



*Afghan women returnees and internally displaced attending a legal counseling and assistance session, Herat province. Photo: UNHCR*

# INTEGRATED RESPONSE PLAN FOR AFGHAN RETURNEES FROM PAKISTAN (BORDER RESPONSE AND REINTEGRATION RESPONSE IN AREAS OF RETURN)

UNITED NATIONS AND NGO PARTNERS IN AFGHANISTAN

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## A. EXECUTIVE SUMMARY

The Government of Pakistan's "Illegal Foreigners' Repatriation Plan – I" (IFRP-I), launched in September 2023, triggered the mass return of Afghans—both voluntary and forced—to Afghanistan. By 26 April 2025, 986,268 Afghans<sup>1</sup> had returned with 87% undocumented, 9% documented holding Proof of Registration (PoR) cards, and 4% Afghan Citizen Card (ACC) holders, including 180,277 who have returned between 01 January and 26 April 2025. Sixty-one per cent of all returnees are under 18 whereas 17 per cent are women headed households. Presently, an estimated 3 million Afghans remain in Pakistan.<sup>2</sup>

In continuation of the previous IFRPs, the Pakistan's government has announced<sup>3</sup> a third phase to repatriate all illegal foreigners, including ACC holders. All illegal foreigners and ACC holders were advised to leave the country voluntarily after 31 March 2025, with deportations commencing from 1 April 2025. Following this decision, the UN have observed an incremental increase in both spontaneous returns and deportations of Afghans living in Pakistan and expects that this will continue to end of December 2025. Projected worst case scenario may see returnees' figures reaching up to 20,000 individuals per day through Spin Boldak and Torkham crossing points if there will be instigation of hard push back of returnees, as was the case in the first phase of IFRP.

### INTEGRATED RESPONSE PLAN AND FRAMEWORK

To address the returns crisis in 2025, the United Nations and NGOs have developed an Integrated Response Plan, focusing on emergency assistance at border crossings (via the Border Consortium) and medium- to long-term reintegration support in Areas of Return (AoR) through Durable Solutions Working Groups (DSWG) at national and regional level.

This Integrated Response Plan recognises that a sustainable reintegration solution strategy must connect immediate humanitarian aid at borders and in AoR transitioning into medium-to-long-term reintegration assistance in Displacement Affected Communities (DACs)<sup>4</sup>. The 2025 Integrated Response Plan, building on [the 2024 Integrated Response Plan](#), which was formatted along the same structure in April last year. The 2025 Integrated Response Plan's architecture consists of two interlinked components:

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<sup>1</sup> UNHCR - IOM Flash Update # 40, published on 01 May 2025, <https://data.unhcr.org/en/documents/download/116029>

<sup>2</sup> The 3 million Afghans currently in Pakistan include: 1.4M documented with PoR cards, 800,000 holding ACC, and another estimated 800,000 undocumented.

<sup>3</sup> <https://www.interior.gov.pk/afghan-citizen-card-acc-holders-to-leave-pakistan-by-march-31-2025/>

<sup>4</sup> *Displacement-Affected Communities (DACs)* encompass groups impacted by forced or voluntary displacement, including refugees, returnees, internally displaced persons (IDPs), and host communities. This aligns with the **IASC Framework on Durable Solutions for IDPs (2010)**, which emphasizes addressing the needs of displaced populations and those in host areas to achieve sustainable reintegration. In this context, DACs include Afghan returnees from Pakistan who face heightened vulnerabilities in access to housing, livelihoods, and services, as also outlined in the **UNHCR Solutions Framework for Afghan Refugees (2018)**. The term underscores the intersectional challenges these groups endure and the necessity for integrated humanitarian-development responses. **Key References:** IASC (2010). *Framework on Durable Solutions for Internally Displaced Persons* and UNHCR (2018). *Solutions Strategy for Afghan Refugees (SSAR)*.

1. Immediate Border Response – Delivering urgent humanitarian aid (cash, medical care, nutrition screening, protection services) to returnees upon arrival at the border crossing points.
2. Comprehensive Reintegration Support – A multi-sectoral, area-based, community-centric, whole-of-displacement intervention to restore resilient livelihoods, provide essential services (education, healthcare, WASH, nutrition and protection services) and housing solutions, and strengthen community access to productive infrastructure while upholding gender-sensitive protection principles.

This end-to-end framework builds on existing mechanisms, including the *2023-2027 UN Strategic Framework for Afghanistan (UNSFA)*, *2025 Humanitarian Needs and Response Plan (HNRP)*, draft *Strategic Framework for Displacement Solutions in Afghanistan (2025-2027)*, and the *ICCT Pakistan Returnee Contingency Plan (March 2025)*. Through its multi-phased strategy, the plan creates a seamless continuum from crisis relief to durable solutions, optimizing resource allocation while simultaneously mitigating socioeconomic pressures on displacement affected communities and fostering both social cohesion and sustainable reintegration for returnees.

This approach reflects the UN and NGOs' commitment to the "do no harm" principle, ensuring humanitarian resources are allocated efficiently targeting most in-need of assistance in Areas of Return (AoR) while medium-term reintegration programmes contribute to building conducive conditions in Displacement Affected Communities (DACs), enabling sustainable reintegration of returnees and strengthening local coping mechanism by addressing their displacement-associated vulnerability.

Close coordination between the Border Consortium, ICCT led by OCHA, Durable Solutions Working Group (DSWG) led by Durable Solutions Secretariat at the UN Resident Coordinator's Office (RCO), UN agencies and NGOs guarantees a cohesive response—balancing emergency needs with long-term stability in Displacement Affected Communities (DACs). This plan adopts a nexus approach, linking immediate humanitarian aid with durable solutions to foster sustainable reintegration and community resilience.



A barefoot young girl, holding her father's hand, crosses the Torkham border into Afghanistan. Photo: IOM/Mohammad Osman Azizi



## B. BORDER CONSORTIUM RESPONSE

### I. CONTEXT

The displacement of Afghan nationals across borders remains a deeply complex and multifaceted issue, shaped by Afghanistan's long-standing role as a country of origin, transit, migration and asylum. Decades of conflict and instability have driven widespread displacement, both internally and across borders. Today, more than 7.3 million Afghans reside in neighboring countries, primarily Iran and Pakistan, seeking refuge from ongoing insecurity and economic hardship.

Pakistan has been a major host for Afghan refugees, with entire generations born and raised outside of Afghanistan. Many Afghan families who fled decades ago have since established deep-rooted ties to Pakistan, building businesses, integrating into local communities, and navigating life as transnational households. Their lives often straddle borders, marked by continuous movement and the delicate balance between preserving Afghan identity and adapting to their host environment. Inside Afghanistan, the situation remains equally dire. A protracted internal displacement crisis, exacerbated by climate shocks, conflict, and now the increasing return of refugees, has left millions in need. Many long-term Afghan residents in Pakistan now face a painful decision: return to a homeland still marked by uncertainty and insecurity or remain in a country where their legal status and rights are increasingly under threat.

According to the Afghanistan Humanitarian Needs and Response Plan (HNRP) 2025, more than 4.2 million undocumented Afghans have returned from abroad voluntarily or through deportation since 2014, primarily from Iran and Pakistan. These returnees have settled across all 34 provinces, placing enormous strain on Afghanistan's already overstretched infrastructure, public services, and host communities. The return of such large numbers, often with little preparation or support, has compounded the challenges already faced by internally displaced populations, straining access to housing, healthcare, education, and employment.

The return and deportation of Afghans from Pakistan remains a politically and humanitarily charged issue, influenced by a combination of domestic policy shifts, regional tensions, and international protection concerns. Many returnees face non-voluntary returns, limited reintegration support, an uncertain future, and fragile relations between the two countries. Managing these returns requires enhanced coordination between the governments of Afghanistan and Pakistan, as well as robust support from the UN, NGOs, and international partners. A sustainable response must consider protection, socio-economic stability, and security needs, both at the border and within communities of return.

The ongoing implementation of Pakistan's Illegal Foreigners' Repatriation Plan (IFRP) has significantly influenced displacement dynamics. Prior to its launch in September 2023, fewer than 260 undocumented Afghans were returning daily through Spin Boldak (Kandahar) and Torkham (Nangarhar). At the height of the policy's enforcement in 2023, return figures surged to as high as 20,000 per day. Since April 2024, when Phase II of the IFRP was delayed, the daily return flow has declined. While Phase I of the IFRP was officially intended to target undocumented Afghans, data from IOM and UNHCR Pakistan shows that of the about 806,000 Afghans who returned between 15 September 2023 and 31 December 2024, nearly 15,000 were ACC holders and over 76,000 held PoR cards or other forms of documentation. Many cited harassment, arrests, and police raids often occurring day and night, as primary reasons for their return or deportation.

Since January 2025, the number of deportations has steadily increased. Between 1 January and 26 April 2025, over 14,700 deportations were reported, of which over 84% happened since the beginning of April alone. These trends underscore the urgent need for a coherent and rights-based approach to Afghan returns, one that balances national interests with international protection obligations and the long-term stability of Afghanistan and the broader region.

In anticipation of continued and potentially rising returns and deportations of Afghans in 2025, humanitarian organizations operating at the Afghanistan-Pakistan border have significantly scaled up their operational capacity. This includes the implementation of a joint and harmonized approach to assistance delivery, aimed at maximizing the effective use of limited resources and ensuring a coordinated response in line with established contingency planning scenarios. While the operational focus remains primarily on the Pakistan-Afghanistan border, it is important to acknowledge the growing volume of returns from Iran, particularly forced deportations, which are increasingly impacting Afghanistan. Though not addressed within the scope of this specific Appeal, the evolving situation at the Iranian border is expected to place additional pressure on already overstretched services and response capacities inside Afghanistan.

## II. RESPONSE PLAN

### ESTIMATED FIGURES FOR NUMBER AND TYPES OF BENEFICIARIES

According to data received from Pakistan, between 15 September 2023 and 31 December 2024, a total of 729,991 undocumented Afghans returned to Afghanistan through the Spin Boldak and Torkham border crossings. Despite this large-scale return, Pakistan continues to host approximately 3 million Afghans. As per official announcements, the Government of Pakistan plans to implement Phase II of the Illegal Foreigners' Repatriation Plan (IFRP), which is expected to target an additional 1.6 million undocumented Afghans and ACC holders and 1.4 million documented individuals, including those holding PoR cards, currently residing in Pakistan.

### ASSISTANCE AT BORDER POINTS

As of February 2025, analysis of vulnerability trends and returnee profiles indicates that over 85% of undocumented returnees and ACC holders meet the agreed vulnerability criteria and are eligible for post-arrival humanitarian assistance. Reception centers at key border crossing points such as Spin Boldak and Torkham, are providing essential services, including:

- Basic assistance such as refreshments and fortified biscuits;
- Healthcare and WASH services, including at health facilities;
- Protection services, such as legal aid, child protection, and life-saving gender-based violence (GBV) support;
- Psychosocial support and Psychological First Aid (PFA);
- Explosive Ordnance Risk Education (EORE) to mitigate risks of landmine accidents.

All undocumented returnees, including ACC holders and those forcibly deported, are screened upon arrival using joint protection and vulnerability criteria. Based on their needs, they are referred to transit centers or specialized protection actors for further assistance. PoR card holders, whether returning under the UNHCR-facilitated return programme or independently, along with slip holders, asylum certificate holders, and individuals with specific protection profiles, are screened by UNHCR protection teams at the border and referred to UNHCR Encashment Centers. ACC holders and undocumented individuals are processed at IOM Transit Centers, where they receive initial assistance. IOM and other agencies at reception sites refer individuals with international protection concerns to

UNHCR for comprehensive protection assessments. Specialized referrals are in place for visibly pregnant women with urgent health needs, who are directed to nearby obstetric and midwifery teams, and for unaccompanied or separated children (UASC), who are referred to UNICEF for appropriate care and protection.

In 2025, the projected caseload of returnees from Pakistan is expected to include 600,000 individuals, comprising undocumented returnees and Afghan Citizen Card (ACC) holders. 20% of these returnees are documented returns, that is PoR card holders, slip holders, asylum certificate holders, individuals with heightened protection profiles, and undocumented family members of PoR/VRF holders are expected to return.

Undocumented and ACC holders	<ol style="list-style-type: none"> <li>1. Screening, identification and issuing QR code Ticket</li> <li>2. Verification of QR code tickets, registration and issuance of IOM beneficiary card.</li> <li>3. MPCA assistance package equal to 156 USD/HH (equal to 10,800 AFN) The above-mentioned package covers the following types of assistance:</li> <li>4. A food ration amounting to 5,800 AFN</li> <li>5. Remaining sectoral components of the MPCA, amounting to 5,000 AFN</li> <li>6. Transportation allowance to area of return (average of 35 USD/person) in Afghanistan</li> <li>7. Cash for phone and SIM card and specialized protection.</li> <li>8. Health consultation in-patient treatment of server acute malnutrition (IPD-SAM, vaccination and medication will be provided as per the need.</li> <li>9. Protection monitoring – help desks, protection interview rooms and referrals</li> <li>10. Provision of psychosocial/wellbeing support to women and girls, including referrals</li> <li>11. Distribution of dignity kits to women and girls and awareness activities.</li> <li>12. Mother and baby kits, clean delivery kits, and dignity kits will be provided by health facilities in both Zero Point and reception health facilities</li> <li>13. Referral mechanism through the Feedback and Response System (FRS) for additional support.</li> <li>14. Mine risk awareness and child friendly space</li> </ol>
Unaccompanied minors or Separated Children (UASC).	<ol style="list-style-type: none"> <li>1. Family reunification and interim care</li> <li>2. Assistance package equals in-kind winter clothing kit the equivalent to 39 USD/child</li> <li>3. Psychosocial support, health consultation and vaccination, as required.</li> </ol>



POR card holders, slip, asylum certificate holders with MoRR return certificate holders	<ol style="list-style-type: none"> <li>1. Bio-metric registration and enrolment including Kobo registration conducted by UNHCR/UNHCR partner staff.</li> <li>2. Assistance package of \$35 (AFN 2,500 per person) for transportation up to destination and \$156 (AFN 11,500 per household) to address immediate food and NFI needs. Undocumented family members of PoR card holders (VRF and non-VRF) will only receive \$35 (AFN 2,500) per person for transportation to destination.</li> <li>3. Provision of psychosocial support services to all returns, and distribution of Mama &amp; Baby kits, dignity kits to returnees women and girls</li> <li>4. Basic health care, vaccination and medication will be provided as per the need.</li> <li>5. Protection monitoring – help desks, protection interview rooms and referrals</li> <li>6. Mine risk awareness and child friendly space</li> </ol>
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At the transit and encashment centers, a range of essential services are provided to all returnees, including registration of returnees; cash assistance for immediate support; basic healthcare services; mental Health and Psychosocial Support (MHPSS); protection counseling and referrals; child protection services, including child-friendly spaces; and women’s protection services, with a focus on GBV support.

### LINKAGE TO SUPPORT IN AREAS OF RETURN

While this response plan addresses the immediate needs and financial requirements for assisting Afghans returning from Pakistan, including those who have returned or been deported through the two main crossing points (as well as referrals from informal points), it is equally critical that additional support be provided in areas of return. Returnees’ and deportees are likely to face limited resources in their areas of origin or destination and will require comprehensive assistance to facilitate their reintegration. Key support services include food and Non-Food Items (NFI); WASH services; shelter and winterization support; livelihood assistance; healthcare services, including maternal and reproductive health, nutrition, education, protection services, including child protection, legal assistance, and lifesaving GBV support; and MHPSS. These essential services will help address the multifaceted reintegration needs of returnees and deportees, ensuring their successful transition and stability in Afghanistan.

In addition to immediate assistance, medium- to long-term support must be prioritized to ensure the dignified and sustainable reintegration of returnees into their communities. This support includes access to basic services such as education, health services, livelihood opportunities, and shelter. Equally critical is the need for gender-sensitive health care services, particularly considering the unique vulnerabilities of women within returnee populations. By prioritizing these services, alongside other essential support, we can ensure that the reintegration process is both inclusive and sustainable for all returnees.

Addressing both the immediate and medium-to-long-term needs of returnees requires a system-wide, consolidated effort. Given the scale and pace of Afghan returns, it is essential to make significant investments in host communities to ensure a holistic, whole-of-society approach. This investment will not only help absorb new arrivals but will also contribute to the resilience, self-reliance, and

empowerment of these communities, fostering an environment of peaceful co-existence. To enhance the planning and coordination of assistance in areas of return, organizations operating at the borders will strengthen internal referral mechanisms to improve programming capacity in areas of origin and destination. Additionally, mechanisms will be put in place to ensure the inclusion of vulnerable returnees in existing assessments, where necessary. Regular information sharing will support interagency coordination at the regional level, ensuring that multi-sectoral needs are addressed. This information will cover key data points such as the number of returnees, their demographics, skills, anticipated needs, intended area of return, and other relevant details. In 2025, the longer-term needs of returnees after the immediate border response, will be integrated into the broader Humanitarian Needs and Response Plan (HNRP) and UN Strategic Framework for Afghanistan (UNSFA), alongside the Durable Solutions component of the Returns from Afghanistan Integrated Appeal. At every stage of the Border Consortium response, efforts will be made to ensure continuity of assistance and support for sustainable reintegration within Afghanistan.

## KEY FIGURES

As part of this Border Consortium appeal, two potential response scenarios have been developed to guide planning and resource allocation, based on projected population needs:

- **Scenario 1:** Assistance is planned for a total of **600,000 individuals**. This projection is based on the number of people who received support during the 2023–2024 period. Of this total, it is estimated that **80% will be undocumented individuals**, while the remaining **20% will be individuals with documented status**.
- **Scenario 2:** This scenario accounts for a significantly larger potential caseload, projecting assistance for up to **1,500,000 individuals**. The estimated proportion of undocumented to documented individuals remains the same as in Scenario 1, with **80% anticipated to be undocumented** and **20% documented**.

These scenarios have been outlined to ensure preparedness and an appropriate scale of response depending on the actual needs that arise.

### 1. Summary of Financial Requirements

Operations	People Needing Assistance	2025 Financial Requirement
Undocumented /ACC holders	480,000 returns	\$50,388,850.60
	1,500,000 returns	\$137,555,835.51
POR holders /Asylum certificate, slip holders, persons with protection profiles and their family members	120,000 returns	\$13,963,495.81
	300,000 returns	\$34,908,739.53

### 2. 2023-2024 Border Consortium Financial Requirements & Response (Undocumented/ACC)

During the first influx, the Border Consortium partners required a total of USD 71.4 million to provide assistance to undocumented returnees, ACC holders, and PoR/UNHCR slip holders, as well as to deliver life-saving support in the Areas of Return. Additionally, USD 21.5 million was needed to specifically support undocumented individuals, ACC holders, and PoR/UNHCR slip holders. The total funding

requirement for comprehensive humanitarian and reintegration efforts amounted to approximately USD 250.9 million. Of this, USD 92.9 million was allocated for 2023, and USD 157.9 million is needed for 2024.

Individuals assisted	2023	2024
Undocumented/ACC holders	407,708	80,998
POR Holders/Asylum seekers	64,149	53,578

For more information regarding the breakdown or required assistance and funding gaps for 2023, please refer to the [Border Consortium Appeal published in November 2023](#) and the [Border Consortium Appeal Update 2024](#)

### 3. 2025 Funding Requirement Per Sector at Border Crossing Points

Afghan returnees will receive various forms of assistance from Border Consortium partners, determined by vulnerability criteria and sector-specific assessments. It is important to note that the total number of beneficiaries across sectors may exceed the total number of returnees, as individuals may receive different types of assistance from multiple partners within the same sector.

Sector	Undocumented Afghans %	Funds available	Financial requirement	Total Financial Requirement (600,000)	Total Financial Requirement (1,500,000)	Delivering Organization
Health	20%	\$1,440,000	\$10,697,158	\$9,257,158	\$25,120,553	IOM, PU, SCI, UNFPA, UNICEF, WHO
Nutrition	38%	0	\$1,722,722.60	\$1,722,722.60	\$4,306,806.50	SCI, UNICEF, WFP, WHO
Protection	10%	\$90,000	\$5,855,118	\$5,765,118	\$14,549,795	DRC, IOM, SCI, UNFPA,
Information, Counselling Legal, Assistance (ICLA)	10%	\$0	\$1,400,000	\$1,400,000	\$3,500,000	NRC
Explosive Ordnance, Risk Education (EORE)	100%	\$32,034	\$264,000	\$231,966	\$627,966	DRC
UASC	1% UASC + 10% PSS	\$400,000	\$2,880,000	\$2,480,000.00	\$6,800,000.00	UNICEF

MPCA	85%	\$5,090,000	\$26,217,634.10	\$21,037,634.10	\$60,229,010.20	IOM, WFP
WASH	100%	0	\$4,955,000	\$4,955,000	\$12,312,500	PUI, SCI, UNICEF, WHO
Transportation	85%	50,000	\$204,000	\$154,000	\$460,000	IOM
Post-Arrival Assistance and Border Operations	100%	\$600,000	\$5,130,000	\$4,530,000	\$12,225,000	IOM
DTM	100%	\$192,000	\$589,500	\$397,500	\$1,281,750	IOM

#### 4. 2025 Funding Requirements Per Sector at Border Crossing Points (POR/Slip Holders)

Assisted POR holders / Slip holders (Asylum Seekers)				
Sector	Percentage in need of assistance	People needing assistance		
		120,000 returnees	300,000 returnees	Delivering Organization
Protection	100%	\$5,186,118.87	\$14,440,985.32	UNHCR
Health	100%	\$23,373.69	\$58,434.22	
MPCA & Transportation		\$8,661,360.99	\$19,871,182.10	
Explosive, Ordnance Risk, Education (EORE)	100%	\$92,642.26	\$231,605.65	
Total		\$13,963,495.81	\$34,908,739.53	

#### 5. 2025 Funding Requirement Per Organization at Border Crossing Points

ORGANIZATION	REQUIRED FUNDING	
	<i>Scenario 1: 600,000 returnees</i>	<i>Scenario 2: 1,500,000 returnees</i>
IOM	\$26,289,029.20	\$71,920,573.00
UNHCR	\$13,963,495.81	\$34,908,739.53
UNICEF	\$8,739,535.84	\$22,448,839.60
WFP	\$5,612,745.66	\$16,731,864.15

UNFPA	\$4,747,384.00	\$14,163,460.00
WHO	\$3,320,976.00	\$8,302,440.00
NRC	\$1,400,000.00	\$3,500,00.00
SCI	\$1,096,850.00	\$2,742,125.00
DRC	\$495,966.00	\$1,287,966.00
PUI	\$229,382.00	\$316,113.00
<b>Total</b>	<b>\$64,352,346.41</b>	<b>\$172,464,575.04</b>

### III. COORDINATION, MONITORING, AND REPORTING

IOM, in close collaboration with all Border Consortium (BC) members and in coordination with OCHA, will lead and manage the response at the Spin Boldak and Torkham border crossing points. Meanwhile, OCHA/DSWG will take the lead on coordination efforts for the response in the areas of return, utilizing their regional coordination mechanism and leveraging data provided by border operations. Border operations will encompass key locations such as Zero Point (the entry location), reception Centers (operated by IOM); Transit Centers and encashment centres (for individuals and households meeting vulnerability criteria). Since 2009, IOM has been at the forefront of providing emergency post-arrival humanitarian assistance to undocumented Afghan returnees. Currently, IOM Afghanistan operates a network of eight reception and transit centers across four border provinces: Herat and Nimroz (bordering Iran), and Kandahar and Nangarhar (bordering Pakistan), along with a center at Kabul International Airport.

The reception centers are strategically positioned near the official border crossings at Islam Qala (Herat), Milak (Nimroz), Spin Boldak (Kandahar), and Torkham (Nangarhar). Associated transit centers are either located nearby or in the nearest urban hubs, ensuring efficient access to support services. IOM continues to lead the provision of assistance for undocumented returnees, offering a comprehensive support package for vulnerable migrants at these centers. Through its Cross-Border Post-Arrival Humanitarian Assistance teams, IOM coordinates closely with international and national NGOs to share updates, develop contingency plans, and align resources to effectively respond to large-scale returns.

In the wake of the recent influx of returnees from Pakistan, IOM's leadership of the BC has been instrumental in managing the national returnee response and driving recovery efforts in Areas of Return. The BC has standardized data collection methodologies to inform effective responses. Significant discrepancies have been observed between the returnee figures reported by Pakistan and Afghanistan, due to differences in categorization and data collection approaches. To ensure effective contingency planning and informed response strategies, real-time, verified data on returnee flows excluding daily travelers, has become critical. To ensure consistency and accuracy, the Consortium emphasizes the use of direct data collection at return border points. This approach provides humanitarian agencies with actionable, evidence-based data to track return trends, assess verified returns since IFRP 1 (from 15 September 2023), and prepare for the implementation of IFRP 2.

The BC, consisting of 12 key humanitarian partners which are the Danish Refugee Council (DRC), International Organization for Migration (IOM), Medecins sans Frontiers (MSF), Norwegian Refugee Council (NRC), Premiere Urgence Internationale (PUI), Save the Children International (SCI), United Nations Population Fund (UNFPA), United Nations High Commissioner for Refugees (UNHCR), United

Nations Children's Fund (UNICEF), World Food Programme (WFP), and the World Health Organization (WHO), has played a pivotal role in delivering coordinated humanitarian support at the border. To ensure alignment and prevent duplication of efforts, monthly national-level meetings are held, enabling partners to maintain readiness for future return flows. In addition, regional meetings among consortium members and their partners further strengthen coordination at the field level, enhancing the overall effectiveness and efficiency of the humanitarian response.



*An IOM staff member assesses the needs of returnees at the Torkham border crossing between Pakistan and Afghanistan. Photo: IOM/Mohammad Osman Azizi*



## C. REINTEGRATION RESPONSE IN PRIORITY AREAS OF RETURN

### I. INTRODUCTION AND BACKGROUND

#### CURRENT SITUATION AND PROJECTED RETURNS

The return of Afghan nationals from Pakistan has escalated significantly following the Pakistani Ministry of Interior's (MoI) decision on 26 September 2023 to implement the *Illegal Foreigners' Repatriation Plan*. Since then, 986,268 Afghans have returned to Afghanistan, with the highest volume of returnees recorded between mid-September and the end of December 2023 whilst an estimated 3 million Afghans remain in Pakistan.<sup>5</sup> The majority of returnees (87 per cent) are undocumented individuals, followed by 9 per cent documented Afghans with Proof of Registration (PoR) cards, and 4 per cent Afghan Citizen Card (ACC), including 180,277 who have returned in 2025 till 16 April. Returnees concentrate in east, south, northeast, and Kabul. Many continue to arrive with meagre belongings and cash, facing homelessness and extreme poverty and run the risk of secondary displacement within/outside the country. Displacement Affected Communities (DACs)<sup>6</sup> face strained local services and low absorption capacity.

According to United Nations projections, the returns trend is expected to continue through 2025, with an estimated 600,000<sup>7</sup> additional returnees anticipated between 1 January and 31 December 2025 under most conservative scenario—the basis for this Integrated Response Plan. Based on previous return movements, it is expected that at least 50 per cent of them would be women and girls and another 60 percent of all would be under 18. If the PoR cards are not extended, 1.4 million Afghan refugees in Pakistan will face severe risks, including deportation, loss of rights, protection risks, and heightened vulnerability. While the UN is advocating for exemptions of at-risk and vulnerable groups who may face international protection concerns and that returns to be voluntary, safe, and dignified, the final decision rests with Pakistani authorities, who may weigh security, diplomatic, and humanitarian factors before June 2025 to decide on the fate of the PoR card holders. This population movement presents complex challenges, necessitating a carefully coordinated, multi-phased approach to address both immediate humanitarian needs and long-term reintegration requirements in Areas of Return (AoR).

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<sup>5</sup> Breakdown by category: documented 1.4M, ACC holders 800,000, and undocumented 800,000 (various sources of IOM, UNHCR, and Government of Pakistan).

<sup>6</sup> *Displacement-Affected Communities (DACs)* encompass groups impacted by forced or voluntary displacement, including refugees, returnees, internally displaced persons (IDPs), and host communities. This aligns with the **IASC Framework on Durable Solutions for IDPs (2010)**, which emphasizes addressing the needs of displaced populations and those in host areas to achieve sustainable reintegration. In this context, DACs include Afghan returnees from Pakistan who face heightened vulnerabilities in access to housing, livelihoods, and services, as outlined in the **UNHCR Solutions Framework for Afghan Refugees (2018)**. The term underscores the intersectional challenges these groups endure and the necessity for integrated humanitarian-development responses. **Key References:** IASC (2010). *Framework on Durable Solutions for Internally Displaced Persons* and UNHCR (2018). *Solutions Strategy for Afghan Refugees (SSAR)*.

<sup>7</sup> The worst-case scenario is based on an estimated 1.5M Afghans returning between January – December 2025.

## IMPLEMENTATION APPROACH AND COORDINATION

The reintegration response in priority Areas of Return (AoR) will be implemented through complementary channels, ensuring efficiency, adaptability, and equitable impact. Key strategies include:

- Upscaling existing programmes to maximize reach and effectiveness.
- Upholding centrality of protection.
- Applying a gender-sensitive lens across all interventions to promote inclusive outcomes.
- Tailoring area-based approaches to local conditions for contextually relevant solutions.
- Maintaining robust monitoring systems to enable real-time adaptive management.
- Engaging in sustained dialogue with de facto authorities to facilitate operational access and implementation.

Strategic oversight will be led by the Durable Solutions Working Group (DSWG) under the UN Resident Coordinator, ensuring alignment between long-term reintegration efforts and immediate humanitarian response. The DSWG will collaborate closely with:

- The Border Consortium, delivering critical emergency assistance at border crossing points.
- OCHA-led Inter-Cluster Coordination Groups (ICCGs), coordinating sectoral humanitarian responses in return areas.
- NGO partners, ensuring a unified and community-driven approach.

This integrated coordination mechanism prioritizes evidence-based targeting of limited resources, focusing on sustainable solutions that empower the most vulnerable to achieve durable reintegration—particularly women, children, and marginalized groups—while mitigating strain on host communities.

## CRITICAL PROGRAMME CONSIDERATIONS

Several cross-cutting principles will guide programme implementation to maximize effectiveness and inclusivity. Women and girls will be actively engaged as agents of change and participants in solution-building rather than passive recipients of assistance. All interventions will systematically incorporate protection principles, with particular attention to the specific vulnerabilities faced by women and girls as well as persons with disabilities. Programming will demonstrate sensitivity to Afghanistan's diverse ethno-linguistic landscape, ensuring cultural appropriateness and accessibility. The response will maintain flexibility to adapt to evolving operational constraints while sustaining focus on durable solutions that benefit both returnee and Displacement Affected Communities (DACs) alike. This comprehensive approach aims to facilitate dignified reintegration while mitigating pressure on local resources and infrastructure, ultimately contributing to broader stability and recovery in Afghanistan.

## II. RETURN OVERVIEW

The unprecedented pace and scale of returns from Pakistan to Afghanistan since September 2023 has placed extraordinary pressure on border areas and on Displacement Affected Communities (DACs) in Areas of Return (AoR), necessitating a rapid scaling up of basic service provision to ensure both sustainable reintegration and host community acceptance. While humanitarian assistance remains critical, the current situation demands urgent medium- to long-term international support to prevent host communities from becoming overburdened - a scenario that could lead to increased poverty, harmful coping strategies, social tensions, and heightened protection risks. Sustainable solutions must prioritize protection services and access to education, healthcare, livelihood opportunities, WASH facilities, nutrition support, and adequate housing to facilitate dignified and lasting reintegration.

## ARRNA FINDINGS<sup>8</sup>

The Afghanistan Returnees Rapid Needs Assessment (ARRNA), completed in February 2024 under World Bank technical leadership through the Durable Solutions Working Group, provides critical insights through UNHCR/IOM data, administrative records, and household surveys. The assessment revealed that recent returnees from Pakistan were predominantly Afghans living in Pakistan with no legal documentation, with a concerning proportion of children under 15 years old. Vulnerability assessments considered multiple factors including age, special needs (such as disabilities or female-headed households), and education levels. Approximately 77 per cent of returnees had been engaged in low-skill manual labour in Pakistan's urban and semi-urban areas - an experience that poorly aligns with the predominantly rural economies of their return locations in Afghanistan. With increasing returns expected from Pakistan in 2025, existing pressures on local resources and absorption capacities will likely intensify, particularly in geographically concentrated high-return districts.

## GENDER-SPECIFIC VULNERABILITIES

Findings from the March 2024 Multisectoral Rapid Assessment Tool (MRAT) highlighted disproportionate risks faced by returnee women and girls. Survey respondents consistently identified female returnees as most vulnerable, reporting significant behavioural changes among male household members' post-return. Reported risks include physical violence, harassment, service denial, discrimination, early marriage, and various abuses. Quantitatively, perceived vulnerability among women and girls ranged from 27 per cent to 50.8 per cent across regions, compared to just 5.3 per cent to 21 per cent for men and boys. Initial data from high-return districts indicates that in at least 20 per cent of priority locations, women and girls avoid multiple public spaces due to safety concerns. According to protection monitoring outcomes, women and girls are also facing heightened challenges in obtaining civil documentation, which is considered a key enabler for achieving durable solutions.<sup>9</sup>

## EVIDENCE-BASED PROGRAMMING APPROACH

Effective response and lasting solutions for the returnees require rigorous, data-driven interventions. Protection analysis and integrated monitoring systems will form the foundation for programme design and evaluation, with age, gender, and diversity-disaggregated data ensuring focus remains on the most vulnerable - particularly women and girls facing compounded challenges. This analytical framework will enable targeted assistance to those furthest behind in the reintegration process.

## AREAS OF HIGH RETURN FOR AFGHAN RETURNEES

The inter-agency reintegration response will concentrate on 25 high-priority districts: 20 selected by return incidence rate relative to pre-September 2023 population, plus outlier districts with absolute high return numbers due to large populations. Ongoing data collection continues to refine understanding of gender-specific vulnerabilities, with preliminary analysis revealing significant safety concerns for women and girls in multiple high-return areas. [See Annex 1](#) for full list of priority districts with high rate of returns.

## PLANNING SCENARIOS FOR AFGHAN RETURNEES FROM PAKISTAN IN 2025

The United Nations Country Teams (UNCT) in Afghanistan approved two planning scenarios in its meeting on 14 April 2025 to guide the 2025 Integrated Response Plan, based on past trends and

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<sup>8</sup> Afghanistan Returnees Rapid Needs Assessment, May 2024.

<https://drive.google.com/file/d/1AvwDDhtzGIUNsxup0VDuMUKXPmQptMv7/view?usp=sharing>

<sup>9</sup> UNHCR Community-Based Protection Monitoring (CBPM) External Dashboard:

<https://app.powerbi.com/groups/977dae51-514a-4e41-bba5-a5b17608eb1f/reports/9fac9970-4ed9-436b-bd30-876ee3b04ae5/25b7b557c11a2bd1300d?experience=power-bi>

(without disaggregating the planning figures by categories of Afghans residing in Pakistan as its projection is uncertain at this stage):

1. *Most Conservative Scenario: 600,000 returnees* (including all returns projected during 2025). This Response Plan is based on the most conservative scenario for budgeting and target beneficiary numbers.
2. *Worst-Case Scenario: 1.5 million returnees* including all three categories – undocumented, Afghan Citizen Card holders, and documented with Proof of Registration (PoR) cards or asylum seeker certificate and slips, etc.).

## TARGETED INTERVENTIONS AND FUNDING REQUIREMENTS FOR REINTEGRATION COMPONENT IN AREAS OF RETURN

Table 1 Reintegration Response in AoR Costing Summary (US\$, indicative). [See Annex 2 for details.](#)

Sectors	Apr-Dec 2025 Budget US\$	Sector % of Total Budget
Education	12,750,000	3.6%
WASH	39,415,000	11.2%
Health	50,700,096	14.5%
Nutrition	3,461,647	1.0%
Protection	48,479,189	13.8%
Economic Opportunities, Decent Jobs, Resilient Livelihoods	124,046,914	35.4%
Housing and Land	71,493,198	20.4%
Durable Solutions Coordination	210,000	0.1%
<b>BUDGET GRAND TOTAL</b>	<b>350,556,044</b>	<b>100.0%</b>

## III. THE REINTEGRATION RESPONSE STRATEGY

This reintegration response strategy, anchored in the 2023-2027 United Nations Strategic Framework for Afghanistan (UNSCFA) and its sub-set 2025-2027 Strategic Framework for Displacement Solutions in Afghanistan (draft), adopts an integrated nexus and joined-up approach that bridges immediate humanitarian assistance (as outlined in the 2025 Humanitarian Needs and Response Plan) with medium-term reintegration support in priority Areas of Return (AoR). The strategy builds upon existing ecosystem and frameworks including Priority Areas of Return and Reintegration (PARR) of UNHCR and the Area-Based Approach for Development Emergency Initiatives (ABADEI) of UNDP, to maximize synergies, cost-efficiencies, and sustainable impact.

### GUIDING PRINCIPLES

The strategy is underpinned by the following core principles that collectively ensure a protection-centred and rights-based, community-centric, whole-of-displacement<sup>10</sup> and whole-of-community, and an area-based approach:

<sup>10</sup> The term "whole-of-displacement" refers to an integrated approach that addresses the **entire displacement cycle**—from **prevention and emergency response to durable solutions and long-term recovery**—while considering the needs of **all affected populations**, including refugees, returnees, internally displaced persons (IDPs), and host communities. Its key elements include all phases of response, inclusivity, coordination across sectors using HDP nexus approach, and advocates for policy and institutional alignment to promote coherence.

- i. First, the commitment to an area-based, community-focused, and whole-of-displacement at the heart of all interventions while rigorously applying the "Do No Harm" principle. This is complemented by a gender responsive and centrality of protection approach through support for community structures, legal clinics, and grassroots initiatives, with particular emphasis on safeguarding the rights and reducing displacement-associated vulnerabilities of women-headed households, children and youth, and of persons with disabilities.<sup>11</sup>
- ii. Second, the strategy mandates inclusive participation through disaggregated data collection that captures the voices of women, girls, persons with disabilities, and other groups with specific needs. Children and youth engagement is institutionalized as a transformative mechanism, empowering young people (female and male) as architects of their futures.
- iii. Third, accountability to affected populations forms the foundation for building transparency and trust, while resilience-building adopts a whole-of-community approach that promotes sustainable, locally driven solutions, peaceful coexistence, and alternatives to perilous and dangerous onward movements. Market access and livelihood opportunities are prioritized for both returnees and host communities, aligned with existing skillsets and local economic ecosystems.
- iv. Fourth, the strategy operationalizes humanitarian-development-peace coordination through joined-up programming that balances immediate needs with long-term solutions, ensuring complementarity, efficacy, and value for money across all interventions.

## IV. SOCIAL COHESION FRAMEWORK

Social cohesion is embedded throughout programming as a safeguard against unintended consequences on community relations. Enabling peaceful co-existence driven by a holistic and whole-of-society approach requires greater direct investment in host communities to help absorb additional burden new arrivals place on already meagre community resources, contributing to the resilience, self-reliance, and empowerment of communities. The approach recognizes that while return pathways can stimulate economic growth, resource scarcity and pre-existing vulnerabilities in the Displacement Affected communities (DACs) may exacerbate tensions - particularly when 83 per cent of returnees from Pakistan (often low-skilled workers) compete with poor and irregularly employed segments of DACs for jobs and services, as highlighted by ARRNA<sup>12</sup> findings.

To mitigate these risks, the strategy integrates:

- i. Joint economic resilience initiatives fostering market linkages, and formalising community linkages between hosts and returnees.
- ii. Community-wide needs assessments to mitigate risks of exclusive returnee targeting.
- iii. Inclusive and participatory planning processes that engage all members of the community but also make specific efforts to include women and youth (female/male) in economic empowerment, community-based planning, and decision-making processes for defining priorities including displaced people and DACs.
- iv. Youth (female / male) participation as change agents in social harmony and cohesion-building.
- v. Innovative solutions to enhanced access to justice and legal aid systems.
- vi. Protection-focused programming for vulnerable groups, particularly women and girls' returnees as well as under-represented groups.

<sup>11</sup> Afghanistan Border Consortium Dashboard: Returnee Profile; 17% of all returns since September 2023 are women headed households whereas 61% of all returnees are under 18.

<sup>12</sup> Afghanistan Returnees Rapid Needs Assessment, May 2024.

<https://drive.google.com/file/d/1AvwDDhtzGIUNsxup0VDuMUKXPmQptMv7/view?usp=sharing>



- vii. Incorporating sustainable practices and measures to mitigate environmental impact and promote long-term stability.
- viii. Establishing community-based mechanisms for early detection and warning systems for prevention and resolution of potential conflicts.

These interventions directly advance United Nations Strategic Framework for Afghanistan (UNSF) Outcome 3 (Social Cohesion, Inclusion, Gender Equality, Human Rights, and Rule of Law) by ensuring returnees - as a significant demographic - are meaningfully included in governance and public participation mechanisms alongside other excluded groups.



*Consultations with returnee, IDP, and women from DAC, in Kama District, Nangarhar Province. Photo: UN Habitat*

## V. REINTEGRATION NEEDS AND PRIORITY INTERVENTIONS

The large-scale returns from Pakistan since September 2023 (just under one million individuals so far) present significant challenges that could strain already limited family, community, and national resources. Without a well-considered response, these returns risk undermining progress toward long-term resilience-building and self-reliance as well as sustainable economic development, potentially perpetuating reliance on humanitarian assistance rather than facilitating a transition to durable solutions in areas with high rates of returns.

The ARRNA report<sup>13</sup> underscores the multifaceted needs of current and prospective returnees, which, if effectively addressed, could transform return movements into opportunities for economic growth and enhanced social cohesion in priority Areas of Return (AoR). A targeted reintegration approach not only mitigates the risks of secondary displacement and resource-based tensions but also lays the foundation for sustainable recovery.

<sup>13</sup> *Ibid.*



## CRITICAL NEEDS IDENTIFIED BY RETURNEES

Returnees have consistently highlighted several pressing concerns that must be prioritized:

- *Basic Survival Needs*: Immediate access to cash, food, housing solutions.
- *Livelihoods and Documentation*: Opportunities for income generation, along with legal and administrative support to secure essential documentation.
- *Access to Services*: Education, WASH facilities, healthcare, nutrition supplies, and household energy solutions.
- *Community Infrastructure*: Functional community resources to support social and economic reintegration

## A UNIQUE REINTEGRATION CHALLENGE

A significant portion of returning Afghans were either born or have spent most of their lives in Pakistan. As a result, many lack established ties to their areas and societies of origin, facing heightened vulnerabilities during reintegration. This is exacerbated by diminished public services and the weakening of social safety nets by years of displacement as well as the overall degradation of the protection environment. This demographic reality necessitates tailored support mechanisms to address their distinct needs—ranging from social orientation and cohesion to resilient livelihood bridging programmes—to ensure their successful transition and inclusion.

## THE WAY FORWARD

A proactive, needs-based reintegration strategy is imperative to:

- i. Alleviate immediate humanitarian pressures
- ii. Strengthen access to rights without discrimination
- iii. Foster economic opportunities and social stability
- iv. Prevent cycles of displacement (within/outside the country) and marginalization.

By aligning interventions with these priorities, stakeholders can transform the challenges of return into catalysts for individual and community resilience.

## VI. SECTORAL STRATEGIES, PLANNING ASSUMPTIONS AND PRIORITY INTERVENTIONS

It is imperative that returnees are assisted to facilitate their successful reintegration. Large-scale returns from Pakistan have the potential to strain already limited family, community, and national resources, and hinder advancement from reliance on humanitarian assistance, towards long-term self-reliance and economic recovery. That said, return movements could catalyse economic growth and social cohesion, in addition to mitigating risks of secondary displacement and resource strains in the Displacement Affected Communities (DACs). . It is important to note that many of the returning Afghans were either born or have lived most of their lives in Pakistan, thereby lacking rural economy-related skills and having none or weak links with the communities they are returning to. They will, therefore, require investment in building/upgrading their skills to match local economic opportunities. Furthermore, the restrictions placed on women and girls' movement and participation in public life, including education, employment and services requires focused attention of all humanitarian and development actors involved.



Women health workers training in Infection Prevention and Control. Photo: WHO

## 1. ACCESS TO ESSENTIAL SERVICES

### 1.1 EDUCATION



A recent returnee girl from Pakistan awaits to go to education class in Torkham border. Photo: UNICEF

## Introduction

As Afghan families return from Pakistan, the humanitarian response at the border will equip them with multi-sectoral information, including about education services in AoR. Basic human needs (BHN) partners will respond to the disruption of learning for returnee boys and girls (including adolescents and youth) by integrating them in the public school system and community-based literacy and skills development classes depending on their literacy levels and other qualifications. This will be done through phased and targeted interventions, in technical coordination with de facto authorities and key stakeholders.

## Needs Identified

Based on the Humanitarian update as published in January 2025 on the Afghanistan's education crisis ([Afghanistan: Humanitarian Update, January 2025 | OCHA](#)), Afghanistan's education system is severely strained, there is a significant shortage of teachers, with many leaving their positions due to unpaid salaries and poor working conditions. Furthermore, the poverty rate in Afghanistan is alarmingly high, with over 90 per cent of the population living below the poverty line. This economic hardship further limits access to education, as families prioritize immediate survival over schooling. Addressing these gaps through integrated educational programming is not merely a humanitarian imperative but also a strategic investment in the future stability and prosperity of Afghanistan.

Furthermore, the national education system is overburdened and underfunded, with limited capacity to absorb additional students. One in five returnees have experienced difficulty in accessing education services. Main barriers to education reported by returnees include lack of resources to enrol children in school and distance to education facilities.<sup>14</sup>

Literacy needs amongst returnees are often very high. Many school-aged children returning from Pakistan are not expected to meet minimum language requirements to attend school in Dari and Pashto (official local languages) having previously studied in Urdu. While some returnee students may possess greater linguistic competencies than their Afghan peers in the same grade, the language barrier may prohibit them from integrating fully into public schools. In addition, lack of jobs and livelihood skills may pressure returnee families to resort to negative coping mechanisms, such as child labour. The forced return may further constitute the end of many children's academic journey, particularly for girls, depriving them of their fundamental human right to access education.

## Response required in areas of return

Based on UN data, 18.5 per cent of Afghan returnees are school-aged undocumented Afghans and ACC holders are school-aged girls (age 5-17), whilst 19.9 per cent are school-aged boys. The expected number of school-aged children in the 2025 influx is 230,400 children (48% girls). Specific geographic targeting will be determined after needs assessments in areas of return; however, a planning assumption of 35 per cent of the returnee children will be targeted in 2025 based on partner capacity and operational realities.

### *First phase/early recovery response (until December 2025):*

1. Student registration and rapid needs assessment for grade placement and teaching and learning materials (incl. textbooks) orders.
2. Mapping communities and school capacities where students will return, based on where the returnees declare they plan to relocate.
3. Opening 3,000 temporary learning spaces (TLS) specifically for returnees as first phase modality until hub schools/public schools can absorb, or to ensure learners have the minimum language proficiency to enrol at the right grade.

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<sup>14</sup> <https://dtm.iom.int/reports/afghanistan-flow-monitoring-snapshot-10-20-january-2024-eng?close=true>.

4. Provision of audio- and video-based distance learning for secondary school-aged learners, especially girls, including local and community radio and TV channels, complemented by the distribution of supplementary learning materials.
5. Establishment of community-based literacy and skills development classes targeting youth and adolescents, including females (level 1 literacy course – equivalent to grade 1-3 of general education). Education partners will also focus on enhancing the quality of education through the provision of computer and English language learning programs in 50 schools previously constructed.
6. Teaching and learning material (including textbooks) distribution to TLS and public schools.
7. Where TLS cannot be accommodated in communities, other alternatives, e.g., 2,000 high-performance tents (with winter liners) will be installed in schools whilst renovations/construction activities are rolled out.
8. Special programs will be implemented to support the enrolment of girls and children with disabilities, promoting inclusivity and equal opportunities for all students.
9. Targeting additional teachers with training (as part of existing interventions for teacher training in public schools or additional training for TLS).

*Medium- to long-term response (beyond December 2025 – not costed)*

1. Interventions from the early recovery phase (bullet point 4 and 5 above) will continue to be required to be integrated in this phase unless secondary schools reopen for girls and literacy centres for women.
2. Public school rehabilitation/renovation in approximately 125 schools (to be determined based on assessment) to accommodate the influx.
3. Public school construction of approximately 3-5 schools (to be determined based on assessment).

## Financial requirements (indicative)

Table 2 Costing of Reintegration Response in AoR: Education Sector Budget

Activity Description	Unit Cost (US\$)	Target Beneficiaries	Budget Total (US\$, 9Months) April to Dec 2025	Comments
Assessment of returnee students (language and grade placement) in AoR and public-school absorption capacities	\$0.40	80,000 children	\$200,000	Lumpsum for technical capacity and tool development
Distribution of high-performance tents with mats and winter liners for TLS	\$1,700	80,000 children	\$3,400,000	Increase of 1,500 HPTs from original response
Training of teachers, School Management Shura (SMS) members	\$1,000	700 teachers	\$700,000	
Teacher Training Program	\$330	500 teachers	\$165,000	Providing technical teacher training program
<b>Sub-total Teacher Training</b>		1,200 teachers	\$865,000	
Provision of short-term community-based literacy and skills development courses, including distribution of learning kits	\$600	7,500 learners (50% women)	\$4,500,000	
Connected Learning Program through establishment of computer labs	\$22,000	50 schools	\$1,100,000	Establishment of solar powered computer labs in 50 already built schools
<b>Sub-total remedial and skills-based education</b>			\$5,600,000	
Provision of School Supplies, uniform and learning material	\$93.5	10,000 children	\$935,000	Immediate support to 10,000 students to continue their schooling
Distribution of learning materials and textbooks for returnee children	\$25	70,000 children	\$1,750,000	Complementary to UNHCR
<b>Sub-total Learning Materials</b>		80,000 children	\$2,685,000	
<b>EDUCATION SECTOR BUDGET</b>			<b>\$12,750,000</b>	

**Note on returnee adolescent girls (grade 7 and above):** Given that girls' access to secondary schooling is suspended in Afghanistan, secondary school-enrolled girls returning from Pakistan will not be able to access formal secondary and higher education. Leveraging the Alternative Pathways Working Group, the UN will provide distance learning programmes (audio- and video-based learning) that can benefit all learners, especially adolescent girls, as well as set up lower secondary community-based education (CBE) classes subject to coordination with relevant de facto authorities. These



modalities have been established through other donor funding. Leveraging the Tertiary Education and Skills Working Group (TES-WG), UN agencies and NGOs will provide community-based skills development and literacy education opportunities to returnee adolescent girls and women.

## 1.2 WATER, SANITATION, AND HYGIENE (WASH)



*January 2025, Jawad, 8 years old and his cousin Maryam, 7, are filling the vessel with water in Tapa #1, Sourabi district, Kabul Province. Photo: UNICEF*

### Introduction

The limited access to basic WASH services has become a major crisis in Afghanistan, exacerbated by conflict, climate change, drought, seasonal flash floods, influx of returnees and internal IDPs, poor management of services and resources, inadequate infrastructure, and outbreaks of communicable diseases, further risking the vulnerabilities of the population. Based on the Afghanistan 2023 Multiple Indicator Cluster Survey (MICS), 31.2 per cent of the population does not have access to basic drinking water services, 19.8 per cent defecate in the open, only 58.3 per cent of people practice basic hygiene, and 12.4 per cent use surface water for drinking, cooking, and other domestic needs.

### Needs identified

Based on a localized assessment survey on WASH needs, around 80 per cent of the returnees will have no access to basic WASH services, while those available are largely deemed unsafe. In AoR, the potential to overuse existing WASH facilities is high, putting the system at risk of collapsing. There is no district level data to show the population's percentage with access to basic services and those in need in places hosting a high number of returnees.

Drought particularly impacts most of the regions across the country, where water sources have dried up and access to clean water for drinking, bathing, and cooking is severely limited. In some areas,



residents travel long distances to fetch water from unsafe sources. Additionally, the cost of purchasing clean drinking water further burdens already fragile household economies. Therefore, during the initial phase, a comprehensive WASH assessment is planned to identify needs and conditions regarding water supply, sanitation facilities, hygiene practices, and WASH in institutions, to tailor interventions accordingly.

### **Response required in areas of return**

Ensuring the well-being of returnees involves providing essential WASH services including sustainable operations and management (O&M) of the facilities. As part of the reintegration plan, returnees and displacement affected communities will have access to sustainable and resilient WASH services through community-based organisations (like the former community development councils (CDCs)) and Community Resource Centres (CRCs); community-driven process will strengthen sustainability and ownership of the systems. Interventions will include:

*Resilience building of the returnees in the place of origin and displacement affected communities.* Detailed community assessments and resilience building plans developed and led by community members, including women, will map the needs and identify the sustainability and safety risks arising due to increased burden on the already poor community WASH services and resources. This approach will build a shared understanding of these risks among the community people and returnees, and they will jointly develop risk mitigation and resilience building action plans to overcome the identified risks. As part of system sustainability, Water User Committees (WUCs)/Water Management Committees (WMCs) will be set up, trained to ensure smooth operation and maintenance of the water supply system, and to run the system of service recovery fee from users to meet ongoing expenses, including replacement of dysfunctional parts.

*Provision of safe water through climate resilient and sustainable water systems:* Provision of safe drinking water is a key component of WASH services. Approaches developed in Afghanistan, including the use of solar pumping systems, gravity-fed spring water systems, and piped networks, will be used, to bring water points closer to the returnee households, ensuring equity in access to water among population from displacement affected communities and returnees. Consequently, these interventions will benefit women and girls who traditionally bear the responsibility of fetching water, by reducing the distance and time required as this often involves risks, including harassment and gender-based violence (GBV).

*Provision of access to basic sanitation facilities through sustainable community-led sanitation service and interventions:* Complementary to improving access to safe water, providing access to safe sanitation and hygiene promotion are integral to WASH assistance. The UN and partners will work to change the behaviour of returnees and host communities to stop open defecation and use basic sanitation facilities instead, by applying the community-led total sanitation (CLTS) approach. However, in contexts where CLTS is not feasible, such as in resettlement areas, NGOs and other partners, with active community participation, will support the construction of household latrines for the most vulnerable populations. This approach supports protection principles and responds to urgent public health needs. It ensures sanitation solutions are context-appropriate, inclusive, and sustainable. Returnees and displacement affected communities will be encouraged to construct new or improve the existing latrines at household levels. Community sanitation facilities will also be improved, where needed. Ending open defecation will enhance dignity, privacy, and safety of community members, particularly of girls and women.

Moreover, through Participatory Community Action Planning, the need for communal gender-segregated latrines in the bazaars of reintegration areas would be identified as a priority. Addressing this gap will ensure safe and dignified sanitation access in high-traffic public spaces, benefiting both male and female returnees and host communities. These efforts not only address urgent public health

concerns but also enhance the dignity, privacy, and safety of all community members, particularly women and girls by addressing their specific needs.

*Conduct hygiene promotion interventions in communities:* Exposure to human faeces and poor personal hygiene practices significantly contribute to the prevalence of diarrhoea and other waterborne diseases, particularly in displacement affected communities with pre-existing vulnerabilities. Hygiene promotion interventions will be integrated into WASH interventions, with a focus on safe disposal of human waste and handwashing with soap at critical times, and the promotion of safe hygiene behaviour, through CLTS approach along with the construction of safe and improved sanitation facilities at household level, empowering communities to take collective action. Better WASH interventions support the prevention of diseases, ensuring a healthy workforce that contributes to economic resilience.

To mitigate the risk of waterborne disease outbreaks and to safeguard the health and well-being of both returnees and displacement affected communities, it is essential to address the urgent hygiene needs at temporary camps and settlements and in displacement affected communities. The lack of access to basic hygiene supplies significantly increases vulnerability to communicable diseases. In response, the distribution of culturally appropriate hygiene kits is a vital intervention to close critical sanitary gaps. These kits will enable individuals and families to maintain personal hygiene, reduce the transmission of infectious diseases, and uphold the dignity and resilience of affected populations during this critical transition period.

*WASH services in institutions (schools and health care facilities):* Community-based rapid assessments will be undertaken to identify institutions (schools and health care facilities) without WASH services and those likely to be under increased pressure due to the impact of returns. Climate resilient and sustainable drinking water supplies, adequate gender-segregated toilets designed to address Menstrual Hygiene Management, and hygiene facilities will be developed, rehabilitated, or expanded in the community institutions, as needed.

*Sustainable WASH in Returnee Settlement Areas Solutions:* The recent and ongoing influx of returnees from Pakistan into Afghanistan's eastern provinces, particularly Nangarhar, including key locations such as Torkham, IDP settlements, surrounding districts and settlement areas close to Torkham border, has placed tremendous strain on the region's already overstretched WASH (Water, Sanitation, and Hygiene) infrastructure. The impact of the previous influx on the WASH infrastructures was not fully addressed by interventions provided by UN and NGOs, leaving substantial gaps in coverage. Thousands of families, many of whom include vulnerable women, children, and elderly individuals, have returned with minimal belongings and no secure means of meeting their basic needs. According to WASH actors, a significant number of these returnees are currently living in precarious and inadequate shelters, including makeshift tents, dilapidated buildings, and even vacant shops in urban and peri-urban areas. These conditions lack access to safe drinking water, functional sanitation facilities, and essential hygiene services, posing a severe public health risk and increasing the vulnerability of already at-risk populations. The number of returnees continues to grow by day, further aggravating the crisis and elevating the risk of disease outbreaks, particularly waterborne illnesses, due to poor hygiene conditions and insufficient access to safe water supplies. The proposed intervention aims to ensure access to safe water, adequate sanitation, and hygiene promotion activities to mitigate health risks and restore dignity and well-being among displacement affected communities. Timely support and mobilization of resources are critical to preventing further deterioration of the situation and to protecting the health and dignity of thousands of returnees in need.

## Financial requirements (indicative)

The indicative WASH budget is estimated based on previous programming of the UN and NGOs in Afghanistan. Actual costs will be determined during the initial phase of assessment and implementation, through the production of unique designs and bill of quantities (BoQs) for each site.

*Table 3 Costing of Reintegration Response in AoR: WASH Sector Budget (for 80% of the 600,000)*

Activity Description	Unit Cost (US\$)	Target Beneficiaries/Facilities	Budget Total (US\$, 9 Months) April-Dec 2025
Resilience building of the returnees in the place of origin and displacement affected communities	3	480,000	1,440, 000
Provision of safe water through climate resilient and sustainable water systems	45	480,000	21,600,000
Provision of access to basic sanitation facilities through sustainable community-led sanitation service and interventions	10	480,000	4,800,000
Conduct hygiene promotion interventions in communities	5	480,000	2,400,000
WASH services in institutions (schools and health care facilities)	45,000	152	6,840,000
Excreta disposal facilities (wastewater network) with wastewater reclamation	1	480,000	480,000
Water conservation pilot projects including feasible water saving initiatives	1	350,000	350,000
Construction or repair of household latrines for transitional targeted shelters for beneficiaries who had been assessed and met the eligibility criteria for the support	86	17,500	1,505,000
<b>WASH SECTOR BUDGET</b>			<b>39,415,000</b>

### 1.3 HEALTH



*WHO-supported emergency hospital at Torkham that provides Emergency & hospital care services to returnees at Torkham. Photo: WHO*

#### Introduction

Afghanistan has experienced complex humanitarian emergencies for decades due to conflict, political instability, natural hazards, and economic hardship. As of 2025, the country hosts a significant number of returnees — individuals who have returned from neighbouring countries like Pakistan and Iran, or who have been internally displaced and are now attempting to resettle in the communities of their habitual residence. The sudden influx of returnees puts additional pressure on an already fragile healthcare system, impacting both the returnees and the host communities. Many healthcare facilities are under-resource especially in rural areas of return and need additional resources and equipment to make them fully operationalized and functioning. There is a critical lack of qualified medical personnel, particularly female healthcare workers and limited availability of essential medicines and medical supplies. International aid reductions have significantly strained the health sector post-2021. Only 38 per cent of the health requirements were funded in 2024. Moreover, due to the US government work stop order, a total of 364 health facilities were suspended across various provinces as of 08 April 2025, affecting an estimated 3 million people.

Epidemiological trends indicate a rise in communicable diseases including Acute Watery Diarrhoea (AWD) with dehydration, measles, dengue fever and acute respiratory infections (ARI), particularly in some of the AoR. In 2024, acute respiratory illness/pneumonia, affected 517,000 people, 28,618 cases of suspected measles, 81,304 confirmed malaria cases, 21,533 cases of acute watery diarrhoea with dehydration, 115 cases of suspected dengue fever and 68 cases of suspected Crimean-Congo haemorrhagic fever were reported. Returns will overwhelm the already fragile primary and secondary

healthcare system and will deteriorate existing-morbidities and vulnerabilities, malnutrition, physical and mental stress, especially among boys, girls, elderly and women.

The access to healthcare is uneven and inequalities exist between urban, peri-urban and rural areas. Peripheral urban and rural areas suffer restricted access to healthcare because of an absence of adequate facilities in their locality and low-capacity transport links to adequate health facilities. Especially informal settlements, which grow rapidly due to increase of populations, are underserved; this will also be the case in the proximity of /or within the “returnee townships” for which the DFA are now starting to allocate land for. The (re-)construction or upgrading or the expansion of health facilities will need to be considered in areas of high returns (and where the DFA prepared plans).”

### Needs identified

At least 80 percent of the returnees will require *access to basic primary health care interventions*, including health screening, immunization, reproductive health services and mental and psychosocial support (MHPSS) and approximately 10-15 per cent will require access to *secondary*, and where necessary *tertiary health care*.

Reports show deteriorating trends of non-communicable diseases (NCD) with approximately 50 percent of adult mortality related to NCDs. The returns are expected to heighten the risk of morbidity and mortality. In a worst-case scenario, an estimated 35,069 pregnant women, will require maternal and reproductive health services including skilled midwifery care and access to emergency obstetric and newborn services through referral to secondary and tertiary facilities.

There is a need to strengthen *outbreak preparedness (early warning, alert detection) and response capacities*, especially for diseases with outbreak potential, including but not limited to acute watery diarrhoea with dehydration, and acute respiratory tract infection, COVID-19, and Dengue fever.

Afghans returning home will also need access to *reproductive health services* including skilled Ante and Postnatal Care (ANC/PNC) services, assisted delivery services, counselling, and referrals for complicated delivery. *Referral pathways and services*, including ambulance services to link returnees and the displacement affected communities with secondary healthcare services within their catchment areas, will need improvement, in line with the Essential Package of Hospital Services (EPHS). This is critical, particularly for returnee women (and for displacement affected communities) with complications in pregnancies, labour, and delivery as well as for children and adults with medical emergencies and victims of trauma incidents. To adequately meet healthcare needs of the returnees and the displacement affected communities, the *healthcare workforce* in AoR will need to be strengthened to cope with the influx of returnees.

47.72 percent of the population suffers from psychosocial stress and distress; 24.30 per cent of this experience impaired quality of work, including 11.5 per cent of children who are impaired in their daily roles by a mental health problem. Only 11.57 percent of people seek professional care for *mental health* problems. These statistics are expected to rise further in areas of return due to the mental and psychological trauma and stress of the repatriation process.

Many health facilities report acute and chronic *shortage of human resources especially female health workers, essential and basic medicines, supplies, consumable, equipment, furniture as well as rehabilitation of health facilities* for basic and essential health services. There is little to no capacity for local production. While efforts are being made to strengthen the capacity of the de facto Afghanistan Food and Drug Authority (AFDA)’s manufacturing capacity, given the exigencies of the current situation timely procurement of drugs and supplies and their last mile distribution to AoR will be a top priority.



There is also a high need to train and capacitate midwives with midwifery skills. Midwifery training initiatives address critical gaps in qualified birth attendants across the country and ensure that female patients have access to gender-sensitive care.

### Response required in areas of return

*Improving access to Integrated Primary Healthcare (PHC) services:* In line with Basic Package of Health Services (BPHS) the provision of *PHC services* is planned in AoR including health screening, consultation, immunization, and polio vaccination especially for under 5 children and pregnant and lactating mothers, psychosocial support for mental health, communicable diseases outbreak preparedness and response (including surveillance, case management), basic emergency care, and rehabilitation services. The package also includes *reproductive health services* as part of Reproductive, Maternal and Child Health (RMCH) care package. The expected 600,000 returnees under the most conservative scenario and with the set target of 80 per cent (480,000) the following activities are planned.

- Continue with the current support at the border corridor and shift the temporary health facilities (preferably MHTs) to the underserved areas.
- Provision of life saving medicines to 70 per cent (336,000) of the returnees who will benefit from the PHC services through BPHS
- 30 per cent (144,000) of the returnees living in underserved areas will be reached through 29 mobile health teams.
- Continue to operate emergency transport for timely referral of pregnancy related complications to secondary and tertiary hospitals.

The existing BPHS health facilities will be strengthened, and Community-based Health Hubs (CHH) will be established in high-risk districts within the areas of return (AoR) to provide a comprehensive, one-stop service package. This package includes outpatient consultations, disease surveillance, reproductive, maternal, neonatal, and child healthcare, including vaccination, health education, disease screening, as well as mental health and psychosocial support services (MHPSS).

*Improving access to essential secondary health care:* In line with Essential package of hospital services (EPHS), secondary healthcare system in returnees' catchment areas will be assisted to become displacement and culturally sensitive and linked with AoR through *referral services and mechanisms* including establishment/strengthening of the ambulance service capacity. Interventions will specially focus on emergency care including trauma services.

*Improved access to essential medicines and medical products:* Interventions are planned for timely procurement and distribution of medicines and supplies to support primary and secondary healthcare systems in catchment areas of returnees. SAM with medical complications will be referred to inpatient SAM treatment centers.

*Strengthening of the Health Workforce:* Activities are planned to meet the increased needs through hiring of new healthcare workers, using strategies for retention of existing staff, and capacity enhancement through training/re-training and mentorship. Gap of specialized health workforce, including female, will be filled by mobilizing the teams from different part of the country and by employing culturally appropriate innovative modalities.

*Strengthening disease surveillance:* implement Community-Based Event Surveillance (CBES) to systematically detect and report unusual health events within the community. Community Health Workers (CHWs) will be at the forefront of this initiative, identifying and reporting potential public health risks. Their role is crucial in collecting information on unusual occurrences, verifying these events, and communicating with appropriate health authorities to initiate timely interventions. This approach ensures that even in areas with limited healthcare access, potential health threats are identified and addressed promptly.



*Scale up the indicator-based surveillance (IBS):* expansion of surveillance sentinel sites by 25 in area of returns to detect and report the weekly data for 17 priority diseases from the health facilities using the indicator-based surveillance to better understand and monitor the trend of communicable diseases among the returnees.

*Deployment of surveillance support teams (SSTs):* 25 Surveillance Support Teams (SSTs) will be deployed in the priority areas of return to support the early detection, investigation, and rapid response to the outbreaks of priority infectious disease, including AWD with dehydration, measles, CCHF, pneumonia, and dengue fever. Each SST is composed of 2 members: one epi focal point supporting the infectious disease outbreak investigation and response and the other is a lab focal point collecting, packing, and shipping the samples to the laboratory for outbreak confirmation.

*Provision of the laboratory reagents and case management kits:* to support the response to the potential outbreaks of infectious diseases.

*Deploy community-based health interventions:* This will include risk communication and community engagement to ensure health inclusion and promotion, and access for returnees and displacement affected communities. Training of Community Health workers for event-based surveillance and alert detection, and investigation, and response will be carried out.

*Strengthening access to integrated primary healthcare services in underserved areas in high-risk district:* building on existing Community Resource Centers (CRC), Community-based Health Hubs (CHH) will provide a comprehensive, one-stop service package to vulnerable people including IDPs, returnees and displacement affected communities. This package includes outpatient consultations, disease surveillance, reproductive, maternal, neonatal, and child healthcare, including nutrition and routine vaccination, health education, disease screening, as well as mental health and psychosocial support services (MHPSS).

*Provision of Midwifery Programmes:* There is also a high need to train and capacitate midwives with midwifery skills. Midwifery training initiatives address critical gaps in qualified birth attendants across the country and ensure that female patients have access to gender-sensitive care.

*Operationalization of health facilities in priority areas of return:* Some previously constructed health facilities need rehabilitation in terms of equipment, furniture, etc. It was also observed that due to the increased number of returnees to the priority areas, the health facilities need additional equipment to make them fully operationalized and functioning.

### Financial requirements (indicative):

*Table 4 Costing of Reintegration Response in AoR: Health Sector Budget*

Activity Description	Unit	Target Population	Budget (US\$, 9 months) April-Dec 2025	Remarks
Primary health care (BPHS)				

Activity Description	Unit	Target Population	Budget (US\$, 9 months) April-Dec 2025	Remarks
Integrated PHC services (including reproductive health and nutrition, immunization including polio, basic MHPSS, and WASH interventions through existing facilities)	36	407,875	11,012,625	
<b>Midwifery programme training</b>	1	500	1,650,000	500 beneficiaries to be trained
Operationalization of health facilities in priority areas for return (includes equipment)	1	25	5,775,000	25 health facilities to be operationalized
<b>Reproductive health services through Family Health Houses (FHH)</b>	60	81,575	3,670,875	
New facilities (construction, renovation, and installation of connexes)	36.3	305,906	8,328,298	Connexus with 15yrs life span
<b>Sub-total 1</b>			<b>30436798</b>	
<b>Strengthening referral pathways, systems. essential and secondary healthcare</b>				
In-patient management of SAM with medical complications	120	4,834	435,060	
Strengthen ambulance support services	25	12,480	234,000	Deployment of 25 Ambulance support team
Capacity building for health workers for patient safety and healthcare quality	700	160	84,000	
Early warning, disease surveillance, alert investigation, and response	3.02	40,000	90,600	
<b>Sub-total 2</b>			<b>843,660</b>	
Deploy essential medicines, medical products, supplies, and consumables				
General supplies-Improving access to timely, quality, and safe medicines, supplies, and consumable (general supplies)	3	407,875	917,719	
Trauma and Emergency Surgery Kits (TESK) Procurement	1650	500	618,750	For HFs to support returnees & host communities
Nutritional supplies for in-patient management of SAM	100	32,224	2,416,800	Supplies for under 5 years of age and 5 per cent SAM rate)

Activity Description	Unit	Target Population	Budget (US\$, 9 months) April-Dec 2025	Remarks
Midwifery supplies, drugs and medicines	100	35,060	2,629,500	
Supplies for communicable and non- communicable disease interventions (medicines and consumables)	1.095	122,363	100,490	
Essential supplies and consumables for secondary care Health Facilities	18.8	61,181	862,656	Support 16 hospitals
PHC Kits	89	25,000	1,668,750	25kits/50 HF for 20m
<b>Sub-total 3</b>			<b>9,214,665</b>	
<b>Community-based healthcare interventions</b>				
Providing integrated primary healthcare services to vulnerable populations in underserved areas within high-risk districts of the AoR.	36	244,725	6,607,575	Community-based Health Hubs (CHH) will provide a comprehensive, one-stop service package.
Risk Communication and Community Engagement (RCCE)	0.56	244,725	102,785	
Capacity building for community health workers (CHWs)	2.5	40,000	75,000	CHW training event-based surveillance (EBS)
RCCE/EBS through limited outreach and screening teams in areas of return and key congregation points	0.56	244,725	102,785	
<b>Sub-total 4</b>			<b>6,888,144</b>	
<b>Operational costs (7 per cent)</b>			<b>3,316,829</b>	
<b>HEALTH SECTOR BUDGET</b>			<b>50,700,096</b>	

## 1.4 NUTRITION



*A WFP border response provides fortified biscuits to forced returnees from Pakistan in Nangarhar, November 2023. Photo: WFP*

### Introduction

Malnutrition persists in Afghanistan due to food shortages, drought, disease and sub-optimal infant and young child feeding practices. In 2022, 45 per cent of Afghan children aged 6-59 months were too short for their age (stunting). The underlying factors include the age of the child, geographical location, maternal education level, household economic status, and diarrhoea. Children in rural areas of the country, particularly those whose mothers had low levels of education, are often shorter for their age than expected. Older children, aged 25–36 months, were at greater risk of being stunted. Most alarming, 10.3 per cent of under-5-year-old children are wasted, including those suffering from nutritional oedema, who are also exposed to elevated risks of morbidity and mortality while 45 per cent of children 6-59 months suffer from anaemia. For five consecutive years, nearly three million children under the age of five have been consistently affected by acute malnutrition each year. This includes 3.1 million in 2021, 3.9 million in 2022, 3.2 million in 2023, and 2.9 million in 2024. The crisis is set to worsen significantly in 2025, with projections suggesting an increase to 3.5 million children, including 867,308 affected by Severe Acute Malnutrition, around 600,000 from High-Risk forms of Moderate Acute Malnutrition and 2 million affected by early Moderate Acute Malnutrition. Failing to address nutritional needs would result in a significant rise in child mortality. Malnutrition is a leading cause of death among children under five, with those suffering from Severe Acute Malnutrition (SAM) facing a twelvefold increased risk of death, and those with Moderate Acute Malnutrition (MAM) facing a threefold increase compared to well-nourished children.

### Needs identified

Children under five years old constitute 16.2 per cent of the returnee population, with approximately 80-90 per cent requiring nutrition interventions while around 5 per cent will need life-saving services.

This includes screening for malnutrition, counselling for pregnant and breastfeeding mothers, and providing micronutrient supplements, vitamin A, and deworming pills for children aged 6-59 months. Furthermore, around 5-10 per cent may need in-patient care, which is available at referral sites near the border. To address these needs, nutrition services have expanded beyond health facilities. Initially, only 30 per cent of U5 children were reached through health facility-based services. With the deployment of additional community-level screening staff, coverage has increased to nearly 85-90 per cent, significantly improving access to critical nutrition support for children in this vulnerable population.

The response for returnees is closely overseen by dedicated nutrition technical extenders in UN agencies and NGOs specialising in nutrition programmes, they pay regular visits from the response site.

### Response required in areas of return

*Package of Nutrition Services:* The nutrition services that will be offered as part of the reintegration in areas of return will include:

- *Mobile Health and Nutrition Teams (MHNTs):* Deployment of MHNTs to remote areas to deliver integrated health and nutrition services, including screening, treatment of acute malnutrition, MIYCN counselling and referral services.
- *Screening and active case finding:* Systematic screening of children under five and pregnant and breastfeeding women (PBW) and immediate referral of acute malnutrition cases to the nearest nutrition treatment facility.
- *Treatment of acute malnutrition among children <5 and PBW:* Provision of treatment of children under-five and PBW with acute malnutrition in line with national protocols.
- *Maternal, Infant and Young Child Nutrition (MIYCN) Counselling:* Provide individual and group MIYCN counselling for caregivers of children aged 0–23 months, including practical food demonstrations and tailored messages on appropriate breastfeeding and complementary feeding.
- *Monitoring Breast Milk Substitutes (BMS) and code adherence:* Monitor the use, distribution and promotion of breast milk substitutes (BMS) to prevent inappropriate practices and ensure adherence to the International Code of Marketing of BMS and take corrective actions where violations are identified.
- *Community sensitization and awareness raising:* Conduct regular community-level sessions to promote awareness of the signs of malnutrition, the importance of early screening and treatment and the availability of nutrition services.
- *Procurement and delivery* of nutrition treatment supplies and anthropometric equipment
- *Procurement and delivery* of nutrition supply for prevention (MMS, MNP, Vit-A)

### Financial requirements (indicative)

*Table 5 Costing of Reintegration Response in AoR: Nutrition Sector Budget*

Activity Description	Unit	Target Population	Cost Per Intervention Type (US\$)	Budget (US\$ 9 months) 1 April-31 Dec 2025
Screening of children under five with acute malnutrition	2.5	259,200	648,000	378,000
	148	1296	191,808	111,888



Activity Description	Unit	Target Population	Cost Per Intervention Type (US\$)	Budget (US\$ 9 months) 1 April-31 Dec 2025
Functional upgrading of In-patient management of SAM with medical complications through provision of IPD specific kits.				
Capacity of inpatient staff at the IPD-SAM	600	60	36,000	16,000
Procurement of RUTF for treatment of SAM and High-Risk MAM	70	19,440	1,341,360	843,696
Procurement and distribution of micronutrient supplements (MNP)	1.4	259,200	362,880	211,680
Procurement and distribution of Vit-A)	0.025	259,200	6,480	6,480
Procurement and distribution of MMS for pregnant women (4%)	0.69	64,000	44,160	15,456
Capacity Building of health workers (first line workers) on IMAM/IYCF-E	175	40	7,000	7,000
Supplementation of MAM children using RUSF	34	19480	662,320	386,353
Supplementation of Pregnant and lactating malnourished PLW	75	33945	2,545,875	1,485,094
<b>NUTRITION SECTOR BUDGET</b>				<b>3,461,647</b>

## 1.5 PROTECTION



Women from a DAC meeting for a counselling session at a mosque in Zargaran village, Bamyan. Photo: UNHCR

### Introduction

Considering the dissolution of many civil society organizations and community structures in AoR following years of conflict and displacement, it is of crucial importance to invest in communities and empower displaced and returnee populations to become agents of their own protection. Embedding protection work within the displacement affected communities, including returnees, will contribute to the sustainability of interventions and peaceful coexistence. At the same time, the absence of public services, safe public spaces or homes, and breakdown of social safety nets also requires the provision of targeted protection interventions, to ensure that the protection needs of returnee and populations in Displacement Affected Communities are addressed.

### Needs identified

Strengthening *community-based protection programmes* and *direct protection assistance* to at-risk populations will be key to ensure that vulnerable returnees, IDPs in return areas and those at risk in the Displacement Affected Communities, especially women and girls, have access to services, information, and assistance as well as to build community resilience. Strengthening the engagement of displacement affected communities is of key importance to rebuild community safety nets that have been weakened by years of displacement, the dire socio-economic situation and the degradation of the protection environment.

In addition, returnees face heightened protection risks due to their specific situation and the lack of public and social services provided by the state and communities. Women and girls are particularly impacted by targeted restrictions undermining their rights and freedoms. The challenges of forced displacement, exacerbated by the numerous gender restrictions now present in Afghan society,

render women returnees a particularly vulnerable group. This group faces heightened risk of being marginalized from accessing essential GBV, child protection and other protection services, livelihood opportunities, and support networks. Returnees with specific needs will require the provision of structured case management support, psychosocial support and strengthening of referral mechanisms to ensure protection risks are holistically addressed and to facilitate their access to solutions.

Data reveals alarming statistics regarding the mental health and well-being of returnees. An overwhelming 87 per cent of respondents reported experiencing stress that substantially impairs their daily functioning. Furthermore, concerning behavioral changes were noted among family members, with 88 per cent appearing sad, 50 per cent exhibiting changes in appetite and social withdrawal, 38 per cent displaying aggression, 25 per cent engaging in self-harm, and 13 per cent expressing suicidal thoughts<sup>15</sup>.

The lack of *civil documentation* among displaced populations, especially those in vulnerable situations or residing in remote areas, presents a significant barrier to their access to fundamental rights and essential social, protection, and humanitarian services, limiting potential for self-reliance, sustainable reintegration and social cohesion. Civil documentation is also an essential tool to claim and enjoy housing, land and property rights. This challenge is particularly acute in Afghanistan, where there are inconsistent practices in registering births, for example, leaving many Afghans without legal identity documents across multiple generations. Many returnees may lack essential civil documentation, including Tazkiras (official national identity document issued to nationals of Afghanistan) and birth certificates, resulting in difficulties verifying their identity and legal status upon return. According to Post-Return Monitoring Report (October-November 2023), led by the UN, 75 per cent of returnee households had at least one family member without Tazkira<sup>16</sup>. In 2024 less than half of the returnee women declared having a valid Tazkira. The barriers to women's registration at border points further limit their opportunity of getting valid administrative documentation.<sup>17</sup>

Afghan returnees face heightened risks of exploitation, abuse and trafficking, driven by economic instability and limited livelihood opportunities. In the absence of sustainable support, families often resort to harmful coping mechanisms, such as borrowing money, selling assets, skipping meals, child labour, and even early or forced marriages, particularly affecting women and children. For those seeking to migrate, the lack of safe, legal, and affordable pathways pushes many toward smugglers or traffickers, often financing their journeys through debt or selling assets. Traffickers exploit individuals by using informal networks and social media, misleading them by downplaying the dangers and overstating the benefits of migration. This deception leads many to unknowingly fall into trafficking situations marked by coercion, physical harm, and severe exploitation. These risks are not limited to the displacement and migration process but persist upon return, particularly for those burdened by debt, stigma, and exclusion<sup>18</sup>.

*Children* returning to Afghanistan face multiple challenges and discrimination including lack of access to education.<sup>19</sup> Children also face serious protection risks during perilous journeys, including physical threats, exploitation, hazardous labour, trafficking, sexual abuse, and family separation. Absence of economic opportunities in the area of return triggers unsafe movements to Iran and Pakistan. Longer-term reintegration of returnee children will require a strong focus on the psychological and social

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<sup>15</sup> Afghanistan National Mental Health Survey and Assessment 2018.

<sup>16</sup> <https://data.unhcr.org/fr/documents/details/112147>

<sup>17</sup> Gender Alert, July 2024.

<sup>18</sup> On File, IOM's Protection Monitoring Report, Q1-Q4 2024

<sup>19</sup> Save the Children, 'From Europe to Afghanistan: Experience of child returnees', <https://resourcecentre.savethechildren.net/pdf/sc-from-europe-to-afghanistan-screen-1610.pdf/>.

dimensions.<sup>20</sup> To ensure sustainable reintegration, coordinated efforts are urgently needed across sectors to provide tailored protection services, restore family and community support systems, and promote inclusive access to education and livelihoods. Lack of education opportunities for girls increases the risk of CEFM and GBV and efforts need to be tailored specifically to mitigate these risks for girls.

The returnee population is 80 per cent women and children as of the time of writing. 48 per cent of whom are *women and girls*, and 17 per cent are female heads of households. Most households across regions reported exposure to various risks including physical violence, harassment, threats, service denial, limited rights, discrimination, early marriage, and abuses. The uncertainty around their future in Afghanistan, combined with the dire conditions of return have also affected women and girls' mental health. The MRAT data found that in many returnee households, women are not allowed to work and cannot safely access markets, this may create challenges in women's access to livelihoods. Among returnees, women-headed households and widowed women living in male headed households are at higher risk of being excluded from social networks, limiting their access to services, aid, and hindering their social integration. In addition, cultural norms and the array of DFA-imposed restrictions on women's rights – including limitations on free movement and prohibitions on working in certain sectors – are severely restricting the ability of Afghan women to pursue employment opportunities or engage in income-generating activities.

Four decades of war have left Afghanistan with one of the world's largest estimated populations of *persons with disabilities* per capita. Assistance for Afghans with disabilities is scarce.

Afghanistan has one of the highest levels of *explosive ordnance* (EO) contamination in the world. Between January 2023 to March 2024, 821 casualties were reported to be caused by EO, and 81 per cent of those were children. EO survivors often are left with life-sustaining injuries, with limited access to opportunities. With over 40 years' worth of legacy of contamination, 1,196.6 square kilometres (sq km) or 1.19 million square meters (sqm) are Confirmed Hazardous Areas (CHAs), affecting mainly grazing land or open land which are assigned for settlement. To date, 70 per cent of Afghan returnees since September 2023 have settled in districts where explosive hazards exist. It is expected that 3.44 million Afghan's are already directly affected by EO contamination and at risk of being killed or injured by Explosive Remnants of War (ERWs) and mines. More than half of the country has still not undergone Technical or Non-Technical Survey (NTS) to ascertain levels of contamination to release safe land to civilians/communities for use. To consider aid interventions of any kind in Afghanistan, EO contamination must be ascertained for both the safety of the civilians themselves but also the humanitarian aid partners delivering life-saving services.

## Response required in areas of return

*General Protection interventions* will consider the following priorities, complementing the immediate assistance provided by humanitarian partners with medium- and longer-term interventions:

*Community-based protection interventions*<sup>21</sup> will include the expansion of community outreach programmes with male and female volunteers, facilitating returnees access to information and solutions interventions through mobile information desks, mobile radio stations, and basic counselling

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<sup>20</sup> Samuel Hall, 'War Child - Coming Back to Afghanistan: Study on Deported Minors' Return and Reintegration Needs in the Western Region', <https://www.samuelhall.org/publications/war-child-coming-back-to-afghanistan-study-on-deported-minors-return-and-reintegration-needs-in-the-western-region>.

<sup>21</sup> 60 per cent of the total target population (600,000 individuals) to be reached through community outreach, information desks, protection case management and complaints and feedback mechanisms, amounting to 386,400 women, men, girls and boys reached through these activities. IDP and host community members will be benefitting from the same activities

and psychological first aid; the expansion of community communication through audio and visual resources, including for complaints and feedback mechanisms; the establishment and/or expansion of static protection facilities (protection desks and women and girls safe spaces) and services. Focusing specifically on women and girls as well as supporting persons with disabilities and youth, interventions will also include community-led initiatives and support for community (including women-led) organizations.

*Direct protection assistance interventions* will strengthen dedicated protection case management programmes for persons at heightened risk and deploy mobile protection outreach teams for assistance to those who may lack access to existing static facilities, in addition to women and girls safe spaces. Cash for protection is delivered in the framework of case management activities (and through individual protection assistance). For specific cases, protection case management will be complemented by cash assistance, aiming to prevent, reduce, or alleviate exposure to protection risks, or minimize the impact of risks.

*MHPSS interventions*<sup>22</sup> will include the Psychological first aid and MHPSS awareness session to individual under psychological stress in the transition centres. The MHPSS individual, group counselling, psychoeducation, and specialized services will be provided to individual in need of psychosocial support. Additionally capacity building training will provide MHPSS counsellors on basic MHPSS support to returnees and others equally vulnerable in the Displacement Affected Communities and PFA training to frontline workers. Will include psychological first aid and mental health awareness sessions to individuals experiencing psychological distress as they settle in the Areas of Return. In response to the growing needs of returnees, individual and group counselling, psychoeducation, and referrals to specialized services for those requiring additional mental Health and psychosocial support will be provided. Recognizing the importance of sustainable mental health care, the protection assistance will also focus on building the capacity of MHPSS counsellors through targeted training on foundational mental health and psychosocial support in AoR. Additionally, frontline workers stationed at AoR will be equipped with Psychological First Aid (PFA) training, enabling them to respond with sensitivity and care during critical moments of distress.

*Legal assistance services*<sup>23</sup> will seek to strengthen awareness relating to the importance of civil documentation to enjoy rights, including housing, land and property rights, access services and increase self-reliance (also see the chapter on Housing and Land). Awareness activities will also provide concrete and context-specific information regarding procedures in order to access civil documentation. For individuals in need of tailored support, legal counseling and legal representation will be facilitated. In this context, referrals will be possible to legal aid to provide cash assistance covering administrative and transportation fees linked to obtaining civil documentation.

To identify protection needs and risks of returnees for strategic decision-making and programming, *protection monitoring*<sup>24</sup> will be rolled out using established protection monitoring tools, including household assessments, key informant interviews as well as focus group discussions and community communication channels to mitigate the risk of selection biases or exclusion.

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<sup>22</sup> According to the World Health Organization (WHO), it is estimated that one in five people or around 20 per cent of individuals in situations of displacement and conflict suffer from mental health and psychosocial problems. Based on this understanding, the total population approximately 128,896 will need MHPSS services.

<sup>23</sup> According to UNHCR return and border monitoring data, approximately 60% of returnees, considering the total targeted population of 600,000 persons, have expressed the need to seek legal assistance services to facilitate their access to civil documentation. This translates to a total of approximately 386,691 individuals in addition to 106,339 children aged under 5 who may require birth certificates.

<sup>24</sup> It is expected that protection monitoring should cover at least 60 percent of the total target population of 600,000, with the selection of households, key informants and focus group participants aiming for equal distribution between male and female participants. IDPs and host community members in the area will also be included in the assessment.



*Persons with disabilities*<sup>25</sup> will be provided with strengthened specialized assistance and inclusion efforts. The IASC Guidelines on Disability Inclusion “must do” actions (MDAs) on meaningful participation, the identification and removal of barriers, empowerment, and capacity development of persons with disabilities and humanitarian stakeholders, and the collection of disaggregated data will be streamlined across all interventions. Training on disability inclusion and the Washington Group Set of Questions for partners will further strengthen interventions.

*Child protection* interventions will include individual case management to children in need of specialised services and the establishment of community-based child-friendly spaces (CFS) for the provision of age-appropriate activities including PSS and services, as well as the promotion of knowledge, referral to specialized services and awareness among families and caregivers on child rights violations and risks, and the prevention of harmful coping mechanisms. These interventions aim not only to respond to immediate protection needs but also to strengthen community-based child protection systems and build resilience among children and families in high-risk settings.

*Protection of women and girls*<sup>26</sup> It’s critical to provide GBV life-saving multi-sectoral services (medical, safety, case management and legal), individual and group psychosocial support, distribution of dignity kits and information sessions on available services and timely reporting of GBV cases, including strengthening referrals to existing services. Establishment of additional mental health and psychosocial support facilities as well as support through women led organizations and by women to women service delivery points. Returnee women, together with community women in Displacement Affected Communities, will also receive essential services, including health and livelihood opportunities based on vulnerability and needs assessments. Additional women safe spaces will be established and/or expanded in AoR for women to access multi-sectoral services. Moreover, awareness raising and community engagement on rights of women and girls as well as facilitated community dialogues in targeted districts to improve women and girls’ access to services and participation as well as information on PSS and multi-sectoral participation will be focused. Community dialogues including men, boys and community leaders will be held to discuss women’s participation, map barriers to access and enable women’s safe access to services and livelihood opportunities leading to their economic empowerment.

Lastly, *Mine Action*<sup>27</sup> interventions will include the delivery of Explosive Ordnance Risk Education (EORE) as well as the survey and clearance of priority Confirmed Hazardous Areas (CHAs) with known Explosive Ordnance (EO) contamination areas amongst areas with high rates of returnee populations. Support to survivors of Explosive Ordnance (EO) through Emergency Victim Assistance (EVA) through cash initiatives will be distributed, while Quick Response Teams (QRTs) will respond to reported EO identified by civilians through the national Hotline system to safely remove and dispose of Explosive Remnants of War (ERWs) and reported mines.

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<sup>25</sup> The target audience are partners, organizations of persons with disabilities and other stakeholders that are responding to the needs of returnees and host communities in key return areas.

<sup>26</sup> The activities should reach 320,000 women and girls and 100,000 men and boys.

<sup>27</sup> The activities should reach 185,612 women and girls and 201,078 men and boys.

## Financial requirements (indicative)

Table 6 Costing of Reintegration Response in AoR: Protection Sector Budget

Activity Description	Unit Cost (US\$)	Target Population	Budget Total (US\$, 9 Months) 1 Apr-31 Dec 2025
<b>General Protection (including Community-Based Protection) -</b>			
# people reached through complaints and feedback mechanisms	5 USD	60 per cent (360,000)	1,800,000
# people covered and/or assisted with a protection response through community-based protection activities (outreach volunteers, information desks, etc.)	10 USD	60 per cent (360,000)	3,600,000
# of persons reached with awareness activities	5 USD	60 per cent (360,000)	1,800,000
# of people supported through protection case management	75 USD	25,000	1,875,000
# individuals assisted with cash as part of protection case management	250 USD	15,000	3,750,000
# of staff trained on core concepts, referrals, case management	Lumpsum	800	136,000
# of staff trained on protection mainstreaming	Lumpsum	800	136,000
<b>Total</b>			<b>13,098,000</b>
<b>Operational costs (10 per cent)</b>			<b>1,309,800</b>
<b>BUDGET SUB-TOTAL</b>			<b>14,407,800</b>
<b>MHPSS</b>			
MHPSS activities	20	120000	2,400,000
<b>Total</b>			<b>2,400,000</b>
<b>Operational costs (10 per cent)</b>			<b>240,000</b>
<b>BUDGET SUB-TOTAL</b>			<b>2,640,000</b>
<b>Legal Assistance and Civil Documentation</b>			
Facilitation of legal awareness and legal counselling sessions, including provision of legal representation on a need-basis	21	200,000	4,200,000
Provision of legal aid (cash assistance for civil documentation)	27	70,000	1,890,000
<b>Total</b>		270,000	<b>6,090,000</b>
<b>Operational costs (10 per cent)</b>			<b>609,000</b>
<b>BUDGET SUB-TOTAL</b>			<b>6,699,000</b>
<b>Protection Monitoring – UNHCR</b>			
# people covered and/or assisted with a protection response through protection monitoring	10	160,000	1,600,000
<b>Total</b>			<b>1,600,000</b>
<b>Operational costs (10 per cent)</b>			<b>160,000</b>
<b>BUDGET SUB-TOTAL</b>			<b>1,760,000</b>

Activity Description	Unit Cost (US\$)	Target Population	Budget Total (US\$, 9 Months) 1 Apr-31 Dec 2025
<b>Persons with Disabilities - DIWG</b>			
Trainings on Inclusive Humanitarian Action (IASC Guidelines) - # staff trained	20	1,000	<b>20,800</b>
Strengthening capacity of OPDs and persons with disabilities in the humanitarian sector - # persons trained	20	200	<b>4,160</b>
Trainings on Washington Group Set of Questions - # staff trained	20	200	<b>4,160</b>
Awareness on inclusive humanitarian action among community members	5	1,000	<b>5,200</b>
Printing of IEC materials (lumpsum)			<b>10,000</b>
<b>Total</b>			<b>44,320</b>
<b>Operational costs (10 per cent)</b>			<b>4,432</b>
<b>BUDGET SUB-TOTAL</b>			<b>48,750</b>
<b>Child Protection</b>			
Establishment and operation of CFS	30	100,000	3,000,000.00
Case management	75	5000	375,000.00
<b>Total</b>			3,375,000.00
<b>Operational cost</b>			<b>337,530.00</b>
<b>BUDGET SUB Total</b>			<b>3,712,500.00</b>
<b>GBV/Women Protection</b>			
Establishment and operation of MPWCs and other safe spaces in 5 provinces (up to 7 spaces) for essential services	80,000	7	560,000
Mental Health and Psychosocial Support	25	15% (75,000)	1,875,000
Cash assistance	200	5% (15,000)	3,000,000
Awareness raising and community mobilization including mahram	5	38% (228,000)	1,140,000
GBV multi-sectoral lifesaving services (medical, safety, legal & case management) & referrals	30	15% (45,000)	1,350,000
Distribution of dignity kits to women and girls	48	8% (24,000)	1,150,000
<b>Total</b>			<b>9,075,000</b>
<b>Operational costs (10 per cent)</b>			<b>907,500</b>
<b>BUDGET SUB-TOTAL</b>			<b>9,982,500</b>
<b>Mine Action</b>			
Battle Area Clearance/Manual Mine Clearance (BAC/MMC) of Confirmed Hazardous Areas (CHAs) in areas of high returnee populations.	16,542.48	30% (180,000)	297,765
Non-Technical Survey (NTS) of Suspected Hazardous Areas (SHAs) in districts with high returnee populations	4,698.33	30% (180,000)	169,140

Activity Description	Unit Cost (US\$)	Target Population	Budget Total (US\$, 9 Months) 1 Apr-31 Dec 2025
Explosive Ordnance Risk Education (EORE) amongst at-risk returnee populations in districts of high returnee populations	2,347.50	30% (180,000)	84,510
Explosive Ordnance Disposal (EOD) Hotline spot tasks through Quick Response Teams (QRTs)	4,951.58	30% (180,000)	178,257
<b>Total</b>			<b>8,389,672</b>
<b>Operational costs (10 per cent)</b>			<b>838,967</b>
<b>BUDGET SUB-TOTAL</b>			<b>9,228,639</b>
<b>PROTECTION SECTOR BUDGET</b>			<b>48,479,189</b>

## 2. ECONOMIC OPPORTUNITIES, DECENT JOBS, AND RESILIENT LIVELIHOODS



*Women weaving gabion, Pashtoon Kot District, Faryab Province. Photo: FAO & NAC*

### Introduction

The lack of sustainable livelihoods is a fundamental issue in Afghanistan, underpinning much of the humanitarian need. This section outlines a strategy for investment in sustainable and resilient livelihood options—supported by in-demand skills, business development, value chains, markets, and community assets—to mitigate potential negative impacts of return and foster self-reliance and economic resilience among returnees and host community members.

## Needs identified

Returnees from Pakistan are re-entering an economy characterized by extreme unemployment levels and subsistence insecurity affecting 69 per cent of the population. The economic downturn has disproportionately affected women, with female employment decreasing by 25 per cent since the crisis began, while male employment has fallen by 7 per cent. With 63 per cent of Afghanistan's population estimated to be under the age of 25 and 61 per cent of nearly one million returnees under 18, a high youth unemployment rate especially among young women, there is need to prioritize women and youth in the inclusive livelihoods responses.

Most returnees arriving from Pakistan since September 2023 were engaged in low-skill manual labour outside the agriculture sector while in Pakistan. Upon return, smooth integration in the return area followed by securing jobs is a primary need, with 90 per cent having no income sources secured. The influx of jobseekers and high dependency rates among returnee families are exacerbating the already saturated labour market, increasing unemployment and heightening competition with economically vulnerable host communities, raising potential conflict risks. There is a marginally higher presence of semi-skilled professionals among the returnees, likely due to a better educational background, which could be beneficial for community resilience initiatives.

The need for livelihoods among target populations is closely tied to the need for investment in skills aligned to market needs, micro-enterprise options for self-employment, scaling existing Micro, Small and Medium Enterprises (MSMEs) for job creation, supporting sustainable value chains, and developing productive community assets and infrastructure. Given the presence of semi-skilled professionals, a response that seeks to increase the returnees' access to the labour market will also be necessary.

## Response required in areas of return

To meet the needs of returnees and their households, while mitigating potential social cohesion challenges resulting from job competition, the response will strengthen the absorption capacity of local labour markets by providing: i) access to immediate jobs and livelihood support for returnees and most vulnerable households in the displacement affected communities, ii) sustainable livelihood and decent work options for returnees and unemployed host community members, iii) productive community assets/infrastructure for decent job creation within sustainable value chains, iv) sustainable alternative livelihood opportunities through vocational skills training and income generating activities; and, v) social cohesion through Community Kitchens (CK) providing livelihoods for target groups and an ecosystem of supporting food production businesses.

*Immediate Jobs and Livelihoods (i):* Returnees are arriving with few income generation options. To mitigate the potential for economic instability from labour market oversaturation, immediate income generation opportunities for returnees that contribute to creating and sustaining productive infrastructure/community assets (cash-for-work, light food assistance for assets, and Temporary Basic Income) will be accompanied by job retention schemes for host community members. All immediate jobs and livelihood support will be linked to the development of sustainable livelihood solutions for IDPs, detailed below. Facilitating cash for work employment at sites of historic and/or functional significance, i.e., rehabilitation of Karez in favor of accessibility to a source of water for all, restoration of cultural heritage monuments and sites and the cultural industries (such as handicrafts production) that assist with finding roots and commonalities at different levels of society.

*Sustainable livelihoods generation and productive infrastructure (ii and iii):* The majority of planned investments will create livelihoods for returnees and host communities sustained by market demands across the prioritized districts, combining support for skill development for returnees and microenterprise establishment with MSME scale-up and requisite community assets for value chain



development. Advancing women's economic empowerment will guide all activities, supported by gender-sensitive market analysis. To achieve this, interventions will focus on:

- Aligning the skills of returnees and marginalised segments of the displacement affected communities with market demands through technical and vocational education and training (TVET) and on-the-job training, prioritising apprenticeships complemented with start-up packages and postgraduate toolkits to ensure ongoing income generation.
- Psychosocial support will additionally be provided to women as part of training and education packages.
- Basic literacy and numeracy training, and providing opportunities, training on financial inclusion will be prioritised mainly focusing on most vulnerable returnees and women and youths from the displacement affected communities.
- Facilitating access to the labour market for semi and skilled returnees by, among other things, providing job market information, holding jobs/recruitment fairs, coaching the returnees and working and collaborating with medium sized companies seeking to employ the skilled returnees.
- Building local capacity in entrepreneurship, enterprise development, value addition (marketing, branding, ISO certification), and the promotion of decent work within enterprises, with a focus on digitally enabled enterprise.
- Providing business development grants to MSMEs contingent upon job creation and retention commitments in business plans, specifically targeting the employment and retention of returnees, internally displaced persons, and marginalised members of the displacement affected communities.
- Women-led enterprises and those enterprises that can commit to providing jobs to women returnees will be prioritised in selection of grants.
- Supporting agriculture-based livelihoods through the provision of high-quality inputs and capacity building in wheat and other crop cultivation, vegetable cultivation, nursery raising, and semi-commercial poultry production. Enhancing post-harvest value chains for horticulture, cash crops, and other suitable crops in target areas.
- Climate-smart agricultural initiatives for women that do not require access to land - such as kitchen gardens/home gardening, beekeeping, mushroom cultivation, livestock support, including restocking (small and large ruminants), poultry, dairy processing, food/vegetable processing (jam/pickle making) - will deliver income and yield nutritional benefits.
- Provide business training and promote market linkages for processing initiatives, while exploring opportunities to link these efforts with microfinance and support through matching grants where possible.
- Offer business development support to private sector entities willing to act as off-takers for value chains, such as dairy, by ensuring that collection depots are strategically located closer to smallholder farmers.
- Facilitating inclusive access to finance for enterprise and income generation, such as loans and rotating savings and credit associations (ROSCAs), savings groups, and through formal financial services (banks and digital wallets) for targeted producers and MSMEs.
- Building Community Kitchens (CK) that provide livelihoods for mixed groups of returnees, IDPs and host community members and an ecosystem of supporting food production businesses, while also providing food for 100 vulnerable members per CK from the displacement affected communities and building social cohesion.
- Developing the community-based infrastructure and assets essential for sustainable livelihood opportunities, enterprise and value chains, harness cash-for-work activities for labour-intensive projects.
- Establishing community-based business development centres to facilitate the networking and the efficient delivery of capacity development, training, and education. Specialised

centres for women will provide much needed safe spaces and hubs for women's economic empowerment.

- Investing in natural ecosystem services to support ecosystem-based and climate-smart interventions integrated with infrastructure development tailored to district needs, such as; solar greenhouses for livelihoods in production in high-value horticulture to support community kitchens ecosystems; sustainable water management systems and rangeland watershed management that facilitate access to water and sustainable agricultural activities; afforestation for agroforestry livelihoods in orcharding, and beekeeping; riverbank protection works, and repair of *kareze* (traditional irrigation channels); or access roads to support agricultural livelihoods and market access.
- Establishing urban productive infrastructure and implement disaster risk reduction infrastructure such as irrigation system rehabilitation, canal clearing, and flood defences to prevent secondary displacements and enhance resilience of business and along market access routes.
- Providing renewable energy as part of business planning and community development planning to enable business growth and market connectivity.

The target population to receive support for employment or a sustainable livelihood option is 65 per cent of the total target population for the response. Of total target population, the response would generate a sustainable livelihood option - i.e. long-term employment supported by the market - for 8 per cent of the overall target population, 54,000 returnees and vulnerable households from displacement affected communities.

### Financial requirements (indicative)

*Table 7 Costing of Reintegration Response in AoR: Economic Opportunities, Decent Jobs, Resilient Livelihoods Sector Budget*

Intervention type	Unit	Unit Cost	Total Direct Beneficiary Pop	Total Cost Across Districts (US\$ 9 months) April-Dec 2025
<b>Immediate Reintegration Cash Support</b>				
Reintegration cash grant	9 months cash support for households	700	26,733	18,713,205
Total Immediate Reintegration Cash Support			26,733	18,713,205
<b>Employment/Job Creation</b>				
Cash for Work, Other short-term employment support	22 days employment	292	44,033	12,842,959
Cash for Work, other short-term employment support for Women-headed household	months	1,200	1,575	270,000
Job Retention Schemes	Job retention for 6 months	500	11,250	5,625,000
Food Assistance for training	Number of individuals trained	1,800	2,250	4,050,000

Intervention type	Unit	Unit Cost	Total Direct Beneficiary Pop	Total Cost Across Districts (US\$ 9 months) April-Dec 2025
Job placements for semi-skilled and skilled returnees	6-month work in total	3,300	225	742,500
TVET, including apprenticeships	Training programme per person	1,800	11,250	20,250,000
MSME Development and entrepreneurship	MSME supported	1,060	9,675	10,260,000
Women-led MSMEs supported for establishment/expansion	MSME supported	1,800	225	405,000
Market access for Women Entrepreneurs	Women businesses supported	10,000	675	67,500
Agriculture value chain integration support	HH supported	612	96,390	8,433,000
Women-headed households supported with climate smart agriculture/agri-businesses	HH supported	1,200	1,575	270,000
Women-led agro-business associations established and supported	Associations supported	11,600	2,500	261,000
Establishing community savings groups/ROSCA/access to finance	ROSCAs/savings groups established and supported	1,000	18,000	1,125,000
Establishment of Village Savings and Lending Groups	# of groups established	11,000	450	247,500
Community Kitchen Establishment	Kitchen	54,000	1,800	6,075,000
Watershed management for climate resilience	Hectares of land rehabilitated	1,500	4,725	1,012,500
<i>Total population for employment/job creation</i>		102,665	206,598	71,936,959
<b>Infrastructure and community assets</b>				
Solar Greenhouses including Greenhouses for WEE	Greenhouses	14,000	25,313	708,750
Restoration of irrigation	Restored irrigation system	145,000	877,500	6,525,000
On farm water management scheme	On farm water management system	216,000	53,550	4,860,000
Support surface water harvesting initiatives such as check dams and kariz rehabilitation to improve recharge of underground water sources to benefit returnees in AOR for use in agricultural support and livestock.	agricultural water assets	120000	42000	5,040,000

Intervention type	Unit	Unit Cost	Total Direct Beneficiary Pop	Total Cost Across Districts (US\$ 9 months) April-Dec 2025
Road Rehabilitation (Gravelling including Culvert)	Km of road rehabilitated (per each district)	200,000	117,810	8,415,000
Rehabilitation of irrigation canals	rehabilitation of irrigation canals	216,000	975,000	3,888,000
Solarisation street lighting along market access routs	per kilometer	40,000	63,000	900,000
Flood protection Walls around productive assets and villages	Meters of Flood Protection Wall constructed	260,000	59,500	1,575,000
Marketplace rehabilitation and solarisation/community business centre development	Common Market Place Area/business development centre	200,000	225	450,000
Women business centres	per centre	46,000	1,125	1,035,000
<i>Total for infrastructure/community assets</i>		<b>1,457,000</b>	<b>2,215,023</b>	<b>33,396,750</b>
<b>ECONOMIC OPPORTUNITIES, DECENT JOBS, AND RESILIENT LIVELIHOODS TOTAL BUDGET</b>				<b>124,046,914</b>

### 3. HOUSING AND LAND



*Displaced women flagging risks of living in informal settlements during a PHVCA in Kabul. Photo: UN Habitat*

#### Introduction

Access to housing and land rights is a fundamental requirement for Afghans returning from Pakistan. It also provides the foundation for cross-sector reintegration efforts, ranging from the protection of women and girls to improved socioeconomic development. Consequently, returnee needs assessments have consistently flagged access to housing and land as a priority concern, including intention surveys at the border, MRAT in Areas of Return, as well as other targeted assessments in places of high return.

In this context, the high number of returnees is driving unprecedented demand for housing and land in provinces of high return. In Kunduz, for example, returnees account for around 20 per cent of the province's 1 million population, driving demand in an area where institutional and partner capacity to provide housing and land has been degraded by decades of conflict.

In this section, the key housing and land needs of the returnees and their communities are identified. The response plan of housing and land partners is then outlined, before a detailed breakdown of the activities, target population and financial ask is provided.

#### Needs identified

Returnees face numerous challenges accessing adequate housing and land. Key issues impacting returnees and their communities include:



- *Damaged/destroyed housing:* A primary issue is that, after prolonged absence, returnees often find their homes and land damaged or destroyed. Other significant challenges include:
- *Secondary occupation:* Returnees' land and housing occupied by others.
- *Unclear boundaries:* Ambiguous distinctions between public and private land, and lack of physical plot boundaries (e.g., walls or markers), leading to conflicts over demarcation.
- *Complex ownership issues:* Years of acquisitions, transactions, subdivisions, inheritance laws, and changes in ownership complicate land and housing claims, fuelling disputes.
- *Weak institutional capacity:* Limited coverage and unclear regulations on ownership and occupancy for returnee households.
- *Weak occupancy claims of returnees:* lost documentation for previously owned houses and ownership, and lack of governmental clarity on institutional processes to claim back these.

*Regulatory barriers: weak legalities of land and housing ownership for women:* Women-headed households less frequently inherit or purchase property, which relates to gender-based restrictions in control over land, and the more vulnerable economic situation of women generally. This would pose a challenge for Female head of household returnees.

Housing and land challenges result in frequent land conflicts and associated tenure insecurity in areas of return. Vulnerable households are at particular risk of losing their housing and land in these contexts. In addition, investment in housing improvements and access to essential services such as WASH and community infrastructure is restricted in such contexts, which in turn perpetuates vulnerability and poverty among returnees and in their communities. Land conflicts also present challenges to strengthening community cohesion for successful, long-term reintegration.

Informal settlements in the eastern region are emerging as key destinations for some returnees, presenting particular housing and land challenges. Many low-income migrants resided in informal settlements before moving to Pakistan for economic opportunities and are now returning to these communities. In Jalalabad, for instance, approximately 10 per cent of informal settlement residents are recent returnees from Pakistan. Returnees unable to return to or remain in their places of origin often settle in informal settlements for affordable accommodation and access to livelihoods or humanitarian services. These settlements are frequently deemed "illegal" land encroachments by authorities, leaving residents vulnerable to severe tenure insecurity and frequent and unpredictable evictions. In this context, housing investments are minimal.

An important emerging opportunity is land allocation mechanisms. The De Facto Authorities (DFA) have started to allocate land and housing support to returnees in high-return areas. Returnees require assistance to access these schemes equitably, including settlement planning services, land documentation, and housing support, to facilitate reintegration.

Gender and climate are cross cutting areas that impact access to housing and land. Gender inequality in land and housing access is profound, intensified by the rollback of women's rights and ambiguous legal protections in the current context, with less than 5 per cent of land tenure documents including women's names. More specifically, with the change of the government, the inheritance laws for women rely on the Shari'aa laws, which requires unpacking and further research on its implication. Climate vulnerability is closely tied to insecure land tenure, placing returnees at higher risk due to restricted enhancements in resilience-related infrastructure. This affects women disproportionately due to the roles in domestic labour and childcare, which increase during times of climate shocks.

## Response required in areas of return

To achieve durable solutions, partners will implement integrated housing and land interventions through an area-based and protection-centered approach in high-return areas. These activities will target returnees, IDPs (if any) and their host communities, using community-centered approaches to foster social cohesion and successful reintegration in the area. Housing and land partners will coordinate with the De Facto Authorities (DFA) on housing and land issues, as the DFA is a key stakeholder in administering land and housing regulations and institutions. Key DFA entities include the de facto Ministry of Refugees and Repatriation (MoRR), the de facto Ministry of Urban Development and Housing (MUDH), and the de facto ARAZI land authority. The following activities will be implemented as part of the response:

*Strengthening Housing, Land, and Property (HLP) Rights:* Provision of housing and infrastructure assistance is a key HLP intervention, because it consolidates the settlement, strengthening the bonds between authorities and communities to increase de facto tenure security of the informal settlement or newly established settlements. Global best practice suggests that upgrading shelter and community infrastructure in this way is as or more effective in increasing tenure security than the provision of land tenure documents, because it represents the authorities' tangible recognition of a settlement's legitimacy.

Partners will conduct technical assessments of HLP needs and community-based vulnerability assessments as part of due diligence processes. They will strengthen community HLP rights for returnees and other displacement-affected communities through land-use mapping and settlement planning, prioritizing coordination with community and DFA stakeholders and capacity-building for community leaders. Priority community-upgrading investments identified through settlement planning will be implemented to consolidate settlements, strengthen HLP rights, and promote social cohesion by establishing shared resources. The community investments will incorporate a cash-for-work modality, and public assets will be handed-over to the community following completion. These investments will target services that address climate vulnerability and enhance women's access to public spaces and associated social and economic opportunities. HLP activities will be closely integrated with Information, Counselling, and Legal Assistance (ICLA) support provided through protection activities related to civil documentation (please also see the chapter on Protection). Partners will also improve returnees' access to land allocation schemes by assessing beneficiary selection mechanisms, land identification, settlement planning, and sharing this information with communities and partners in Areas of Return (AoRs). Sector partners will also establish referral pathways to households requiring assistance related to shelter, protection, civil documentation, land allocation and other humanitarian and/or durable solution services. Partners will conduct participatory community-based assessment and spatial planning in AoRs where the DFA are planning to establish new "settlements" or where we have an existing settlement that the DFA are potentially planning to expand for returnees.

*Sustainable housing solutions:* Partners will provide rental support, housing repairs, and incremental housing for returnees and their communities. Returnees are supported with durable shelters that meet their basic needs and provide a foundation for their reintegration in Afghanistan's economy and society. Rental support will aid reintegration in urban areas, where families struggle to afford housing and where there is availability of housing stock, and will be implemented in coordination with ICLA to ensure rental agreements secure tenants' rights. Beneficiaries for housing repair and incremental housing will be selected based on HLP needs assessments. Repair activities will rehabilitate housing damaged by conflict, natural hazards, or have fallen into general disrepair, and will include provisions for powering dwellings through microgrid solar systems. For families without access to housing, incremental housing support will provide a base unit that beneficiaries can improve over time. Incremental, modular (e.g., one room and a 'wet cell') and transformable, incremental housing options, can easily be expanded or re-configured based on need and available resources. Utilizing

prefabricated components and adaptable designs, while maintaining culturally accepted practices in construction, especially in urban, peri-urban and rural areas allows for community collaboration, rapid construction, reduced costs, and ensures quality control.

**Innovations for climate- and disaster-resilient housing:** approaches, technologies, and materials in the design, construction, and management of housing will provide vulnerable communities safe, durable, climate- and disaster-resilient and dignified living environments. Housing will integrate design elements to protect against hazards (including earthquakes and floods) through incorporating innovative design features (e.g. rigid foundations, strengthened flooring, walls and roofing, and water-proof finishing). In addition, housing design will account for local climatic conditions, local construction materials, incorporating ventilated roofing, cross-and stack ventilation principles, shading louvers, and shading canopy tree-planting, aiming at passive cooling of dwellings.

**Innovations for gender-safe housing:** Housing design will prioritize features that reduce women’s risks of gender-based violence (GBV) by enhancing privacy and safety. And opportunities to build capacity of women and girls to meaningfully engage in housing-related processes will be sought to reduce gender-specific risks and to promote inclusion and rights of women during the processes (inc. design of housing solutions).

**Livelihoods-centred:** Housing construction will incorporate income generation through cash-for-work programs and hiring skilled and unskilled labour, including for housing construction. These activities will be coordinated with broader livelihoods programming as part of an integrated, cross-sectoral response. A special effort will be made to include women in construction related activities (inc. women engineers, overseers, workers as feasible, community mobilizers, researchers, surveyors).

**Multi-sectoral approach:** Housing will be designed and constructed in complementarity of partners catering to the community - through WASH, protection, livelihoods, and humanitarian partners applying an urban/spatial planning approach to enable coordination through a “spatial lens” (area-based approach) but also for including “planned extensions” that allow communities to be prepared for additional population growth over the years to come.

## Financial requirements (indicative)

*Table 8 Costing of Reintegration Response in AoR: Housing and Land Sector Budget*

Activity Description	Target Beneficiaries/ Units	Unit Cost (US\$)	Total Cost (US\$ 9 months) April-Dec 2025
Outcome 1: Strengthened access to Housing, Land and Property (HLP) rights			5,850,750
HLP needs assessments	75 settlements	6,000	450,000
Participatory land use mapping and settlement planning, including inclusion of women and including gender-sensitive considerations in spatial planning	75 settlements	18,500	1,387,500
Capacity building of community-based organizations on HLP	75 settlements	1,350	101,250
Upgrading community infrastructure inc. Gender-inclusive public community infrastructure and spaces to strengthen HLP rights and foster reintegration	75 settlements	50,000	3,750,000
Support access to Land Allocation Schemes (beneficiary selection, land identification, settlement planning, referral pathways)	8 provinces	20,250	162,000

Activity Description	Target Beneficiaries/ Units	Unit Cost (US\$)	Total Cost (US\$ 9 months) April-Dec 2025
<b>Outcome 2: Sustainable housing solutions</b>			65,642,448
Rental support for 12 months @ US\$65/month in urban areas	6,428 households	891	5,727,348
Major and minor housing repairs	18,000 dwellings	490	8,820,000
Incremental housing support	1,714 dwellings	5,400	9,255,600
Microgrid solar energy systems	1,714 dwellings	3,750	6,427,500
Transitional shelter aligned with WASH target areas	8,571 dwellings	2,000	17,142,000
Support for housing- and construction-based livelihoods also supporting women and girls to obtain employment as trainees/apprenticeships in housing projects	90,000 people	203	18,270,000
<b>HOUSING AND LAND BUDGET</b>			<b>71,493,198</b>

## V. COORDINATION, MONITORING, AND REPORTING

### COORDINATION STRUCTURE

The reintegration response in priority Areas of Return (AoR) will operate through a multi-level coordination structure designed to align strategic vision with operational delivery. At the strategic level, the Resident Coordinator's Office (RCO), supported by the UN Country Team (UNCT), will provide overall leadership, ensuring the response remains aligned with the national priorities, the UN Strategic Framework for Afghanistan (UNSFA), and the Strategic Framework for Displacement Solutions in Afghanistan (2025-2027). This structure leverages the comparative advantages of UN agencies and NGO partners through targeted interventions in priority districts, while creating intentional linkages between humanitarian, development, and peacebuilding initiatives.

The coordination mechanism operates through two complementary platforms, targeting priority Areas of Return (AoR):

1. OCHA-led regional Inter-Cluster Coordination Groups (ICCGs) for emergency assistance coordination
2. RCO-led Durable Solutions Working Groups (DSWGs) at national and regional levels for reintegration programming.

The national DSWG serves as the primary inter-agency platform for cross-sectoral reintegration coordination, ensuring programmatic coherence across key initiatives including:

- The ABADEI programme's area-based approach
- Co-PROSPER's community protection framework
- The Community Resource Centre model

At the sub-national level, eight Regional DSWGs (R-DSWGs) will drive localized implementation, adapting national strategies to provincial contexts. These regional groups will:

- Coordinate with provincial authorities and civil society organizations
- Engage directly with Displacement Affected Communities (DACs)
- Tailor interventions using agency-specific expertise

- Ensure programming responds to contextual realities.

This tiered structure enables both vertical alignment (national to local) and horizontal integration (across HDP nexus, BHN sectors and approaches), while maintaining focus on sustainable reintegration outcomes.

## MONITORING AND EVALUATION FRAMEWORK

Given the dynamic nature of displacement and return movements, a robust monitoring system will be established under the Data for Solutions (D4S) Technical Working Group, one of the priorities workstreams of the N-DSWG to track displacement trends, implementation progress, and reintegration outcomes by measuring impact for returnees in terms of progress towards solutions. This system will incorporate multiple data streams, principally of IOM and UNHCR, for real-time returns monitoring, protection monitoring reports to identify key challenges faced by returnees, and joint assessments with the R-DSWGs and ICCGs to analyse return flows and their implications particularly on the absorptive capacity of the displacement affected communities (DACs).

The D4S TWG under the N-DSWG will oversee the development and application of monitoring tools, ensuring data is systematically collected, analysed, and used to inform adaptive programming. To assess reintegration outcomes, the framework will apply the solutions criteria of the IASC Framework on Durable Solutions for Internally Displaced Persons (2010)<sup>28</sup> and Indicators Library<sup>29</sup> ([see Annex 3](#)), tracking improvements in safety, livelihoods, housing, and access to services for returnees relative to displacement affected communities. Findings will be consolidated into periodic snapshot updates, enabling the N-DSWG and UNCT to evaluate the response's effectiveness and adjust strategies as needed.

## REPORTING AND ACCOUNTABILITY

Bi-annual reports will synthesize monitoring data, programmatic achievements specific to solutions, and challenges, providing stakeholders with snapshot updates of reintegration progress. These reports will be linked to broader displacement analyses, ensuring coherence with national and regional response efforts. By highlighting gaps and successes, the reporting mechanism will facilitate evidence-based decision-making and resource allocation, while upholding accountability to affected populations and donors.

## RESOURCE MOBILIZATION AND CAPACITY STRENGTHENING

Effective coordination and monitoring require dedicated financial and technical resources. Key investments will include the development of a standardized methodology and composite index for measuring durable solutions, enabling comparative analysis between returnees, IDPs, and host communities. Additionally, UN agencies and NGOs with Solutions mandate will be advocated to support the institutional strengthening of the Durable Solutions Secretariat at RCO. This may include deployment of their technical staff on time-bound specific assignments or certain percentage allocations on annual basis, dedicated to the DS Secretariat or to the technical WGs, to the regional coordination mechanisms, or for joint capacity-building initiatives to ensure sustained leadership in durable solutions programming.

The Durable Solutions Secretariat has benefited from sustained institutional support, including the Government of Switzerland's extension of its secondment for the UN Senior Solutions Adviser for a second consecutive year to support the RC Office. UNDP contributed through a six-week secondment of a D4S technical expert from its Geneva office to conduct a country-specific Diagnostic Analysis of

<sup>28</sup> E/CN.4/1998/53/Add.2, presented to the Commission on Human Rights in 1998.

<sup>29</sup> Durable Solutions: Measuring Progress Towards Solutions. <https://inform-durablesolutions-idp.org/>



the global DSID tool and develop an accompanying Road Map for the D4S Technical Working Group. Furthermore, both UNHCR and IOM have formally renewed their commitments to continue dedicating 30 per cent of their technical durable solutions staff capacity to support the Resident Coordinator's Office DS Secretariat throughout 2025.

## ABBREVIATIONS AND ACRONYMS

ABADEI	Area-Based Approach for Development Emergency Initiatives
ACC	Afghan Citizen Card
AFDA	Afghanistan Food and Drug Authority
ANC	Antenatal Care
AoR	Area of Return
ARI	Acute Respiratory Infection
ARRNA	Afghanistan Returnees Recovery Needs Assessment
BPHS	Basic Package of Health Services
CBE	Community-based education
CDC	Community Development Council
CFS	Child-friendly space
CHW	Community health worker
CK	Community kitchen
CLTS	Community-led total sanitation
CRC	Community Resource Centre
DTM	Displacement Tracking Matrix
DRC	Danish Refugee Council
EO	Explosive ordnance
EBS	Event-based Surveillance
EORE	Explosive Ordnance Risk Education
EPHS	Essential Package of Health Services
GBV	Gender Based Violence
HF	Health Facility
HH	Household
HLP	Housing, Land and Property
HNRP	Humanitarian Needs and Response Plan
IASC	Inter-Agency Standing Committee
IDP	Internally Displaced Person
IFRP	Illegal Foreigners' Repatriation Plan

ILCA	Information Counselling Legal Assistance
IOM	International Organization for Migration
IRC	International Rescue Committee
MAM	Moderate acute malnutrition
MDA	“must do” action
MHPSS	Mental Health and Psychosocial Support
MICS	Multiple Indicator Cluster Surveys
MOPH	Ministry of Public Health
MORR	Ministry of Refugees and Repatriation
MPCA	Multi Purpose Cash Assistance
MPWC	Multi Purpose Women’s Centre
MRAT	Multisectoral Rapid Assessment Tool
MSME	Micro, Small and Medium Enterprises
MUDL	Ministry of Urban Development and Land
NCD	Non-communicable disease
NFI	Non-Food items
NRC	Norwegian Refugee Council
ODI	Overseas Development Institute
PARR	Priority areas of return
PHC	Primary healthcare
PoR	Proof of Registration
PSS	Psychosocial Support
PUI	Première Urgence Internationale
RCCE	Risk Communication and Community Engagement
RMCH	Reproductive, Maternal and Child Health
ROSCA	Rotating Savings and Credit Association
SAM	Severe acute malnutrition
UNFPA	United Nations Population Fund
UN-Habitat	United Nations Human Settlements Programme
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children’s Fund

UNSFA	United Nations Strategic Framework for Afghanistan
VolRep	Voluntary repatriation
WAH	Water and Healthcare
WASH	Water, Sanitation, and Hygiene
WFP	World Food Programme
WHO	World Health Organization
WMC	Water Management Committees
WUC	Water user committees

## ANNEX 1 – 2025 PRIORITY DISTRICTS IN AREAS OF RETURN

No	Province	District	Total Population	Total Returnees (Sep2023- 19 Apr2025) - POR+ACC+ undocumented	Projected returns planning 600K scenario (Mar-25Dec 2025)
1	Nangarhar	Kuz Kunar	94825	26249	17490
2	Kandahar	Spin Boldak	159146	35313	23530
3	Kunar	Nurgal	70225	13223	8811
4	Kandahar	Daman	78987	13817	9206
5	Nangarhar	Dara-e-Nur	72622	13286	8853
6	Nangarhar	Rodat	83942	12926	8613
7	Kandahar	Kandahar	635148	69123	46058
8	Jawzjan	Aqcha	17438	2105	1403
9	Nangarhar	Bati Kot	132480	14481	9649
10	Zabul	Qalat	72306	6826	4548
11	Nangarhar	Goshtha	47087	4623	3081
12	Nangarhar	Lalpur	41515	4037	2690
13	Nangarhar	Kama	183915	17336	11551
14	Paktya	Shawak	5968	511	340
15	Kunduz	Dasht-e-Archi	162184	14353	9563
16	Nangarhar	Kot	102140	8961	5971
17	Kandahar	Zheray	83790	6598	4396
18	Nangarhar	Deh Bala	29515	2296	1530
19	Kunar	Chawkay	84600	7316	4875
20	Kunduz	Chahar Darah	134719	10956	7300
21	Kandahar	Arghandab	52983	3793	2527
22	Nangarhar	Chaparhar	103895	7287	4855
23	Kunduz	Ali Abad	84766	6409	4270
24	Nangarhar	Behsud	395945	27767	18502
25	Nangarhar	Surkh Rod	343765	19886	13250
26	Laghman	Qarghayi	246395	15246	10159
27	Nangarhar	Jalalabad	598540	28442	18951
28	Baghlan	Baghlan-e-Jadid	404859	17916	11937
29	Kabul	Bagrami	852745	17878	11912
30	Nangarhar	Khogyani	210265	11823	7878
31	Hilmand	Lashkargah	316482	14846	9892
32	Kunduz	Kunduz	469734	14473	9643
33	Baghlan	Pul-e-Khumri	559845	10791	7190
34	Kabul	Kabul	4125185	48387	32241

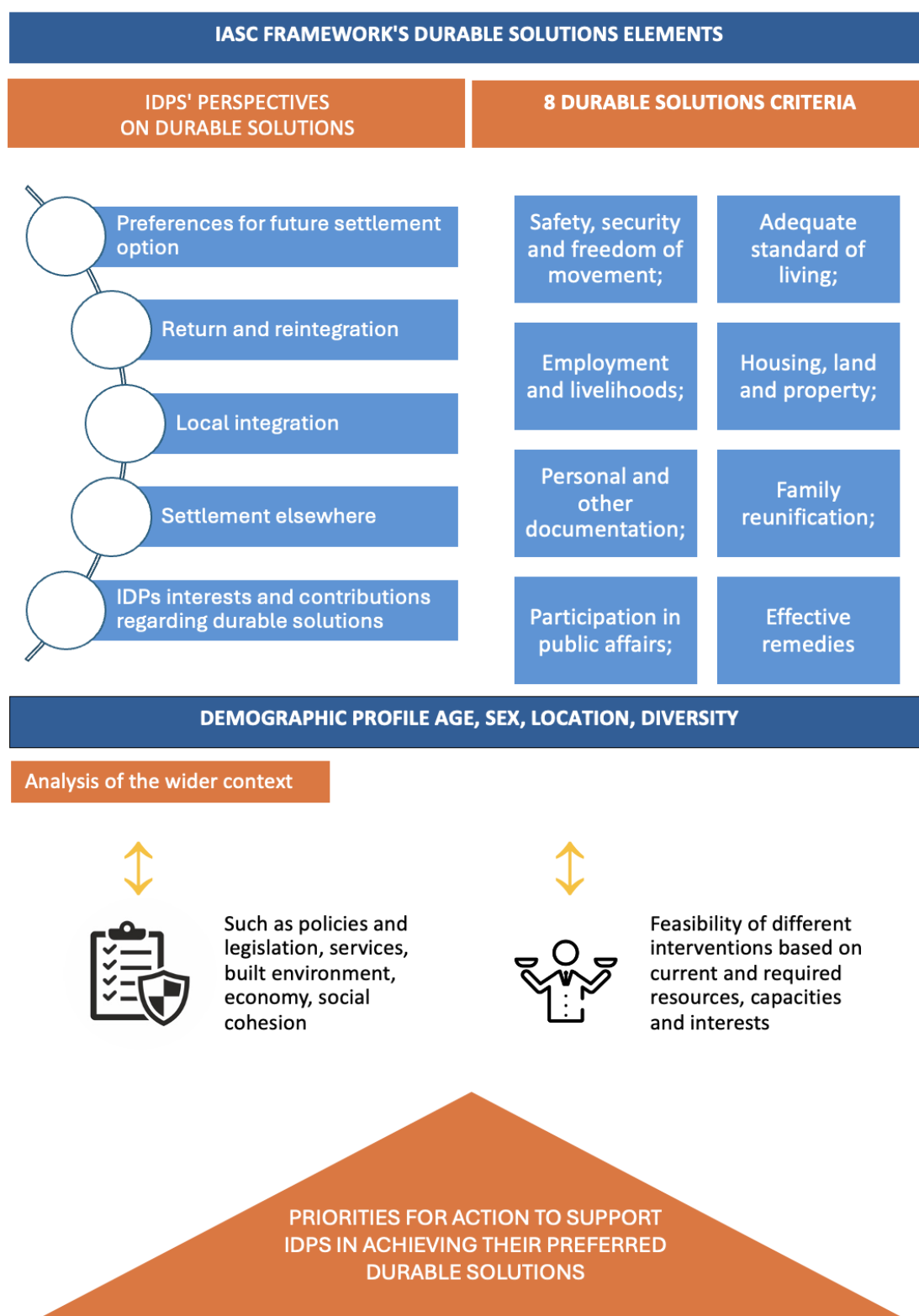


## ANNEX 2 – DETAILED OVERVIEW OF FUNDING REQUIREMENTS BY SECTOR FOR REINTEGRATION RESPONSE IN AREAS OF RETURN

SECTOR	ACTIVITY DESCRIPTION	1 APRIL-31 DEC 2025
EDUCATION	Assessment of returnee students (placement) in areas of return and public-school absorption capacities	200,000
	Short-term community-based literacy and skills development courses and computer learning programs	5,600,000
	Distribution of high-performance tents with mats and winter liners for TLS	3,400,000
	Distribution of learning materials and textbooks for returnee children	2,685,000
	Teacher training and school management shura training	865,000
	<b>Sub Total Education</b>	<b>12,750,000</b>
WASH	Resilience building of the returnees in the place of origin and host communities	1,440,000
	Provision of safe water through climate resilient and sustainable water systems	21,600,000
	Provision of access to basic sanitation facilities through sustainable community-led sanitation service and interventions	4,800,000
	Conduct hygiene promotion interventions in communities	2,400,000
	WASH services in institutions (schools and health care facilities)	6,840,000
	Excreta disposal facilities (wastewater network) with wastewater reclamation	480,000
	Water conservation pilot projects including feasible water saving initiatives	350,000
	Construction or repair of household latrines for transitional targeted shelters for beneficiaries who had been assessed and met the eligibility criteria for the support	1,505,000
	<b>Sub Total WASH</b>	<b>39,415,000</b>
HEALTH	Primary Health Care (BPHS)	30,436,798
	Strengthening referral pathways, systems. Essential and secondary healthcare	843,660
	Deploy essential medicines, medical products, supplies, and consumables	9,214,665
	Community-based healthcare interventions	6,888,144
	Operational costs (7 per cent)	3,316,829
	<b>Sub Total Health</b>	<b>50,700,096</b>
NUTRITION	All Nutrition Support including of Capacity Building and Distribution of Supplements	3,461,647
	<b>Sub Total of Nutrition</b>	<b>3,461,647</b>
PROTECTION	General Protection including Community Protection	18,645,245
	Mental Health and Psycho Social Support (MHPSS)	1,080,406
	Legal Assistance and Civil Documentation	4,944,811
	Protection Monitoring	2,635,248
	Persons with Disabilities	22,651
	Child Protection	13,528,407
	Women Protection	3,091,275
	Mine Action	5,537,183
	<b>Sub Total Protection</b>	<b>49,485,227</b>

<b>ECONOMIC OPPORTUNITIES, DECENT JOBS AND RESILIENT LIVELIHOODS</b>	Immediate Reintegration Cash Support	18,713,205
	Employment creation and job opportunities	71,936,959
	Productive Infrastructure and Community Assets	33,396,750
	<b>Sub Total Economic Opportunities, Decent Jobs, Resilient Livelihoods</b>	<b>124,046,914</b>
<b>HOUSING AND LAND</b>	Strengthened HLP rights	5,850,750
	Sustainable housing solutions	65,642,448
	<b>Sub Total Housing and Land</b>	<b>71,493,198</b>
<b>DURABLE SOLUTIONS COORDINATION</b>	Strengthening Durable Solutions Capacity in RC	210,000
	<b>Sub Total Durable Solutions Capacity in RC</b>	<b>210,000</b>
<b>GRAND TOTAL</b>		<b>350,556,044</b>

## ANNEX 3 – IASC FRAMEWORK'S DURABLE SOLUTIONS ELEMENTS<sup>30</sup>



<sup>30</sup> <https://inform-durablesolutions-idp.org/wp-content/uploads/2018/01/Interagency-Durable-Solutions-Analysis-Guide-March2020-1.pdf>

# INTEGRATED RESPONSE PLAN FOR AFGHAN RETURNEES FROM PAKISTAN (BORDER RESPONSE AND REINTEGRATION RESPONSE IN AREAS OF RETURN)

UNITED NATIONS AND NGO PARTNERS IN AFGHANISTAN

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