

# AFGHAN RETURNEE RESPONSE PLAN

NOVEMBER 2023



World Health  
Organization

Afghanistan



# 1. BACKGROUND

On 3 October 2023, the Government of Pakistan announced its decree **“Illegal Foreigners’ Repatriation Plan,”** setting a 1 November 2023 deadline for the “voluntary return” of all undocumented Afghans in Pakistan.

As this decree applies to an estimated

**1.3 Million**

undocumented Afghans residing in Pakistan,



an influx of returnees began arriving in October.

The daily average of returnees increased from less than

**260 individuals**

to over

**10,000**

between 1 and 8 November 2023 at the Spin Boldak (Kandahar Province) and Torkham (Nangarhar Province) border crossings,



where the majority of returnees pass through. To accommodate the re-entry of such a large population, crossing points have recently opened in Herat and Paktya provinces as well.

Those who are returning include undocumented individuals, Afghanistan Citizen Card (ACC) holders and Assisted VolRep (Proof of Registration (PoR)) card holders.

Between 1 and 8 November 2023, a total of **44,715** returnees had arrived at Spin Boldak

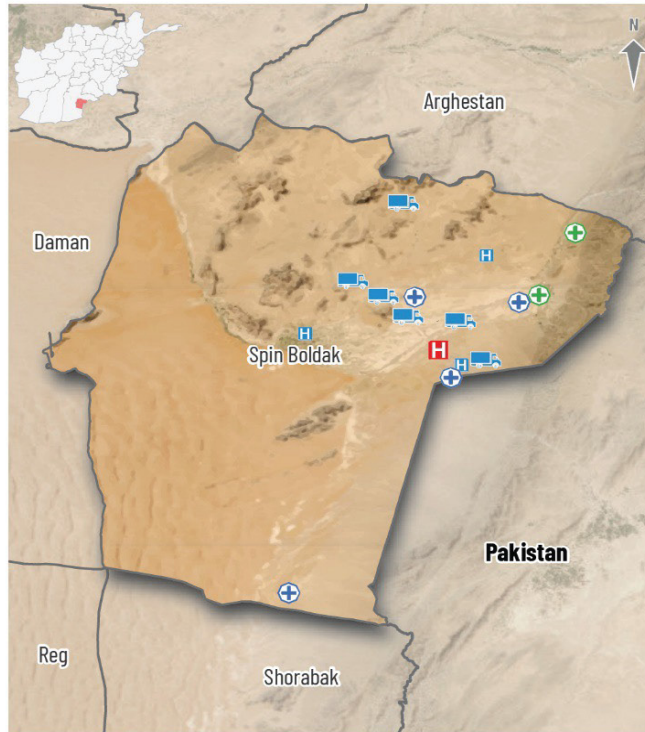


and at Torkham that **37,564** where approximately **47% were female.**



## AFGHANISTAN

Health Facilities Availability in Spin Boldak and Muhmand Dara (Torkham)



**DISCLAIMER:** The boundaries, denominations, and designations displayed in this product are defined by the data shared with the Afghanistan Health Cluster. The elements and freshness of the data are the responsibilities of the data providers and no endorsement nor acceptance of it by Health Cluster and WHO Afghanistan can be assumed.  
**CREATED ON:** 28 October 2023  
**DATA SOURCES:** WHO-HQ/AMS  
**CREATED BY:** Health Cluster - Information Management Unit

It is anticipated that approximately **720,000** undocumented individuals and **50,000** Assisted VolRep card holders will require assistance at border points from November 2023 through July 2024.



## 2. PUBLIC HEALTH RISKS AND CONSIDERATIONS

The sudden influx of more returnees and related factors has significant public health concerns- including the risk of disease outbreaks at various Points of Entry (POE) – Acute watery diarrhea (AWD), Crimean Congo Hemorrhagic fever (CCHF), Tuberculosis (TB), COVID-19, Polio and Dengue. WHO disease trends report already indicates increasing cases of CCHF and Dengue. In week 43, 67 new cases of Dengue have already been reported from some areas and more than 90% of the cases are from Nangahar. As at the time of reporting 20 cases of AWD had been reported among the returnees at Spinboldok. Kandahar and Nangahar are areas with a known high prevalence of falciparum malaria. Returnees being kept in camps may result in an increased risk of tick-borne diseases such as scabies and related conditions.

In coordination with the health authorities, the World Health Organization (WHO) and its Health Partners rapidly mobilized response efforts and extended the immediate provision of healthcare services to the returnees as part of the overall integrated strategic operations of the border consortium.



Since 1 November 2023, WHO and Health Cluster partners have provided a daily average of **2,500** consultations to returnees at the Torkham border and **2,000** at the Spin Boldak border.

Currently, the spike in returns is largely seen as spontaneous. However, the rising number of individuals choosing to return 'voluntarily' to Afghanistan each day is likely influenced by the Pakistan Government's threat of forced deportation.

## 3. PLANNING ASSUMPTIONS

Three Scenario are anticipated: **A minimum of 1.3m returnees are expected**<sup>1</sup>

Sudden influx in the number of returnees (Post Nov 1 deadline) will overwhelm the existing response capacity at the border area leading to massive overcrowding and with its epidemiological and public health implications. More crossing points may open requiring response at multiple points. Returnee influx estimated at 1500 to 2000 per day has now increased to 5000-6000 per day<sup>2</sup> per entry point/border crossing.



Re-surgency of influx -post winter period with peak at the first quarter of 2024 due to socio-political situations in nearby countries.



The winter season may witness a mild drop but will worsen vulnerabilities. Inadequate response intervention will worsen morbidity and mortality. Influx estimated at 1500-2000 per day per entry point.



Outbreak of communicable diseases including AWD, COVID-19, Dengue, ARI, Polio transmission etc. due to poor living conditions and overcrowding returnees' influx will may be superimposed on any of the 3 scenarios.



Adverse **impact** on host communities as existing facilities may be stretched or overrun.



<sup>1</sup> Afghanistan Border Coordination report- Oct 29-Nov 4,2023 report.

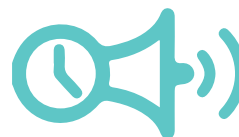
<sup>2</sup> Based on WHO field team report and BC reports.

## 4. OBJECTIVES

To provide basic/essential and lifesaving health services to Afghan returnees, with specific focus on mothers and children.



To strengthen early warning systems ensuring timely detection of epidemics and response.



To coordinate the response and ensuring efficiencies and effectiveness of implementation of different interventions by all health partners.



## 5. KEY INTERVENTIONS<sup>3</sup>

Strengthening of essential Primary Healthcare services in all affected areas and POE.



Provision of life saving essential medicines and supplies.



Strengthen preparedness, Disease Early Warning System (DEWS) and response to public health emergencies including outbreaks of infectious diseases.



Environmental Health/WASH/Risk Communication and Health Promotion.



Support Health Information management for returnees.



Support Emergency trauma and physical rehabilitation.



Support Non-Communicable Diseases (NCD), mental health, Psychosocial and Drug Demand reduction.



Support coordination of PoE Interventional activities and participate in Cross Border activities.



Ill focus on the following key interventions as response to the returnee's influx.



<sup>3</sup> For details of the activities within each objective area as well as cost implications, please see attached excel document.

## 6. RESPONSE ACTIONS

WHO is the leading agency in the provision of health care services and has established technical and operational expertise in responding to health emergencies, including returnees. WHO is the custodian of the International Health regulation and has the responsibility for international health security, including at the Point of Entry, for international health security.



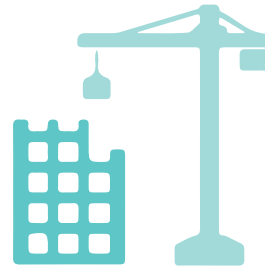
**Additional surge staff of 20 health professionals to support health screening and service delivery in each of the 4 locations.** These will support Primary Health care interventions as well as basic reproductive, maternal and child health services.



Scale up its exiting support for ambulance systems, **with 6 operational ambulances (24/7), two at Spinboldok and Torkham, and one each at Herat and Paktia.** WHO has supported and trained more than 500 ambulance paramedics across the country. These will form part of the surge support for the returnees.



As part of WHO AFG overall strategic and operational preparedness efforts, **construction has commenced on two Emergency Hospitals at Spinboldok (30 beds) and at Torkham (20 beds),** which will support basic care, emergency, and lifesaving interventions. The Emergency Hospitals are strategically located very close to the border and will become fully operational by mid-November 2023. They will serve as the first referral point for critical emergencies among returnees at Spinboldok and Torkham respectively.



WHO has deployed six Surveillance Support teams (SST) and will deploy additional SST already within the province deployed by the Country office. **A total of 18 SST will be deployed- six each at SPBD and TKH and three at Herat and Paktia.** This can be scaled up from teams supporting nearby provinces. The SST are trained personnel who will support disease surveillance, early warning, and outbreak response management. WHO intends to set up a Temporary Isolation Centre at the two major border crossings in line with International Health Regulations (IHR) recommendations.



**WHO will mobilize 14 primary health care facilities (fixed and mobile) to provide emergency primary health care services at the points of entries and in the transit centers of 6 POEs.** All fixed health facilities

will be operating in Connex prefabricated structures to ensure quality of services, while mobile health teams will be mobilized to provide PHC services using a mobile approach. These facilities will support Primary Health care interventions as well as basic reproductive, maternal and child health services and immunization services. Each of the health facilities will be equipped with an ambulance that will support referral of serious and complicated cases to higher-level health facilities.



WHO deployed emergency medicines and supplies via their storage facilities in the country. **Already WHO has deployed more than 100 Interagency Emergency Health Kits (IEHK) in various locations to support the response both to WHO teams and health cluster partners.** With the anticipated influx and trend, at the minimum an additional **750 IEHK** kits as well as severe acute malnutrition (SAM), Pneumonia, Cholera and other medicines will need to be procured for the response and for contingency.



## 7. OTHER CONSIDERATIONS

WHO is an active member of the WASH cluster and will ensure that response interventions comply to SPHERE standards; and will support the availability of clean portable water within the health facilities by conducting water quality monitoring which is critical in the prevention of water borne disease.



WHO Risk communication team will support health promotion activities, the development and distribution of IEC materials to increase awareness.



WHO will support care for Non communicable diseases including diabetes, hypertension, mental health and psychosocial support and drug demand reduction interventions. WHO has trained personnel across the country that will be deployed for this purpose.



As the Health cluster lead agency, and active player in the POE response interventions, WHO will strengthen leadership and coordination at regional and national levels. WHO is working with IOM and other health cluster partners to establish the Working Group on Migration Health within the Health Cluster which. The working group will help to support technical guidance for the returnee response. WHO will deploy its expertise in health information management to ensure accurate data and provide regular sitreps and information sharing to donors and partners.



## 8. LOGICAL FRAMEWORK

S/N	Specific Objectives, Key Tasks and Activities	Indicator
Objective 1	Continuation and strengthening of essential PHC services in all affected areas and at PoE	
Task 1.1	Establish Temporary PHC centers (Fixed/Mobile)- Total 14 Health Facilities (HF)	<ul style="list-style-type: none"> <li># of HF providing services.</li> <li># of people received emergency primary health care (OPD).</li> <li># of children received immunization services including OPV</li> <li># of children screened for growth monitoring and nutrition status.</li> <li># of Antenatal Care (ANC) consultation</li> <li># of Deliveries taken place in the HFs</li> <li># of patient with complicated cases referred to a higher-level health facility.</li> </ul>
Task 1.2	Procurement of PHC packages for 14 health facilities supported by WHO in PoE/Transit Centers (Total 84 PHC Packages)	# of PHC packages distributed to the HFs



S/N	Specific Objectives, Key Tasks and Activities	Indicator
Task 1.3	Set up a temporary infrastructure (Connex Structures)	# of Temporary HF functioning on the Connex Prefab Structures
Task 1.4	Conducting vaccination campaigns (measles, polio, Vit-A supplementation, de-worming)	# vaccinated
<b>Objective 2</b>	<b>Provision of life saving essential medicines and supplies</b>	
Task 2.1	Procurement and distribution of PHC medicine packages for those IPs providing health care services to the returnees at PoE and in the camps of returnees	# of PHC medicine packages distributed to the HFs
Task 2.2	Strengthening of Warehouse capacities at or close to the border	
<b>Objective 3</b>	<b>Maternal, new-born &amp; child health care services, Immunization coverage</b>	
Task 3.1	Provide basic ANC services for returnees	# of ANC consultation
Task 3.2	Support health facilities for ANC services	# of Health facilities supported
Task 3.3	Support referral for OBGYN (Obstetric and Gynecological) emergencies and linkage facilities	# of complicated cases referred
Task 3.4	Support the management of IPD- SAM in health facilities	# of TFU supported
Task 3.5	Number of IPD-SAM cases supported	# IPD-SAM cases supported
<b>Objective 4</b>	<b>Public health emergencies due to outbreaks detected timely, prevented, and responded to</b>	
Task 4.1	Detect alerts of outbreak of epidemic prone disease and investigate with 48-72 hours	# of alerts of outbreaks
Task 4.2	Deployment of SST to conduct outbreak investigation and active case finding	# of SSTs deployed
Task 4.3	Transportation for the SSTs	# of vehicles rented
Task 4.4	Training of community key informants on Event based surveillance	# of KIs trained
Task 4.5	Provision of PPEs and service delivery of consumables	# of PPEs kits provided
Task 4.6	Set up a temporary isolation/treatment center to support PHC services	# of isolation HF
Task 4.7	Provision of case management and Laboratory supplies in respond to the epidemic prone diseases outbreak	# of kits provided

S/N	Specific Objectives, Key Tasks and Activities	Indicator
<b>Objective 5</b>	<b>Environmental Health/WASH/Risk Communication and Health Promotion</b>	
Task 5.1	Ensure basic hygiene in the health facilities and settings	
Task 5.2	Conduct water quality monitoring	Weekly Water quality monitoring report
Task 5.3	Ensure availability of clean and potable water in health facilities supporting returnee response	
Task 5.4	Develop relevant IEC materials to support returnee health	# of Material developed/printed
Task 5.5	Conduct engagement and public awareness interventions for health promotion	# of Persons affected
<b>Objective 6</b>	<b>Support Health Information management for returnees</b>	
Task 6.1	Conduct a Rapid Assessment of Health needs	Weekly Data Shared COB Thursday
Task 6.2	Design and Deploy Data Collection tools and Collation system	4Ws Shared inside Sitrep
Task 6.3	Ensure a real time overview of health resource availability (HeRAMS)	HeRAMs <sup>4</sup> conducted
<b>Objective 7</b>	<b>Support Emergency trauma and physical rehabilitation</b>	
Task 7.1	Deploy basic surgical and trauma kits	# of trauma kits distributed
Task 7.2	Support the deployment and operation of ambulance services for the returnee's response	# of ambulances
Task 7.3	Deploy ambulance support staff	# of staff deployed
<b>Objective 8</b>	<b>Support NCD, mental health, Psychosocial and Drug Demand reduction</b>	
Task 8.1	Support basic MHPSS services at the returnee	# of MHPSS cases supported
Task 8.2	Support referral mechanism	
Task 8.3	And crises management	
<b>Objective 9</b>	<b>Support coordination of PoE Interventional Activities and participate in Cross Border activities</b>	
Task 9.1	Participate in border coordination meeting and support health cluster partners/Implementing Partner response actions	# of Border Coordination meetings

<sup>4</sup> HeRAMs- Health Resources Availability and Monitoring System. Is an electronic tool used by WHO for rapid assessment of health resource and service availability in emergency settings.



S/N	Specific Objectives, Key Tasks and Activities	Indicator
Task 9.2	Health cluster meeting conducted	# of HC meeting
Task 9.3	Working group for migration health	# of MH meeting
Task 9.4	Cross border coordination meeting (inter-countries)	# of CB meetings
Task 9.5	Conduct 4W and mapping for Health Cluster and Implementing partners	
<b>Objective 10</b>	<b>Support operational research in migration health</b>	
Task 10.1	Outline key issues and topics for research	# of topics received
Task 10.2	Develop research manuscript on returnee health response	# of manuscript developed

## 8. BUDGET

Budget for WHO 700K Afghan Returnee response Plan (12 Months)		
S/N	Summary of Specific Objectives, Tasks and Activity Areas	Amount (USD)
1	Continuation/strengthening of essential PHC services in all affected areas and at PoE	3,298,080.00
2	Provision of life saving essential medicines and supplies	1,878,840.00
3	Maternal, new-born & child health care services, Immunization coverage	500,000.00
4	Public health emergencies due to outbreaks detected timely, prevented, and responded to	1,523,080.00
5	Environmental Health/WASH/Risk Communication and Health Promotion	250,000.00
6	Support Health Information management for returnees	100,000.00
7	Support Emergency trauma and physical rehabilitation	1,850,000.00
8	Support NCD, mental health, Psychosocial and Drug Demand reduction	300,000.00
9	Support coordination of PoE Interventional activities and participate in Cross Border activities	150,000.00
10	Support operational research on migration health provision	150,000.00
<b>Grand Total</b>		<b>10,000,000.00</b>

## CONTACT INFORMATION

**Dr Luo Dapeng,**  
**WHO Representative to Afghanistan**  
**Email: luod@who.int**

**Mohamed Kakay,**  
**External Relations & Partnerships Team Lead**  
**Email: kakaym@who.int**

**Dr Alaa Abouzeid,**  
**Health Emergencies Team Lead**  
**Email: abouzeida@who.int**