



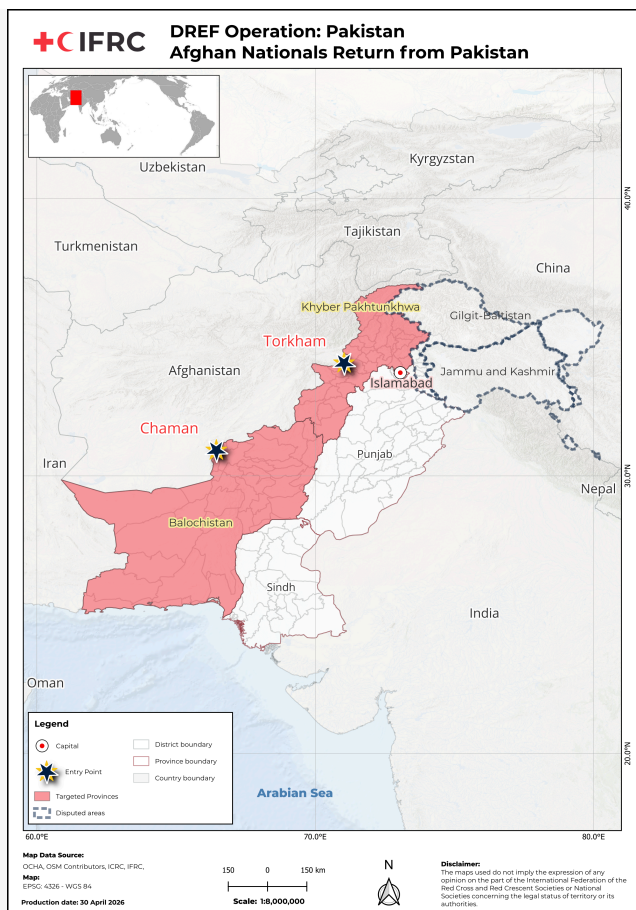
Chaman Crossing point, Balochistan Pakistan. (Photo: PRCS)

Appeal: <b>MDRPK027</b>	Total DREF Allocation: <b>CHF 416,010</b>	Crisis Category: <b>Yellow</b>	Hazard: <b>Population Movement</b>
Glide Number: <b>CE-2025-000051-PAK</b>	People Affected: <b>800,700 people</b>	People Targeted: <b>90,000 people</b>	People Assisted: <b>115,345 people</b>
Event Onset: <b>Slow</b>	Operation Start Date: <b>24-04-2025</b>	Operational End Date: <b>31-01-2026</b>	Total Operating Timeframe: <b>9 months</b>

Targeted Regions: **Balochistan, Khyber Pakhtunkhwa**

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

# Description of the Event



Map of targeted areas (Source: IFRC IM)

## Date when the trigger was met

11-04-2025

## What happened, where and when?

The Government of Pakistan launched the Illegal Foreigners Repatriation Plan (IFRP) on 1 November 2023 to facilitate the return of undocumented foreign nationals, primarily Afghan citizens. The policy has evolved over time, with a significant shift in March 2025 when authorities mandated all Afghan Citizen Card (ACC) holders and undocumented Afghans to leave voluntarily by 31 March 2025, followed by the resumption of deportations from 1 April 2025.

The implementation of IFRP Phase III from mid-2025 led to a sharp increase in cross-border movements, particularly at Torkham and Chaman, driven by the closure of informal settlements and intensified enforcement measures. This surge placed considerable strain on humanitarian service delivery points, particularly on health, WASH and protection.

To address the emerging humanitarian needs of Afghan returnees, particularly vulnerable groups including women, children, pregnant and lactating women, the elderly, and PWDs—the Pakistan Red Crescent Society (PRCS) launched a DREF operation in April 2025 with an allocation of CHF 416,010 with the support of IFRC. The operation aimed to provide timely, medical attention and protection-sensitive assistance to approximately 90,000 individuals affected by the return movements, ensuring access to essential services such as health care, first aid, psychosocial support, and restoring family links, while upholding dignity and inclusiveness in service delivery. The target locations were the Torkham crossing point in Khyber Pakhtunkhwa and the Chaman border in Balochistan where a huge influx of Afghan returnees was seen.

Despite returns, Pakistan continues to host a large Afghan population with varying legal statuses, many of whom remain vulnerable to protection risks, including family separation, limited access to services, and uncertainty related to their residency status. Below is a detail of the Afghan return trends between 2023 to 2025:



- Total Afghan returns to Afghanistan: Approximately 1.44 million individuals returned between October 2023 and September 2025.
- Afghan returns (initial phase): Around 861,263 individuals returned between September 2023 and March 2025.
- PoR card holders in Pakistan: Approximately 1.43 million individuals are recorded as of 2025.
- ACC holders in Pakistan: Approximately 800,700 individuals are recorded as of 2025.
- Undocumented Afghans (estimated): Around 1.7 million individuals are estimated to be residing in Pakistan as of 2025.
- Unregistered family members in PoR households: Approximately 143,900 individuals as of 2025.
- Afghans in refugee villages: Around 444,000 individuals are residing in refugee villages as of 2025.
- Afghans in host communities: Approximately 991,000 individuals are living in host communities as of 2025.

In response to the evolving context, including the Government of Pakistan’s third phase of the Illegal Foreigners Repatriation Plan (IFRP) and the resulting surge in returnee influx at key border crossing points, a no-cost extension of three months was granted at the end of the operation in October 2025 to sustain critical service delivery. An operations update was issued for the no-cost extension. This extension enabled PRCS to scale up and maintain essential humanitarian assistance in high-pressure locations where needs remained acute and dynamic.

In October 2025, cross-border clashes between Pakistan and Afghanistan were reported at several border crossings, resulting in the closure of both the Chaman and Torkham borders. The border management authorities subsequently closed the holding centers and recommended that PRCS temporarily suspend the HSP and Medical Health Facility services at Torkham and Chaman. PRCS temporarily halted the services in line with the authorities’ recommendation and in consideration of duty of care for its staff and volunteers.

PRCS monitored the situation closely at both borders and maintained regular coordination with the border management authorities to assess security conditions, the reopening timeline, and the emerging needs of Afghan nationals on the move. PRCS services resumed at the Chaman Border after a two-day pause, while at Torkham, services were restored after a 20-day suspension due to the prolonged border closure.

Building on the progress achieved under the DREF operation, PRCS, in coordination with Movement partners, has developed a forward-looking plan to ensure continuity of essential services beyond the DREF timeframe. This includes sustained support for health, MHPSS, and RFL services through complementary funding and operational support, thereby reinforcing the collective commitment of the Red Cross Red Crescent Movement (RCRC) to respond to the ongoing humanitarian needs in a timely and coordinated manner. The essential services at both crossing points will be retained through the available funding support from British Red Cross, Swiss Red Cross and Netherland Red Cross. The operation will be scaled up as the situation evolves, and additional funding becomes available.



PRCS volunteer providing basic PFA to a returnee (Photo: PRCS)



Women and Child Friendly Space at Torkham HSP (Photo: PRCS)

Afghan Status	Number of Returnees	Reference Timeframe / Date
Total Afghan returns to Afghanistan	1.44 million	Between October 2023 to September 2025
Afghan returns (initial phase)	861,263	September 2023 – March 2025
PoR card holders in Pakistan	1.43 million	As of 2025
ACC holders in Pakistan	800,700	As of 2025
Undocumented Afghans (estimated)	1.7 million	As of 2025 (estimate)
Unregistered family members in PoR households	143,900	As of 2025
Afghans in refugee villages	444,000	As of 2025
Afghans in host communities	991,000	As of 2025

Afghan Return Trends 2023-2026





Afghan Return Trends 2023-2026

## Scope and Scale

The Illegal Foreigners Repatriation Plan (IFRP) was launched by the Government of Pakistan in three phases:

- o Phase I: Undocumented Afghans
- o Phase II: ACC holders
- o Phase III: PoR card holders

Since October 2023, over 2 million Afghans have returned to Afghanistan, reflecting a sustained, large-scale repatriation process driven by evolving government directives and enforcement measures. High volumes of returnees, particularly at Torkham continued during the rollout of Phase III, leading to increased pressure on service delivery points.

Below are some key timelines of the Afghan Return trends:

October 2023 – December 2024:

- o IFRP Phase I initiated (November 2023), targeting undocumented Afghans.
- o Returns continued through 2024 with fluctuating intensity.
- o 315,100 returns recorded in 2024.

January – March 2025 (Q1):

- o Directives issued for Afghans to leave Islamabad and Rawalpindi.
- o Announcements on Phase II (ACC holders).
- o Deportations increased, but overall return numbers remained relatively low.

April – June 2025 (Q2):

- o Sharp increase in returns (both voluntary and deportations).
- o Driven by the 31 March 2025 deadline for undocumented Afghans and ACC holders.

July – September 2025 (Q3):

- o Phase III announced (31 July 2025) targeting PoR card holders.
- o Grace period granted until 1 September 2025.
- o Return movements remained high, especially at key border crossings.

October – December 2025 (Q4):

- o Peak deportation rates observed highest in 2025.
- o Expansion of enforcement across all documentation categories.
- o De-notification of all 54 Refugee Villages completed by 15 October 2025.
- o Temporary border closures reduced self-organized returns despite high deportations.

Overall, 2025 Trend:

- o 1,125,946 total returns, a sharp increase from 2024 (315,100).
- o 14% (154,663) were deportations, marking a historic high.

As of January 2026:

- o Total returns exceed 2 million individuals, with continued high return rates expected.
- o Since April 2025 to 31 January 2026, 1,155,208 Afghan nationals returned, of which 158,439 (14%) were deported (<https://pakistan.iom.int/sites/g/files/tmzbd11121/files/documents/2026-02/unhcr-iom-flash-update-80.pdf>)

Return movements have shown ongoing variability, driven by evolving government instructions and border control measures. Nevertheless, patterns observed since the resumption of the IFRP in April 2025 indicate a persistent, large-scale repatriation process.

In response, the operation's target was revised from 60,000 to 90,000 individuals (October 2025), reflecting both increased needs and implementation capacity. As of 31 January 2026, the Pakistan Red Crescent Society (PRCS), with IFRC support, assisted 115,345 returnees



through health, protection, WASH, Psychosocial First Aid (PFA), Restoring Family Links (RFL), Community Engagement and Accountability (CEA), and distribution services via HSP set up at Torkham in KP and Mobile Health Facility (MHF) at Chaman in Balochistan.

## Source Information

Source Name	Source Link
1. UNHCR-IOM	<a href="https://pakistan.iom.int/sites/g/files/tmzbd1121/files/documents/2025-09/unhcr-iom-flash-update-61.pdf">https://pakistan.iom.int/sites/g/files/tmzbd1121/files/documents/2025-09/unhcr-iom-flash-update-61.pdf</a>
2. Reuters News	<a href="https://www.reuters.com/world/asia-pacific/pakistan-starts-deporting-registered-afghan-refugees-says-unhcr-2025-08-06/">https://www.reuters.com/world/asia-pacific/pakistan-starts-deporting-registered-afghan-refugees-says-unhcr-2025-08-06/</a>
3. IOM	<a href="https://dtm.iom.int/reports/flow-monitoring-afghan-nationals-annual-report-2025">https://dtm.iom.int/reports/flow-monitoring-afghan-nationals-annual-report-2025</a>
4. UNHCR	<a href="https://data.unhcr.org/en/documents/details/115648">https://data.unhcr.org/en/documents/details/115648</a>
5. IOM	<a href="https://pakistan.iom.int/sites/g/files/tmzbd1121/files/documents/2026-02/unhcr-iom-flash-update-80.pdf">https://pakistan.iom.int/sites/g/files/tmzbd1121/files/documents/2026-02/unhcr-iom-flash-update-80.pdf</a>
6. UNHCR	<a href="https://data.unhcr.org/en/documents/details/121275">https://data.unhcr.org/en/documents/details/121275</a>
7. Government Website	<a href="https://www.interior.gov.pk/afghan-citizen-card-acc-holders-to-leave-pakistan-by-march-31-2025/">https://www.interior.gov.pk/afghan-citizen-card-acc-holders-to-leave-pakistan-by-march-31-2025/</a>
8. UNHCR-IOM	<a href="https://pakistan.iom.int/sites/g/files/tmzbd1121/files/documents/2025-09/unhcr-iom-flash-update-60_0.pdf">https://pakistan.iom.int/sites/g/files/tmzbd1121/files/documents/2025-09/unhcr-iom-flash-update-60_0.pdf</a>

## National Society Actions

Have the National Society conducted any intervention additionally to those part of this DREF Operation?	No
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## IFRC Network Actions Related To The Current Event

Secretariat	<p>The IFRC Country Delegation (CD) in Pakistan maintained close coordination with key stakeholders throughout the implementation of the operation. Working in close collaboration with PRCS, the delegation and the National Society actively participated in inter-agency coordination meetings, ensuring alignment and complementarity with broader humanitarian efforts. The IFRC provided technical and operational support to PRCS in refining strategies, strengthening implementation, and facilitating resource mobilization. Regular engagement and monitoring helped enhance PRCS's capacity to respond effectively to the immediate needs of Afghan returnees at border points.</p> <p>To further reinforce operational performance, PMER Surge support was deployed to strengthen PRCS's systems for planning, monitoring, evaluation, and reporting. Additionally, the delegation, being an active member of the Humanitarian Country</p>
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	<p>Team (HCT), contributed to joint planning, coordination, and advocacy efforts. Information and updates were regularly shared with the IFRC Afghanistan Delegation to ensure coordinated and complementary cross-border actions within the Movement.</p> <p>Coordination was further strengthened through the Afghan Returns Technical Migration Cell convened by the IFRC Asia Pacific Regional Office (APRO), which brought together the IFRC Afghanistan and Pakistan Country Delegations to ensure coherent, cross-border Movement coordination and alignment of approaches. In addition, a technical visit was undertaken in December 2025 by the IFRC Migration and Displacement Regional Lead, which included consultations with PRCS staff and volunteers at the Quetta and Peshawar branches.</p>
<b>Participating National Societies</b>	<p>PRCS convened three Movement Coordination meetings with the participation of all in-country Partner National Societies (PNSs). These meetings served as a platform to share updates on the evolving situation and PRCS's ongoing humanitarian response. The PNS expressed strong interest in understanding the operational context and provided valuable technical inputs, which contributed to the planning, refinement, and alignment of response strategies within the Movement.</p> <p>The Norwegian Red Cross CD initially supported the deployment of the Medical Health Unit at the Torkham border during the initiation of the DREF-operation.</p>

## ICRC Actions Related To The Current Event

In coordination with PRCS and Movement partners, the International Committee of the Red Cross (ICRC) reaffirmed its commitment to supporting PRCS in delivering a principled and coordinated humanitarian response. As part of this collaboration, the ICRC worked closely with PRCS and Movement technical teams to strengthen RFL and First Aid services at key operational points. In line with its mandate, the ICRC remains committed to enhancing PRCS's operational capacity and readiness to effectively serve affected and vulnerable communities.

## Other Actors Actions Related To The Current Event

<b>Government has requested international assistance</b>	No
<b>National authorities</b>	The national authorities established the framework for the repatriation process and instructed relevant Government departments to facilitate and support the Afghan returnees throughout their repatriation journey.
<b>UN or other actors</b>	UNHCR and IOM continued to advocate for the safe, voluntary and dignified return of Afghan nationals through coordination with Government authorities and humanitarian partners, as well as by monitoring cross-border movements. UNHCR focused on protection monitoring, voluntary return assistance, and referrals to essential services, while IOM provided regular updates on population movements through its Displacement Tracking Matrix (DTM) system.



### Are there major coordination mechanism in place?

PRCS maintained close coordination with key stakeholders i.e., Office of Chief Commissionerate for Afghan Refugees at the national and province level. They maintained close coordination with the Provincial and District Authorities, district Health departments and Border Management Authorities in Balochistan and KP. PRCS also participated in the inter-agency coordination meetings throughout the implementation of the operation.

The HCT played a central role in guiding the humanitarian action in Pakistan throughout the operation. The IFRC actively participated in HCT meetings, contributing to coordinated planning and advocacy efforts. In parallel, the Interagency Coordination Mechanism brought together United Nation (UN) agencies and humanitarian partners to ensure a harmonized and efficient response.

A National Contingency Plan was developed to address the humanitarian needs arising from the implementation of the Government's IFRP, with both IFRC and PRCS contributing to its development and implementation. At the national and provincial levels, PRCS maintained close coordination with key stakeholders, including the National Disaster Management Authority (NDMA), Provincial Disaster Management Authorities (PDMAs), district administrations, and other humanitarian actors to align the response efforts and avoid duplication.

## Needs (Gaps) Identified



### Health

Many returnees, including women, children, and older persons, continue to arrive at border crossings in vulnerable conditions, often after long journeys involving physical exhaustion, dehydration, and exposure to harsh weather. The need for accessible primary healthcare, treatment for dehydration and exhaustion, and maternal and child health support remains high, as returnees often reach the border in weakened physical conditions. Limited access to medical facilities during transit increases their vulnerability to illness and injury. The operation addressed these critical health needs through on-site medical units providing first aid, basic clinical care, and referrals for specialized treatment. Additionally, as the repatriation of refugees is still ongoing, the need for continuous Mobile Health Teams (MHTs)/Units remains critical to ensure uninterrupted access to essential healthcare services for the affected populations at the transit routes.

Vulnerable groups such as women, children, older persons, PWDs, and individuals with pre-existing health conditions remains at greater risk. Going forward, there is a continued need to sustain mobile and transit-based healthcare services, strengthen referral pathways with nearby health facilities, ensure uninterrupted availability of essential medicines and supplies, and provide targeted support for high-risk groups to address ongoing health risks and reduce pressure on local health systems.



### Water, Sanitation And Hygiene

Returnees at border crossing points require immediate access to safe drinking water to prevent dehydration and waterborne diseases, particularly given the long journeys and harsh environmental conditions. Hygiene promotion is essential to reduce the risk of outbreaks, with needs for sanitation facilities, handwashing stations, and awareness sessions on safe water practices and personal hygiene. Essential WASH needs were addressed through the DREF response operation, however, the sustained needs persist, particularly for clean drinking water and sanitation facilities. Therefore, the WASH services, including the water distribution points and sanitation facilities at both locations, will continue to provide undisrupted access to the returnees, while the hygiene promotion activities and sessions will be combined with the health promotion activities (still ongoing).



### Protection, Gender And Inclusion

Many returnees, including women, children, older persons, ethnic minorities, and other marginalized groups, face heightened risks of exploitation, abuse, and neglect during emergencies. There is a need for gender-sensitive services, including safe spaces for women and children, dignity kits for women and adolescent girls, and measures to prevent family separation. Critical issues include mental stress, anxiety, and psychosocial issues among vulnerable groups.

Given the diverse needs of these vulnerable groups, critical issues and gaps were identified in addressing their protection needs, especially as they faced heightened risk of exploitation, abuse, and neglect during the transit situation. There is need for gender-sensitive approaches to ensure equitable distribution of aid, protection from harm and abuse, privacy, and access to essential services for all



vulnerable groups.

While the operation addressed the immediate needs including women safe spaces, child friendly spaces and safe and dignified access to the health, WASH and RFL services reducing the protection risks. However, ongoing population movement continues to expose vulnerable groups to increased risks, requiring sustained interventions to protect vulnerable groups from discrimination, exploitation, and abuse. There is need to strengthen referral pathways and strong coordination with the government and other actors to safely refer the cases of GBV to the relevant departments.



## Migration And Displacement

Afghan returnees, including deportees and voluntary returnees, required support at border crossings to ensure safe and dignified transit, including access to information, Restoring Family Links (RFL), and essential services to mitigate risks during movement. While the operation addressed these needs to a considerable extent through the provision of health, WASH, and other humanitarian services, population movement remained ongoing at the end of the operation, and needs continue to persist.

In particular, there is an ongoing requirement for mobile and transit-based healthcare services, strengthened referral pathways, other essential services and targeted support for high-risk groups, especially women, children, and older persons. Continued efforts are also needed to sustain information dissemination, protection-sensitive services, and RFL support to ensure safe and dignified movement of returnees.



## Community Engagement And Accountability

Communities were regularly consulted through inclusive engagement with men, women, older persons, and Persons with Disabilities (PWDs) during the initial assessments to ensure their needs and concerns informed the programme design. Focus Group Discussions (FGDs) were conducted with the Afghan women traveling from different parts of the country while crossing the border to Afghanistan; to better understand their specific needs and challenges they were facing during the crisis.

Priority was given to the most marginalized groups among the Afghan returnees and PRCS also established a robust feedback and complaint mechanism to actively seek their feedback regarding the services being provided, to ensure relevance of the response to their needs.

Needs included two-way communication channels for returnees to provide feedback, access to accurate information, and participation in decision-making to ensure services were responsive and accountable. Although the operation established community engagement and feedback mechanisms, continued population movement highlights the needs for more adaptive and inclusive approaches to ensure continuous two-way communication, active engagement with returnees, accountability and responsiveness to affected populations.



## Environment Sustainability

Efforts to minimize environmental impact through sustainable WASH practices, such as efficient water use and waste management at service points. For disposing the medical waste, the services points were provided with biohazard disposable containers. The camps were provided with basic medicines and with minimum injections for field, which resulted in minimal needle and injection waste.

# Operational Strategy

## Overall objective of the operation

To support 90,000 Afghan returnees through the provision of health services, Psychological First Aid (PFA), PSS, ambulance referrals, safe drinking water, RFL, dignity kits, and essential information, while ensuring CEA and PGI integration at the Torkham (KP) and Chaman (Balochistan) HSPs and Medical Health Facility respectively, for an extended period of nine months.



## Operation strategy rationale

PRCS, with support from the IFRC CD, implemented a comprehensive response strategy to address the urgent humanitarian needs of Afghan returnees at the Torkham crossing point in KP and the Chaman crossing point in Balochistan, through the establishment of humanitarian Service points with an integrated approach covering Health, WASH, CEA/PGI, RFL, and information dissemination.

Given the weak health infrastructure in both border districts, particularly at the crossing points—the strategy prioritized to equip the Humanitarian Services point with the deployment of Mobile Health Teams (MHTs) to provide essential medical services, including first aid, outpatient consultations, maternal and child health support, and referrals for emergencies. During the operation, the operational strategy remained focused on sustaining essential Health, WASH, PGI, and CEA services to meet the continuing humanitarian needs of returnees amid sustained cross-border movements.

HSPs were established as neutral and safe spaces close to the two major border crossing points at Torkham and Chaman – points of heightened needs and vulnerabilities for returning Afghans. The identified locations were near the holding centres established by the Government Authorities to facilitate the return of the Afghan Nationals. Therefore, the concerned provincial branches established a regular contact with the district authorities and received tremendous support.

At the Chaman border, the prevailing weather conditions and limitations in the existing infrastructure posed challenges to the operationalization of the HSP. Following a site visit by the authorities, the district administration proposed an alternative location within the holding/transit centre and provided a dedicated covered space to support service delivery. In line with the HSP guidelines and to ensure the continuity and quality of services, the facility was subsequently relocated inside the holding/transit centre. Since its relocation, it has been operated as a Medical Health Facility rather than an HSP. While at the Torkham border, the HSP was established in a tent opposite the holding centre. Considering the operational challenges, a dedicated private space was identified and rented later on and the HSP was relocated to the rented space.

Adaptations were made based on context-appropriate implementation. For example, feasibility assessments conducted by the WASH team revealed that safe drinking water sources already existed at both border sites. Instead of deploying new filtration plants, the strategy was shifted to water quality testing, storage solutions, and hygiene promotion to ensure safe access without unnecessary infrastructure development.

At both border crossings, followings adaptations were made based on context specific needs.

- Provision of wheelchairs for PWDs
- Supply of fans
- Construction of separate rest room for staff at the HSP in Torkham
- Repair of rest rooms at the Medical Health Facility-Chaman Border
- Additional furniture
- Solar-powered mobile charging booths
- Installation of solar system for the provision of electricity at the Medical Health Facility
- Winterization kits for the migrants considering the seasonal needs

In October 2025, at the end of the original operational timeframe, an Operations Update was published, and an exceptional timeframe extension of 3 months was granted to PRCS to continue the life-saving assistance, address emerging seasonal and protection needs, and maintain strong coordination with partners for an efficient and dignified response. This extension was made in response to the Government of Pakistan's launch of Phase III of the IIRFP, whereby approximately 1.4 million PoR cardholders are expected to be impacted, resulting in a surge in repatriations. Both border crossing points, Torkham (KP) and Chaman (Balochistan) were experiencing significant operational pressure due to the increased inflow of Afghan returnees since August 2025. The extension enabled PRCS, to sustain critical services in Health, WASH, and Protection, replenishing essential supplies, and maintaining its operational presence as the humanitarian situation was fluid and unpredictable, particularly with the onset of winter. The operation targets were increased from 60,000 to 90,000, keeping in view the needs of the returnees.

While the overall budget remained unchanged, a strategic reallocation of funds was undertaken to optimize resource use and sustain essential services during the extended period. These adjustments were based on context-appropriate implementation. For example, feasibility assessments conducted by the WASH team revealed that safe drinking water sources already existed at both border sites. Therefore, instead of deploying water treatment plants or distributing bottled water as originally planned, the team rehabilitated the existing infrastructure and installed distribution points, ensuring sustainable access to drinking water while achieving cost efficiency. The resulting savings were redirected to support the procurement of essential medicines, dignity kits, winterization kits and other operational needs.

The following services were provided at the HSP and Medical Health Facility in Torkham and Chaman.

### A) Health Services

To meet the health needs of returnees, two MHTs (one at Chaman and one at Torkham) were deployed for nine months (270 days). These teams provided primary healthcare services to approximately 115,345 individuals, delivering a comprehensive package that included:

- OPD services for common illnesses and minor ailments
- PSS and PFA



- Essential medicines for acute conditions and basic care for Non-Communicable Diseases (NCDs)
- Ambulance support for referrals requiring advanced medical attention

The MHTs ensured that returnees received timely, safe, and dignified medical care with free medicines, addressing both immediate and ongoing health concerns throughout the operation period.

#### B) Water, Sanitation and Hygiene (WASH)

PRCS ensured sustained access to safe drinking water for returnees by rehabilitating and maintaining existing water sources at both border crossing points. These efforts provided a reliable and dignified supply of potable water for returnees during their transit. Target beneficiaries at both border crossing points were provided 906,000 litres of safe drinking water supplied through the rehabilitated water sources. Overall, 111,880 people were reached with WASH assistance at both border crossing points.

Hygiene promotion activities were continuously carried out, emphasizing safe water handling, handwashing, and personal hygiene to mitigate the risk of waterborne diseases. Sanitation needs were regularly assessed, and rapid handwashing stations were deployed while ensuring gender-sensitivity and hygienic conditions. The WASH component remained adaptive, maintaining safe and sustainable water and sanitation services for all returnees.

#### C) Protection, Gender and Inclusion (PGI)

PRCS deployed gender-balanced volunteer teams at all stages of the response including assessments, service delivery, and information sharing to ensure that the specific needs of women, children, older persons, PWDs, and other marginalized groups were met. All staff and volunteers received PGI and Protection from Sexual Exploitation and Abuse (PSEA) trainings, along with ongoing technical support to ensure a safe, dignified, and inclusive response.

A total of 15,250 dignity kits were distributed to women and girls at both border crossings, based on their specific needs. Safe spaces for women and children were established adjacent to health facilities, providing privacy, rest areas, and PSS for pregnant and lactating women, unaccompanied children, and elderly women. Referral services and an ambulance were available for emergency health needs at both the HSP and the Medical Health Facility. Trained volunteers facilitated child-friendly activities at the safe spaces to promote safety and well-being.

Lastly, all team members were regularly oriented on the PGI principles, the Code of Conduct, and humanitarian standards, ensuring that the assistance was delivered with respect and without discrimination.

#### D) Community Engagement and Accountability (CEA)

The operation emphasized two-way communication and community trust, ensuring affected populations were informed and involved in decision-making throughout the response timeline. PRCS maintained feedback and information desks at both the HSP and the Medical Health Facility, where returnees shared their concerns and suggestions directly. Total 6,707 feedback was received covering satisfaction, dignity, and service quality related topics, reflecting strong community engagement and trust between PRCS and the communities. This feedback was regularly analyzed to inform operational adjustments and improve service quality.

Field teams were trained in feedback handling and accountability processes, and regular orientation sessions on CEA were conducted for staff and volunteers, to strengthen responsiveness to community needs. This participatory approach enhanced transparency, strengthened trust, and ensured that services remained relevant and effective throughout the response.

PRCS jointly with IFRC and ICRC developed reactive lines for the staff and volunteers for any media and communication response considering the sensitivity of the repatriation and the reputational risk of being perceived as supporting the initiative of Government of Pakistan. The document provided guidance on the stance of PRCS related to the repatriation of Afghan nationals and PRCS/IFRC policy and principles for engagement on assistance to returning migrants. This document provided information as well as other considerations, such as language to use on social media platforms and other necessary information.

#### Continuation of Operations Beyond DREF:

Beyond the DREF timeframe, PRCS operations at the Chaman and Torkham border points continue into 2026 with the support of the British Red Cross, Swiss Red Cross, Netherlands Red Cross, and Norwegian Red Cross. Separate operational plans and budget have been developed in coordination with the Movement partners. However, funding gaps still persist, which may require continued efforts for resource mobilization to continue the essential humanitarian services for Afghan returnees. Continued and flexible funding is critical to maintain life-saving services on a scale, including emergency health care, first aid, RFL, and safe water provision at border points. Additional resources will also be required to respond to potential surges in return and to ensure uninterrupted support for vulnerable groups.



# Targeting Strategy

## Who was targeted by this operation?

This operation primarily targeted Afghan nationals returning from Pakistan through the Torkham (KP) and Chaman (Balochistan) border crossings, including:

- 1) Vulnerable groups such as women (including pregnant and lactating women), children (including unaccompanied minors), older persons (60+), PWDs, and female-headed households.
- 2) Individuals without access to immediate health services, safe drinking water, or means for referral in case of medical emergency.
- 3) Those showing signs of physical or psychological distress, survivors of or at risk of violence or exploitation.

## Explain the selection criteria for the targeted population

1. Repatriating Afghan nationals crossing into Afghanistan via designated border points (Torkham in KP and Chaman in Balochistan).
2. Individuals without access to immediate health services, safe drinking water, or means for referral in case of medical emergency.
3. Prioritized vulnerable groups, including:
  - o Pregnant and lactating women
  - o Children under 5 years
  - o Persons with disabilities or chronic illnesses
  - o Elderly people (aged 60+)
  - o Unaccompanied and separated children
  - o Female-headed households
  - o Survivors of or those at risk of violence or exploitation
  - o Individuals separated from their families as a result of the repatriation.
4. Individuals showing signs of physical or psychological distress who require first aid, psychosocial support, or further medical assessment.

## Total Assisted Population

Assisted Women	35,218	Rural	50%
Assisted Girls (under 18)	29,969	Urban	50%
Assisted Men	24,749	People with disabilities (estimated)	10%
Assisted Boys (under 18)	25,409		
Total Assisted Population	115,345		
Total Targeted Population	90,000		

## Risk and Security Considerations (including "management")

Does your National Society have anti-fraud and corruption policy?	No
Does your National Society have prevention of sexual	No



exploitation and abuse policy?	
Does your National Society have child protection/child safeguarding policy?	<b>No</b>
Does your National Society have whistleblower protection policy?	<b>Yes</b>
Does your National Society have anti-sexual harassment policy?	<b>Yes</b>

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

Risk	Mitigation action
Deteriorating Security Situation around the border areas may limit access for staff and pose risks to both personnel and returnees.	<ul style="list-style-type: none"> <li>• Close coordination is being maintained with local authorities to receive timely security updates.</li> <li>• Established a robust security protocol for staff and volunteers.</li> <li>• Pre-position supplies and resources ensured continuity of critical services in case of temporary access restrictions.</li> <li>• Engaged with community volunteers and local partners for service continuity if staff access is limited.</li> <li>• Standardized safety and security guidelines and mandatory security briefings were held for staff and volunteers.</li> </ul>
Reputational risk associated with forced return scenarios.	<ul style="list-style-type: none"> <li>• PRCS continued its operations in full adherence to the Fundamental Principles of the Red Cross and Red Crescent Movement.</li> <li>• PRCS actively participated in humanitarian forums, inter-agency forums while consistently articulating its position as an auxiliary to the Government and responding to the humanitarian needs of returnees.</li> </ul>
Lack of a risk management system and updated Standard Operating Procedures (SOPs).	<ul style="list-style-type: none"> <li>• Risk Register for the operation was maintained and regularly coordinated with national society for effective risk mitigation.</li> </ul>
Volunteers and staff face risks of fatigue and burnout from prolonged deployments.	<ul style="list-style-type: none"> <li>• Volunteer rotation mechanisms were adopted, and volunteers feedback was taken regularly.</li> <li>• PSS trainings conducted for the staff and volunteers involved in the operation.</li> </ul>
A significant increase in the number of repatriating individuals may overwhelm the existing capacity of mobile units and services	<ul style="list-style-type: none"> <li>• Pre-positioning of additional supplies (medicines, first aid material, hygiene kits) is being done by PRCS to handle sudden influxes.</li> <li>• PRCS/ IFRC were coordinating closely with other humanitarian actors and government agencies to share responsibilities and avoid duplication.</li> <li>• Regularly monitoring movement trends was undertaken to better prepare for sudden enhanced influxes.</li> </ul>
Delays in the procurement of medical supplies	<ul style="list-style-type: none"> <li>• The IFRC CD took the lead in the local procurement, while ensuring compliance with IFRC medical procurement standards.</li> <li>• Initially, the medicines for the MHTs were provided from the</li> </ul>



existing stock of the national society, while the procurement process was initiated parallelly.

- The IFRC CD led the procurement of dignity kits, winterization and emergency kits and completed the procurement within the DREF timeline as planned.

- Other procurements of small scale for child friendly spaces were procured locally by the National Society as planned.

**Please indicate any security and safety concerns for this operation:**

Security concerns included potential instability at the border crossing points due to the high influx of Afghan returnees and the political sensitivities around the repatriation itself. During the temporary border closures, due to cross-border clashes between Afghanistan and Pakistan, PRCS paused the humanitarian services at both crossing points considering the duty of care of staff and volunteers. The operation was resumed after careful assessment of the situation while consulting relevant stakeholders.

Has the child safeguarding risk analysis assessment been completed?

**Yes**

# Implementation



**Budget:** CHF 223,249  
**Targeted Persons:** 90,000  
**Assisted Persons:** 115,345  
**Targeted Male:** -  
**Targeted Female:** -

## Indicators

Title	Target	Actual
# of people reached, assisted with emergency health care and medical treatment through RCRC primary healthcare services	90,000	115,345
# of ambulances operated by the NS to provide medical transportation and pre-hospital care	2	2
# of people who received mental health and psychosocial services in emergency situations from RCRC	25,000	42,374
# of staff and volunteers trained in MHPSS	40	43

## Narrative description of achievements

PRCS established an HSP in Torkham and a Medical Health Facility in Chaman at the Pak Afghan border to support the Afghan returnees. These service points were designed to provide essential health services to vulnerable returnee populations.

Prior to the deployment of these service points, multiple coordination meetings were held with the district and provincial authorities to ensure effective planning, smooth operations, and coordinated service delivery for the Afghan returnees at the border. This collaborative approach helped streamline referral pathways, resource mobilization, and service provision. Through the HSP and Medical Health



Facility, PRCS delivered essential primary healthcare services to 115,345 Afghan returnees. Additionally, to address the psychological stress and trauma associated with displacement, 42,374 individuals received Mental Health and Psychosocial Support (MHPSS) services, helping them cope with anxiety, stress, and other mental health challenges. Below is a SADD breakup of the people reached through primary healthcare, PFA and referral services.

- Primary Health Care (OPD):
  - o Male (<18): 24,749
  - o Male (>18): 35,218
  - o Female (<18): 25,409
  - o Female (>18): 29,969
  - o Unknown: 115,345
  - o Total: 115,345
- Psychological First Aid (PFA):
  - o Male (<18): 8,158
  - o Male (>18): 28,708
  - o Female (<18): 2,209
  - o Female (>18): 3,299
  - o Unknown: 16,414
  - o Total: 42,374
- Referrals:
  - o Male (<18): 21
  - o Male (>18): 28
  - o Female (<18): 21
  - o Female (>18): 47
  - o Unknown: Not reported
  - o Total: 243

To manage emergency situations and ensure timely medical referrals, two fully equipped ambulances were deployed at the HSPs, which facilitated 243 referrals of critical cases, including maternal emergencies and severe illnesses. PRCS also ensured that free medicines were provided to all individuals receiving primary healthcare services, enabling returnees to access necessary medical treatment without any financial burden. Both male and female doctors were available at the HSP and the Medical Health Facility to conduct medical consultations, ensuring culturally appropriate and accessible healthcare services for all beneficiaries, particularly the most vulnerable segment.

Overall, the deployment of the HSP and the Medical Health Facility reflects PRCS's commitment to providing comprehensive, dignified, and timely humanitarian assistance to the Afghan returnees, ensuring that their immediate health, PSS and WASH needs are addressed during this critical transition period. The CEA survey of 6,707 beneficiaries through face-to-face Kobo based interviews shows 99 per cent satisfaction level of beneficiaries regarding the health services and free of cost medicines provided in a dignified manner. It represents improved access to essential primary healthcare services for the Afghan migrants crossing the border.

To further strengthen service delivery and ensure quality psychosocial response, PRCS conducted a 2-day training for staff and volunteers on MHPSS at each location. Participants were oriented on the basics of PFA, key principles of MHPSS, and the importance of relaxation exercises for stress management. These techniques were emphasized as essential tools not only for supporting affected populations but also for promoting the well-being of staff and volunteers working in high pressure humanitarian settings. A total of 43 participants were trained (22 male and 21 female).

## Lessons Learnt

- Active engagement by technical leads during planning, implementation, and monitoring ensured that the interventions were aligned with the sector standards, helped address real time challenges and ensured quality service and compliance.
- Setting up clear referral pathways enhanced the ability to link affected populations with appropriate services, improving access to assistance and overall response effectiveness.
- While tools for data collection, monitoring, and reporting were available, their effective use varied across teams. This underscores the need for systematic and ongoing capacity building of staff and volunteers on key tools and templates to be used in the interventions and processes.
- The operation identified gaps in systematically tracking contextual, operational, and security risks, particularly in sensitive border environments like Torkham and Chaman. Establishing a structured risk monitoring and analysis system would enable timely identification of emerging risks, support informed decision-making, and strengthen preparedness and mitigation measures throughout the response.
- The scale of the response placed significant pressure on the branch and volunteers, therefore strengthening Human Resource and managing staff well-being has come out to be a key consideration in such high-level operations. Strengthening the HR capacity through pre-qualified emergency staff rosters, surge deployments, and better staff retention mechanisms is essential for future large-scale responses. The HR could include health, WASH, PGI, livelihood, cash experts, depending upon the interventions of the response.



## Challenges

- The response faced challenges in maintaining adequate levels of medicines, particularly during periods of high influx at border points. Sudden surges in returnee numbers placed pressure on pre-positioned supplies and service delivery capacity, leading to temporary shortages and constraints. This was mitigated by establishing stronger contingency plans with pre-positioned buffer stocks of essential medicines at branch level and faster replenishments to avoid stockouts during sudden influxes.
- At times the provincial level staff was overburdened due to the scale of the disaster. The increased workload affected efficiency, staff well-being, and the ability to maintain consistent oversight.
- The number of returnees at the Torkham and Chaman borders fluctuated considerably, due to various reasons. However, these variations made it difficult to plan resources, staffing, and service delivery in a predictable manner. Strengthening real-time data collection on returnee trends, medicine consumption, and service demand through regular monitoring and reporting supported better forecasting, timely decision-making, and efficient resource allocations.



## Water, Sanitation And Hygiene

**Budget:** CHF 11,562

**Targeted Persons:** 90,000

**Assisted Persons:** 111,880

**Targeted Male:** 51,300

**Targeted Female:** 38,700

## Indicators

Title	Target	Actual
# of litres of safe water distributed through RCRC Emergency Water Supply (Cumulative)	1,200,000	1,342,563
# of people reached with WASH actions in emergency response	90,000	111,880
# of people covered with hygiene promotion activities	90,000	54,916

## Narrative description of achievements

PRCS ensured access to safe drinking water for 111,880 returnees (with a calculation of 12 litres of water provided per person), distributing 1,342,563 litres of water through storage solutions, rehabilitation of existing Water Supply Schemes (WSS's) and quality testing at the HSP and Medical Health Facility. Hygiene promotion sessions reached 54,916 people, 61 per cent of the total planned targets. These sessions were primarily, focusing on the peoples who were visiting the health facilities to promote behaviours to reduce waterborne diseases. The hygiene promotion activities were disrupted at Chaman border for some time due to the security situation therefore the planned target was not fully achieved. PRCS worked on the improvement/construction of two sanitation facilities at both locations, including handwashing stations, latrines and including the water supply for sanitation facilities.

Initially, as per the Operational Strategy, the plan was for the distribution of bottled water and the deployment of water treatment plants at the border crossing points. However, following feasibility assessments and water quality testing, the PRCS WASH team determined that existing water sources at both locations was safe for drinking. Consequently, the intervention was adapted to prioritize the rehabilitation of existing water systems and installation of water distribution points, ensuring a more sustainable access to drinking water. Through these combined efforts, the operation ensured consistent access to safe drinking water and reduced vulnerability to dehydration and waterborne diseases among Afghan returnees at the border crossing points.

Post Distribution Monitoring (PDM) was conducted during the response timeline, led by the PMER Surge Officer to assess the satisfaction level of the target beneficiaries and the relevance of the response. As per the PDM report, the WASH findings show that 91 per cent beneficiaries expressed satisfaction with the quality and accessibility of WASH services provided at the HSP and Medical Health Facility.

## Lessons Learnt

- Continue services with resource mobilization to ensure the continuity of the existing water points and install additional water points if necessary.
- Feasibility assessments and close monitoring led to adaptive strategies, avoiding unnecessary infrastructure development.



## Challenges

- Limited WASH services initially, such as fewer latrines than required. Initially there was a requirement for provision of clean drinking water along with hygiene promotion. Moreover, a latrine was constructed at the HSP in Torkham and the sanitation facilities at Medical Health Facility in Chaman were improved, as per the recommendation and need expressed by the branch staff.
- At times, the sudden influx of migrants at the HSP and the Medical Health Facility put pressure on water sources. To address this challenge, additional water taps/water points were installed at both locations to address the needs.



## Protection, Gender And Inclusion

**Budget:** CHF 92,826

**Targeted Persons:** 12,000

**Assisted Persons:** 15,250

**Targeted Male:** -

**Targeted Female:** -

## Indicators

Title	Target	Actual
# of people trained on implementing the PGI Minimum Standards	40	58
Programme has completed the IFRC Child Safeguarding Risk Analysis	1	1
# of girls, female adolescents and women reached by information dissemination sessions on Menstrual Hygiene Management (MHM)	12,000	15,250
# of target locations covered by the RCRC which have safe spaces established by RCRC	2	2

## Narrative description of achievements

Under the PGI component, PRCS ensured that all services at the HSPs and Medical Health Facility were safe, inclusive, and responsive to the specific needs of women, children, older persons, and PWDs. A total of 15,250 dignity kits were distributed to the most vulnerable women including the Afghan nationals who were ready to depart and the host community, providing women and girls with essential hygiene and protection items.

Additionally, 1,830 Menstrual Hygiene Management (MHM) sessions were conducted for 15,250 participants, to help enhance awareness, reduce stigma, and promote better hygiene practices among women and adolescent girls. Furthermore, 2,500 winterization kits consisting of essential warm clothing items to protect beneficiaries from cold weather, including warm shawl, sweater, cap, gloves, socks, and a cloth bag were distributed to females at both locations in Torkham and Chaman.

The following criteria was strictly followed for the distributions in the communities residing close to the HSP in Torkham and the Mobile health Facility in Chaman:

- 1) Afghan nationals residing in the host communities (first priority)
- 2) Women headed households and widows
- 3) Women and girls with disabilities
- 4) Pregnant and lactating women
- 5) Low-income families

A child safeguarding risk analysis was conducted in each target province, to assess the staff awareness and capacity of branch in terms of engagement with children. The assessment evaluated both the capacities of staff and the institutional capacity of provincial branch and National Headquarter (NHQ) regarding child safeguarding. It is a critical step in ensuring that all interventions are safe, ethical, and aligned with the principle of 'do no harm'.

To ensure effective PGI mainstreaming and CEA integration across all services, 58 staff and volunteers (37 male, 21 female) from PRCS Provincial Headquarter (PHQs), district branches, and field teams received targeted training on PGI standards. The training was grounded in protection minimum standards, with a strong focus on dignified, safe and equitable access to services, meaningful participation, and



safety of affected populations. Participants were capacitated to conduct inclusive community meetings and consultations with diverse groups, including women, children, older persons, and PWDs, ensuring that all community perspectives were systematically reflected in program planning and implementation while minimizing protection risks and upholding a do-no-harm approach.

Safe spaces for women and children were established at both the HSP and the Medical Health Facility and have been actively utilized as secure and supportive environments for rest, privacy, and protection. These spaces also serve as points for PSS, breastfeeding, and health referrals. Moreover, 6,365 children have participated in child-friendly activities designed to offer psychosocial relief and promote emotional well-being during displacement.

To enhance accessibility, wheelchairs were made available at both service points, ensuring PWDs could safely and easily access all services. Additionally, separate latrines for women, migrants, and female staff were established to ensure safety, dignity, and privacy. The key PGI related findings from the PDM include:

- 93 per cent respondents expressed satisfaction with the appropriateness and quality of dignity kits received.
- 87 per cent women and girls reported improved awareness and confidence in managing menstrual hygiene after the MHM sessions.
- 90 per cent respondents agreed that PRCS services were delivered in a safe, respectful, and culturally appropriate manner.

## Lessons Learnt

- Women and children's safe spaces were highly appreciated as can be seen from the feedback received, since they served as a central place for safe and dignified services.
- Dignity kits and MHM sessions effectively supported women and adolescent girls while protecting their privacy and safety.
- The integration of the PGI minimum standards into sectoral interventions is essential for ensuring safe, inclusive and effective programming.

## Challenges

- Despite an active and well-coordinated Protection Working Group, the strict government policy under the IFRP resulted in individuals with specific protection needs being repatriated alongside their families, limiting the ability of humanitarian actors to adequately address or intervene on all critical protection concerns during mass repatriation process. However, the protection working group remained active and constantly engaged for advocacy to better coordinate and assist the repatriated families.



## Migration And Displacement

**Budget:** CHF 937

**Targeted Persons:** 90,000

**Assisted Persons:** 115,345

**Targeted Male:** -

**Targeted Female:** -

## Indicators

Title	Target	Actual
# of people reached through humanitarian service points (migrants and displaced people)	90,000	115,345
# of humanitarian service points established (migrants and displaced people)	2	2

## Narrative description of achievements

PRCS successfully established and maintained the first ever HSP and Medical Health Facility at Torkham (KP) and Chaman (Balochistan) borders respectively. These facilities served as central hubs for delivering coordinated, life-saving humanitarian assistance to Afghan returnees arriving at border crossings and established at neutral and safe spaces. At Chaman border the district authorities after visiting the facility, recommended to relocate it inside the holding centre and, not only that, but they also provided the dedicated space to run it. Following the guidelines of the HSP, the facility was relocated inside the holding centre and referred to as a Medical Health Facility, since it did not qualify as an HSP. At Torkham Border, the HSP was established in a dedicated private space.

Between April 2025 and January 2026, PRCS provided essential services to over 115,345 unique individuals, addressing their immediate



needs through primary health consultations, PFA, PSS, safe drinking water, protection and gender-sensitive services, and RFL assistance. These integrated interventions ensured that returnees receive timely, dignified, and comprehensive support upon their arrival.

Some key Migration related findings from the PDM include:

- 94 per cent respondents reported satisfaction with the timeliness and quality of services received at the HSP and the Medical Health Facility.
- 91 per cent indicated that the assistance was delivered respectfully and met their most urgent needs.
- 89 per cent confirmed that staff and volunteers provided clear information about available services and referral options.

## Lessons Learnt

- Empowering field teams with greater decision-making authority enabled more effective partnerships and direct coordination with local authorities and humanitarian actors, improving timeliness and operational efficiency.
- Strong coordination was ensured with local administration and coordination with IFRC CD Afghanistan and Afghan Red Crescent Society (ARCS) for a more coherent and relevant response.

## Challenges

- Fluctuating returnee numbers: Unpredictable influxes posed challenges for planning and timely delivery of assistance, occasionally impacting the response efficiency in meeting the needs of the sudden high influx. Therefore, flexible operational planning was adopted, including pre-positioning of essential supplies and continuous monitoring of return trends to enable timely scale-up or adjustment of services.
- Forced return context: There was a risk for PRCS/IFRC of perceived association with the government-led returns, necessitating careful positioning to uphold humanitarian principles and neutrality. Therefore, PRCS/IFRC maintained a clear humanitarian stance by focusing strictly on lifesaving and needs-based assistance, while consistently communicating its neutral and independent role through coordination forums and engagement with authorities and stakeholders.
- There is a risk of authorities perceiving PRCS as "taking over" roles rather than supporting them, leading to sustainability concerns once PRCS exits. Therefore, close and regular coordination with relevant authorities was ensured, with an emphasis on complementarity and support to existing systems. PRCS positioned its interventions as temporary and gap-filling measures.



## Community Engagement And Accountability

**Budget:** CHF 17,043

**Targeted Persons:** 36,000

**Assisted Persons:** 24,587

**Targeted Male:** -

**Targeted Female:** -

## Indicators

Title	Target	Actual
# of people reached through dissemination of key information and messages	36,000	24,587
% of community members, including marginalized and at-risk groups, who know how to provide feedback or make a complaint about the operation	70	87
# of staff and volunteers oriented/trained on CEA	50	58

## Narrative description of achievements

To ensure the effective integration of community engagement and accountability initiatives, 58 field staff and volunteers (37 men and 21 women) were trained and sensitized to share feedback mechanisms with communities and to collect feedback for an adaptive and flexible response.

PRCS continued to strengthen its CEA mechanisms across the HSP and the Medical Health Facility, ensuring two-way communication and



active participation of Afghan Nationals throughout the response. A total of 24,587 individuals were reached with timely and relevant information, supporting informed decision-making during their return journey. These engagement sessions focused on dissemination of key messages, addressing immediate concerns, and ensuring that individuals were aware of available services and procedures at the transit points. The community engagement activities also played a critical role in identifying vulnerable individuals requiring additional support, ensuring their referral to appropriate services.

Information Desks were established at the HSP and the Medical Health Facility to provide timely, accurate, and accessible information to the Afghan nationals, guided by the FAQs identified through community interactions. To address information needs related to the onward travel and services inside Afghanistan, close coordination was maintained with IFRC CD Afghanistan through IFRC CD Pakistan, enabling the provision of reliable and up-to-date guidance. This approach ensured returnees could make informed decisions about their onward movement and access to assistance, while strengthening transparency, trust, and accountability.

Engagement with external stakeholders, including participation in Accountability to Affected Populations (AAP) and Protection Working Group meetings, remained active to facilitate information sharing on services provided to affected communities. As a result, referral pathways established by the UNHCR and its partners in Torkham and Chaman were shared with PRCS field teams, enabling timely referral of cases related to exploitation and Gender-Based Violence (GBV).

In addition, 6,707 feedback was received covering satisfaction, dignity, and service quality related topics, reflecting strong community engagement and trust between PRCS and the communities. The feedback mechanism remained fully operational, enabling a prompt and adaptive operation. For example, the provision of wheelchairs at HSPs was a result of community requests, to better support PWDs in the affected communities.

Furthermore, to enhance information accuracy for the beneficiaries, an FAQs document was compiled by the PRCS field staff and IFRC Pakistan Delegation, containing questions related to different services in Afghanistan. The same was then shared with IFRC CD Afghanistan to collect receive accurate answers to their questions from of beneficiaries' concerns related to services after crossing the border. Later, the information was translated into local language and shared with field teams to provide accurate and clear information to the with Afghan returnees.

Some key CEA-related findings from the PDM include:

- 93 per cent respondents confirmed receiving timely and understandable information about the available services.
- 87 per cent stated they were aware of where and how to provide feedback or raise complaints.
- 90 per cent expressed satisfaction with how their concerns were addressed by the PRCS staff and volunteers.

## Lessons Learnt

A synchronized community complaint and feedback mechanism was established, and community engagement was strengthened through awareness sessions. Moreover, the lesson learnt exercise highlighted that face-to-face feedback collection using Kobo tools, integrated with Power BI improved data management and analysis. Ensuring community engagement through awareness sessions was a good initiative.

## Challenges

Inadequate covered seating arrangements during high temperatures at both service points constrained the organizing of briefing sessions on feedback mechanisms which affected the target achievement. To mitigate this challenge, separate sessions on feedback mechanisms were organized for women in designated safe spaces, while shorter sessions for men were conducted in open areas due to high temperatures.



## Secretariat Services

**Budget:** CHF 21,093

**Targeted Persons:** 0

**Assisted Persons:** 0

**Targeted Male:** -

**Targeted Female:** -

## Indicators

Title	Target	Actual
# of IFRC staff engaged to support the PRCS in implementing the	10	10



response activities		
# of surge deployed	1	1
# of monitoring visits conducted by IFRC staff	10	10
# of movement/membership coordination meetings	3	3

## Narrative description of achievements

The IFRC CD extended continuous technical and operational support to PRCS throughout the implementation of the DREF operation. A total of ten IFRC staff were engaged in supporting the operation, ensuring effective coordination, quality assurance, monitoring and reporting, financial backstopping and compliance with IFRC standards and procedures.

A Surge PMER Officer was deployed for two months to strengthen Planning, Monitoring, Evaluation, and Reporting (PMER) functions across the response. The deployment significantly enhanced the quality and timeliness of data collection, analysis, and reporting processes, ensuring more systematic tracking of progress against planned activities and indicators. The officer provided technical support to field teams and implementing units, contributing to improved data management practices, standardization of reporting tools, and strengthened verification mechanisms.

A robust Movement Coordination mechanism was maintained, facilitating regular information sharing and complementarity among PRCS, IFRC, and the PNSs. This ensured coherence, transparency, and the effective delivery of humanitarian assistance across all components of the operation without duplication of efforts and resources.

Movement and membership coordination meetings were held throughout the DREF operation with the aim to discuss the prevailing humanitarian situation related to population movement and agree on response at the selected locations in KP and Balochistan. These meetings were held at the PRCS NHQ and attended by PRCS, ICRC, IFRC and partner National Societies leadership and relevant staff.

Throughout the response period, IFRC staff conducted regular monitoring visits to the HSPs, with all thematic leads undertaking field missions to key locations, including Chaman and Torkham. These visits were instrumental in assessing the progress of ongoing activities, identifying operational challenges, and ensuring timely implementation of corrective actions across different thematic areas.

The presence of thematic leads in the field enabled direct engagement with staff, volunteers, and affected communities, strengthening oversight and enhancing the quality and accountability of service delivery. Furthermore, these monitoring visits facilitated real-time problem-solving and adaptive management, contributing to improved coordination and responsiveness throughout the operation.

## Lessons Learnt

Regular engagement with relevant authorities strengthened alignment, improved information sharing, and facilitated more coordinated and timely response actions.

## Challenges

A formal risk monitoring and context analysis system was missing, which limited the ability to systematically track evolving risks and contextual changes. Such a mechanism would be particularly valuable in responses implemented in security-sensitive areas, where timely analysis and anticipatory risk management are critical for ensuring staff safety, operational continuity, and effective decision-making. However, in this operation risk awareness was strengthened through regular coordination, field-level information sharing, and close engagement with local authorities. Moving forward, a more structured risk monitoring and context analysis system is recommended for the National Society to support timely decision-making and operational safety.



## National Society Strengthening

**Budget:** CHF 23,906  
**Targeted Persons:** 0  
**Assisted Persons:** 0  
**Targeted Male:** -  
**Targeted Female:** -



## Indicators

Title	Target	Actual
# of volunteers provided with equipment for protection, safety and support (e.g. PSS) appropriate to the emergency	40	40
# of volunteers involved in the response operation that have increased their skills in response and management of operations	40	49
# of lessons learned workshop conducted	1	1

## Narrative description of achievements

PRCS at national level organized the launching ceremony of the DREF-Operation on 9 May 2025 at the National Head Quarters (NHQ), to mark the commencement of the operation and inform the humanitarian community of our interventions. PRCS Secretary General Mr. Abaid Ullah Khan and IFRC Program Coordinator Mr. Manzoor Ali formally exchanged the signed documents of the DREF-operation during the ceremony. The event was attended by PRCS leadership, movement partners, key stakeholders, staff and volunteers. The launching event received tremendous coverage in print and electronic media in Pakistan.

PRCS maintained regular contact with the Chief Commissionerate for Afghan Refugees at the national and province level to share regular updates related to PRCS interventions at the border points. PRCS representatives attended all national level Refugee Working Group meetings convened by the UNHCR. The provincial branches maintained close coordination with the district authorities, border management authorities and the district Health Departments and shared updates on PRCS interventions at border points.

PRCS implemented a range of volunteer engagement and capacity-building activities in the Merged Areas (MA) and Balochistan to strengthen community-based preparedness and emergency response. A total of 4x volunteer recruitment drives (two in each region) were conducted, resulting in the recruitment of 177 volunteers, including 77 in MA and 100 in Balochistan. To ensure effective engagement, four Volunteer Induction Courses were organized, orienting 77 volunteers in the MA and 69 in Balochistan on humanitarian principles, organizational structures, and their roles in supporting community-level humanitarian action.

To enhance operational readiness, several specialized trainings were conducted for volunteers. 2x Volunteering in Emergencies (ViE) trainings were organized, training 40 volunteers, including 7 females and 13 males in MA, and 5 females and 15 males in Balochistan. Additionally, 2x Integrated Capacity-Building trainings strengthened volunteers' knowledge in disaster management, first aid, and CEA, with 20 volunteers (7 females and 13 males) trained in the MA and 25 male volunteers in Balochistan. Furthermore, two Emergency Response Trainings equipped volunteers with practical skills for rapid response and coordination during emergencies, benefiting 24 volunteers (10 females and 14 males) in MA and 25 volunteers (8 females and 17 males) in Balochistan.

Overall, these activities significantly strengthened the volunteer network and enhanced the preparedness and response capacity of local communities. Through targeted recruitment, structured induction, and practical trainings, the operation contributed to building a skilled, gender-inclusive, and community-based volunteer workforce capable of supporting humanitarian interventions and respond effectively to emergencies in the MA and Balochistan regions.

Considering the safety of staff and volunteers working at the HSP and the Medical Health Facility, 40 staff and volunteers were provided with equipment for protection, safety and support appropriate to the emergency.

A two-day Lessons Learned Workshop was held on 27–28 January, bringing together all Movement partners, PRCS NHQ, PRCS provincial branches, and IFRC staff. The workshop served as a collaborative platform to reflect on the response, with a particular focus on key Preparedness for Effective Response (PER) areas and their alignment with the thematic priorities of the operation. Through structured discussions, group work, and experience sharing, participants critically examined operational strengths, challenges, and areas for improvement.

The workshop generated several important and actionable findings, many of which are highly pertinent to strengthening future emergency preparedness and response efforts. These insights will be systematically integrated into upcoming programming to enhance the effectiveness, coordination, and impact across all levels. A comprehensive report capturing the discussions, key lessons, and recommendations has been developed and will be shared with all partners to inform ongoing and future interventions.

## Lessons Learnt

- Develop and share standardized security & safety guidelines for all staff and volunteers, to ensure risk awareness, preparedness, and response to security incidents.
- Ensure timely provision of PPEs and visibility items.



- Establish volunteer rotation and leave mechanism to ensure sustained operational effectiveness and volunteer well-being.
- Conduct structured orientations for all staff and volunteers covering key areas to ensure all staff are adequately prepared before engaging in response activities.

## Challenges

- Lack of detailed security orientation guidelines for the volunteers and staff deployed in MA and Balochistan. However, security briefings were provided and coordination with field teams and local authorities was maintained to keep the staff/volunteers safety and security.



# Financial Report

## DREF Operation

FINAL FINANCIAL REPORT

### MDRPK027 - Pakistan - Population Movement

Operating Timeframe: 24 Apr 2025 to 31 Jan 2026

Selected Parameters	
Reporting Time 2025/4-2026/3	Operatio MDRPK027
Budget Timeframe 2025/4-2026/1	Budget APPROVED
Prepared on 30/Apr/2026	

All figures are in Swiss Francs (CHF)

#### I. Summary

<b>Opening Balance</b>	<b>0</b>
<b>Funds &amp; Other Income</b>	<b>416,010</b>
DREF Response Pillar	416,010
<b>Expenditure</b>	<b>-393,238</b>
<b>Closing Balance</b>	<b>22,772</b>

#### II. Expenditure by planned operations / enabling approaches

Description	Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items			0
PO02 - Livelihoods			0
PO03 - Multi-purpose Cash			0
PO04 - Health	187,617	82,101	105,516
PO05 - Water, Sanitation & Hygiene	15,212	1,669	13,543
PO06 - Protection, Gender and Inclusion	30,125	19,077	11,048
PO07 - Education			0
PO08 - Migration			0
PO09 - Risk Reduction, Climate Adaptation and Recovery	143,370	269,971	-126,601
PO10 - Community Engagement and Accountability	5,000	622	4,378
PO11 - Environmental Sustainability			0
<b>Planned Operations Total</b>	<b>381,324</b>	<b>373,440</b>	<b>7,884</b>
EA01 - Coordination and Partnerships			0
EA02 - Secretariat Services	9,073	2,969	6,104
EA03 - National Society Strengthening	25,613	16,829	8,784
<b>Enabling Approaches Total</b>	<b>34,686</b>	<b>19,798</b>	<b>14,888</b>
<b>Grand Total</b>	<b>416,010</b>	<b>393,238</b>	<b>22,772</b>

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

## Please explain variances (if any)

A total of CHF 416,010 was allocated to PRCS for the Afghan Population Movement DREF response. By the end of the operation, total expenditures amounted to CHF 393,238, consuming 94.5 per cent of the allocated budget, resulting in an unspent balance of CHF 22,772, which will be returned to the DREF pool.

The variance is primarily attributed to foreign exchange gains. At the time of budgeting, an exchange rate of 1 CHF = PKR 320 was applied, whereas the average operational exchange rate was approximately PKR 355 per CHF. This resulted in an initial gain of CHF 41,015.



However, through timely planning and budget adjustments during implementation, the impact of the exchange gain was optimised, reducing the final unspent balance to CHF 22,772.



# Contact Information

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

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