



A PRCS Medical Officer providing OPD service at TorKham HSP (Photo: PRCS)

Appeal: MDRPK027	Total DREF Allocation: CHF 416,010	Crisis Category: Yellow	Hazard: Population Movement
Glide Number: CE-2025-000051-PAK	People Affected: 800,700 people	People Targeted: 90,000 people	
Event Onset: Slow	Operation Start Date: 24-04-2025	New Operational End Date: 31-01-2026	Total Operating Timeframe: 9 months
Reporting Timeframe Start Date: 24-04-2025		Reporting Timeframe End Date: 15-10-2025	
Additional Allocation Requested: 0		Targeted Regions: Balochistan, Khyber Pakhtunkhwa	

Description of the Event

Date when the trigger was met

11-04-2025

What happened, where and when?

Since 1 November 2023, the Government of Pakistan has been implementing the Illegal Foreigners Repatriation Plan (IFRP), a policy aimed at facilitating the return of undocumented foreign nationals, with Afghan nationals being the largest affected group. The plan has been marked by intermittent pauses and policy adjustments, reflecting both operational and political considerations. In March 2025, the authorities issued a notification requiring Afghan Citizen Card (ACC) holders and undocumented Afghan nationals to voluntarily leave the country by 31 March 2025, after which deportations officially commenced on 1 April 2025.

Since August 2025, the humanitarian context along the Pakistan–Afghanistan border has further intensified, with a renewed increase in both spontaneous and organized returns following the continued implementation of the Government of Pakistan’s IFRP Phase III (initiated in September 2025). Several temporary settlements and informal refugee sites in border-adjacent areas have also been vacated, prompting higher daily crossings through both Chaman in Balochistan and Torkham in Khyber Pakhtunkhwa province. These developments have placed additional strain on existing Humanitarian Service Points (HSPs), where PRCS continues to provide essential health, WASH, and protection services to vulnerable returnees.

Between November 2023 and March 2025, approximately 842,429 Afghan nationals returned to Afghanistan, including around 40,677 deportees and 51,196 voluntary returnees through government-facilitated processes. Since then, the pace of returns has fluctuated, influenced by border management measures, government directives, and broader political dynamics. As of September 2025, return movements remain high, with UNHCR–IOM updates confirming that nearly 1,436,999 Afghans have returned to Afghanistan since October 2023, highlighting the scale of the outflow.

The Afghan population residing in Pakistan is significant and diverse. This includes 1.43 million Proof of Registration (PoR) card holders, 800,700 ACC holders, and an estimated 1.7 million undocumented Afghan nationals, though exact figures for the latter remain uncertain. Additionally, 143,900 unregistered family members within PoR-registered households remain at risk of family separation during the repatriation process. Among the registered population, roughly 444,000 live in refugee villages, while nearly 991,000 reside in host communities across the country. Since the political transition in Afghanistan in August 2021, a further 600,000 Afghans have newly arrived in Pakistan, adding to the existing caseload and humanitarian pressures.

The implementation of the IFRP, primarily affecting ACC holders and undocumented Afghans, also carries risks for PoR families with unregistered members. Humanitarian partners, factoring in a high-risk scenario, project that up to 739,000 additional Afghan nationals could return within a three-month window starting in September 2025, depending on policy enforcement and border dynamics.





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



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

Scope and Scale

Pakistan's IFRP, in effect since November 2023, has so far resulted in the return of nearly 1.44 million Afghan nationals to Afghanistan by mid-September 2025. This figure includes both deportations and facilitated voluntary returns. The potential humanitarian impact remains immense, as the policy targets an estimated 2.5 million individuals—among them approximately 1.4 million Proof of Registration (POR) card holders, 0.8 million Afghan Citizen Card holders and 1.7 million undocumented Afghans. In addition, around 143,900 unregistered family members of Proof of Registration cardholders remain at risk of family separation or forced return alongside otherwise registered households.

The pace of returns continues to fluctuate depending on government policy decisions and border dynamics. However, trends since the reactivation of the IFRP in April 2025 suggest sustained, large-scale repatriation. Since October 2023, more than 1.43 million Afghans have already crossed back, and humanitarian partners warn of a potential continuation of high outflows in the months ahead.

As of 10 October 2025, PRCS Humanitarian Service Points (HSPs) at Torkham and Chaman have provided humanitarian assistance to 56,457 Afghan returnees since the start of the operation in March 2025. The services provided include first aid, health consultations, psychosocial first aid (PFA), water and sanitation support, restoration of family links (RFL), and distribution of dignity kits.

The daily average caseload at both border points remains high, particularly at Torkham, where footfall has increased following continued implementation of the IFRP Phase III. Considering the sustained return movements, the overall target of 60,000 people has been increased to 90,000 people, as the current operational pace and resources are expected to meet this target within the revised implementation timeline.

Source Information

Source Name	Source Link
1. Government Website	https://www.interior.gov.pk/afghan-citizen-card-acc-holders-to-leave-pakistan-by-march-31-2025/

2. UNHCR-IOM	https://pakistan.iom.int/sites/g/files/tmzbd11121/files/documents/2025-09/unhcr-iom-flash-update-60_0.pdf
3. UNHCR-IOM	https://pakistan.iom.int/sites/g/files/tmzbd11121/files/documents/2025-09/unhcr-iom-flash-update-61.pdf
4. Reuters News	https://www.reuters.com/world/asia-pacific/pakistan-starts-deporting-registered-afghan-refugees-says-unhcr-2025-08-06/

Summary of Changes

Are you changing the timeframe of the operation	Yes
Are you changing the operational strategy	Yes
Are you changing the target population of the operation	No
Are you changing the geographical location	No
Are you making changes to the budget	Yes
Are you requesting an additional allocation?	No

Please explain the summary of changes and justification:

This Operation Update seeks to formally request a three-month no-cost extension of the DREF operation, extending the timeframe until 31 January 2026. This request is made in response to the Government of Pakistan's launch of Phase III of the IIRFP, which is expected to impact approximately 1.4 million PoR cardholders, resulting in a surge in repatriations. Both border crossing points, Torkham (KP) and Chaman (Balochistan) have been experiencing significant operational pressure due to the increased inflow of Afghan returnees since August 2025. The extension will enable PRCS, with IFRC support, to sustain critical services in Health, WASH, and Protection, replenish essential supplies, and maintain its operational presence as the humanitarian situation remains fluid and unpredictable, particularly with the onset of winter.

While the overall budget remains unchanged, a strategic reallocation of funds has been undertaken to optimize resource use and sustain essential services during the extended period. These adjustments are 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 water treatment plants or distributing bottled water as originally planned, the team rehabilitated existing infrastructure and installed distribution points, ensuring sustainable access to drinking water while achieving cost efficiency. The resulting savings have been redirected to support the procurement of essential medicines, dignity kits, and other operational needs.

In response to evolving needs, the operation has also been adjusted to include winterization kits for returnee families, based on recent field monitoring and community feedback. These additions aim to enhance the relevance and responsiveness of the operation, ensuring that vulnerable groups are adequately supported. PRCS continues to deliver all services under the DREF operation and will actively work to refine the Exit Strategy. To ensure long-term support for humanitarian services at both crossing points, IFRC and PRCS will continue to explore and pursue potential funding opportunities. At the same time, the team will engage in sustained advocacy with government authorities and relevant departments to promote the absorption or co-financing of essential services at the border crossing points.

In the event that no additional funding is secured, the operation will scale down to focus on essential, high-impact activities such as first aid, information provision, and referral pathways that can be maintained by a limited number of staff and volunteers at minimal cost. The team will also maintain a ready plan outlining low-cost, high-impact activities as a contingency measure to ensure continued PRCS presence and support at the border. A comprehensive Exit Strategy and scenario-based framework will be developed to guide a responsible, coordinated, and phased transition following the conclusion of the DREF operation.

IFRC Network Actions Related To The Current Event

Secretariat	<ul style="list-style-type: none"> IFRC Country Delegation has been closely monitoring the evolving situation and maintaining coordination with key stakeholders throughout the development of the operation.
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	<ul style="list-style-type: none"> • The delegation is actively participating in inter-agency coordination meetings alongside PRCS, ensuring alignment and complementarity of humanitarian efforts. • IFRC continues to provide technical support to PRCS in refining operational strategies and mobilizing resources for effective implementation. • Regular engagement is maintained to facilitate and strengthen PRCS efforts in addressing the immediate needs of Afghan returnees at border points. Currently, a PMER surge support has been added to response operation, to strengthen PRCS's capacity in terms of Planning, Monitoring, Evaluation and Reporting. • The delegation is an active member of the Humanitarian Country Team (HCT), contributing to collective planning and advocacy. • Information and updates are regularly shared with the IFRC Afghanistan Delegation, ensuring coordinated cross-border actions within the Movement.
Participating National Societies	PRCS has convened three Movement Coordination meetings with the participation of all in-country Participating National Societies (PNS). During these meetings, PNS expressed strong interest in gaining a deeper understanding of the evolving situation and PRCS's ongoing response efforts. The discussions also provided an opportunity for PNS to contribute technical input, which have supported the planning and refinement of response options.

ICRC Actions Related To The Current Event

In coordination with PRCS and Movement partners, the ICRC has reaffirmed its commitment to supporting PRCS in delivering a principled humanitarian response. As part of this collaboration, the ICRC is working closely with PRCS and Movement technical teams to strengthen Restoring Family Links (RFL) and First Aid services. In line with its mandate, the ICRC remains dedicated to enhancing the operational and response capacity of PRCS to better serve affected communities.

Other Actors Actions Related To The Current Event

Government has requested international assistance	No
National authorities	National authorities have defined the repatriation process and asked its relevant departments to facilitate the returnees during repatriation process.
UN or other actors	UNHCR and IOM advocating for safe and dignified return of Afghan nationals by coordinating with government authorities and humanitarian partners, and monitoring cross-border movements. UNHCR focuses on protection monitoring, voluntary return support, and referrals to essential services, while IOM is providing regular updates on population movement through its Displacement Tracking matrix (DTM) unit.

Are there major coordination mechanism in place?

The Humanitarian Country Team (HCT), which operates at the national level, plays a key role in guiding humanitarian action in Pakistan. The IFRC is an active member of the HCT and regularly participates in its meetings. In addition, an Interagency Coordination Mechanism is in place, bringing together UN agencies and other humanitarian actors to ensure a coordinated response. A National Contingency Plan has been developed to respond to the humanitarian needs arising from the implementation of the Government policy of IFRP. Both IFRC and PRCS are actively engaged in these coordination forums and have contributed to the development of the contingency plan.

At the national and provincial levels, PRCS continues to coordinate closely with key stakeholders, including the Commissionerate for Afghan Refugees (CAR) and other relevant government and humanitarian actors, to ensure a well-coordinated response.

Within the Red Cross and Red Crescent Movement, a coordination mechanism is maintained through regular Movement Coordination Meetings. Two such meetings have been held specifically to discuss the situation of Afghan nationals returning to Afghanistan and the potential response actions of PRCS. These meetings were attended by PRCS, IFRC, and Partner National Societies including the German Red Cross, Norwegian Red Cross, and Turkish Red Crescent.



Needs (Gaps) Identified



Health

Many returnees, including women, children, and older persons, continue to arrive at border crossings in KP and Balochistan after long, exhausting journeys under extreme weather conditions and with limited transport options. 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 condition. Limited access to clean water, adequate nutrition, and rest during transit further increases their vulnerability to illness and injury. The operation continues to address these critical health needs through on-site medical units providing first aid, basic clinical care, and referrals for specialized treatment.

PRCS is the only organization providing humanitarian services to returnees at these locations. During the first six months of the operation, PRCS has provided medical consultations and essential medicines to over 60,000 patients, delivered first aid to 249 returnees, and facilitated referral services through PRCS ambulances for advanced medical care at hospitals. In addition, psychosocial support has been extended to more than 21,000 individuals. The operation continues to address critical gaps in health services at both crossing points, ensuring timely and dignified assistance to those in need.



Water, Sanitation And Hygiene

Border crossing areas in KP and Balochistan are remote and arid, with very limited access to clean drinking water. Returnees often wait long hours for processing or transport, increasing their risk of dehydration and waterborne diseases. The continued provision of safe drinking water and hygiene support remains essential to meet basic humanitarian standards, prevent illness, and preserve the dignity and wellbeing of returnees.



Protection, Gender And Inclusion

Dignity and safety remain key concerns, especially for women, children, and older persons. The PDM results highlight strong perceptions of respectful service delivery, though gaps remain in ensuring privacy during psychosocial support sessions. The availability of female staff at both sites (over 90 per cent) has improved gender-sensitive service delivery but needs to be maintained as return movements continue. Women and Children Safe Spaces at service points are essential for Afghan women returnees, offering a protected and comfortable environment to rest and regain strength after their journey. These spaces enable mothers to feed and care for their babies in a dignified manner while ensuring privacy and respect for cultural norms and values. Such facilities promote safety, emotional well-being, and a sense of security during displacement.

During the upcoming three-month extension period, there remains a critical need to continue providing protection and support services for women and children affected by displacement and harsh winter conditions in border areas. Many women and children face psychosocial stress, limited access to safe spaces, and inadequate resources to cope with the winter season. To address these gaps, the continuation of Safe Spaces for Women and Children at Landi Kotal and Chaman is proposed to ensure their safety, dignity, and access to essential services. Additionally, MHPSS and PFA training for staff and volunteers in KP and Balochistan will strengthen their capacity to respond effectively to psychosocial needs. The distribution of winterization kits comprising shawls, sweaters, socks, and other items based on assessments and IEC materials will help protect vulnerable groups from cold weather and promote their well-being and dignity during the winter months.



Community Engagement And Accountability

The need for RFL and feedback mechanisms continues, with demand increasing as return flows intensify. PRCS continues to facilitate family contact and provide information through established feedback channels. These channels have enabled communities to share their comments, needs, and suggestions openly. This two-way communication has strengthened trust and accountability, allowing PRCS to analyze community feedback promptly and make timely, informed decisions to improve services and better facilitate Afghan returnees at border points and reception centers. However, awareness of complaint mechanisms remains limited, indicating the need for enhanced visibility and information sharing through IEC materials and on-site messaging.



As part of the extended operation, CEA mechanisms will continue to play a central role in ensuring two-way communication and responsiveness, enabling real-time adjustments to services based on feedback from returnees and host communities.



Environment Sustainability

PRCS remains committed to environmental sustainability and the principle of Do No Harm, integrating eco-friendly practices across the response to minimize environmental impact and protect local ecosystems during ongoing operations.

Operational Strategy

Overall objective of the operation

To support 90,000 Afghan returnees through the provision of health services, psychological first aid, ambulance referrals, safe drinking water, RFL, dignity kits, and essential information, while ensuring CEA and PGI integration at the Torkham (KP) and Chaman (Balochistan) Humanitarian Service Points (HSPs) for an extended period of nine months.

Operation strategy rationale

The PRCS, with support from the IFRC Country Delegation (CD), is implementing a comprehensive response strategy to address the urgent humanitarian needs of Afghan returnees at the Torkham crossing point in Khyber Pakhtunkhwa and the Chaman crossing point in Balochistan through 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 prioritizes the establishment of health facilities that offer Outpatient Department (OPD) services and essential medicines to respond to immediate and emerging health concerns among returnees. To mitigate the risk of waterborne diseases, the operation also includes the provision of safe drinking water at both locations.

Recognizing the high likelihood of family separations during mass deportations and movements, Restoring Family Links (RFL) services are being provided. Trained PRCS staff and volunteers are deployed to ensure the delivery of quality, safe, and dignified services.

During the extension period, the operational strategy will remain focused on sustaining essential Health, WASH, PGI, and CEA services at both Humanitarian Service Points (HSPs) to meet the continuing humanitarian needs of returnees. The extension allows PRCS to respond to the ongoing influx, adapt services to emerging seasonal and protection needs, and strengthen coordination with partners for an efficient and dignified response. These efforts will ensure uninterrupted life-saving assistance while maintaining flexibility to adjust to the evolving situation at both border points.

A) Health Services

To address the health needs of returnees, two Mobile Health Teams (MHTs) have been deployed—one at the Chaman border and one at the Torkham border. Each MHT will operate for a period of nine months (270 days) and provide basic medical services to approximately 90,000 individuals. These teams offer a comprehensive package of essential health services, including:

1. OPD services for the treatment of common illnesses and minor ailments;
2. Psychological First Aid (PFA) to address immediate mental health and psychosocial support needs;
3. Provision of essential medicines to ensure the timely treatment of acute conditions and basic care for patients with non-communicable diseases (NCDs); and
4. Ambulance support and referral services for cases requiring advanced medical care at secondary or tertiary health facilities.

The deployment of these MHTs aims to ensure that returnees receive timely and dignified healthcare support at key border points, addressing both immediate and ongoing health concerns throughout the operation period.

B) WASH

PRCS continues to ensure access to safe drinking water for returnees at border crossing points through the rehabilitation and



maintenance of existing water sources. These efforts provide a reliable and dignified supply of potable water for returnees during their stay at the transit points. Hygiene promotion activities are ongoing, focusing on safe water use, handwashing, and personal hygiene to reduce the risk of waterborne diseases.

Sanitation needs at both crossing points are regularly monitored. Where required, rapid handwashing facilities from PRCS contingency stocks are deployed to ensure hygienic and gender-sensitive conditions. The WASH component continues to adapt to the evolving situation, maintaining safe and sustainable water and sanitation services for all returnees.

C) Protection, Gender, and Inclusion (PGI)

PRCS has deployed gender-balanced volunteer teams at every stage of the response—including assessments, distributions, and information sharing—to ensure that women, children, older persons, ethnic minorities, persons with disabilities (PWDs), and other marginalized groups have their specific needs met. All staff and volunteers attended a one-day Protection, Gender, and Inclusion (PGI) training on DAPS Minimum Standards, PSEA, and Child Safeguarding, followed by regular orientations and ongoing technical support to guarantee that no one is left behind, responses do not cause harm, and PGI principles are integrated across all sectors to make the response safe and dignified.

In addition, RFL services are being provided at both locations to address the risk of family separation due to the nature of the crisis.

Recognizing the unique needs of women, Pregnant and Lactating Women (PLWs), and adolescent girls, dignity kits are distributed based on their specific requirements. Dedicated safe spaces have been established adjacent to health facilities, where pregnant women, nursing mothers, unaccompanied children, and elderly women can rest, feed their infants, and access psychosocial support. To address health emergencies, referral services and ambulance support are available at service points to assist pregnant women and elderly individuals. Trained volunteers conduct child-friendly activities to safeguard children's well-being during their stay.

All team members are regularly sensitized on Protection, Gender, and Inclusion, the Code of Conduct, and Fundamental Humanitarian Principles—ensuring that medical services and relief assistance are delivered safely, accessibly, and with full respect for dignity.

D) Community Engagement and Accountability (CEA)

The operational strategy goes beyond using community feedback solely to enhance service delivery and actively prioritizes strengthening and maintaining trust within border areas and among Afghan nationals. This is achieved through a comprehensive community engagement approach designed to capture evolving community priorities, concerns, and coping strategies. The insights gathered inform the continuous adaptation of both the operational strategy and humanitarian diplomacy efforts.

Clear and accessible information is delivered not only on available services but also on information needs such as procedures and entitlements. In addition, the role of PRCS and the Fundamental Principles guiding its humanitarian action are consistently communicated to uphold transparency, accountability, and sustained community confidence in all interventions.

To enhance community engagement and accountability, PRCS established feedback collection and information dissemination desks at the humanitarian service points to collect face-to-face feedback. The goal is to receive and address complaints through these mechanisms and improve the quality of services regularly. Staff and volunteers have been oriented on feedback processes and accountability to beneficiaries. Additionally, PRCS has conducted orientation sessions on CEA to ensure effective implementation and responsiveness to the needs of the affected population. This approach ensures that beneficiaries can voice their concerns and provide input, which is used to inform and improve response efforts.

Exit Strategy

IFRC and PRCS will continue to explore and pursue potential funding opportunities to ensure longer-term support for ongoing humanitarian services. At the same time, the team will engage in sustained advocacy with government authorities and relevant departments to promote the absorption or co-financing of essential services at the border crossing points.

In the event that no additional funding is secured, the operation will scale down to focus on essential, low-cost, high-impact activities such as first aid, information provision, and referral pathways that can be maintained by a limited number of staff and volunteers at minimal cost. The team will also maintain a ready plan reflecting low-cost, high-impact activities as a contingency measure to ensure continued PRCS presence and support at the border.

A comprehensive Exit Strategy and scenario-based framework will be developed to guide a responsible, coordinated, and phased transition following the conclusion of the DREF operation.



Targeting Strategy

Who will be targeted through this operation?

This operation is primarily targeting Afghan nationals repatriating from Pakistan through designated border crossing points because most of the returnees pass through these two points. In addition, the returnees travel from various areas of the country through different routes and gather at crossing points therefore response actions are planned at two locations near the border. Priority is given to the most vulnerable individuals, including women, children, elderly persons, persons with disabilities, and those with urgent medical or protection needs. The intervention aims to provide immediate humanitarian assistance—such as primary health care, safe drinking water, psychosocial support, and protection services—to ensure the safety, dignity, and well-being of returnees during their transit and onward journey.

Explain the selection criteria for the targeted population

1. Repatriating Afghan Nationals crossing into Afghanistan via designated border points (Torkham in Khyber Pakhtunkhwa 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 Targeted Population

Women	20,700	Rural	50%
Girls (under 18)	18,000	Urban	50%
Men	24,300	People with disabilities (estimated)	10%
Boys (under 18)	27,000		
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 exploitation and abuse policy?	No
Does your National Society have child protection/child	No



safeguarding policy?	
Does your National Society have whistleblower protection policy?	No
Does your National Society have anti-sexual harassment policy?	No

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

Risk	Mitigation action
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"> • Pre-position additional supplies (medicines, water, hygiene kits) to handle sudden influxes. • Coordinate closely with other humanitarian actors and government agencies to share responsibilities and avoid duplication. • Regularly monitor movement trends and update contingency planning accordingly.
Delays in the procurement of medical supplies	<ul style="list-style-type: none"> • IFRC CD is taking lead in the local procurement to conclude it with in the DREF timeline while ensuring IFRC Standards for medical procurement. • Initially, the medicines for MHTs have been provided from the existing stock of the national society and parallelly the procurement process was initiated.
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"> • Close coordination is being maintained with local authorities to receive timely security updates. • Established a robust security protocol for staff and volunteers. • Pre-position supplies and resources ensured continuity of critical services in case of temporary access restrictions. • Engage community volunteers and local partners for service continuity if staff access is limited.

Please indicate any security and safety concerns for this operation:

Considering the complex and sensitive nature of the ongoing repatriation of Afghan nationals from Pakistan, comprehensive measures are in place to safeguard all IFRC personnel involved in this operation.

Key risks include civil unrest, roadblocks and checkpoints, arbitrary detentions, access restrictions, and the potential for sudden crowd escalations, particularly in border areas and urban centers with high concentrations of Afghan populations.

Additional risks stem from the possibility of cross-border armed incidents, especially in high-tension zones. Past events have included exchanges of fire, abrupt border closures, and disruptions to repatriation activities, all of which remain plausible amid rising political and military sensitivities.

To mitigate these risks, we are implementing strict security protocols, including continuous monitoring of real-time developments, regular and ad-hoc security updates, and tracking staff movements via phone or WhatsApp to ensure immediate support in case of emergency.

The National Society's security framework will remain applicable for the duration of the operation to their staff and volunteers. For personnel under IFRC security's responsibility, including surge support deployed to the area, the existing IFRC country security plan, including security regulations, contingency plans for medical emergencies, relocation and critical incident management will remain applicable. All IFRC and RC/RC staff and volunteers are encouraged, to complete the IFRC Stay Safe e-learning courses, i.e. Stay Safe Personal Security, Stay Safe Security Management and Stay Safe Volunteer Security online training. Lastly, staff and volunteers are briefed on the security situation and before deployment in the operational areas.



Has the child safeguarding risk analysis assessment been completed?

No

Planned Intervention



Health

Budget: CHF 222,205

Targeted Persons: 90,000

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	56,457
# 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	19,648
# of staff and volunteers trained in MHPSS	40	0

Progress Towards Outcome

As of 10 October 2025, a total of 56,457 patients have been reached through outpatient consultations at the Torkham HSP and the Chaman Medical Facility. These services have been instrumental in addressing the immediate and ongoing health needs of Afghan returnees. In addition, 19,648 individuals received Psychological First Aid (PFA) and psychosocial support, significantly surpassing the initial target of 1,800 people. This notable increase highlights the high levels of stress, anxiety, and trauma among returnees, making psychosocial support a critical area of intervention. Consequently, the target has been revised upward to 25,000 people within the extended timeframe of the operation.

Complementing these efforts, 9,161 people participated in community sessions on psychosocial education facilitated by PRCS teams. Two ambulances continue to operate at both sites, ensuring timely referrals to the District Headquarters (DHQ) hospitals for patients requiring specialized or advanced medical care.

More than 98 per cent of patients received essential medicines free of cost, ensuring continuity of treatment and addressing immediate health needs. Collectively, these interventions have improved timely access to healthcare, with people receiving the support reporting high satisfaction and timely treatment.



Water, Sanitation And Hygiene

Budget: CHF 12,314

Targeted Persons: 90,000

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	569,833
# of people reached with WASH actions in emergency response	90,000	56,457
# of people covered with hygiene promotion activities	90,000	26,374

Progress Towards Outcome

A total of 569,833 liters of clean drinking water have been provided to Afghan returnees at the HSPs, ensuring reliable access to safe water during the return process. Complementing these efforts, 26,374 people were reached through 5,374 hygiene promotion sessions, which raised awareness on safe water practices, personal hygiene, and disease prevention. These sessions have helped reinforce positive hygiene behaviors and contributed directly to the WASH objective of safeguarding public health and reducing the risk of waterborne diseases.

Initially, the Operational Strategy planned 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 WASH team determined that existing water sources at both locations were 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 has ensured consistent access to safe drinking water, reducing vulnerability to dehydration and waterborne diseases among Afghan returnees at the border crossing points.



Protection, Gender And Inclusion

Budget: CHF 117,448

Targeted Persons: 12,000

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
# of people trained on implementing the PGI Minimum Standards	40	27
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	4,054
# of target locations covered by the RCRC which have safe spaces established by RCRC	2	2

Progress Towards Outcome

The PRCS has prioritized PGI throughout the operation to ensure that all services are delivered in a safe, dignified, and inclusive manner. A total of 4,054 dignity kits have been distributed, reaching 81.08 per cent of the original target and providing women and girls with essential hygiene and protection items. Keeping in view the progress on the implementation of this component, the target has been revised upward to 12,000 people, compared to the initial target of 5,000.



To further promote health, dignity, and empowerment, PRCS conducted 1,770 Menstrual Hygiene Management (MHM) sessions reaching 3,587 participants. These sessions have helped raise awareness, reduce stigma, and improve menstrual hygiene practices among women and adolescent girls. In addition, safe spaces for women and children have been established at both HSPs, offering secure and supportive environments for rest, privacy, and protection.

More than 3,028 children have participated in child-friendly activities designed to provide psychosocial relief, recreational opportunities, and a sense of normalcy during displacement. To enhance accessibility and inclusion, wheelchairs have been provided at both service points to facilitate mobility for PwDs. Furthermore, separate latrines for Afghan migrants and female staff have been ensured at both sites, promoting safety, dignity, and privacy in accessing sanitation facilities.

Through these efforts, the PRCS continues to uphold its commitment to inclusive, gender-sensitive, and protection-focused humanitarian assistance, ensuring returnees, particularly women, children, and PwDs receive the support they need in a safe and respectful environment.



Migration And Displacement

Budget: CHF 499

Targeted Persons: 90,000

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
# of people reached through humanitarian service points (migrants and displaced people)	90,000	56,457
# of humanitarian service points established (migrants and displaced people)	2	2

Progress Towards Outcome

The PRCS has established and is managing fully operational HSPs at Torkham and a Medical Facility (MF) at Chaman. These facilities serve as the primary hubs for delivering immediate humanitarian assistance to Afghan returnees at the border.

Between April and 10 October 2025, PRCS has provided life-saving and essential services to more than 56,457 people. The support encompasses a wide range of interventions, including outpatient health consultations, Psychological First Aid (PFA) and psychosocial support (PSS), access to safe drinking water, protection services, and RFL assistance.

These interventions collectively ensure that returnees receive holistic, timely, and dignified support during their journey across the border.



Community Engagement And Accountability

Budget: CHF 11,143

Targeted Persons: 36,000

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
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# of people reached through dissemination of key information and messages	36,000	15,490
% of community members, including marginalized and at-risk groups, who know how to provide feedback or make a complaint about the operation	70	303
# of staff and volunteers oriented/trained on CEA	50	27

Progress Towards Outcome

As of reporting period, the PRCS has reached 15,490 people with timely and relevant information to support informed decision-making during the return process. To ensure that the response remains community-driven, PRCS has actively collected 5,767 feedback responses from returnees, covering key aspects such as satisfaction, dignity, and timeliness of services. This demonstrates strong engagement with affected communities and reinforces a culture of accountability and transparency.

A fully operational feedback mechanism continues to guide responsive action. For instance, following community requests, wheelchairs were provided at the Humanitarian Service Point (HSP) and Medical Facility to better support persons with disabilities (PWDs). Additionally, answers to frequently asked questions from Afghan migrants on arrival in Afghanistan was collected from IFRC CD Afghanistan and ARCS and were translated into local language to ensure access to accurate and authentic information to the returnees.

A CEA feedback report has been prepared and shared with sectoral leads, capturing migrants' feedback on various services to help improve service quality and efficiency. Overall, the feedback mechanism has significantly strengthened accountability and responsiveness, directly informing operational adjustments at both sites, ensuring that the assistance provided remains relevant to the needs and priorities of the affected people.



Secretariat Services

Budget: CHF 30,934

Targeted Persons: 0

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
# of IFRC staff engaged to support the PRCS in implementing the response activities	10	10
# of surge deployed	1	1
# of monitoring visits conducted by IFRC staff	10	7
# of movement/membership coordination meetings	3	3

Progress Towards Outcome

A total of ten IFRC staff are currently supporting the operation, providing continuous technical and operational assistance to ensure effective implementation. For PMER surge needs, a Pakistan national was selected and, in line with IFRC regulations, was contracted as national staff for a period of two months (September–October 2025) to provide technical and operational support on Planning, Monitoring, Evaluation and Reporting for the operation. To maintain oversight and ensure accountability, IFRC staff have conducted seven monitoring visits to the field, providing timely guidance and quality assurance to the implementing teams. Furthermore, a



coordination mechanism with Movement partners remains in place, fostering complementarity, joint planning, and regular information sharing to enhance the overall coherence and efficiency of the response.



National Society Strengthening

Budget: CHF 21,465

Targeted 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	42
# of lessons learned workshop conducted	1	0

Progress Towards Outcome

To strengthen volunteer engagement and operational capacity, PRCS Merged Areas and Balochistan branch conducted four volunteer recruitment drives in Khyber and Chaman, respectively. A total of 147 volunteers were recruited, including 42 female and 105 male volunteers. Following recruitment, four orientation sessions were organized in the same target locations, focusing on the Red Cross and Red Crescent Movement, the Code of Conduct, as well as PRCS's organizational structure and programmes.

To further enhance skills and improve the quality of emergency response, PRCS Balochistan completed a Volunteers in Emergencies (ViE) training, reaching 20 volunteers (6 female and 14 male). Additionally, the branch organized an Integrated Training, benefiting 25 male volunteers. In parallel, PRCS Merged Areas conducted an Emergency Response Team (ERT) training for 22 volunteers, including 10 female and 12 male participants.

Meanwhile, the procurement of ERT kits and visibility materials is underway, with the requisition submitted to the IFRC procurement team for processing. These efforts collectively aim to strengthen branch-level readiness, ensure a skilled volunteer base, and enhance the overall effectiveness of the ongoing operation.

About Support Services

How many staff and volunteers will be involved in this operation. Briefly describe their role.

PRCS NHQ and IFRC has been providing technical support and guidance. Two Provincial Branches headquarters are ensuring the implementation, and the field team is executing the activities. 40 staff and Branch Disaster Response Teams (BDRTs) volunteers have been engaged at different levels of the operation.

Will surge personnel be deployed? Please provide the role profile needed.

To strengthen the operation's Planning, Monitoring, Evaluation, and Reporting (PMER) functions, surge support was initially requested. Following a review of available resources and operational needs, it was determined that in-country resources could be mobilized to fulfill the PMER requirements. Consequently, a qualified national candidate with the appropriate PMER profile was identified and deployed locally to support the operation.



The Asia Pacific Regional Office (APRO) supported the process by engaging the PMER resource pool and providing a shortlist of three qualified candidates to the IFRC Country Delegation and the PRCS. A Pakistan national was selected and, in line with IFRC regulations, was contracted as national staff for a period of two months (September–October 2025).

The deployment of the PMER profile significantly enhanced data collection and reporting processes, thereby improving the operation's capacity to demonstrate outcome-level results and support evidence-based decision-making.

Next Steps:

For the upcoming extension phase of the operation, consideration is being given to requesting an Operations Manager profile to further strengthen operational support.

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

Procurement of the medicines, PPEs, dignity kits, and visibility items have been done in operation. However, medicines, PPEs and visibility items were available in PRCS existing stock which have been utilized and replenished accordingly. Furthermore, procurement for medicines and dignity kits was initiated locally promptly. The procurement process is led by IFRC CD with the technical support of APRO and Geneva and is ongoing during the DREF operation.

How will this operation be monitored?

Comprehensive monitoring tools have been developed to ensure that the response operation remains transparent, equitable, and accountable. The IFRC Country Delegation (CD) PMER has prepared an Indicator Tracking Table (ITT), Monitoring and Evaluation (M&E) Plan, Implementation Plan, and People Reached tools to systematically track progress across all components of the response. These tools enable real-time monitoring, support adaptive management, and help ensure that the operation achieves its intended objectives efficiently and effectively.

An M&E framework has also been established to guide the monitoring and evaluation of the entire disaster response operation. The framework outlines how data is collected, analyzed, and utilized to inform decision-making, improve programme effectiveness, and ensure accountability throughout the DREF implementation period.

The operation is jointly monitored by the PRCS provincial and national headquarters, with regular field monitoring visits conducted to oversee progress and address implementation challenges. In addition, IFRC CD staff carry out monitoring visits to provide technical guidance and ensure quality assurance. Post-distribution monitoring (PDM) has been conducted at each operational site, and a lessons learned workshop is planned towards the end of the operation to capture key insights and good practices for future response efforts.

Please briefly explain the National Societies communication strategy for this operation

IFRC CD team is supporting PRCS communications capacity through the regional office (APRO). More precisely, IFRC has aid in media relations and content gathering, producing and distributing communication material and resources, as well as using public social channels (e.g., Facebook, X) to promote advocacy messages through the global and regional platforms.

In turn, PRCS has provided the necessary access and support in said content gathering efforts which include on-the-ground photos and video taking, conducting interviews with RCRC staff and volunteers and beneficiaries when needed. Furthering this, IFRC is supporting PRCS in managing reputational risk at country level and is ensuring that the Movement actors at the country level speak and act with a unified voice to build trust towards partners, donors, and stakeholders. For visibility, PRCS has ensured that staff and volunteers of PRCS upholds the visibility of PRCS and IFRC.



Budget Overview



DREF OPERATION

**MDRPK027 - PRCS
DREF**

Operating Budget

Planned Operations	363,610
<i>Shelter and Basic Household Items</i>	0
<i>Livelihoods</i>	0
<i>Multi-purpose Cash</i>	0
<i>Health</i>	222,206
<i>Water, Sanitation & Hygiene</i>	12,314
<i>Protection, Gender and Inclusion</i>	117,448
<i>Education</i>	0
<i>Migration</i>	499
<i>Risk Reduction, Climate Adaptation and Recovery</i>	0
<i>Community Engagement and Accountability</i>	11,143
<i>Environmental Sustainability</i>	0
Enabling Approaches	52,400
<i>Coordination and Partnerships</i>	0
<i>Secretariat Services</i>	30,934
<i>National Society Strengthening</i>	21,466
TOTAL BUDGET	416,011

all amounts in Swiss Francs (CHF)

Internal

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



Contact Information

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

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[Click here for the reference](#)

