

<sup>14</sup> the indicator is adjusted for prepositioning target as a result

<sup>15</sup> as per *Scenario I.* of the EPoA; The indicator is specific to new arrivals to 7 identified locations

### Tajikistan:

- The plan to establish an initial reception centre at Panji-poyon was cancelled as the border-troops could not acquire access to land and the continued border closure
- UNHCR concluded the temporary settlement at Balkhi site for approximately 500 family units as preparedness.
- Host community assessment conducted in 2 locations for potential social infrastructure support.
- 425 family tents were procured and pre-positioned.
- 710 Shelter NFIs sets (mattress, pillow, blankets, bed linen set) for 3,550 people pre-positioned in the RCST Centra warehouse, during the reporting period the pre-positioned were checked and stock maintenance was performed.

## Livelihoods and basic needs

### People to be reached:



	Pakistan	Iran	Tajikistan	Other central Asian countries
Male	35,751	20,625	up to 23,000	330
Female	34,349	16,875	up to 27,000	270
Total	70,100	37,500	up to 50,000	600

The indicators below are part of the monitoring plan

### Outcome:

#### Indicators:

Pakistan: Assessment has been done and families identified for cash disbursement.

Target  
Yes

Actual  
Yes

Pakistan: # of volunteers (20 from each district) have been identified for training on CVA

Target  
100

Actual  
100

Iran: # of people who have access to their basic needs for food security

Target  
37,500

Actual  
18,600

CA<sup>16</sup>: # of people among migrants reached with livelihoods support

Target  
scenario-dependent

Actual  
80

CA: # of people in host communities reached with livelihoods support

Target  
scenario-dependent

Actual  
0

CA: # of people (both among migrants and host communities) reached with cash for basic needs

Target  
1,000<sup>17</sup>

Actual  
0

### Output:

#### Indicators:

Pakistan: # of people reached through unconditional cash grants

Target  
70,100

Actual  
8,750

Iran: # of households receiving food items

Target  
7,500

Actual  
20,600

CA: # of people in host communities supported with CVA

Target  
TJ: 1,000  
KG: TBD  
KZ: 100

Actual  
0

<sup>16</sup> Indicators referring to Central Asia are marked as 'CA'

<sup>17</sup> as per *Scenario I.* of the EPoA.

CA: # of people supported with host community food production/income generation projects	20,000	0
CA: # of people among migrants receiving food parcels	TJ: 3,000 <sup>18</sup>	1,404
CA: # of people in host communities receiving food parcels	TJ: 1,000	4,000
CA: # of people among migrants supported with CVA	TJ: 800 KG: 200 KZ: 100	0

## Progress towards outcomes

### Pakistan

- A total of 100 volunteers and provincial staff were trained on Red-Rose application for beneficiary data collection process and cash distribution.
- Beneficiary registration has been completed in district Waziristan, Khyber and Chitral. Data cleansing and verification has been completed for the three districts after assessment of the registered beneficiaries on the vulnerability criteria was completed.
- An assessment of vulnerable families in the target districts was completed based on a vulnerability criterion developed, to include the most affected families in the response interventions. The final list of 1,250 Households (HHs) was shared with GPO for further disbursement of cash grants. Cash to 8,750 beneficiaries (1,250 HHs) has been disbursed in district Chitral, Khyber Agency and North Waziristan.



PRCS conducted 3 days training for staff and volunteers in Peshawar on CASH in emergencies (Photo Source: PRCS KP branch)



PRCS conducted 3 days training for staff and volunteers in Quetta, Balochistan on CASH in emergencies (Photo Source: PRCS Balochistan branch)

### Iran

<sup>18</sup> as per Scenario I. of the EPoA.

So far, the IRCS has provided 14,400 people (3,600 HHs) with 72-hour food packages, while 6,200 people have received hot meals at zero border points.



IRCS distributing hot meals at border points. **Source: IRCS**

### **Tajikistan**

During the reporting period RCST distributed food parcels to 74 Afghan refugees and asylum seekers in the temporary refugee shelters supported by the Ministry of Internal Affairs. A total of 80 Afghan refugees stranded in the Sharitus island response along the Panj river response were also supported with emergency food supplies during initial response phase. RCST also provided food parcels to 250 families (approx. 1250 people) in Vahdat supported by Afghan diaspora from USA.

RCST also reached out to approximately 4,000<sup>19</sup> host community people in Vahdat city with food parcels supported by KS Centre, the RCST appeal team and Vahdat branch supported the distribution (through funds outside this Emergency Appeal).

In coordination with the Afghan diaspora and UNHCR, RCST has identified 400 most vulnerable Afghan refugees and asylum seekers for CVA. Currently the modality is being finalized with the FSP.

In Jabbor Al Rasul, RCST has identified a hospital canteen facility under its social project to provide livelihood opportunities to Afghan refugee in operating the facility, this is planned to be supported by the emergency appeal.

## **Health**



### **People to be reached:**

	<b>Pakistan</b>	<b>Iran</b>	<b>Tajikistan</b>
<b>Male</b>	<b>33,711</b>	<b>20,625</b>	<b>up to 23,000</b>
<b>Female</b>	<b>32,389</b>	<b>16,875</b>	<b>up to 27,000</b>
<b>Total</b>	<b>66,100</b>	<b>37,500</b>	<b>up to 50,000</b>

<sup>19</sup> With the support from KS centre from outside the appeal, the RCST reached out to 10,000 vulnerable families in country with food parcels.

The indicators below are part of the monitoring plan

<b>Outcome :</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
Pakistan: # of people reached with services to reduce relevant health risk factors	66,100	6,580
Pakistan: # of people reached through first aid	Need Based	40
Pakistan: # of communities are aware of the risks related to epidemics	5	3
Pakistan: # of people reached with community-based disease control and health promotion activities	66,000	6,580
Pakistan: # of people reached through psychological first aid	Need Based	13
Iran: # of people who have access to primary health services	37,500	0
Iran: # of people receiving first aid	37,500	0
Iran: # of people screened/tested	37,500	8,579
Iran: # of people reached with PSS support	TBD	0
Iran: # of volunteers identified and trained on PSS	TBD	0
Iran: # of volunteers provided with PSS	TBD	0
TJ: # of people provided with primary health services	Scenario dependent	80
<b>Output:</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
Pakistan: # of assessment in the targeted districts to identify the health risks and the needs.	1	1
Pakistan: # of volunteers trained in first aid	100	125
Pakistan: # of volunteers trained in epidemic control	100	100
Pakistan: # of vaccination campaigns conducted	5	0
Pakistan: # of awareness sessions conducted	500	789 <sup>20</sup>
Pakistan: # of volunteers have been identified and trained on psychological first aid.	100	100
Iran: # of basic health units activated and deployed	3	3
Iran: # of CBHFA volunteers activated and deployed	TBD	0
TJ: # of staff and volunteers trained on First Aid and health promotion	98	32
TJ: # of health assessments conducted in refugee reception centers and host communities	TBD	1
TJ: # of staff and volunteers trained in epidemic control and CBS	98	32
TJ: # of RC volunteers trained in MHPSS	98	32

<sup>20</sup> 789 awareness sessions conducted in the 3 districts Chitral, Khyber and North Waziristan. The total number of people sensitized through these sessions are 6,580.

TJ: # of child-friendly spaces set up	7	0
TJ: # of people reached with MHPSS services	6,500	2
<b>Progress towards outcomes</b>		

## Pakistan

- 125 volunteers were imparted First Aid training while another 100 volunteers were provided with training on Psychological First Aid (PFA).
- To prevent the spread of infectious diseases within the districts, 100 volunteers received training in epidemic control.
- 3 MHUs have been established in districts Chitral, Khyber and North Waziristan in order to facilitate the health system and host communities
- The hiring of staff for the 3 MHUs have been completed in the target districts. An orientation workshop was conducted for the newly hired staff to develop an understanding of the project objectives and goals.
- MHU equipment and medicines have been transferred to the district branches.
- More than 6,000 patients have visited PRCS MHUs during the reporting period and were treated accordingly.
- A total of 40 patients received first aid based on the need
- A total of 3 communities in Chitral, Khyber, and North Waziristan were sensitized to epidemic risks.
- Approximately 6,850 people were reached through community-based health promotion activities to control and reduce the risk of epidemic diseases
- Psychological first aid provided to 13 people helped them cope with trauma or anxiety resulting from an accident or illness
- A total of 789 community awareness sessions were conducted on various topics, such as COVID-19, health and hygiene, and water-borne diseases during the medical camps in the target districts.
- Apart from sensitizing the communities through awareness sessions, referral services are also provided in the MHUs. Common diseases being addressed by the MHUs include hypertension, Urinary Tract Infection (UTI), Respiratory Tract Infection (RTI), gastronomy, dermatitis, etc.



Chairman PRCS KP branch and HOD IFRCs Pakistan visit the MHU in district Chitral. (Photo Source: PRCS district branch)



Patients waiting for their turn at the MHU in district Waziristan (Photo Source: PRCS district branch)

## Iran

### *Providing Health Services in the Province of Sistan-u-Baluchestan:*

IRCS has vaccinated 332,108 Afghan displaced people up to 12 December 2021. From 5 March to 10 December 2021, 61,391 passengers were screened in conjunction with the health measures implemented by the IRCS, specifically in the province of Sistan-u-Baluchestan. Furthermore, 8,579 PCR tests have been performed, as well as 60,009 immediate PCR tests. The corona virus infected 165 people, who were quarantined. This plan involved a total of 2,458 operational forces.

The IRCS is deploying its Basic Health Care Unit (BHCUs) and establishing mobile clinics in the four provinces affected, as part of a variety of campaigns to provide services to those who are psychologically and physically affected. The current intervention will allow for the mitigation of the crisis's health-related effects on the affected communities and those in need, among other things

## Tajikistan

Continuous coordination with WHO, MoH and sector partners for health services including initial screening, vaccination, PSS, health referrals and basic health care provision at IRCs.

During the reporting period 32 staff and volunteers from Jayhun and Boktar were trained on first aid, MHPSS, epidemic control and health promotion.



## Water, sanitation and hygiene

### People to be reached:

	Pakistan	Iran	Tajikistan
Male	35,751	20,625	up to 23,000
Female	34,349	16,875	up to 27,000
Total	70,100	37,500	up to 50,000

The indicators below are part of the monitoring plan

### Outcome :

#### Indicators:

Pakistan: # of people provided with water, sanitation and hygiene-related services that meet agreed standards, according to specific operational and programmatic context.

Pakistan: # of people reached by hygiene promotion activities

Iran: # of people provided with safe drinking water

TJ: # of people provided with water, sanitation and hygiene-related services

#### Target

70,100

70,000

37,500

3,000<sup>21</sup>

#### Actual

6,580

6,580

15,500

80

### Output:

#### Indicators:

Pakistan: # of site assessments carried out and shared

Pakistan: # of litres safe water distributed (cumulative).

Pakistan: Average amount of safe water distributed per person per day

Pakistan: # of water distribution points

Pakistan: # of people reached by hygiene promotion activities

Pakistan: # of people per toilet

Pakistan: # of households provided with a set of essential hygiene items

Iran: Coordination with WASH actors

Iran: # of people provided with adapted hygiene kits

TJ: # of site WASH assessments carried out

#### Target

5

Need Based

TBC

15-20

70,000

20-50

10,000

Yes

37,500

1

#### Actual

3

98,700 Liters (per day)

15 Liters (per day)

03

6,580

0

0

12,400  
(3,100 HHS)

4<sup>22</sup>

<sup>21</sup> as per Scenario I. of the EPoA

<sup>22</sup> 2 branch facilities in Boktar and J Balkhi for construction of WASH facilities. In addition, 2 schools in Jabbor Al Rasul for coordination with UNICEF to support rehabilitation of toilets.

TJ: # of people provided with safe drinking water	3,000 <sup>23</sup>	80
TJ: # of people provided with access to excreta disposal facilities	3,000 <sup>24</sup>	0
TJ: # of people reached by hygiene promotion activities	up to 3,000	80
TJ: # of people provided with hygiene kits	up to 4,200	2,454
<b>Progress towards outcomes</b>		

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<sup>23</sup> as per *Scenario I.* of the EPoA.

<sup>24</sup> as per *Scenario I.* of the EPoA.

## Pakistan

- Regular coordination meetings were conducted with PRCS provincial/district branches and the Commissionerate of Afghan Refugees (CAR) for site selection in Chitral, Khyber and North Waziristan for the installation of solarized water filter plants.
- Technical feasibility and need assessments were carried out in the selected sites in the 3 respective districts. A proper procurement process was followed, including tender announcements for selection of appropriate vendor for the procurement of material for solarized water filtration plants.
- The installation of solarized water filtration plants has now been completed in the 3 selected locations. Each solarized water filtration plant's production capacity is approx. 40,000 liters of clean drinking water per day.
- As per SPHERE standards, the average volume of water used for drinking and domestic hygiene per household is 15 liters per person per day. Therefore, 98,700 liters of water per day is collected from the filtration plants for daily usage in the 3 districts. There are 3 water collection points consisting of 8 water taps in each point, separate for male and females
- Total direct beneficiaries benefited from the initiative reached 6,580.
- During the medical camps in the targeted districts, 6,580 people were reached through hygiene promotion activities demonstrating handwashing techniques, personal hygiene, and the use of ORS (Oral Rehydration Solutions) for diarrhea etc.



Inauguration of solarized water filtration plant installed in district Chitral. (Photo Source: PRCS district branch)



Monitoring visit of solarized water filtration plant in district Waziristan. (Photo Source: PRCS district branch)

## Iran

The IRCS primary activities under this area of intervention are centered on the procurement and provision of safe drinking water through water bottles, hygiene items (such as hygiene kits, jerry cans, sanitary napkins, etc.) for women, men, children, and babies, and hygiene promotion.

So far, IRCS has provided bottled water to people arriving from Afghanistan at Iranian borders, and hygiene kits have been distributed to 3,100 HHs.

To avoid epidemics or other water-borne diseases, the IRCS provincial branches efforts are focused on raising awareness about personal and environmental hygiene, water-borne disease prevention, treatment, and purification of drinking water.



IRCS distributing hygiene kits. **Source: IRCS**

### Tajikistan

RCST supported approximately 2,454 people with hygiene kits - 300 families in Vahdat (approx. 1,500 people), 110 families in Rudaki (approx. 550 people), 50 families in Jabbor Rasulov (approx. 250 people) 74 people in Hisor temporary shelter and 80 people in Sharitus island response.

A total of 810 Hygiene family kits pre-positioned in RCST central warehouse.

## Protection Gender and Inclusion



People to be reached:

	Pakistan	Iran	Tajikistan
Male	33,711		up to 23,000
Female	32,389		up to 27,000
Total	66,100	TBD	up to 50,000

The indicators below are part of the monitoring plan

### Outcome:

#### Indicators:

Pakistan: # of people benefitted through sensitization

Target

66,100

Actual

6,580

Iran: Operation demonstrates evidence of addressing the specific needs to ensure equitable access to disaster response	Yes	
TJ: # of people supported with RFL services	TBD	0

## Output:

Indicators:	Target	Actual
Pakistan: # of staff and volunteers trained on implementing the PGI/CEA minimum standards	100	100
Iran: # of staff and volunteers trained on the Minimum Standards PGI	100	
Pakistan: # of collaborations established with reliable local actors involved in giving SGBV prevention and response advice	Need Based	0
TJ: # of staff and volunteers trained on SGBV	TBD	8
TJ: Community feedback systems are established	Yes	0

## Progress towards outcomes

### Pakistan

- Approximately 6,580 beneficiaries have been sensitized through health awareness sessions at MHUs in 2 districts (Chitral and North Waziristan).
- During the implementation of activities, PRCS ensured to promote cohesion between the host communities and displaced people by creating better understanding and awareness on protection of rights and systems.
- A total of 100 volunteers have been trained on implementing PGI minimum standards, by sensitizing the host communities and displaced people within the target districts (Khyber, Waziristan, Chaman and Quetta) through awareness raising on basic PGI and Sexual and Gender Based Violence (SGBV) concepts.

### Iran

- Nothing to report.

### Tajikistan

- 8 RCST staff attended a 1-day online training facilitated by UNICEF on SGBV.
- PGI focal person appointed, first training for RCST staff and volunteers including the orientation for leadership on PGI is planned in the end of June 2022.

## Migration and Displacement



### People to be reached:

	Pakistan	Iran	Tajikistan	Other Central Asian countries
Male	33,711		up to 27,600	up to 2,185
Female	32,389		up to 32,400	up to 2,565
Total	66,100	TBD	up to 60,000	up to 4,750

The indicators below are part of the monitoring plan

## Outcome :

Indicators:	Target	Actual
Pakistan: people targeted with services for migration assistance and Protection.	66,100	0

Iran: Services related to assistance and protection are provided as needed	Yes	
<b>Output :</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
Pakistan: # of volunteers trained on RFL/Migration	100	22
Iran: Awareness and advocacy work carried out	Yes	
<b>Progress towards outcomes</b>		
<p><b>Pakistan</b> Restoring Family Links (RFL) capacity building has been initiated at PRCS for its staff and volunteers. A total of 100 volunteers have been identified across all districts for the RFL trainings, out of which 22 volunteers have already been trained. PRCS will confirm the training schedule for the remaining volunteers in the coming days.</p> <p><b>Iran</b> IRCS staff and volunteers are attempting to provide Restoring Family Links services to IDPs, with the support from the ICRC. Some evidence suggests that the IDP community should be made aware of the importance of reporting cases of separated families, unaccompanied children, and separated children to IRCS volunteers.</p> <p><b>Tajikistan</b> Nothing to report.</p>		

## Contact information

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

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### In the Iranian Red Crescent Society

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#### Reference documents



Click here for:

- Previous Appeals and updates
- Emergency Plan of Action (EPoA)

## How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, **encourage, facilitate and promote at all times all forms of humanitarian activities** by National Societies, with a view to **preventing and alleviating human suffering**, and thereby contributing to the maintenance and promotion of human dignity and peace in the world