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Figure 1: Herat, Afghanistan, 12 March 2026: Indrika Ratwatte, former UN Deputy Special Representative of the Secretary General/Resident Coordinator/Humanitarian Coordinator (DSRSG/RC/HC) for Afghanistan, meets a returnee girl child at a UNICEF-supported Temporary Learning Space. Photo credit: UNICEF/Omid Fazel

2026 RESPONSE PLAN FOR AFGHAN RETURNEES (RPAR)

FROM PAKISTAN AND IRAN

(BORDER RESPONSE AND (RE-)INTEGRATION RESPONSE IN AREAS OF RETURN)

UNITED NATIONS AND NGO PARTNERS IN AFGHANISTAN

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A. EXECUTIVE SUMMARY

The large-scale return of Afghan nationals from neighbouring countries, which escalated dramatically in end 2023, remains a defining humanitarian and development challenge for Afghanistan. An estimated 5.8 million Afghans have returned since September 2023 increasing the country's population by a staggering 10-12% due to returns. In 2025 alone, the country absorbed 2.9 million returnees, the majority arriving under duress from Pakistan and Iran amid tightening deportation policies and a shrinking protection space. In 2026, over 500,000 have already returned in the first quarter with a further 2,696,500 individuals projected to return between April-December with following breakdown:

Host Country	Estimated Returns	Documented	Undocumented
Iran	1,596,500	10,000	1,586,500
Pakistan	1,100,000	576,373	523,627
Total	**2,696,500**	**586,373**	**2,110,127**

The returns phenomenon is occurring against a backdrop of deep economic fragility, widespread food insecurity, systemic gender-based restrictions, and recurrent climate shocks. Many of those returning—particularly women and children—have weak ties to their supposed areas of origin, creating a profound (re-)integration crisis in communities already stretched to their limit.

The 2026 Response Plan for Afghan Returnees (RPAR) sets forth a strategic, multi-sectoral framework to manage this continued crisis. It is built on a two-track architecture: an immediate humanitarian border response to provide life-saving assistance at entry points delivered by the Border Consortium partners, and a comprehensive (re-)integration response in priority Areas of Return (AoR) delivered by the Durable Solution partners. Based on historical patterns, over half of the returnees estimated to return in 2026 will be women and children; many of the returnee children and youth were born and raised outside Afghanistan with either weak or no familial, social or economic ties to their areas of return. *This demographic reality transforms the challenge from a simple "return" into a complex "(re-) integration" process that requires sustained, tailored support for individuals who are effectively arriving as newcomers.* This plan adopts a principled "whole-of-community," area-based approach, recognizing that the well-being of returnees is inseparable from the resilience and absorption capacity of the displacement-affected communities hosting them.

To guide geographic focus for the (re-)integration assistance, the 2026 RPAR utilizes a Composite Vulnerability Index (CVI), which provides an evidence-based ranking of districts by synthesizing projected returnee density, drought severity, food insecurity, and the presence of internally displaced persons (IDPs). This analysis identifies 35 priority districts where converging pressures are most acute, including Qala-e-Kah (Farah), Aqcha (Jawzjan), Chahardarah (Kunduz), Spin Boldak (Kandahar), and the outlier district of Kabul. The (re-)integration strategy is anchored in the Humanitarian-Development-Peace nexus and prioritizes three interconnected outcomes: restoring access to essential services and documentation, creating economic opportunities and resilient livelihoods, and securing access to adequate housing and land rights—all underpinned by a commitment to centrality of protection and social cohesion. By linking immediate humanitarian relief with medium-term development programming, the RPAR aims to transition from managing a protracted crisis to fostering the conditions for safe, dignified, and durable solutions.

INTEGRATED RESPONSE PLAN AND FRAMEWORK

To address the continued and increasingly complex returns crisis in 2026, the United Nations and NGO partners have developed this Response Plan for Afghan Returnees (RPAR). It is designed to provide a coherent and principled framework for assisting 2,696,500 individuals projected to return between April-December (an estimated 1,100,000 from Pakistan and 1,596,500 from Iran), during the nine-month period from April to December 2026.

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)[1]. The 2026 Response Plan for Afghan Returnees (RPAR) builds on the 2025 Integrated Response Plan, which was driven by similar two-tier strategy.

The Plan's strategy consists of two interlinked and mutually reinforcing components, ensuring a seamless continuum of support from the moment of arrival to the achievement of durable solutions, with a total financial ask of US$ 529,244,563 million:

1. ***Immediate Border Response (via the Border Consortium, led by IOM):*** With financial requirement of **US$ 100,710,595 million**, Border Consortium members plan to deliver lifesaving, multi-sectoral humanitarian aid at key official crossing points along both the eastern and western borders. This includes cash-based assistance, primary healthcare, nutrition screening, protection services, psychosocial support, and onward transportation to intended destinations.

2. ***Comprehensive (Re-)Integration Response in Priority Areas of Return (AoR) led by Durable Solutions Partners:*** With financial ask of **US$ 428,533,968 million**, the Durable Solutions partners plan to deliver (re-)integration assistance using an area-based, whole-of-community strategy for medium- to long-term support in identified high-risk districts. This component focuses on restoring resilient livelihoods, expanding access to essential services (education, health, WASH, nutrition, and protection), providing housing and land solutions, enabling documentation, and strengthening social cohesion. Targeting for this phase is driven by a **Composite Vulnerability Index (CVI)**, which ranks districts by the convergence of projected returnee density, drought severity, food insecurity, and internal displacement, identifying 35 priority locations for the response (See ANNEX 1 – 2026 PRIORITY DISTRICTS IN AREAS OF RETURN).

A core principle of the framework is the deliberate targeting of both returnees and vulnerable members of the host communities within displacement-affected areas. This whole-of-community area-based approach is essential to mitigate competition over scarce resources, prevent social tensions, and foster an environment conducive to peaceful coexistence and shared recovery.

[1] *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)*.

This Integrated Response Plan operationalizes the Humanitarian-Development-Peace nexus by bridging immediate humanitarian relief at border points by the Border Consortium, additional emergency support is provided by the humanitarian Clusters as returnees arrive in areas of return, with development-oriented programming. It builds upon the existing ecosystem of frameworks, including the *2023-2027 UN Strategic Framework for Afghanistan (UNSFA)*, the *2026 Humanitarian Needs and Response Plan (HNRP)*, and the *Strategic Framework for Displacement Solutions (2025-2027)*. Close coordination between the Border Consortium, the OCHA-led humanitarian structures, and the Durable Solutions Working Group (DSWG) under the Integrated Office of the Deputy Special Representative of the Secretary General/Resident Coordinator/Humanitarian Coordinator (DSRSG/RC/HC) guarantees a unified, efficient, and principled approach. 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 end-to-end framework is designed to uphold the "do no harm" principle, prioritize life-saving needs, and systematically address the structural barriers to safe, dignified, and sustainable reintegration.

Figure 2: Returnees from Pakistan cross the border at Torkham, Afghanistan, with trucks loaded with their belongings. Photo credit: IOM 2025/Mohammad Osman Azizi

B. BORDER CONSORTIUM RESPONSE

I. CONTEXT

Afghanistan is facing sustained, large-scale return movements across both the Pakistan and Iran borders, largely driven by restrictive policies and deteriorating conditions in Pakistan and Iran, with 2.69 million returns and deportations projected between April and December 2026. Many returnees/deportees arrive in highly vulnerable conditions, placing significant pressure on already overstretched border infrastructure and fragile communities in areas of return. The Border Consortium provides a coordinated, multi-agency response at key crossing points, delivering life-saving assistance including cash, health, WASH and protection services to address immediate needs of returnees/deportees upon arrival. For 2026, the Consortium is seeking USD 100.7 million to support priority caseloads; however, current targets cover only around 40% of returnees even though 70% would meet vulnerability criteria, underscoring the urgent requirement for additional funding to prevent further deterioration, reduce protection risks, and support reintegration in Afghanistan.

Afghanistan's displacement and mobility landscape remains among the most complex globally, shaped by decades of conflict, economic fragility, human rights abuses, and environmental shocks. As of 2026, the country is experiencing sustained return and deportation dynamics at scale, rather than episodic movements. Many returns occur under adverse condition, involving abrupt departures and arduous journeys back to Afghanistan. Protection monitoring data collected at border points and transit facilities across the four border provinces in 2025 indicate that return movements to Afghanistan were increasingly characterized by coercive and distress-driven modalities. Findings from more than 40,000 protection assessments conducted upon arrival show that a significant proportion of undocumented returnees experienced arrest or detention prior to return, often accompanied by physical violence, family separation, and psychological stress. These experiences directly shape protection needs at the point of arrival, with many returnees requiring immediate [2], information, and referrals in addition to basic assistance[3].

Returns from Pakistan

The implementation of Pakistan's **IFRP** (Illegal Foreigners Repatriation Plan) since October 2023 has significantly altered return patterns. Across its three phases, targeting undocumented Afghans, Afghan Citizen Card (ACC) holders, and refugees possessing Proof of Registration (PoR) card and persons in need of international protection, returns have reached approximately 2 million individuals to date including over a million in 2025.

Conditions for Afghans in Pakistan have deteriorated sharply, with increased arrests, detention, evictions, and restrictions on movement and access to services. These factors have contributed to forced and pre-emptive returns, often under distressing conditions and with minimal preparation. Phase III of the IFRP, launched in August 2025, primarily targeted the 1.4 million Afghan refugees

[3] IOM Afghanistan: Protection Monitoring Report, An Overview of 2025

holding Proof of Registration (PoR) cards in addition to the remaining ACC holder and undocumented Afghans.

At the same time, recent escalating tensions between Pakistan and Afghanistan have resulted in cross-border hostilities, intermittent border closures, and disruptions to trade and humanitarian access. These dynamics have led to irregular and concentrated return/deportation flows at key crossings such as Torkham and Spin Boldak.

Returns from Iran

In parallel, developments in Iran, including conflict-related instability, economic disruption, and intensified enforcement are expected to generate additional large-scale returns of Afghan nationals.

During 2025, over 1.8 million Afghans returned, with numbers having peaked in summer when daily arrivals reached up to 40,000 individuals following the 12-day bombing of Iran. Returns and deportations occurred largely through Islam Qala (Herat) and Milak/Zaranj (Nimroz). These flows are expected to include a high proportion of vulnerable individuals, including families, women, and unaccompanied and separated children, further increasing protection and humanitarian assistance requirements at the border.

Implications for Afghanistan

The convergence of return/deportation pressures from both Pakistan and Iran is placing unprecedented strain on Afghanistan's reception capacities in border areas and on social services in the areas of return and reintegration

Border infrastructures are currently managing existing flows but remain vulnerable to sudden surges. Past influxes have demonstrated how quickly capacity can be exceeded, with arrivals surpassing operational limits and further strained by infrastructure damage from the recent hostilities between Pakistan and Afghanistan, supply chain disruptions to border closure, and funding constraints. These experiences have generated critical operational lessons, particularly on the need for strong coordination among partners, surge staffing, flexible service delivery, and adequate protection screening systems. In response, the Border Consortium has finalized contingency plans to scale operations in the event of large-scale influxes from both Pakistan and Iran, ensuring preparedness for rapid increases in arrivals across multiple border points.

Beyond the border, returnees are moving into provinces already under pressure, including Nangarhar, Kandahar, Kabul, Kunduz, Baghlan, Herat, Farah, and Nimroz. These areas are simultaneously absorbing internally displaced households, resulting in localized saturation of services, housing, and labor markets.

Based on border consortium members post monitoring findings, ongoing protection and reintegration challenges driven by economic vulnerability, limited access to services, and protection risks. Gaps remain in food security, shelter, WASH, livelihoods, complaint mechanisms, and psychosocial well-being, with rising stress, debt, and onward movement. Protection monitoring data show that a significant proportion of returnee households accumulated debt in 2025, with debt identified as a key driver of negative coping strategies and onward movement

Women, girls, and high-risk individuals face heightened restrictions, marginalization, and safety concerns. Return areas are under pressure due to job competition, rising rents, and limited income, leading to negative coping strategies and social tensions, particularly affecting female-headed households and returnees without social networks.

Returnees face significant barriers to reintegration, including:

- Limited livelihood opportunities and high unemployment
- Lack of access to adequate shelter and housing
- Rising prices and reduced purchasing power
- Restricted access to services, particularly for women and girls
- Weak social support networks

As a result, many households are resorting to negative coping mechanisms, including debt accumulation and reduced consumption, while others remain at risk of secondary displacement or irregular onward movement.

II. RESPONSE PLAN

Estimated Figures and Beneficiary Profile

Afghanistan is expected to experience large-scale and sustained return movements throughout 2026, driven by continued policy enforcement in Pakistan and escalating pressures in Iran.

For the period 1 April – 31 December 2026, planning figures indicate:

- Iran: 1,596,500 individuals
    - Undocumented: 1,586,500
    - Documented (Amayesh card holders): 10,000
- Pakistan: 1,100,000 individuals
    - Documented (PoR, VRF, Slip, asylum certificate holders): 576,373
    - Undocumented (including ACC holders): 523,627

This results in a total projected caseload of 2,695,500 returnees during the appeal period, based on the most likely scenario across both contingency plans.

These figures reflect a sustained, high-volume of returns/deportations from Pakistan and Iran through both eastern and western corridors, with the potential for significant daily surges depending on border dynamics, security developments, and enforcement measures.

Vulnerability Profile and Assistance Needs

Returnees are expected to arrive in Afghanistan under increasingly vulnerable conditions, often following detention, coercion, or distress-driven movement.

Based on historical trends and established vulnerability criteria:

- A significant majority of returnees are expected to require immediate humanitarian assistance upon arrival
- A substantial proportion will include women, children, elderly persons, and individuals with protection needs,

- Previous influxes indicate likelihood of high numbers of families including female headed households, as well as single individuals, unaccompanied and separated children, women and girls, older person requiring specialized protection services. In 2025, protection monitoring recorded recurring cases of family separation during peak return periods, particularly among returns from Pakistan (15% of assessed returnees) and Iran (16%).

Many returnees arrive:

- Without financial resources to address immediate needs or re-start livelihoods
- Without civil documentation, with nearly half of returnee households assessed reporting documentation gaps that constrained access to services and assistance.
- In need of food and shelter, with protection monitoring data in areas of return indicating that approximately half of returnee households faced difficulties accessing adequate shelter or housing support.
- With urgent health and psychosocial needs, often linked to exposure to detention, violence, family separation, and uncertainty surrounding return.
- With limited access to support networks in Afghanistan
- In need of support with family reunification (deportees)
- In need of information to access services and assistance
- In a country still vastly contaminated with explosive ordnance that has the 3rd highest casualty rate from explosive ordnance in the world (Source: Landmine Monitor dated 1 Dec 2025)

Assistance will therefore be delivered through a phased and vulnerability-based approach, ensuring prioritization of those most at risk.

Assistance at Border Points

Reception and Transit centers near the border crossing points are providing primary assistance to vulnerable returnees including Multi-Purpose Cash Assistance (covering food and NFI basket and transport to place of destination), refreshments, hot meals, fortified biscuits, healthcare (multi-service), Protection services, including tailored protection screening and counselling, child protection, GBV and Psychosocial support, Psychological First Aid, WASH, legal aid, and Explosive Ordnance Risk Education (EORE). All returnees including those deported and forcibly returned will be screened based on the joint protection and vulnerability criteria and thereafter referred for specific assistance according to status and needs.

* Refugees retuning under UNHCR's facilitated Voluntary Repatriation (VolRep) Programme and holding valid Voluntary Repatriation Forms (VRFs), families and individuals (PoR and Amayesh cardholders) and UNHCR slip and asylum certificate holders returning from Pakistan will be referred to the UNHCR return processing facilities operating at Omari, Takhtapol, Zaranj reception Centers, Herat EC and Lashkargah return processing center in Helmand, whereas ACC and undocumented individuals will be processed and assisted in the IOM Transit Centers. IOM will refer those with international protection needs among undocumented returnees to UNHCR, and if needed to other protection actors for appropriate assistance.

Table 1: Typology of emergency assistance at border crossing points

Undocumented (Including undocumented with protection concerns) and ACC holders and Persons with specific needs and protection concerns	1) Vulnerability screening to ensure the most vulnerable undocumented returnees are identified for further assistance 2) Registration (biometric for WFP), BSAF cards for IOM 3) Provision of fortified biscuits, referments and overnight accommodation when necessary 4) MPCA assistance package equal to 170 USD/HH (equal to 10,800 AFN) The above-mentioned package covers the following types of assistance: • A food ration amounting to 5,800 AFN • Remaining sectoral components of the MPCA, amounting to USD $84 (5,000 AFN) 5) Transportation allowance to area of return (average of 30 USD/person) in Afghanistan 6) Protection screening at RCs, and protection post arrival assistance at TCs (for eligible cases) that include communication support, emergency accommodation, caregiver assignment, information provision, care kits, specialized referrals. 7) Health consultations, nutrition, vaccination and medication 8) Protection monitoring – help desks, protection interview rooms and referrals
Unaccompanied minors or Separated Children (UASC).	1) Family reunification and interim care 2) Assistance package equals in-kind winter clothing kit the equivalent to 39 USD/child 3) Psychosocial support, health consultation and vaccination as required.
Documented/ PoR, Amayesh Card Holders, VRF, UNHCR Slip, Asylum certificate holders and persons with heightened protection risks	1) Protection screening to identify returnees/deportees meeting UNHCR assistance criteria 2) Registration (bio-metric) and collection of bio data of assisted returnees using UNHCR's standardized tools, in line with UNHCR's data protection policy. 3) MPCA assistance package equal to 170 USD/HH. 4) Disability top up of 34 USD for HHs with disability and headed by female 5) Provision of hot meals and NFIs in collaboration with DfA respective food and NFIs distribution committees 6) Protection counselling, child protection assistance, identification of GBV, MHPSS, Persons with specific needs and their referral to UNHCR and partners in return areas 7) Provision of information about UNHCR's and partners services in the border and return areas 8) Basic health care and vaccination, if needed. 4) Protection monitoring – help desks, protection interview rooms and referrals

Linkages to Support in Areas of Return

While this response plan covers the needs and financial requirements to support the Afghans returning from Pakistan and Iran, including those who have been deported or forcibly returned via the two border crossing points, it is critical that additional assistance is provided in areas of return. Most Afghans will have limited means on arrival at their point of destination and will require protection and reintegration support such as food and NFI, WASH, shelter and winterization support, health assistance including maternal and reproductive health, protection services, including child protection, GBV and psychosocial first aid.

Medium to longer-term support including access to basic services such as education, health services, WASH, livelihoods opportunities and shelter will also need to be prioritized to ensure the dignified and sustainable reintegration of returnees in their communities.

Responding to the immediate and medium-to-large-term needs of returnees requires a system-wide consolidated effort. In addition, given the scale of returns and the pace at which Afghans are expected to return, greater investment in host communities to ensure a holistic and whole-of-society approach is required. This investment will help absorb new arrivals and contribute to the resilience, self-reliance, and empowerment of communities, hence encouraging peaceful co-existence.

To facilitate the planning and coordination of assistance in areas of return, all organizations delivering assistance at the borders will strengthen internal referrals to enhance programing capacity in areas of origin/destination and will enhance mechanisms to ensure the inclusion of vulnerable returnees into existing assessments wherever needed. This can be done through referral pathways, as well as the use of the QR ticketing system that IOM put in place, which is available for all partners to use. In addition, information will be provided regularly to inform interagency efforts at the regional level to ensure multi-sectoral needs are addressed. This information will include numbers of returnees, demographics, skills, anticipated needs, intended area of return/destination, and other pertinent information which is currently included in the Border Consortium Dashboard. Strengthening these linkages is essential to ensure continuity of protection support, including referral to specialized services and, where needed, protection case management for individuals and households with risks identified during protection screening at the border.

The returning caseload received limited assistance in areas of return under the Border Consortium Appeal in 2023 as this population was previously unaccounted for under the 2023 HNRP. Since 2024, humanitarian assistance for returnees in Areas of Return (AOR) are integrated under the 2024 HNRP and while longer term reintegration assistance are considered within the purview of the United Nations Strategic Framework for Afghanistan (UNSFA).

III. KEY FIGURES

Summary of Financial Requirements

From April-December 2026, the border consortium partners require a total of USD $100.7 million USD to provide assistance to documented and undocumented returnees / ACC holders at the border points.

Table 2: Border Consortium Financial Ask for 2026 RPAR

Operations	People Needing Assistance	2023 Financial Requirement	2024 Financial Requirement	2025 Financial Requirement	2026 Financial Requirement
Undocumented /ACC holders	Border Operations	$1,181,000	$50,301,260	$98,563,516	$87,621,493
Documented/ PoR, Amayesh, Card, VRF Holders, UNHCR Slip, Asylum certificate holders and persons with heightened protection risks	Border Operations	$273,000	$21,088,400	$50,925,339	$13,177,262

Table 3: 2025 Achievements[4]

Population	Number of Returnees	Number Assisted
Undocumented/ACC holders	2,413,909	679,319
Documented/POR, Amayesh, Card, VRF Holders, UNHCR Slip, Asylum certificate holders	468,168	383,111

Table 4: 2026 Border Consortium Response

Target	Number of Returnees	Number Assisted
Undocumented/ACC holders	1,930,500	772,200
Documented/POR Amayesh, Card, VRF Holders, Slip, Asylum certificate holders and persons with heightened protection risks	766,000	534,368

**Please note, the above figures of assisted returnees refer only to cash provision and is not inclusive of the multitude of services provided to all returnees passing through the Reception Centres (including Health, MHPSS, Nutrition, WASH).*

***Please note, for Undocumented Returnees the percentage of caseload that is likely to meet the vulnerability criteria and be in need of services provision is 70%, however due to realistic funding levels previously and considering the funding landscape, in order to have a realist appeal, both WFP and IOM have reduced the target to 40%. The prioritization of undocumented Afghan migrants*

[4] Border Consortium Dashboard

from initial screening through case management, post-arrival assistance, cash distribution and referral is conducted through the systematic application of agreed screening and vulnerability criteria.

As the immediate post-arrival assistance targets both families/households and single (individual) travelers, the first step in the screening process is to distinguish between these two groups. Once this distinction is established, screening personnel apply harmonized vulnerability criteria to determine eligibility for post arrival assistance and Multi-Purpose Cash Assistance (MPCA).

A scoring system is utilized during the screening phase to prioritize the most vulnerable cases. Family households are assessed and prioritized through the following three mechanisms:

1. Auto-selection: Households presenting the highest levels of vulnerability are automatically prioritized by the system. This includes, for example, female-headed households with no male working-age members, as well as households with identified protection concerns. These cases are immediately selected for assistance.

2. Eligibility threshold: Families that are not auto-selected are assessed using a scoring system based on 11 vulnerability criteria. IOM and WFP have jointly assigned weighted scores to each criterion according to its relative impact on household vulnerability.

3. Referral mechanism: Households scoring below the eligibility threshold of seven points are referred to other organizations for support. NGOs participating in the Border Consortium are engaged to help address identified gaps by providing assistance to families who fall below the threshold.

Given that the profiles and needs of undocumented returning Afghan migrants may change over time, IOM and WFP will convene coordination meetings as required to review and confirm the eligibility threshold, taking into account fluctuations in return trends and the availability of funding.

Table 5: Breakdown of Border Consortium Financial Requirements for 2026 RPAR

Row Labels	% of pp reache	Funds available i USD	Total Funding Required	Net Fund Requi	Target
Border_Monitoring (DTM)	21%	$100,000	$450,000	$350,000	-
Border_Operations	0%	$713,490.00	$8,493,406	$7,779,916	-
AAP		$54,280	$470,850	$416,570	-
Health	33%	$650,065	$14,527,562	$13,877,497	897,793
MPCA/Transportation	41%	$2,528,443	$52,939,827	$50,411,384	1,096,570
Nutrition	21%	$126,271	$6,796,174	$6,669,903	557,698
Protection	18%	$1,832,027	$6,693,053	$4,861,025	482,567
WASH	87%	$623,092	$6,094,143	$5,471,051	2,327,431
UASC	1%	$1,938,600	$3,375,677	$1,437,077	9,403
Explosive Ordnance, Risk Education (EORE)	98%	$34,800	$869,904	$835,104	2,632,500
Total		**$8,601,068**	**$100,710,595**	**$92,109,527**	**8,562,288**

IV. 2026 FUNDING REQUIREMENT PER SECTOR AT BORDER CROSSING POINTS (DOCUMENTED AND UNDOCUMENTED RETURNEES)

Afghan returnees will receive different forms of assistance from consortium partners based on the vulnerability criteria and assessments conducted for each sector. The total number of beneficiaries under each sector could be greater than the total number in returnees, since one person could receive different forms of assistance from more than one partner under the same sector.

Table 6: 2026 Sector Per Agency Per Border Point

Row Labels	Bahramcha	Islam Qala	Milak	Spin Boldak	Torkham
Border_Monitoring	***X***	***X***	***X***	***X***	***X***
IOM	X	X	X	X	X
Border_Operations	***X***	***X***	***X***	***X***	***X***
IOM	X	X	X	X	X
PU-AMI					X
SI	X	X	X		
UNHCR					X
CEA	***X***	***X***	***X***	***X***	***X***
INTERSOS	X			X	
IOM	X	X	X	X	X
UNHCR				X	X
Health	***X***	***X***	***X***	***X***	***X***
INTERSOS	X			X	
IOM		X	X	X	X
PU-AMI					X
SCI		X		X	X
UNFPA	X	X	X	X	X
UNHCR				X	X
UNICEF		X	X	X	X
WHO	X	X	X	X	X
MPCA	***X***	***X***	***X***	***X***	***X***
IOM	X	X	X	X	X
UNHCR	X	X	X	X	X
WFP	X	X	X	X	X
Nutrition	***X***	***X***	***X***	***X***	***X***
INTERSOS	X			X	
PU-AMI					X
SCI				X	X
UNHCR		X	X	X	X
UNICEF		X		X	X
WFP	X	X	X	X	X
Protection	***X***	***X***	***X***	***X***	***X***
DRC		X	X	X	X
INTERSOS	X			X	

IOM		X	X	X	X
NRC		X		X	X
SCI		X		X	X
UNHCR	X	X	X	X	X
UNICEF		X	X	X	X
WASH	***X***	***X***	***X***	***X***	***X***
PU-AMI					X
SCI				X	X
SI	X	X	X		
UNICEF		X			X

Table 7: 2026 Funding Required Per Agency Per Sector

Agency	Sector	Sum of Funds available in USD	Total Funding Required	Net Fund Required
DRC		**$112,220**	**$655,380**	**$543,160**
	Protection	$77,420	$105,480	$28,060
	EORE	$34,800	$549,900	$ 515,100
INTERSOS		**$240,330**	**$822,400**	**$582,070**
	CEA	$2,000	$ 55,000	$53,000
	Health	$84,538	$334,300	$249,762
	Nutrition	$96,792	$220,000	$ 123,208
	Protection	$ 57,000	$213,100	$156,100
IOM		**$ 3,891,001**	**$ 46,962,886**	**$ 43,071,885**
	Border Monitoring (DTM)	$100,000	$450,000	$350,000
	Border Operations	$684,570	$6,479,708	$5,795,138
	CEA	$52,280	$230,850	$178,570
	Health	$5,000	$3,854,700	$3,849,700
	MPCA	$2,528,443	$34,786,736	$32,258,293
	Protection	$520,708	$1,160,892	$640,184
NRC		**$105,334**	**$172,300**	**$66,966**
	Protection	$105,334	$172,300	$66,966
PU-AMI		**$-**	**$298,500**	**$298,500**
	Border_Operations	$-	$23,100	$23,100
	Health	$-	$211,800	$211,800
	Nutrition	$-	$46,800	$46,800
	WASH	$-	$16,800	$16,800
SCI		**$549,999**	**$2,162,578**	**$1,612,578**
	Health	$220,526	$1,153,087	$932,560
	Nutrition	$29,479	$133,431	$103,952
	Protection	$171,565	$598,486	$426,920
	WASH	$128,428	$277,573	$149,145
SI		**$403,584**	**$875,368**	**$471,784**

	Border_Operations	$28,920	$346,598	$317,678
	WASH	$374,664	$528,769	$154,105
UNFPA		**$135,000**	**$3,434,400**	**$3,299,400**
	Health	$135,000	$3,434,400	$3,299,400
UNHCR		**$-**	**$11,487,288**	**$11,487,288**
	Border Operations	$-	$305,476	$305,476
	CEA	$-	$185,000	$185,000
	Health	$-	$32,000	$32,000
	MPCA	$-	$8,221,596	$8,221,596
	Protection	$-	$1,033,190	$1,033,190
	EORE	$-	$320,000	$320,000
	NFIs		$1,680,000	$1,680,000
	Nutrition (hot meals)		$1,400,000	$1,400,000
UNICEF		**$2,958,598**	**$15,877,473**	**$12,918,874**
	Health	$-	$2,699,720	$2,699,720
	Nutrition	$-	$1,172,965	$1,172,965
	Protection	$899,999	$3,358,110	$2,458,110
	WASH	$120,000	$5,271,000	$5,151,000
	UASC	$1,938,599	$3,375,677	$1,437,077
WFP		**$-**	**$15,154,470**	**$15,154,470**
	MPCA	$-	$9,931,494	$9,931,494
	Nutrition	$-	$5,222,976	$5,222,976
WHO		**$205,000**	**$2,807,550**	**$2,602,550**
	Health	$205,000	$2,807,550	$2,602,550
Grand Total		**$8,601,067**	**$100,710,596**	**$92,109,528**

V. COORDINATION, MONITORING, AND REPORTING

The Border Consortium is comprised of multiple partners, IOM leads and coordinates the response at the Spin Boldak and Torkham, Islam Qala, Bahramcha and Milak border crossing points. OCHA will lead humanitarian coordination and provision of short-term assistance in the areas of return through their regional coordination mechanism, making use of data provided by border operations. Border operations are inclusive in each location of the Zero Point (entry location), Reception Centers (interagency response), and Transit (IOM) or Encashment (UNHCR) Centers (for individuals/HH meeting the vulnerability criteria).

List of Activities per Sector:

Border_Monitoring

Flow Monitoring (DTM)

Border_Operations

Operations of the facilities

Hot meals and refreshments at RCs/ECs

Overnight accommodation costs

Repair of Torkham Border Infrastructure

Transportation from ZP to RC or TC or EC

AAP

Outreach, feedback and complaint mechanisms (CfM) (e.g. help desks, Awaaz), information dissemination on services and process flow and PSEA.

Health

Coordination and capacity building of MHPSS Partners

Health screening, surveillance and vaccination

MHPSS Services

Provision of primary health care (Medical supply Immunization, referrals and health education)

Provision of Reproductive Maternal, Newborn, Child & Adolescent Health (RMNCAH)

Reproductive health awareness

Referrals for Secondary Medical Care Referrals (including ambulance services)

Risk Communication Community Engagement

MPCA

Cash for Food portion of the MPCA

Cash for NFI Portion of MPCA

Cash for transportation

Financial Service Fee

MPCA for returnees (UNHCR Specific)

Nutrition

Blanket Supplementary Feeding Programme (BSFP) - Children under 2

Blanket Supplementary Feeding Programme (BSFP) - Pregnant and Breastfeeding Women

Fortified Biscuits (300g to all documented and undocumented returnees)

Providing preventive nutrition services (Counselling to mothers and caregivers)

Provision of deworming tablets to 6-59

Provision of Micro Nutrient Powder (MNP) for children under five.

Provision of Multiple Micronutrient Supplements (MMS) to pregnant women

Provision of Vit A for all under 5 children

Screening of children with Severe Acute Malnutrition

Targeted Supplementary Feeding Programme (TSFP)

Targeted Supplementary Feeding Programme (TSFP) - Children under 5

Targeted Supplementary Feeding Programme (TSFP) - Pregnant and Breastfeeding Women

Treatment of children with High-risk MAM with RUTF

Treatment of children with Severe Acute Malnutrition with RUTF

Protection

Border Monitoring (Protection interviews)

Child protection

Counseling and legal assistance

GBV counselling support and facilitation of referrals

Information Session on access to legal identity and Housing, Land and Property including referral information to NRC services at areas of operation

One-to-one Counseling on HLP and LID

Protection Monitoring

Protection screening

Provision of Child Friendly Space

Provision of Dignity Kits

Provision of return disability cash grant upon arrival

WASH

Daily operation and maintenance of WASH Facilities and waste management

Provision of Drinking Water

UASC

Delivery of integrated child protection services, including identification and registration, interim care, assisted transport with caregivers, and provision of CFS, psychosocial support, health consultations, and referrals

EORE

Explosive ordinance risk education

Figure 3: Verification of a female returnee for the MPCA 1st round assistance at WHH supported cash centre in Mazar city – January 2026. Photo credit: Welthungerhilfe (WHH)

C. (RE-)INTEGRATION RESPONSE IN PRIORITY AREAS OF RETURN (AOR)

I. INTRODUCTION AND BACKGROUND

Current Situation and Projected Returns

The return of Afghan nationals from Pakistan and Iran remains a dynamic and multi-dimensional crisis. Following the launch of Pakistan's "Illegal Foreigners' Repatriation Plan" (IFRP) in late 2023 and the subsequent intensification of deportations from Iran, Afghanistan has experienced one of the largest and most rapid return flows in recent history. Since late 2023 till end 2025, an estimated 5.8 million Afghans have returned; returns accounting for an estimated 10-12% increase in country's population in just over 2 years. In 2025, Iran remained the dominant corridor, accounting for over 1.8 million returns that increasingly included families and female headed households, while undocumented returns from Pakistan surged by more than 400 per cent compared to 2024, driven by a volatile mix of spontaneous departures and deportations triggered by raids, evictions, camp closures and widespread fear of arrest and detention. Returnees have consistently reported multiple protection incidents, including harassment, prolonged waits at checkpoints, arbitrary detention and extortion along the route and at border points.

These large-scale movements are unfolding in the context of already strained absorption capacity. As highlighted by the Afghanistan Returnees Rapid Needs Assessment (ARRNA, 2024), many high-return districts were already grappling with limited access to services, entrenched poverty and pre-existing displacement. Protection monitoring and post-return surveys throughout 2025 confirm that some returnees are unable to settle in their areas of origin due to a lack of housing, land and livelihoods, while some engage in cyclical movements or consider onward migration in search of safety and economic survival.

Building on these trends, the United Nations projects that a further 2,696,500 Afghans will return between April and December 2026, comprising an estimated 1,100,000 from Pakistan and 1,596,500 from Iran. Based on historical patterns, over half of these returnees will be women and children, many of whom were born and raised outside Afghanistan with weak or no familial, social or economic ties to their areas of return. *This demographic reality transforms the challenge from a simple "return" into a complex "(re-) integration" process that requires sustained, tailored support for individuals who are effectively arriving as newcomers.*

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, however, the final decision rests with Iran and Pakistani authorities, who may weigh security, diplomatic, and humanitarian factors to decide on the fate of the Afghan living in their country. The continued volume of returns will place severe additional pressure on the fragile absorption capacity of Displacement Affected

Communities (DACs)[5], where basic services, infrastructure and livelihood opportunities are already critically overstretched. Under a severe scenario in which push-backs and deportations intensify, daily arrivals in 2026 through key points such as

Spin Boldak and Torkham could again reach up to 20,000 individuals per day, as witnessed during previous IFRP peaks. Without significant and immediate investment in absorption capacity in Areas of Return, these movements risk fueling further impoverishment, harmful coping strategies, social tensions and new cycles of displacement.

Implementation Approach and Coordination

The (re-)integration response in priority Areas of Return (AoR) will be implemented through a coordinated, 'whole-of-community' area-based approach that bridges humanitarian and basic human needs (BHN) action. The approach is guided by several core tenets: upscaling existing proven programmes for efficiency, upholding the centrality of protection for all interventions, and applying a conflict-sensitive, gender-responsive lens to promote equitable outcomes. Recognizing the diversity of Afghanistan's districts, the response will be tailored to local contexts based on robust, evidence-based targeting.

Strategic oversight will be provided by the National Durable Solutions Working Group (DSWG) under the leadership of UN DSRSG/RC/HC, ensuring alignment with the *UN Strategic Framework for Afghanistan (UNSFA)* and the *Strategic Framework and Road Map for Displacement Solutions (2025-2027)*. The DSWG will work in close coordination with OCHA-led humanitarian structures and the Border Consortium to ensure a seamless continuum of care from the point of arrival to the community of destination. This integrated mechanism prioritizes the most vulnerable, particularly women-headed households, children, and persons with disabilities, while maximizing the efficient use of limited resources to foster sustainable (re-)integration and mitigate tensions in DACs.

This integrated coordination mechanism prioritizes evidence-based targeting of limited resources, focusing on sustainable solutions that empower the most vulnerable to achieve durable (re-)integration—particularly women headed households, single women returnees, unaccompanied children, and returnees with special needs—while mitigating strain on host communities.

Critical Programme Considerations

The response strategy is underpinned by cross-cutting principles to ensure effectiveness and do no harm. All programming will be rights-based and centered on the agency of affected people, with a specific focus on actively including women and girls as participants in solution-building. Protection principles will be systematically mainstreamed, addressing the specific vulnerabilities shaped by gender, age, and disability. The distinct needs of the diverse ethno-linguistic landscape will inform culturally appropriate and accessible interventions. Operational flexibility will be maintained to adapt to access constraints while maintaining focus on the ultimate objective: to enable safe, dignified, and durable solutions for both returnee populations and the communities that host them. This

[5] *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)*.

comprehensive approach aims to facilitate dignified (re-)integration while mitigating pressure on local resources and infrastructure, ultimately contributing to broader stability and recovery in Afghanistan.

II. RETURN OVERVIEW

The acceleration and scale of returns from both Iran and Pakistan have created an unparalleled demand for (re-)integration support in a nation already deep in crisis. While emergency humanitarian aid at the border remains critical, the sheer volume of returns, massive stress on community resources and absorption capacity, and changing profile of returnees demand a corresponding scale-up of medium- to long-term structural support. Without this, the influx risks overwhelming host communities, leading to increased poverty, competition over scarce resources, the adoption of harmful coping mechanisms, and a deterioration of the protection environment, particularly for women and girls. 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.

Planning Scenario for Afghan Returnees from Pakistan and Iran in 2026

The 2026 Response Plan is based on a targeted planning figure of **2,696,500 returnees** from Pakistan and Iran for the period April to December 2026 with following projected breakdown by country:

- Iran: 1,596,500 individuals (documented and undocumented)
- Pakistan: 1,100,000 individuals (documented and undocumented)

This serves as the basis for budgeting, strategic prioritisation, and beneficiary targeting across all sectors. While a single planning figure is used for operational consistency, contingency mechanisms remain in place to adjust should return volumes significantly deviate from projections.

ARRNA Findings[6]

ARRNA findings (March 2024), complemented by protection monitoring data in 2025 from multiple sources (including IOM, UNHCR and Afghanistan Protection Cluster-APC) and Post-Return Needs Assessment (PRNA) results, confirm that returnee vulnerabilities are multi-dimensional and cumulative. These findings consistently confirm many returnees engaged in low-skilled labour in host countries, and that these skills remain poorly aligned with Afghanistan's labour market. Loss of income and lack of livelihoods are primary drivers of stress among returnee households, reinforcing economic vulnerability. Evidence from various assessments, surveys, and protection monitoring suggest that returnee households increasingly rely on negative coping strategies such as borrowing, debt, and child labour, which heighten their exposure to exploitation and long-term protection risks.

Protection risks are present across all stages of return. Many returnees experienced detention, violence, and family separation prior to arrival. After return, risks shift toward housing insecurity, forced eviction, discrimination, service access barriers, and limited access to legal documentation. Data underscores the prevalence of Housing, Land and Property (HLP) issues, and tenure insecurity combined with lack of documentation that significantly increases returnee households' eviction risks. Likewise, gender-specific vulnerabilities are particularly severe. Children face increased risks of school disruption, child labour, and psychological distress, particularly in displacement-affected areas, as

[6] Afghanistan Returnees Rapid Needs Assessment, May 2024.
https://drive.google.com/file/d/1AvwDDhtzGIUNsxup0VDuMUKXPmQptMv7/view?usp=sharing

highlighted in PRNA findings. Mental health concerns are widespread across all groups. High levels of stress, as well as psychological distress linked to detention, violence, and uncertain future, affect returnee households.

Overall, the combined evidence confirms that returnees face layered vulnerabilities requiring integrated, protection-centered responses.

The Gendered Impact of Return in High-Risk Areas

Gender-specific vulnerabilities are particularly severe. Women and girls face heightened risks of violence and movement restrictions, which significantly limit their access to health care, livelihoods, and humanitarian assistance.

Recent inter-agency (re-)integration needs assessments (conducted in northeast, west, south in 2024, 2025, 2026), evidence from the 2024 ARRNA, 2025 Multisectoral Rapid Assessment Tool (MRAT) findings, and community-based protection monitoring conducted by partners in 2025, including IOM, UNHCR, and others, confirm that returnee women and girls face disproportionate and intersecting risks. In many of the priority districts, perceived vulnerability levels are significantly higher for women and girls than for men and boys. The collapse of female employment, combined with restrictive DFA policies on movement, education, and work, leaves female-headed households economically destitute and socially isolated. Data from post-monitoring rounds in 2025 indicates that in at least 20% of high-return districts, women and girls avoid multiple public spaces due to safety concerns. The inability to obtain civil documentation, which is considered a key enabler for achieving durable solutions, particularly the Tazkira, acts as a foundational barrier to their rights, excluding them from formal aid, justice, access to essential services, and economic participation[7]. The 2026 response is thus predicated on an analysis that places the specific protection and assistance needs of women and girls at the center of planning.

Data and evidence consistently identify significant behavioral changes among male household members' post-return, including rise in domestic violence and increased restrictions on women and girls' mobility. Other 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.

Evidence-based Programming Approach

Effective response and durable solutions for Afghan returnees require rigorous, data-driven interventions. The 2026 Response Plan for Afghan Returnees (RPAR) uses protection analysis, integrated monitoring, and a Composite Vulnerability Index (CVI) to guide programme design and geographic prioritisation. Age-, gender-, and diversity-disaggregated data ensure focus remains on the most vulnerable – particularly women and girls, and persons with special needs, who face compounded protection risks and barriers to (re-)integration. This analytical framework enables targeted investment and assistance to those furthest behind in the return and (re-)integration process.

[7] 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

Districts of High Priority for Afghan Returnees (2026)

To ensure finite resources are directed to areas with the greatest needs, the 2026 RPAR employs a **Composite Vulnerability Index (CVI)** for geographical prioritisation, a data-driven tool that harmonises four indicators into a single, comparable district-level score. The CVI is designed as a dynamic tool to be updated periodically, ensuring that the response remains adaptive to evolving conditions on the ground.

The 2026 RPAR will concentrate on **35 priority districts,** 30 identified through the Composite Vulnerability Index (CVI), and 5 districts as outliers.

The CVI synthesises four indicators[8] into a single score per district: the projected percentage increase in district population due to returnees, drought severity, the number of food-insecure people, and the existing IDP stock. By weighting returnee density most heavily, the CVI identifies districts where the combined shocks of population influx, environmental stress, and pre-existing vulnerability are most acute.

- Returnee density (65% weight) – proportionate increase in district population due to returns (data source: IOM/Border Consortium, UNHCR).
- Drought severity (20% weight) – agricultural drought intensity capturing environmental stress on natural resources (data source: FAO district ranking).
- Food insecurity (10% weight) – population in IPC Phase 3+ (data source: HNRP 2026).
- IDP presence (5% weight) – existing internally displaced persons (data source: ACVA R3, Jan 2026).

The top-ranked district is Qala-e-Kah (Farah) , with a projected 44.4% population increase from returnees, “Very High” drought severity, and food insecurity affecting over 30,500 people – combined with critically low absorption capacity. Other high-priority districts include Chahardarah (Kunduz) and Aqcha (Jawzjan), both with demographic shocks above 25% alongside severe environmental and food security stresses.

In addition to the 30 highest-ranking CVI districts, **five “outlier” districts,** despite ranking lower on a purely proportional basis, are included due to their exceptional absolute burden: Kabul, Pul-e-Khumri, Baghlan-e-Jadid, Farah, and Balkh. These major population centres where even a modest proportional increase translates into tens of thousands of additional people, face immense strain on urban services and infrastructure[9]. See Annex 1 for full methodology and demographic breakdowns of assisted returnees.

III. TARGETED INTERVENTIONS AND FUNDING REQUIREMENTS FOR (RE-)INTEGRATION COMPONENT IN AREAS OF RETURN

Following table provides an overview of the financial ask for the (re-)integration assistance in Area of Return (AoR) for 2026 Response Plan for Afghan Returnees (RPAR). The 2025 RPAR sector budget and percentages are included for comparison.

[8] All indicators are normalised (0–1 scale). The composite score is calculated as: CVI = (0.65 × Returnee Density) + (0.20 × Drought) + (0.05 × IDP) + (0.10 × Food Insecurity).

[9] *Caveats:* Population data variations across sources (e.g., Shawak district showing 6,000 population vs. 14,000 food-insecure persons) and extrapolated return figures (assisted returnees representing 16–75% of total returns) require triangulation during analysis. The CVI is updated periodically as new data becomes available.

Table 8: Summary of Financial Requirement of (Re-)integration Response in Areas of Return (US$, indicative) *See Annex 2 for details.*

Sectors	Apr-Dec 2025 RPAR		Apr-Dec 2026 RPAR	
	Budget US$	Sector %	Budget US$	Sector %
Education	12,750,000	3.64	18,796,000	4.39
WASH	39,415,000	11.25	110,213,950	25.72
Health	50,700,096	14.47	50,700,096	11.83
Nutrition	3,461,647	0.99	1,580,026	0.37
Protection	48,479,189	13.83	39,145,748	9.13
Economic Opportunities, Decent Jobs, Resilient Livelihoods	124,046,914	35.4	140,521,700	32.79
Housing and Land	71,493,198	20.4	67,496,448	15.75
Coordination, Funds Tracking, Reporting	100,000	0.03	100,000	0.02
Grand Total	**350,446,044**	**100**	**428,553,968**	**100**

Key changes between 2025 and 2026 RPAR include a significant increase in the WASH budget share (from 11% to 25%), while the shares for Protection and Housing and Land have decreased by 3.5 and 5 percentage points respectively. Other sectors' budget shares remain broadly stable.

IV. THE (RE-)INTEGRATION RESPONSE STRATEGY

This (re-)integration response strategy adopts an integrated Humanitarian-Development-Peace (HDP) nexus approach anchored in the *2023-2027 United Nations Strategic Framework for Afghanistan (UNSFA)* and its sub-set *Strategic Framework and Road Map for Displacement Solutions in Afghanistan (2025-2027)*. It builds upon the ecosystem of existing frameworks, deliberately bridging immediate, life-saving humanitarian assistance with medium-term development programming in the 35 priority Areas of Return. The strategy leverages the proven models of the Border Consortium, the Area-Based Approach for Development Emergency Initiatives (ABADEI), and the Priority Areas of Return and Reintegration (PARR) to maximize synergies, cost-effectiveness, and sustainable impact. Its core assumption is that true stability can only be achieved by investing in the resilience and absorption capacity of entire displacement-affected communities (DACs), not just individuals.

Guiding Principles

The response is governed by a set of core, non-negotiable principles:

i. ***Whole-of-Community Commitment:*** A strict "Do No Harm" principle guides an area-based approach where support benefits both returnees and vulnerable members of host communities, mitigating grievances and conflict risk. This is combined with a protection-centered lens that prioritizes safeguarding the rights of the most at-risk, including women-headed households, children, and persons with disabilities.

ii. ***Inclusive and Transformative Participation:*** The strategy mandates the systematic collection of disaggregated data to ensure the voices of women, girls, and marginalized groups are not just heard but shape programming. It institutionalizes youth engagement as a transformative force, empowering young people as architects of their own and their communities' futures.

iii. ***Accountability and Resilience:*** Accountability to Affected Populations (AAP) is foundational for building trust and ensuring assistance is relevant. All interventions are designed to promote sustainable, locally driven solutions that foster peaceful coexistence and provide viable alternatives to dangerous onward movement. Priority is given to unlocking market access and livelihood opportunities that align with existing local economic ecosystems and returnee skillsets.

iv. ***Nexus Operationalization:*** The strategy moves beyond coordination to true operationalization of the HDP nexus. This involves joined-up programming that jointly addresses immediate needs and structural drivers of vulnerability as impediments to durable (re-)integration, ensuring complementarity, efficiency, and long-term value for money by deliberately creating a bridge from humanitarian dependency to development-oriented self-reliance.

Social Cohesion Framework

The mass arrival of returnees into economically fragile areas is a profound test of social fabric. The competition for scarce jobs and consequent reduction in wages while simultaneous increase in costs of living such as rent as well as overstretched public services including health and WASH can easily exacerbate tensions, particularly where poverty is deep and returnee profiles differ from host populations. The ARRNA (March 2024) highlighted that most returnees from Pakistan were low-skilled laborers entering rural economies, a dynamic that can trigger resentment among equally poor host community members. In 2026, this is compounded by drought conditions in high-return districts like Qala-e-Kah and Aqcha, where competition over water for both domestic use and agricultural livelihoods will be a critical flashpoint. Therefore, social cohesion is not a standalone sector, but a cross-cutting imperative embedded into every intervention as a risk mitigation and peacebuilding measure.

The framework adopts a "whole-of-community" approach, translating directly into tangible actions:

i. ***Shared Economic Gains:*** Livelihood programmes will be designed to create joint economic resilience initiatives, such as shared community kitchens, savings groups, and value chain projects that intentionally link host and returnee producers in mutually beneficial market relationships.

ii. ***Inclusive Planning and Delivery:*** To avoid exclusive targeting of returnees, all community-wide needs assessments and participatory planning processes will be inclusive by design, engaging women, youth, and marginalized members from both host and returnee groups in defining priorities.

iii. ***Investing in Women and Youth:*** Women's economic empowerment initiatives and youth (female and male) leadership programmes serve as powerful engines for social harmony, shifting inter-group dynamics from competition to collaboration. Young people are specifically positioned as change agents in cohesion-building.

iv. ***Conflict-Sensitive Infrastructure:*** Prioritization and design of community infrastructures—such as natural disasters mitigation structures, water systems, marketplaces, and public spaces—will be conducted through a conflict-sensitive lens, ensuring equitable access for all and establishing Joint Management Committees to mediate resource use.

v. ***Access to Justice:*** Enhancing access to justice and legal aid, particularly Housing, Land, and Property (HLP) disputes, is a critical preventative measure to resolve tensions before they escalate into open conflict.

vi. ***Support for Community-based Dispute Resolution Mechanism and Mediation:*** Facilitating inclusive, accessible and secure community feedback and dispute resolution mechanisms (DRM), particularly for female returnees and female heads of households to enable redressal to their concerns and grievances.

vii. **Capacity Building of Community Structures:** Strengthen existing and new community-based structures — including Community Development Councils (CDCs) (where operational and acceptable), Water Management Committees (WMCs), Village Disaster Management Committees (VDMCs), and Community-Based Child Protection Structures (CBCPS) — through training on conflict-sensitive mediation, inclusive decision-making, financial management for community assets, and gender-responsive leadership. Representation of women, returnees, and persons with disabilities in community structures will be ensured(e.g., quotas or co-chairs). These empowered structures will serve as the primary interface between returnee and host populations for dialogue, resource-sharing, and joint problem-solving.

viii. **Leveraging Community Resource Centres (CRCs) for Social Cohesion:** Use CRCs (from ABADEI or other area-based initiatives, including EU-funded) as multi-purpose platforms for promoting social cohesion by hosting: (i) dialogue/dispute resolution (including women-only); (ii) HLP rights, civil documentation, and referral services; (iii) joint livelihoods/skills trainings for returnees and hosts; (iv) safe spaces for women/girls; (v) community-led monitoring of cohesion indicators (e.g., incidence of inter-group disputes, shared use of community assets). CRCs to be managed by community-based organisations (CBOs) with local oversight for sustainability beyond RPAR. Establish CRCs where missing as a foundational investment in building social cohesion.

ix. ***Protection Mainstreaming:*** Ensuring that protection programming, especially safe spaces and psychosocial support, is accessible and responsive to the distinct needs of women and girls in both returnee and host populations, mitigating protection risks that can fracture community trust.

IOM Protection Monitoring data[10] highlights the critical role of community-level dispute resolution mechanisms (DRMs) for returnee households, particularly in resolving housing, land, and property (HLP) disputes. These mechanisms serve as a key protective capacity where formal justice systems remain largely inaccessible.

However, significant gender gaps undermine their effectiveness:

- Female returnees report higher reliance on community leaders than male returnees, likely due to gendered barriers in accessing formal justice systems.

[10] Protection Monitoring Report, IOM, An Overview of 2025.

- Despite this reliance, most female returnees – especially female heads of households – express dissatisfaction with dispute resolution outcomes and processes, citing a lack of female representation and low levels of trust.
- 80% of households reported that no women leaders exist in their communities, indicating a systemic absence of female representation in local DRMs.

These findings underscore the urgent need to strengthen community-based justice mechanisms by: (a) deliberately including women as mediators and decision-makers, (b) building trust through transparent and accountable processes, and (c) ensuring DRMs are accessible and responsive to the specific needs of female returnees and female-headed households. This aligns directly with the social cohesion framework's commitment to inclusive, accessible, and secure community feedback and complaint mechanisms (Action V).

Hierarchy of Needs Identified by Returnees and Analysis

The 2026 response must address a hierarchy of urgent and interconnected needs, consistently identified across multiple assessments[11], which are starkly evident in the new cohort of priority districts:

i. Foundational Survival and Stability

Immediate access to food, emergency shelter, cash, and – critically – personal identity documents (e.g., Tazkira), which are a linchpin for accessing all other rights and services. As the 2025 Post-Return Monitoring survey showed, 88% of households are in debt, making them highly vulnerable to economic shocks. Many households lack stable housing and face ongoing risks of eviction.

ii. Restoring Livelihoods and Economic Agency

Creating demand-driven income-generation opportunities is paramount to break the cycle of debt and dependency. This must align skills training with local market needs and explicitly overcome the mobility and employment restrictions placed on women. Without this, households will continue to rely on informal labour and negative coping strategies such as borrowing, debt, and child labour – which heighten exposure to exploitation.

iii. Protection from Violence and Discrimination

Protection risks are widespread, including exposure to violence, discrimination, and insecurity. Women and girls face heightened risks due to gender-based violence and movement restrictions. Mental health and psychosocial distress are equally critical, with high levels of stress, anxiety, and uncertainty reported across returnee populations. Protection programming must be integrated across all sectors.

iv. Access to Essential Services and Information

Ensuring access to health, nutrition, education, WASH, and household energy solutions has a direct bearing on survival, dignity, and long-term human capital development. In high-return districts with compounded vulnerabilities, this means not just maintaining but expanding service capacity to prevent its collapse. Barriers such as cost, distance, lack of documentation, and lack of

[11] Including the Inter-Agency (re-)Integration Needs Assessment conducted by the Regional Durable Solutions Working Groups (RDSWGs) in Northeast, West and South (in 2024, 2025, 2026), ARRNA (March 2024), MRAT (2025), UNHCR's Post-Return Monitoring (2025), and IOM's Protection Monitoring Report, An Overview of 2025 and Returnee Resilience Monitoring (October 2025).

information must be systematically addressed – particularly for vulnerable groups who remain unaware of available support.

v. Securing Tenure, Dignified Housing, and Community Infrastructure

Addressing the acute lack of safe, adequate, and affordable housing, resolving HLP disputes, and clarifying land rights is foundational for stability and economic confidence. In parallel, community infrastructure – including functional public spaces, markets, water systems, and community resource centres – must be established or rehabilitated to support social and economic reintegration for both returnees and host communities.

A Unique (Re-)Integration Challenge for a New Generation

A defining feature of the returns crisis is the significant number of children born abroad who are now arriving in a country they have never known. For these individuals and their families, (re-)integration is a misnomer; it is a process of primary integration into an unfamiliar society, often marked by different cultural norms and the jarring reality of the Afghanistan De Facto Authorities (DFA)'s oppressive restrictions, especially for women and girls. This requires tailored support mechanisms, including language bridging, social orientation, and psychosocial support to address the trauma of displacement and the shock of their new reality.

The Way Forward

The 2026 strategy is therefore not a checklist of sectoral activities but a phased, coherent programme to build community resilience. It begins with stabilizing the most vulnerable through emergency cash, food, and shelter, then moves rapidly to restore agency through livelihoods and skill-building, and finally cements this progress by strengthening community systems, infrastructure, and social cohesion to ensure the entire community is more resilient to future shocks. This phased, whole-of-response and whole-of-community approach, targeted at the 35 most vulnerable districts, is the only pathway to achieve dignified and durable solutions.

V. (RE-)INTEGRATION NEEDS AND PRIORITY INTERVENTIONS

The large-scale, often forced, returns from Pakistan and Iran since end 2023 have generated a multi-faceted crisis that purely humanitarian assistance cannot resolve. The 2026 RPAR is founded on the understanding that a strategic, targeted and sustained (re-)integration approach is essential not only to alleviate suffering but to transform the challenge of return into an opportunity for community-level recovery and resilience. Without it, the risk of secondary displacement, deepening poverty, and resource-based conflict is imminent, which would undermine progress toward durable solutions and perpetuate aid dependency.

Sectoral Strategies, Planning Assumptions, and Priority Interventions

The large-scale return of Afghans has the potential to overwhelm fragile local systems, but a well-managed (re-)integration process can catalyze economic growth and strengthen social cohesion. Achieving this requires a deliberate, multi-sectoral effort to overcome the specific vulnerabilities of

returnees, many of whom lack rural livelihood skills and social ties, while navigating the restrictive environment that denies fundamental rights to women and girls. The following sectoral plans translate the response strategy into concrete action, covering the priority districts identified for 2026.

Figure 4: Figure 4: With an AFN 1,000,000 loan facilitated by UNDP's Access to Finance project, this manufacturing company in Herat expanded production of tarpaulins, tents, and bags — creating jobs for 12 male returnees among its 70 male workers and many women returnees as home-based workers. By reducing lending risks for financial institutions, the project helps MSMEs grow while strengthening local economies and promoting returnee (re)integration. Photo credit: DS Secretariat/Farhana Stocker.

1. ACCESS TO ESSENTIAL SERVICES

1.1 EDUCATION

Figure 5: Herat, Afghanistan, 12 March 2026: A UNICEF-supported Temporary Learning Space in Herat. A total of 260 TLCs are currently enabling children returning from Iran continue their education, with support from the Asian Development Bank (ADB) and the United Kingdom (UK). Photo credit: DS Secretariat/Farhana Stocker

Introduction

Afghanistan is facing one of the world's largest and fastest-growing returnee-related displacement crises. As per the HNRP 2026, over the past two years, approximately 5 million people - equivalent to 10 per cent of Afghanistan's total population - have returned to the country. In 2025 alone, more than 2.7 million Afghans returned from Iran (1.8 million) and Pakistan (805,000) of whom 31 per cent were women and girls. And as Afghan families return from Pakistan and Iran, the humanitarian response at border points is positioned not only to address immediate basic needs but also to provide structured, multi-sectoral information particularly on available education pathways and reintegration options in areas of return. This approach is aligned with the Afghanistan Education Sector Support Plan (2026-2027), which identifies returnee reintegration as a cross-cutting priority across sectoral interventions.

In line with Strategic Objective 1 of the AESSP— **sustaining safe and inclusive access to education for vulnerable learners** - Basic Human Needs (BHN) partners will address the compounded learning disruptions experienced by returnee children and youth. These disparities are further exacerbated by documentation gaps, limited school capacity in high-return areas, language and curriculum

differences for children educated abroad, and heightened protection risks including early marriage and child labour.

In line with AESSP Strategic Objective 1: **Sustaining safe and inclusive access to education for vulnerable learners,** Basic Human Needs (BHN) partners will respond to the compounded learning disruptions affecting returnee children and youth. These challenges occur within an already constrained system characterized by significant disparities in access, quality, and retention, particularly between boys and girls and between urban and underserved return areas. These inequities are further intensified by documentation and enrolment barriers, limited absorptive capacity of schools in high-return areas, shortages of qualified teachers, and inadequate infrastructure and learning materials.

In addition, returnee learners face difficulties related to language and curriculum mismatches for those educated in different systems, as well as weak availability of bridging or accelerated learning opportunities to support grade-appropriate placement.

Protection risks further deepen these vulnerabilities, including increased exposure to child labour, early marriage, and economic pressure on households, all of which contribute to higher dropout risks and reduced education continuity. Collectively, these factors underscore a critical need for targeted, flexible, and system-strengthening interventions to ensure equitable access, learning continuity, and sustained reintegration of returnee learners into the education system.

To respond to these overlapping constraints, partners will adopt a differentiated and adaptive programming approach, including: (i) reintegration into formal public schools where feasible; (ii) expansion of community-based schooling models in underserved and high-severity locations; and (iii) provision of literacy, skills development, and accelerated or alternative learning programmes tailored to out-of-school, over-age, and previously enrolled learners. These pathways will be sequenced and adapted based on learners' prior education, literacy levels, and socio-economic vulnerabilities.

Interventions will prioritize continuity of learning, structured (re-)integration into formal or non-formal pathways, and the strengthening of social cohesion within host communities. A targeted focus will be maintained on women and girls, who face disproportionate barriers to access and retention. In contexts where formal education access remains constrained, community- and home-based modalities, as well as distance and digital learning approaches, will be scaled in line with AESSP programme priorities (Programmes 1.2, 1.3, and 1.6), ensuring technical alignment with education partners and adherence to principled, conflict-sensitive programming approaches.

Need Assessment

Afghanistan's education system is operating under significant structural constraints, with limited absorptive capacity to respond to growing demand. Since 2023, close to five million Afghans have already returned from neighboring countries, placing considerable pressure on already overstretched communities and public services in areas of return. The situation has further intensified with large-scale return movements, including an estimated 2.78 million returnees in 2025 of whom over 1.75 million are children and are effectively adding substantial pressure to an already overstretched system[12]. These pressures are compounded by the already high number of out-of-school children (OOSC), estimated as more than 8.9 million nationally, reflecting persistent access and retention challenges. As per the WoAA 2025 Report, among displaced households, recent returnees (***34%***) and IDPs (***48%***) have the lowest attendance rates in schools, with disruptions being highest among non-recent IDPs (***~8%***) and returnees (***~9%***).

[12] 2026 HNRP

The identification of needs highlights a convergence of supply- and demand-side constraints. On the supply side, the system is characterized by insufficient school infrastructure, overcrowded classrooms, shortages of qualified teachers, and limited availability of teaching and learning materials. On the demand side, widespread poverty affecting over 90% of the population and continues to undermine households' ability to prioritize education, particularly where direct and opportunity costs are high. These constraints are further compounded by limited system capacity to absorb additional learners in high-return areas and the lack of flexible, scalable education delivery models.

Returnee populations face distinct and layered barriers that further restrict access and continuity of learning. These include administrative challenges such as lack of documentation for enrolment, geographic and safety-related constraints linked to distance from schools, and linguistic barriers for children returning from non-Dari/Pashto education systems. The absence of structured bridging, accelerated, and alternative learning opportunities further limits the reintegration of over-age and out-of-school children into appropriate education pathways.

Gender disparities remain a critical dimension of need. Evidence from the Norwegian Refugee Council (NRC) indicates that only 10% of households report full enrolment of school-aged girls compared to 32% for boys, while nearly half of families express uncertainty or unwillingness to send girls to school. This highlights entrenched barriers that place girls at heightened risk of long-term exclusion, particularly in displacement and return contexts.

Literacy gaps represent an additional structural constraint, particularly among returnee children and youth who are unable to meet minimum language requirements for integration into the formal system. This reinforces the need for transitional and language-bridging support as a prerequisite for reintegration. At the same time, limited livelihood opportunities increase the risk of negative coping mechanisms, including child labour further disrupting education pathways.

Taken together, the scale of existing out-of-school children combined with the influx of returnee learners is significantly increasing pressure on the education system, exacerbating gaps in access, quality, and equity. This underscores the need to move beyond short-term responses toward durable, system-strengthening solutions. Expanding flexible and inclusive education pathways such as community-based, accelerated, and alternative learning programmes alongside targeted investments to strengthen the formal system's capacity to absorb and retain learners, will be critical to ensuring sustainable reintegration and preventing further expansion of the out-of-school population, particularly among the most vulnerable groups, including girls and over-age learners.

Response required in Areas of Return (AOR)

According to the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) 2025 Returnee Response planning data, an estimated 18.5% of Afghan returnees comprise school-aged girls (5–17 years) among undocumented and ACC-holder populations, while 19.9% are school-aged boys. This translates into a projected caseload of approximately 230,400 school-aged children within the 2025 returnee influx, of whom 48% are girls further increasing demand on an already overstretched education system.

Given prevailing operational and capacity constraints, the response will continue to adopt a phased and targeted approach in 2026, maintaining a planning target of approximately 35% of returnee children consistent with 2025 projections primarily due to funding limitations and the current availability of resources. Geographic targeting will be refined through ongoing and post-arrival needs assessments in areas of return, ensuring that interventions are directed toward high-severity locations with limited-service availability and absorptive capacity.

The response framework is aligned with the AESSP (2026-2027) programme areas, ensuring strategic coherence across humanitarian, Basic Human Needs (BHN), and broader sectoral interventions, enabling a transition from immediate response to more sustainable, system-strengthening approaches.

Strategic Note on Returnee Adolescent Girls (Grade 7 and above)

Given the current suspension of access to secondary education for girls in Afghanistan, returnee adolescent girls (grade 7 and above), particularly those previously enrolled in secondary schooling in Pakistan and Iran, will be unable to transition into formal secondary or higher education upon return. This creates a significant risk of interrupted learning trajectories, long-term exclusion, and increased protection vulnerabilities.

The education response for returnee integration will be guided by the Education Strategic Thematic Working Group (Ed-STWG), with technical coordination through its specialized platforms, including the M&E TWG, Alternative Learning Pathways TWG (ALP TWG), Tertiary Education and Skills Development Working Group (TES-WG), Teacher Development Support Forum (TDSF), and Capacity Development TWG (CD-TWG), ensuring a coordinated, system-wide response.

Through the ALP TWG, partners will scale up alternative and distance learning modalities, including radio-, television-, and digitally supported learning, alongside community-based education at lower secondary level, to sustain learning continuity for adolescent girls. The TES-WG will strengthen community-based literacy, skills development, and flexible tertiary education pathways, with a focus on adolescent girls and young women through non-formal and competency-based approaches. In parallel, the TDSF will support targeted teacher development to strengthen inclusive pedagogy and adaptive teaching practices for alternative learning environments.

Implementation will be closely coordinated with the Education Cluster to ensure alignment across humanitarian and Basic Human Needs responses, reinforcing a coherent continuum of learning opportunities and mitigating the long-term impact of secondary education disruption on returnee adolescent girls.

First Phase/Early Recovery Response (until December 2026)

Priority Interventions for Durable Solutions: Enabling Systematic Reintegration, Learning Continuity, and Resilient Education Pathways (Aligned with the Afghanistan Education Sector Support Plan)
These interventions collectively aim to move beyond immediate access provision toward durable, scalable solutions that strengthen system capacity, support long-term reintegration, and prevent further expansion of the out-of-school population particularly among the most vulnerable groups.

i. *Integrated learner registration, profiling, and prior learning assessment (PLA):* Establish systematic registration and rapid needs assessments to determine grade placement, learning levels, and teaching and learning material (TLM) requirements, including textbooks. This will incorporate prior learning assessments to guide appropriate pathway allocation, in line with AESSP Programme 5.2 on evidence generation and data-driven planning.

ii. *Geospatial mapping of return locations and system capacity:* Conduct comprehensive mapping of returnee destination areas, including public school absorption capacity, availability of non-formal and community-based education, and access to literacy and skills development opportunities, to inform targeted, area-based planning and resource allocation.

iii. *Transitional access through Temporary Learning Spaces (TLS):* Establish approximately 3,000 TLS as an immediate, first-phase modality to ensure rapid access to safe learning environments for returnee children. TLS will serve as transitional platforms to support language acquisition, foundational learning recovery, and eventual integration into formal schools, aligned with EiE facility standards under AESSP Programme 2.2.

iv. *Expansion of alternative and flexible learning pathways:* Scale up Alternative Learning Programmes (AESSP Programme 1.2) to reach approximately 103,000 out-of-school and displaced learners through flexible modalities, including distance and blended learning. This will prioritize secondary school-aged learners, particularly girls through audio-visual content delivered via community radio, television, and offline platforms, complemented by community- or home-based facilitation mechanisms.

v. *Community-based literacy and skills development for adolescents and youth:* Establish inclusive literacy and skills programmes targeting adolescents and youth, particularly females, including Level 1 literacy (equivalent to Grades 1–3), with structured progression pathways toward higher literacy, vocational skills, and livelihood opportunities, thereby linking education with economic resilience.

vi. *Provision and scale-up of teaching and learning materials (TLM):* Ensure timely distribution of textbooks and essential learning materials to both TLS and public schools targeting nearly 10,000 students, alongside targeted quality enhancement initiatives such as computer literacy and English language programmes in selected 50 schools to strengthen learning outcomes and future employability.

vii. *Flexible infrastructure solutions for safe learning environments:* Where TLS establishment is not feasible, deploy alternative infrastructure solutions, including 2,000 high-performance tents with winterization support, to ensure immediate access to safe, gender-responsive learning spaces. These interventions will be complemented by rehabilitation and construction efforts to meet minimum standards and support medium-term system integration.

viii. *Provision of essential learning and hygiene support packages:* Distribute essential learning and hygiene kits (AESSP Programme 2.3) to facilitate immediate participation and retention, targeting approximately 10,000 returnee children, including girls and children with disabilities, while addressing basic well-being and protection needs.

ix. *Integrated MHPSS and Protection Response for Returnees:* Implement an integrated MHPSS response in coordination with Protection actors to address psychosocial distress among returnee children, adolescents, and caregivers. It will focus on early identification, community-based support, and case management continuity, with targeted assistance for high-risk groups including unaccompanied and separated children, adolescent girls at risk of early marriage, survivors of violence, and children at risk of or engaged in child labour.

x. *Strengthening transition pathways to durable education solutions:* Facilitate structured transition from temporary and non-formal modalities (TLS, alternative learning, literacy programmes) into formal schooling, community-based education, or skills development pathways, ensuring continuity and minimizing drop-out risks.

xi. *System strengthening and partner coordination for sustainability:* Reinforce coordination mechanisms and technical alignment across humanitarian, BHN, and development actors to ensure coherence with national systems, optimize resource utilization, and progressively shift from short-term service delivery toward sustainable, system-integrated solutions.

Medium to long term response (beyond December 2026)

Priority Interventions for Durable and Long-Term Solutions: System Strengthening, Inclusive Service Delivery, and Sustainable Reintegration of Returnee Learners (Aligned with the AESSP 2026-2027)

These interventions collectively aim to shift from immediate response modalities toward durable, system-strengthening solutions that expand absorptive capacity, improve learning continuity, and support long-term reintegration of returnee learners into Afghanistan's education system.

i. *Early Childhood Development and Education (Programme 1.4*): Expand access to early learning services for returnee children to support school readiness, cognitive development, and smooth transition into primary education.

ii. *Community-Based Education and Community-Based Schools (Programmes 1.1 and CBS modality):* Scale up Community-Based Education (CBE) and Community-Based Schools (CBS) in underserved areas of return to expand access for out-of-school returnee children. This includes structured primary education delivery in community settings, with emphasis on areas where formal schooling is unavailable or inaccessible.

iii. *Foundational Literacy, Numeracy, and Skills Development (Programme 1.3):* Provide structured foundational learning interventions for returnee children and adolescents, with a focus on remedial education, accelerated learning, and core competencies required for reintegration into formal or alternative education pathways.

iv. *Vocational and Market-Relevant Skills Development (Programme 1.6):* Deliver competency-based vocational training and livelihood-oriented skills programmes for youth and female returnees, supporting school-to-work transitions and household economic resilience.

v. *Improvement of Learning Environments (Programme 2.1):* Strengthen education service delivery through rehabilitation of learning spaces and WASH interventions, prioritizing returnee-affected and high-pressure areas to ensure safe, gender-responsive, and functional learning environments.

vi. *Distribution of Teaching and Learning Materials (Programme 4.2):* Ensure continuous provision of textbooks and essential learning materials across formal and non-formal education systems, supporting equitable access to quality learning resources.

vii. *School Feeding and Nutrition Support (Programme 2.4):* Provide school meals and nutrition support to improve attendance, retention, and learning outcomes, particularly in food-insecure and high-vulnerability settings.

viii. *Teacher Capacity Development (Programme 3.1):* Strengthen in-service training for teachers, with a focus on inclusive education strategies, multi-grade teaching, psychosocial support, and tailored pedagogical approaches for returnee learners.

ix. *Community Engagement and Social Cohesion (Programmes 1.5 and 5.5):* Implement structured community engagement initiatives to promote education participation, social cohesion, and integration between returnee and host communities through awareness, capacity-building, and local dialogue mechanisms.

x. *Long-term Integrated MHPSS and Protection System Strengthening for Returnee Communities:* Institutionalize Psychosocial First Aid (PFA) within community and service delivery structures and strengthen standardized referral pathways linking MHPSS, child protection, and GBV services to ensure continuity of care. Integrate community-based psychosocial services, including group activities, recreational and life skills programming, and school-linked support, within education

and community systems. Strengthen caregiver resilience through sustained psychosocial and parenting support, while building the capacity of frontline workers, educators, and community volunteers on MHPSS, identification, and referrals to ensure system-level integration and long-term sustainability.

xi. *Data Systems, Monitoring, and Evidence Generation (Programmes 5.1 and 5.2):* Strengthen education data systems to track returnee trends, access, and learning outcomes, complemented by targeted assessments to identify barriers and inform adaptive programming and resource allocation.

xii. *Coordination, Partnerships, and Localization (Programmes 5.3, 5.4, and 5.6):* Enhance coordination between humanitarian and Basic Human Needs (BHN) actors to ensure coherent education delivery to returnees. Mobilize additional financing and partnerships to address scale requirements; and strengthen the capacity of approximately 47 national NGOs to support localized implementation and sustainable service delivery for returnee populations.

Financial Requirements (Indicative)

Table 9: Costing of (Re-)integration Response in AoR: Education Sector Budget

Activity Description	Unit Cost (US$)	Target Beneficiaries	Budget Total (US$, 9 Months)	Comments
Integrated learner registration, profiling, and prior learning assessment (PLA)	0.40	80,000 children	32,000	Lumpsum for technical capacity and conducting the survey
Geospatial mapping of return locations and system capacity	0.40	80,000 children	32,000	Lumpsum for assessment of target school in AoR
Transitional access through Temporary Learning Spaces (TLS) – (Teacher trg, SMS trg)	110 (per child)	3,000 TLS	8,250,000	Overall cost of running TLS for 4-6 months in AoR
Expansion of alternative and flexible learning pathways- (Learning Program through establishment of computer labs)	22,000	50 school	1,100,000	Establishment of solar powered computer labs in 50 already built schools
Community-based literacy and skills development for adolescents and youth	600	3,755 learners	4,500,000	Includes training of trainers and facilitators. In parallel, a total of 4,125 learners will receive 16-week parenting education programme
Provision and scale-up of teaching and learning materials (TLM) –	110 (per child)	10,000 children	1,100,000	Complementary to UNHCR

(including school uniform and shoes)				
Flexible infrastructure solutions for safe learning environments – (Distribution of High-Performance tents)	1,700 per HPT	2,000 HPT	3,400,000	Both TLS and Public school based on need identified
Provision of essential learning and hygiene support packages	5 per child	10,000 children	50,000	
Integrated MHPSS and Protection Response for Returnees	25 per child	10,000 children	250,000	Integration with Protection team
Strengthening transition pathways to durable education solutions	5 per child	10,000 children	50,000	Cost involved in transition and mainstreaming of children in schools
System strengthening and partner coordination for sustainability	0.40	80,000 children	32,000	Lumpsum amount
EDUCATION SECTOR BUDGET			**18,796,000**	

Figure 6: A girl student attentively reads during class in a NRC supported school in Herat. Photo credit: NRC/Maisam Shafiey

1.2 WATER, SANITATION, AND HYGIENE (WASH)

Figure 7: 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 credit: 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. According to the Whole of Afghanistan Assessment (conducted in Sept 2025), the proportion of households prioritizing drinking water and the proportion lacking soap rose to 37% (up from 31%), signaling declining access and affordability. In addition, 18% of households lack sufficient drinking water and 32% rely on unimproved sources, with conditions particularly severe among rural populations, displaced people and female-headed households. Service trends show a mixed picture. Reliance on unimproved water sources remained high at 25% in 2025, showing no significant improvement from 23% in 2024; improved sanitation increased to 83%, yet 37% of households still lack soap. Drought-affected areas increasingly report dried or non-functional water points, again disproportionately affecting rural communities, displaced people and female-headed households. Declining household income and rising debt further reduce WASH affordability.

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 and

increases of WASH related diseases especially AWD with Dehydration 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. According to Round III Afghanistan Climate Vulnerability Assessment (November - December 2025) report for the Northern Region Provinces (Balkh, Jawzjan, Samangan, Faryab & Sar-e-Pul), only 48% of the assessed population in Balkh Provinces , 39 %in Jawzjan, 35% in Samangan , 41% in Faryab and 48% in Sar-e-Pul Provinces has meaningful access to drinking Water. The same assessment indicates 55% of Balkh provinces, 75% of Jawzjan, 68% of Samangan, 55% of Faryab and 55% of Sar-e-Pul Provinces indicated having water insecurity Main challenges faced by the community due to disaster or climate change. 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 and climate-resilient 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 climate resilient WASH services through community-based organizations (like the former community development councils (CDCs)) and Community Resource Centers (CRCs); community-driven process will strengthen sustainability and ownership of the systems. Interventions will include:

Resilience building of the returnees and displacement-affected communities in areas return. Detailed community assessments and resilience-building plans developed and led by community members, including women, will map the WASH needs and identify the sustainability and safety risks arising due to increased population stress and climate changes (e.g. drought and flooding) on already overstretched community WASH services and resources. These assessments will include participatory vulnerability and capacity analyses (PVCA) to identify specific climate-related risks to water sources (e.g., drying of springs, reduced groundwater recharge, salinization) and sanitation infrastructure (e.g., flood damage to latrines). 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. Resilience-building plans will prioritize: (i) diversification of water sources (e.g., rainwater harvesting, recharge ponds, dual-use systems); (ii) climate-proofing of WASH infrastructure (e.g., elevated latrine platforms, reinforced water points); (iii) early warning systems for drought and flood events; and (iv) community-based operation and maintenance (O&M) agreements to ensure long-term functionality. These interventions directly contribute to durable solutions outcomes by reducing returnee and host community vulnerability to climate shocks, lowering the risk of water-related conflicts, and ensuring sustained access to safe water and sanitation as a foundation for stable reintegration. As part of system sustainability, Water User Committees (WUCs)/Water Management Committees (WMCs) will be set up, trained on climate-resilient operations and maintenance (O&M) of the water supply system, and to run the system of recovery fee from water and sanitation facilities users to meet ongoing expenses, including replacement of dysfunctional parts, and to ensure financial sustainability.

Provision of safe water through climate resilient and sustainable water systems: Provision of safe drinking water is a key component of WASH services targeting 60% of the planned beneficiary figure (2.7 million people). 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). The water supply interventions cover the rehabilitation/ upgrading of the existing host communities and household connection to the returns targeting 805,950(50%) and construction of climate resilient new water supply system with distribution system and household connection targeting the reaming targeting 805,950(50%).

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 targeting around 120,000 families (50% families targeted for water supplies). 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 targeting 2.7 million people: 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 10: Costing of (Re-)integration Response in AoR: WASH Sector Budget (for 60% of the 2,696,500 estimated returnees for water supply and 100% for hygiene promotion)

Activity Description	Unit Cost (US$)	Target Beneficiaries /Facilities	Budget Total (US$, 9 Months) April-Dec 2026
Resilience building of the returnees in the place of origin and displacement affected communities	5	1,11,900	8,059,500
Provision of safe water through rehabilitation the existing climate resilient and sustainable water systems	25	805,950	20,148,750
Provision of safe water through newly constructed climate resilient and sustainable water systems.	56	805,950	45,133,200
Provision of access to basic sanitation facilities through sustainable community-led sanitation service and interventions	16	840,000	13,440,000

Conduct hygiene promotion interventions in communities	4	2,686,500	10,746,000
WASH services in institutions (schools and health care facilities)	50,000	200	10,000,000
Excreta disposal facilities (wastewater network) with wastewater reclamation	1	2,686,500	2,686,500
WASH SECTOR BUDGET			**110,213950**

1.3 HEALTH

Figure 8: Midwife providing essential RMNCAH services to a group of returnee women. Photo credit: UNFPA Afghanistan

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. Only 50 per cent of the health requirements were funded in 2025. Moreover, due to the US government work stop order, a total of 445 health facilities were closed/suspended across various provinces as of December 2025, affecting an estimated 4.5 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 2025, acute respiratory illness/pneumonia affected 1,483,846 people, 98,649 cases of suspected measles, 78,531 confirmed malaria cases, 166,188 cases of acute watery diarrhoea with dehydration, 6,168 cases of suspected dengue fever and 1,492 cases of suspected Crimean-Congo haemorrhagic fever were reported. The ongoing return of returnees to Afghanistan is expected to place additional strain on the already fragile primary and secondary healthcare systems. This increased pressure risks exacerbating existing morbidities and vulnerabilities, including malnutrition, and contributing to heightened physical and mental stress. These impacts are likely to be particularly severe among vulnerable groups, including children (boys and girls), women, and the elderly.

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 underserviced; 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).

Complementarity Between Health and Protection Sector MHPSS Interventions

Mental Health and Psychosocial Support (MHPSS) interventions are delivered through a coordinated two-pillar model to ensure comprehensive coverage without duplication. Under the **Health Sector**, MHPSS focuses on clinical and medical management of mental health conditions, including the identification, diagnosis, and treatment of moderate to severe mental disorders (e.g., depression, anxiety, post-traumatic stress disorder, and substance use disorders) through the provision of psychotropic medications, brief mental health interventions (e.g., mhGAP-IG), and referral to specialized psychiatric care. Health sector MHPSS is delivered by trained medical doctors, nurses, and psychologists within health facilities and mobile health teams, with an emphasis on integrating mental health into primary and secondary healthcare services.

Under the **Protection Sector**, MHPSS focuses on community-based psychosocial support and wellbeing promotion, including psychological first aid (PFA), individual and group counselling, structured recreational and life skills activities, awareness-raising sessions to reduce stigma, and the strengthening of community support networks. Protection sector MHPSS is delivered by counsellors, social workers, and community volunteers in safe spaces (e.g., women and girls' safe spaces and child-

friendly spaces such as in Community Resource Centres - CRCs) and through mobile outreach teams, with an emphasis on prevention, resilience-building, and restoring social functioning.

The two pillars are operationally linked through standardized referral pathways, joint case management for individuals with complex needs, and regular coordination meetings between Health and Protection sector working groups at national and sub-national levels. This ensures that returnees receive seamless, stepped care — from community-based psychosocial support to clinical mental health services — based on the severity of their condition and expressed needs. All MHPSS interventions are implemented in line with the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings.

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 indicate a **rapidly increasing burden of non-communicable diseases (NCDs)** in Afghanistan, accounting for approximately **50–52 per cent of total adult mortality**, primarily due to cardiovascular diseases (30–35%), diabetes mellitus (9–11% prevalence), chronic respiratory diseases (10–12%), and cancers, with late-stage presentation common. In areas of return (AoR), this burden is expected to worsen significantly due to **interrupted treatment, limited access to continuous care, shortages of essential medicines and diagnostics, food insecurity, and high levels of psychosocial stress**, all of which contribute to poor disease control and increased risk of complications such as stroke, myocardial infarction, and diabetic emergencies. It is estimated that **20–25 per cent of returnee households include at least one individual living with a chronic NCD**, requiring sustained access to care. Addressing this requires **integration of NCD prevention, screening, and management into Primary Health Care (PHC) through BPHS**, ensuring **uninterrupted availability of WHO PEN essential medicines and basic diagnostics**, strengthening **referral pathways to secondary and tertiary care under EPHS for complication management**, and **capacity building of healthcare workers**, particularly female staff, on standardized NCD protocols. Additionally, **community-based interventions** including risk communication and health promotion targeting modifiable risk factors (tobacco use, unhealthy diet, physical inactivity), alongside **integration of mental health and psychosocial support (MHPSS) into NCD care**, are essential given the strong comorbidity. Strengthening **NCD surveillance systems**, deploying **mobile health teams (MHTs)** for outreach in underserved areas, promoting **task-shifting to community health workers (CHWs)**, and ensuring **pre-positioning and continuous supply of essential medicines** will be critical to mitigate rising morbidity and mortality among returnees and host communities.

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 epidemic-prone diseases, including but not limited to acute watery diarrhoea with dehydration, and acute respiratory tract infection, COVID-19, and Dengue

fever. This is essential to enable the early detection and timely response to the diseases with outbreak potential, particularly in high-risk and vulnerable population.

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.

Approximately 47.72% of the population experience psychosocial stress and distress, with 24.30% severely affected, resulting in significant impairment in daily functioning and quality of life. Despite this high burden, only 11.57% of individuals seek professional care for mental health problems.

These challenges are expected to intensify in areas of return due to the psychological stress and trauma associated with the repatriation process. A 2024 survey conducted by the National Public Health Institute of Afghanistan in collaboration with the World Health Organization Afghanistan reported a substantial burden of mental health and substance use conditions among Afghan returnees from Pakistan. The findings indicated that 41.0% of individuals experienced anxiety, 35.8% reported depression and 37.2% were affected by drug use[13].

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.

Local production capacity is limited and can currently cover approximately 30% of national demand. While efforts are underway to **enhance** the manufacturing capacity of the de facto Afghanistan Food and Drug Authority (AFDA), the exigencies of the current situation require that timely procurement of medicines and supplies, along with their efficient last-mile distribution to Areas of Responsibility (AoR), remain 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 (AoR)

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

[13] Prevalence and correlates of non-communicable diseases risk factors, mental illness, and substance use disorders among returnees from Pakistan at Spin Boldak and Torkham borders, Afghanistan, 2024. Afghanistan

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 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 21 fixed health centers (preferably Sub Health Centers). .
- 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 emergency response and trauma care *across all levels of the health system remains a critical priority.* This includes strengthening service delivery from community and pre-hospital care through to secondary and tertiary facilities, ensuring timely, coordinated, and quality care for trauma patients.

Particular attention is required to support and sustain Trauma Care Centers located at key border entry points, including Spin Boldak, Torkham, Islam Qala, and Milak. The functionality and readiness of these centers are essential for the immediate management and stabilization of trauma and emergency cases, especially in the context of increased influxes of returnees and internally displaced populations, as well as casualties resulting from border clashes.

In addition, *the pre-hospital referral system* requires continued support to remain operational and effective. Strengthening ambulance services, communication systems, and referral coordination mechanisms is vital to ensure timely transportation and continuity of care from the point of injury to appropriate health facilities.

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 innovate modalities.

Strengthening disease surveillance: implement Community-Based Event Surveillance (CBES) to systematically detect and report unusual public health events within the community. Community Health Workers (CHWs) and the community key informants 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 30 in the area of returns to detect and report the weekly data for 17 priority infectious diseases and conditions 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): **30** 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 diseases and conditions, 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: To strengthen health inclusion and ensure easy access to essential health services, targeted community-based interventions will be implemented for returnees and displacement-affected populations. These efforts will include robust RCCE strategies aimed at building trust, promoting informed health-seeking behaviours, disseminating accurate and timely information, and ensuring that vulnerable groups are effectively reached and supported across affected communities. As a key component of this response, social mobilizers will be trained to deliver clear and culturally tailored awareness messages, gather community feedback, and identify/ address/ and counter misinformation and harmful rumours at community level. 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 building repairing, improvement of WASH facilities, 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 11: Costing of (Re-)integration Response in AoR: Health Sector Budget

Activity Description	Unit	Target Pop.	Budget (US$, 9 months)	Remarks
Primary health care (BPHS)				
Integrated PHC services (incl. reproductive health & nutrition, immunization incl. polio, basic MHPSS, WASH interventions through existing facilities)	36	407,875	11,012,625	
Midwifery programme training	1	500	1,650,000	500 beneficiaries to be trained
Operationalization of health facilities in priority areas of return (incl. building/ repairing, improvement of WASH facilities, equipment, furniture, etc.)	1	25	5,775,000	25 health facilities to be operationalized
Reproductive health services through Family Health Houses (FHH)	60	81,575	3,670,875	
New facilities (construction, renovation, installation of connexes)	36.3	305,906	8,328,298	Connexus with 15yrs life span
Sub-total 1			**30436798**	
Strengthening referral pathways, systems. essential and secondary healthcare				
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 of health workers for patient safety and healthcare quality	700	160	84,000	
Early warning, disease surveillance, alert investigation, and response	32	60,000	800,000	
Sub-total 2			**843,660**	
Deploy essential medicines, medical products, supplies, and consumables				
General supplies	3	407,875	917,719	Improving access to timely, quality & safe medicines, supplies, &consumable
Trauma and Emergency Surgery Kits (TESK)	1650	500	618,750	Procurement 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)
Midwifery supplies, drugs and medicines	100	35,060	2,629,500	
Supplies for communicable and non- communicable disease interventions	1.095	122,363	100,490	Medicines and consumables
Essential supplies and consumables for secondary care Health Facilities	18.8	61,181	862,656	Support 16 hospitals
PHC Kits	126	126,000	504,000	6kits/HF. 126 kits/21 HF for 9m
Sub-total 3			**9,214,665**	
Community-based healthcare interventions				
Integrated primary healthcare to vulnerable pop. in high-risk districts of the AoR.	21	142,756	1,171,144	Community-based health care services in the underserved areas, through 21 fixed HFs in WR, SR and ER as one-stop service package.
Risk Communication and Community Engagement (RCCE)	0.56	244,725	102,785	RCCE activities focus on community engagement, risk communication, & dissemination of public health information to returnee populations and host communities. Focus is on awareness raising on priority health risks, promotion of healthy practices, strengthening community feedback mechanisms, and addressing rumours and misinformation through trained social mobilizers and frontline workers; implemented in close coordination with health partners to ensure messages are context-appropriate, practical, and aligned with evolving humanitarian and public health needs.
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	
Capacity building of health workers on Psychological First Aid (PFA) and stress Management	300 staff		200,000	Training and supervision on PFA

Capacity building of medical doctors on mhGAP-IG	120 staff		160,000	Training and supervision on mhGAP-IG
Capacity building of Psychologist/PSC counselor on PM+	120 staff		160,000	Training and supervision on P+
Mental Health Kits (MHK-2022 PHC)	25 kits	250,000	100,000	Mental Health Kit, each kit is for 10,000 population for 3 months.
S risk monitoring and capacity building	400 HWs & 50 GCs		100,000	Capacity building & risk monitoring of health workers (HWs) and grassroots champion (GCs)
Sub-total 4			6,888,144	
Operational costs (7 per cent)			3,316,829	
HEALTH SECTOR BUDGET			**50,700,096**	

Figure 9: WHO-supported emergency trauma unit at Islam Qala providing lifesaving emergency and hospital care to returnees in Herat Province. Photo credit: WHO Afghanistan

1.4 NUTRITION

Figure 10: With UN Women's support, this women-only space in Kandahar helps Afghan women and girls, including returnees, access integrated services, from nutrition and livelihoods support to basic health, including mental health, and basic literacy. Photo credit: UN Women.

Introduction

Malnutrition continues to pose a severe public health challenge in Afghanistan, driven by poor dietary diversity, poor water, sanitation and hygiene, limited access to essential health and nutrition services, unsafe living conditions, and repeated exposure to climatic, economic, and humanitarian shocks. These factors have significantly exacerbated nutritional vulnerabilities, particularly among children aged 6–59 months.

The nutrition situation in Afghanistan is dire, with widespread food insecurity and high levels of acute malnutrition. Around 17.4 million Afghans are likely to experience high levels of acute food insecurity (IPC) Phase 3 or above - between November 2025 and March 2026. This includes 4.7 million Afghans in IPC Phase 4 (emergency), reflecting the severe impacts of climate shocks, economic fragility, and limited access to healthcare and nutrition services. Afghanistan continues to face one of the world's most severe child nutrition and food security crises as well, with nearly 90 per cent of children aged 6–23 months living in food poverty and 50% living in sever child food poverty.

In 2026, acute malnutrition among children under five years of age has remained at or above 3 million for the fifth consecutive year. An estimated 3.7 million children are expected to be wasted in 2026, including 942,000 children with severe acute malnutrition (SAM) and 677,000 children with high-risk moderate acute malnutrition (HR-MAM).[14] At the same time, nearly half of young children are chronically malnourished,[15] reflecting long-term deprivation and persistent failure to prevent malnutrition early in life.

[14] UN OCHA. Afghanistan: Humanitarian Needs and Response Plan 2026 (December 2025).
[15] UNICEF Afghanistan. Multiple Indicator Cluster Survey 2022/2023.

Child wasting in Afghanistan disproportionately affects girls, driven by entrenched gender norms, unequal caregiving practices, intra-household food allocation, and disparities in access to health and nutrition services. Restrictions on women's mobility and employment further limit mothers' ability to seek timely treatment for malnourished children. Adolescent girls, in particular, face compounded barriers to accessing health facilities due to social and contextual constraints. Addressing these disparities requires sustained investment in gender-responsive community outreach, expanded deployment of female health workers, and the establishment of safe and accessible spaces where women can seek care for their children without restrictions.

Malnutrition remains a leading cause of mortality among children under five. Children suffering from Severe and high moderate wasting face a twelve-fold increased risk of death, without sustained, high-quality, and equitable nutrition services, preventable child deaths and long-term developmental consequences will continue to rise.

Needs Identified

Children under five years of age constitute approximately 16.2 per cent of the returnee population, the majority of whom face heightened nutritional vulnerability. It is estimated that 80–90 per cent of these children require nutrition interventions, while around 5 per cent will need life-saving treatment for acute malnutrition. Required services include screening for malnutrition, counselling for pregnant and breastfeeding women, and the provision of micronutrient supplements, ready to use complementary food for babies, vitamin A, and deworming tablets for children aged 6–59 months.

In addition, children with high-risk moderate wasting and sever wasting require treatment using RUTF from which those with medical complication may require in-patient care, which is currently available through designated referral facilities located near border areas.

To effectively address these needs, nutrition services have been strategically expanded beyond static health facilities, with a strong emphasis on community-based service delivery. Initially, only 30 per cent of children under five were reached through facility-based services. However, following the deployment of additional community-level nutrition screening personnel, coverage has increased substantially to approximately 85–90 per cent, significantly improving access to timely and essential nutrition services for this highly 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:

i. *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 for caregiver of children, vitamin A and micronutrient supplementation, and referral services.
ii. *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 health facility for treatment.

iii. *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.

iv. *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.

v. *Monitor Breast Milk Substitutes (BMS) and Code compliance:* Systematically monitor to ensure that no unsolicited or inappropriate donations of BMS are accepted. Where a clear, justified need is identified, ensure that required quantities are carefully planned, budgeted, and procured by the cluster lead agency, and that their use is strictly targeted and provided under the direct supervision of qualified health personnel. Identify and address any violations through timely corrective actions.

vi. *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.

vii. *Delivering treatment services for children with high-risk MAM and SAM:* Ensure the delivery of quality treatment services for children with high-risk moderate acute malnutrition (HRM) and severe acute malnutrition (SAM) through health facilities and mobile teams, including the timely procurement and supply of essential treatment commodities (e.g., therapeutic foods) and anthropometric equipment to support service delivery.

viii. *Delivering micronutrient supplementation services:* Ensure the delivery of micronutrient supplementation services through health facilities and mobile outreach platforms, including the procurement and supply of key commodities such as multiple micronutrient supplements (MMS), micronutrient powders (MNP), Vitamin A, and other essential supplements.

Financial requirements (indicative)

Table 12: Costing of (Re-)integration Response in AoR: Nutrition Sector Budget

Activity Description	Unit cost	Target Population	Budget (US$ 8 months) 1 May-31 Dec 2026
Screening for malnutrition and referral (recruiting csreening and equiping them with skills and tools)	3	64,320	192,960
Services for treatment of SAM (including service cost and supplies)	110.5	1,673	184,878
Services for treatment of High Risk MAM (including service cost and supplies)	84.5	835.9	70,634
Functional upgrading of In-patient management of SAM with medical complications through provision of IPD specific kits.	425	250	106,250
Capacity of inpatient staff at the IPD-SAM	600	60	36,000
Procurement and distribution of micronutrient supplements (MNP)	1.2	64,320	77,184
Procurement and distribution of Vit-A)	1	80,000	80,000
Procurement and distribution of MMS for pregnant women (4%)	3.5	64,320	225,120
Providing preventive nutrition services (Counselling to mothers and caregivers) - Nutrition Counsellors Recruited	15	40,000	600,000
Capacity Building of health workers (first line workers) on IMAM/IYCF-E	175	40	7,000
NUTRITION SECTOR BUDGET			**1,580,025**

1.5 PROTECTION

Figure 11: Legal counsellor Marjan Fazli guides women from returnee families on obtaining vital civil documents like the Tazkira (National ID card) in Herat province. Photo credit: UNHCR/Oxygen Empire Media Production.

Introduction

The protection situation in Afghanistan is shaped by overlapping and protracted crises, including large-scale returns from neighbouring countries, conflict-induced internal displacement, recurrent natural disasters and extensive explosive ordnance contamination. These dynamics unfold against the backdrop of a rapidly shrinking human rights space, with women and girls, minorities, persons with disabilities, older persons, children and others with heightened protection risks disproportionately affected. Years of conflict and displacement have weakened or dissolved many civil society organizations and community structures in areas of return, while public services, safe public spaces, and social safety nets remain largely absent or inaccessible. As a result, displaced and returnee populations are exposed to a combination of physical, legal, socio-economic and psychosocial risks that undermine their ability to rebuild their lives and exercise their rights.

Within this context, returnees face specific, compounded vulnerabilities. Many arrive with limited or no civil documentation, constrained access to essential services and livelihoods, and high levels of psychological distress. Women and girls in particular are affected by restrictive norms and de facto authority-imposed limitations on movement, work and participation in public life, which heighten their exposure to gender-based violence, exploitation, child and forced marriage, and exclusion from education and income-generating opportunities. Children confront serious protection risks along the route and upon return, including hazardous labour, trafficking and family separation, while persons with disabilities and older persons encounter entrenched stigma and multiple barriers to assistance. At the same time, widespread explosive ordnance contamination in many areas of return continues to cause civilian casualties, constrain safe movement and limit access to land and livelihoods.

In this environment, it is crucial to invest in communities and empower displaced and returnee populations as agents of their own protection. Embedding protection work within displacement-affected communities, including returnees, internally displaced persons (IDPs) and vulnerable host community members, is essential to restore and strengthen community-based protection mechanisms, rebuild social safety nets and promote peaceful coexistence. At the same time, the severity of risks and the depth of needs require targeted, specialized protection interventions—such as case management, mental health and psychosocial support, legal assistance, child protection, prevention and response to gender-based violence, and mine action—to address individual protection risks and support access to durable, dignified solutions. Applying an area-based approach, the proposed protection response in areas of return will combine community-based programming with direct protection assistance, ensuring that returnees and other at-risk groups in displacement-affected communities can access information, services and support in a coordinated and sustainable manner.

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 at-risk group. This group faces heightened risk of being marginalized from accessing key/essential services, such as education, safe shelter, safe transportation, GBV and child protection services, livelihoods and support networks. Returnees with heightened protection 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.

In relation to mental health, UNHCR's post-return monitoring in December 2025[16] indicates that 67 per cent of Afghan returnees report that they or a household member experience stress affecting daily life, with common symptom including anger, irritability, disrupted sleep, loss of appetite, and withdrawal from social life, which can escalate into domestic violence and harmful coping mechanisms such as substance abuse. Women, girls, and other marginalised groups face distinct vulnerabilities due to reduced mobility, economic isolation, and heightened exposure to violence. At the community level, mental health conditions remain heavily stigmatized, leading to social exclusion and isolation, reduced participation in decision-making, and reluctance to seek formal care. [17] The IOM 2025 Protection Monitoring Report[18] reinforces this picture, noting that "psychological and emotional distress" as commonly reported among undocumented returnees across all corridors, linked to exposure to physical violence, injuries, prolonged detention and family separation before and during return, and to anxiety about safety after return.

[16] UNHCR Afghanistan: Post Return Monitoring Survey Report (December 2025)
[17] Ibid.
[18] IOM Afghanistan: Protection Monitoring Report, An Overview of 2025

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 UNHCR's Post-Return Monitoring Report (December 2025),[19] fewer than half of surveyed households reported that every household member held a Tazkira, highlighting persistent gaps in civil documentation that continue to restrict access to essential services for 71 per cent of returnees, particularly education (44 per cent), housing (23 per cent), and healthcare (23 per cent). UNHCR's study indicates that returnees often face greater barriers than host communities in obtaining a Tazkira due to lost documents during flight, bureaucratic obstacles, and the high cost of replacement or issuance. Gender disparities compound these challenges, as women are consistently less likely than men to hold a Tazkira. This reflects restrictions on mobility, lower awareness of legal procedures, and, in some cases, requirements for male guardianship in administrative processes.[20] According to IOM's Protection Monitoring Report for 2025, the impacts of lack of civil documentation go beyond access to essential services, such as inability to access humanitarian assistance, inability to move freely and get involved in property ownership disputes.[21] In 2024, less than half of returnee women arriving at border crossing points reported having their own valid Tazkira[22], reflecting significant gendered barriers to documentation at the time of return. By December 2025, UNHCR post-return monitoring[23] found that fewer than half of all returnee households reported that most or all members held a Tazkira; with female-headed households more likely to report that most or all household members have a Tazkira (77 per cent) than male-headed households (40 per cent).

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 leave the country, the lack of safe, regular, 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 going abroad. This deception leads many to unknowingly fall into trafficking situations marked by coercion, physical harm, and severe exploitation (including labour exploitation and domestic servitude). These risks are not limited to the displacement and migration process but persist upon return, particularly for those burdened by debt, stigma, and exclusion.[24]

Children returning to Afghanistan face multiple challenges and discrimination including lack of access to education.[25] The situation is exacerbated by serious protection risks during their journeys and upon return, including physical threats, child trafficking exploitation, and family separation. Addressing the multifaceted challenges faced by returnee children in Afghanistan requires urgent and comprehensive action to ensure their protection, safety, education, skills building and successful reintegration into

[19] UNHCR Afghanistan: Post Return Monitoring Survey Report (December 2025)
[20] Ibid.
[21] IOM Afghanistan: Protection Monitoring Report, An Overview of 2025
[22] Gender Alert, July 2024.
[23] UNHCR Afghanistan: Post Return Monitoring Survey Report (December 2025)
[24] IOM Afghanistan: Protection Monitoring Report, An Overview of 2025
[25] Save the Children, 'From Europe to Afghanistan: Experience of child returnees', https://resourcecentre.savethechildren.net/pdf/sc-from_europe_to_afghanistan-screen_1610.pdf/.

society. Key challenges include serious protection risks, economic pressures and limited access to education. Returnee children are at risk of hazardous labour, trafficking, sexual abuse, and early forced marriages, particularly affecting girls. The military escalation has impacted over 40,000 children, leading to injuries, family separations, and psychological distress. At the same time, the absence of economic opportunities in areas of return drives unsafe secondary movements to neighbouring countries like Iran and Pakistan, further complicating the reintegration process. Returnee children, especially adolescent girls, struggle to integrate into formal education due to space limitations, documentation issues, and ongoing educational restrictions and the ban for girls above grade six. Children with disabilities face additional barriers, such as inaccessible classrooms and a lack of trained teachers. To ensure the long-term reintegration of returnee children, a coordinated approach is essential. This should include tailored protection services that implement integrated efforts across sectors to provide specific protection support, along with family and community support to restore and enhance family reunification and community support systems. It should also prioritise inclusive education and livelihoods, promoting access to education and economic opportunities with a focus on mitigating risks for girls, particularly in relation to child, early, and forced marriages (CEFM) and gender-based violence (GBV).

Most households across regions reported exposure to various risks including physical violence, harassment, threats, service denial, limited rights, discrimination, early marriage, and abuses.

Women and girls returning to Afghanistan are also at significantly heightened risk, both with respect to physical and psychological safety and security including GBV and mental health, and with heightened challenges with respect to reintegration and resumption of stable and safe livelihoods. Within the planning figure of almost 2.7M individuals returning from Pakistan and Iran, an estimated 1.23M individuals are considered to be at risk of GBV.[26] 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. UNHCR's Post Return Monitoring Survey Report (December 2025) data also indicates employment opportunities are limited and highly unequal, creating particular challenges for women and young people. Women returning from Pakistan faced the greatest constraints in accessing opportunities outside domestic activities.[27]

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 and aid, hindering their social integration, and giving rise to further protection risks. 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. Additionally, throughout 2025, female headed households were exposed to tenure insecurity as they are more likely to be hosted for free or had verbal rental agreements, often forced to rely on relatives, or undertake unpaid domestic labour in exchange for shelter. [28]

Four decades of armed conflict have left Afghanistan with one of the world's largest estimated populations of *persons with disabilities* per capita. Dedicated assistance for Afghans with disabilities is scarce, and inclusion in mainstream services still very limited. Persons with disabilities in Afghanistan, especially women and girls, also face severe social stigma, excluding them from meaningful participation in communities and access to basic services. Similarly, older persons often face severe constraints in accessing assistance.

[26] UNFPA/ GBV Workstream, April 2026.
[27] UNHCR Afghanistan: Post Return Monitoring Survey Report (December 2025)
[28] IOM Afghanistan: Protection Monitoring Report, An Overview of 2025

Afghanistan has one of the highest levels of explosive ordnance (EO) contamination in the world. Between 1 Jan to 31 Dec 2025, 493 casualties were reported to be caused by EO, and 67 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, 1,019.7 square kilometers (sq km) or 1.019 million square meters (sqm) are Confirmed Hazardous Areas (CHAs), affecting mainly grazing land or open land which are assigned for settlement remain to be addressed. Additionally, spot/sporadic ERW due to more than four decades of war could be found everywhere. To date, 65 per cent of Afghan returnees since January 2025 have settled in districts where explosive hazards exist. It is expected that 2.6 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. Around one third 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[29] 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 the expansion of community communication through audio and visual resources, including for complaints and feedback mechanisms as well as the establishment and/or operationalization of community centers (including women and girls safe spaces) through the direct engagement of and empowerment of existing community structures. 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 civil society organizations, including those led by women and persons with disabilities. Community-based protection interventions will help to empower communities to take greater agency in their own protection while at the same time, ensuring the sustainability of interventions. They will also serve as key entry points to strengthen social cohesion among returnees, IDPs and displacement affected communities.

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.

As part of MHPSS interventions[30], MHPSS counsellors will be trained on basic psychosocial support to ensure that quality support is provided to returnees and others equally vulnerable in the displacement affected communities who are suffering from psychosocial issues. MHPSS awareness sessions will be

[29] 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

[30] 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.

provided to returnees in the waiting areas of reception, transition centres and AoR, aiming to raise awareness about psychosocial issues, mitigate stigma, and improve help-seeking behaviour. Psychological first Aid training will be provided to frontline workers stationed at AoR to ensure that beneficiaries experiencing distress receive immediate emotional support. In response to the growing needs of returnees, individual, 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[31] 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 to support returnees, IDPs and affected communities in obtaining civil documents. In this context, referrals will be possible to legal aid to provide cash assistance covering administrative and transportation fees linked to obtaining civil documentation. Specific focus will be placed on ensuring women and girls' access to documentation through women-to-women service provision and targeted awareness raising.

Protection monitoring to identify protection needs and risks of returnees for strategic decision-making and programming, *protection monitoring*[32] 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. Protection monitoring will also serve as an entry point for referrals of individuals identified to have heightened protection risks.

Persons with disabilities[33] 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 in areas of return will include individual case management for children in need of specialized services and the establishment of community-based child-friendly spaces (CFS)/centers for the provision of age-appropriate activities including PSS, life skills, and vocational skills services, as well as the promotion of knowledge, referral to specialized services from other sectors such as livelihood opportunities , education, birth registration. Community Based Child Protection structures (CBCPS) will be established and trained to raise awareness among families and

[31] 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.

[32] 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.

[33] 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.

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 in return areas.

Protection of women and girls and GBV[34] It is essential to provide GBV life-saving multi-sectoral services (medical, safety, case management and legal) in line with the Inter-Agency Minimum Essential Services Package module, alongside individual and group psychosocial support, safe spaces, distribution of dignity kits and information sessions on available services and timely access, including strengthening referral pathways to existing services. It is also critical to establish additional mental health and psychosocial support facilities providing a more comprehensive package of services. In addition to services which can be provided through existing medical facilities, support must also be provided through women-led organizations and by women to women service delivery points. Returnee women, together with host community women in areas of return, 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 will be conducted. In addition, response will support 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. Male engagement will be implemented through a multi-tiered strategy targeting individual, interpersonal, community, and institutional levels to address GBV, including norm transformation, and capacity-building initiatives that promote equitable gender attitudes and accountability. Trained male counsellors deployed in health facilities will provide PSS and awareness to men and boys, promoting positive coping and also as an entry point for referral of boys with specific issues. In addition, 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 livelihoods opportunities leading to their economic empowerment.

Lastly, *Mine Action*[35] 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 Victim Assistance (VA) including physical rehabilitation, psychosocial support and referral services. In parallel 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.

Accountability to Affected People (AAP)

Accountability to Affected People (AAP) is integrated as a core component of the Protection response to ensure that interventions are inclusive, responsive, and aligned with the needs and priorities of affected populations. The Protection sector will monitor five system-wide AAP indicators: access to information, participation and inclusion, awareness and access to feedback and complaint mechanisms, response to feedback, and satisfaction with assistance. These indicators will be disaggregated by age, gender, disability status, and population group to ensure equitable and people-centred protection outcomes

Community Perception Monitoring (CPM: will serve as a key evidence base to inform protection programming and strengthen accountability. Drawing on findings from the Afghanistan CPM (July–December 2025), the response will incorporate feedback from affected populations including women,

[34] The activities should reach 320,000 women and girls and 100,000 men and boys.
[35] The activities should reach 185,612 women and girls and 201,078 men and boys.

men, returnees, IDPs, and persons with disabilities to identify protection risks, improve service delivery, and support evidence-based programme adaptation. Through community-based approaches, regular consultations, and safe and accessible feedback mechanisms, the Protection response will ensure continuous engagement with communities and integration of their perspectives into decision-making processes.

Financial Requirements (Indicative)

Table 13: Costing of (Re-)integration Response in AoR: Protection Sector Budget

Activity Description	Unit Cost (US$)	Target Population	Budget Total (US$, 9 Months) 1 Apr-31 Dec 2026
General Protection (including Community-Based Protection)			
Complaints and Feedback Mechanism	5 USD	10 % (268,650)	1,343,250
Community Perception Monitoring on System-Wide Accountability	Lumpsum	65% host community; 18% Returnee; 16% IDPs; 2% Nomads	30,000
Community-Based Protection (Social Cohesion)	10USD	10% (268,650)	2,686,500
Protection Case Management	35 USD	1% (26,865)	940,275
Protection Case Management – cash assistance	200USD	60% of PCM (16,119).	3,223,800
Protection Case Management – Staff training	Lumpsum	800	136,500
Protection Mainstreaming – Staff training	Lumpsum	800	136,000
Protection Monitoring	6 USD	100,000	600,000
Legal Assistance – cash assistance for documentation	27 USD	2% (53,730)	1,450,710
Legal Assistance - legal awareness and legal counseling sessions, including provision of legal representation	21 USD	5% (134,325)	2,820,825
Total			13,368,360
Operational costs (10 per cent)			1,336,836
BUDGET SUB-TOTAL			**14,705,196**
MHPSS			
Provision of individual and group counselling in areas of return to address psychosocial needs.	20 USD	40% (500,000)	1,000,000
Provision of individual, group counselling, and awareness raising sessions in areas of return, to address the psychosocial needs of affected populations	25 USD	20% (250,000)	625,000
Total			1,625,000
Operational costs (10 per cent)			162,500
BUDGET SUB-TOTAL			**1,787,500**
Persons with Disabilities - DIWG			

Trainings on Inclusive Humanitarian Action (IASC Guidelines) - # staff trained	20 USD	1,000	**20,800**
Strengthening capacity of OPDs and persons with disabilities in the humanitarian sector - # persons trained	20 USD	200	**4,160**
Trainings on Washington Group Set of Questions - # staff trained	20 USD	200	**4,160**
Awareness on inclusive humanitarian action among community members	5 USD	1,000	**5,200**
Printing of IEC materials (lumpsum)	Lumpsum		**10,000**
Total			**44,320**
Operational costs (10 per cent)			**4.432**
BUDGET SUB-TOTAL			**48,750**
Child Protection			
Establishment / provision of Structured MHPSS services through community-based centers and homes.	30 USD	50,000	1,500,000.00
Case management for children and follow up	75 USD	12,500	937,500
Establishment & Training of CBCPS (200)	100 USD	2000	200,00
Skills training and livelihood intervention	800 USD	3,500	2,800,000
Birth registration, supplies, capacity building and awareness	10USD	250,000	2,500,00
Total			7,937,500.00
Operational cost			793,750
BUDGET SUB Total			**8,731,250**
GBV/Women Protection			
Establishment and operation of MPWCs and other safe spaces in areas of return	25,000USD	12	350,000
Mental Health and Psychosocial Support	25 USD	80,000	2,000,000
Cash assistance	150 USD	8,000	1,200,000
Awareness raising and community mobilization including mahram	5 USD	268,000	1,340,000
GBV multi-sectoral lifesaving services (medical, safety, legal & case management) & referrals	30 USD	45,000	1,350,000
Capacity Building	20 USD	500	10,000
Distribution of dignity kits to women and girls	48 USD	46,0000	2,208,000
Total			8,458,000
Operational costs (10 per cent)			845,800
BUDGET SUB-TOTAL			**9,303,800**
Mine Action			
Battle Area Clearance/Manual Mine Clearance (BAC/MMC) of Confirmed Hazardous Areas (CHAs) in areas of high returnee populations.	13,500 USD	20% (525,000)	2,308,500
Non-Technical Survey (NTS) of Suspected Hazardous Areas (SHAs) in districts with high returnee populations	3000 USD	8% (225,000)	324,000
Explosive Ordnance Risk Education (EORE) amongst at-risk returnee populations in districts of high returnee populations	2,800 USD	15% (396,000)	504,000
Support to survivors of Explosive Ordnance (EO) through Emergency Victim Assistance (EVA) through Physical Rehabilitation Centre	18,800 USD	0.04 (1000)%	169,200

Explosive Ordnance Disposal (EOD) Hotline spot tasks through Quick Response Teams (QRTs)	6,000 USD	11% (300,000)	864,000
Total			4,000,500
Operational costs (10 per cent)			400,050
BUDGET SUB-TOTAL			**4,400,550**
PROTECTION SECTOR BUDGET			**38,977,046**

Figure 12: Mine Clearance, Haskamena, Nangarhar. Photo Credit: Danish Refugee Council (DRC), Afghanistan

1.6 ECONOMIC OPPORTUNITIES AND RESILIENT LIVELIHOODS

Figure 13: This project offers a compelling example of how integrated programming can bridge the gap between emergency response and sustainable (re-)integration. Thanks to a small livelihood grant by WVI paired with immediate cash support, this returnee woman turned her baking skills into a thriving local bakery—moving from aid recipient to active contributor, while serving her neighbors and building a better future by creating ripple effects of resilience in her community. Photo credit: DS Secretariat/Farhana Stocker

Introduction

The lack of sustainable livelihoods is a fundamental issue in Afghanistan and underpins much of the humanitarian need. This section outlines a strategy for investment in sustainable and resilient livelihood options—supported by market-relevant 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. For 2026, the response covers the period May-December 2026 and is anchored to an estimated 2,696,500 returnees (Iran: 1,596,500; Pakistan: 1,100,000), targeting area-based, community-centric reintegration across prioritised Areas of Return (AoR).

Needs Identified

Returnees from Pakistan and Iran 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, and given the high youth unemployment rate, especially among young women, there is a need to prioritize women and youth in inclusive livelihoods responses.

Most returnees arriving from Pakistan and Iran 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. A UN Women study on women returnees (2025) has shown that only 17% of women who returned are working after their return, out of which 92% are in informal and vulnerable jobs. 40% of women returnees reported having unused skills, including in technical, educational, and digital fields. 77% of women also reported returning with no tools or capital to generate income. 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, thereby 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 returnees' access to the labour market will also be necessary.

Returnees face limited access to sustainable livelihood opportunities due to gaps in market-relevant skills, access to productive assets, and weak local market systems. This analysis also incorporates inputs provided by WFP. A large proportion of returnees are unable to translate existing skills into income due to a lack of startup support, market linkages, and demand-driven opportunities. In rural areas, degraded natural resources and insufficient productive infrastructure further constrain agricultural productivity and labour absorption. These challenges are more pronounced for women and youth, who face additional barriers to accessing skills, markets, and income-generating activities.

UNESCO's Skills Development and Literacy (SDL) programme evidence further confirms that low literacy levels significantly constrain returnees' access to livelihoods. Findings from recent tracer analyses show that while a proportion of returnees possess basic or semi-skilled experience, the lack of functional literacy, numeracy, and business skills limits their ability to transition into sustainable income-generating activities. This gap is particularly pronounced among women and youth, who face compounded barriers due to restricted mobility and limited access to formal employment opportunities.

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 through an integrated approach structured around three thematic areas: (i) Immediate jobs and livelihoods support; (ii) Sustainable livelihoods and economic inclusion; and (iii) Community infrastructure and productive assets for resilience and social cohesion.

i. Immediate Jobs and Livelihoods Support

Returnees are arriving with few income-generation options. Those who have skills still do not have the means to start generating income. To mitigate the potential for economic instability resulting from

labour market oversaturation, the response will prioritize immediate income-generation opportunities for returnees and vulnerable households, including host communities.
These interventions will include cash-for-work, light food assistance for assets, and Temporary Basic Income, combined with job retention schemes for host community members to reduce tensions and support social cohesion. Immediate employment opportunities will be designed to contribute to the creation and maintenance of productive community assets and infrastructure, while ensuring rapid income support.

Facilitating cash-for-work employment at sites of historic and/or functional significance, such as the rehabilitation of karez systems to improve access to water, restoration of cultural heritage sites, and support to cultural industries (e.g. handicrafts production), will also contribute to fostering shared identity and common interests across communities.

All immediate jobs and livelihood support will be linked to longer-term, sustainable livelihood pathways, as outlined below.

ii. Sustainable Livelihoods and Economic Inclusion

The response will support the transition from short-term income opportunities to sustainable livelihoods and decent work, targeting returnees and unemployed host community members, with a strong focus on women and youth.

This will be achieved through a combination of:

- Skills development and TVET programmes aligned with market demand, including digital livelihoods opportunities;
- Microenterprise establishment and MSME development, including support to women-led businesses;
- Access to finance mechanisms, including savings groups and community-based financial models;
- Market access and value chain development, strengthening linkages between producers, enterprises, and markets.

Given the presence of semi-skilled returnees, the response will also facilitate labour market integration, ensuring that existing skills are effectively matched with demand. A gender-sensitive approach will guide all interventions, addressing structural barriers faced by women, including limited mobility and access to markets and financial services.

iii. Community Infrastructure, Productive Assets and Social Cohesion

Investments in productive community infrastructure and assets will form the backbone of sustainable livelihoods and economic recovery in areas of return. These interventions will support job creation within sustainable value chains, while enhancing the overall functioning of local economies.

Key investments will include:

- Rehabilitation and development of irrigation systems and water resources, etc;
- Support to shared productive assets, such as greenhouses and community-based production facilities;
- Development of market and community spaces that enable economic activity and interaction among target groups.

These investments will not only create employment opportunities but also strengthen the absorption capacity of local labour markets, particularly in high-return areas. By promoting shared access to

resources and economic opportunities, they will contribute to reducing tensions between returnees and host communities and reinforcing social cohesion.

Financial Requirements (Indicative)

The consolidated intervention package represents a comprehensive and integrated approach to livelihoods recovery, targeting a total of 638,029 beneficiaries with an overall budget of USD 140.5 million. This translates into an average cost of approximately USD 220 per beneficiary, reflecting a strong balance between cost-efficiency and impact at scale. The portfolio is designed to combine immediate reintegration support, income generation, and longer-term economic resilience, with a strong emphasis on women's economic empowerment and support to returnees and other vulnerable groups.

A significant share of the resources is allocated to Cash-for-Work and short-term employment interventions, reaching over 338,000 beneficiaries, many of whom are expected to be returnees and vulnerable host community members. This component plays a critical role in providing immediate income support, facilitating reintegration, and reducing negative coping mechanisms. The relatively moderate unit cost of these interventions ensures high outreach and rapid impact, making them particularly suitable for large-scale response in high-return areas.

Complementing this, TVET, skills development, and employment support interventions target more than 31,000 individuals, with a focus on youth, women, and returnees lacking market-relevant skills. While the unit cost is higher compared to short-term employment, these investments are essential for enabling sustainable livelihoods and employability, particularly in contexts where returnees face structural barriers to labour market entry. The inclusion of digital livelihoods further reflects a forward-looking approach to expanding income opportunities, especially for women facing mobility constraints.

The portfolio places strong emphasis on MSME development and entrepreneurship, reaching nearly 18,000 beneficiaries, alongside market access and value chain interventions benefiting over 38,000 individuals and producer groups. These components are particularly relevant for women entrepreneurs and women-led businesses, supporting their transition from subsistence-level activities to more market-oriented and income-generating enterprises. The cost structure reflects a mix of grants, technical support, and market linkage services, with unit costs remaining within a reasonable range given the higher intensity of support required.

Targeted interventions under financial inclusion and access to finance further strengthen this pathway by supporting savings groups, subsidized loans, and small-scale financial mechanisms, directly benefiting over 8,800 individuals and groups. These interventions are especially critical for women and returnees, who typically face the greatest constraints in accessing formal financial systems. The relatively low unit cost demonstrates strong cost-efficiency, while enabling catalytic effects on local economic activity.

In rural areas, agriculture and household livelihood packages reach over 15,000 beneficiaries, many of them women-headed households and returnee families, through support such as livestock, inputs, and small-scale production packages. These interventions are designed to restore productive capacity at the household level, with moderate unit costs reflecting tangible asset provision and inputs.

At the systems level, investments in community infrastructure, irrigation, and productive assets account for a significant portion of the budget, benefiting nearly 177,000 people directly, while also generating indirect benefits at community level. These interventions, though higher in unit cost, are critical for creating the enabling environment for livelihoods, particularly in areas experiencing high

returnee influx. They also integrate Cash-for-Work modalities, thereby linking short-term income generation with longer-term asset creation.

Across the portfolio, women are systematically prioritized, both as direct beneficiaries and as key economic actors. Dedicated interventions for women-led MSMEs, savings groups, and value chain participation, combined with gender-sensitive design (including digital and home-based opportunities), ensure that women are not only included but positioned as drivers of local recovery. Similarly, returnees are a central target group, with interventions tailored to address their immediate reintegration needs while building pathways toward sustainable livelihoods.

(Re-)integration Cash Assistance: The "(Re-)integration Cash Assistance and Social Protection Support" line item in the below table refers to *transitional cash grants* provided to highly vulnerable returnee households (including female-headed households, households with persons with disabilities, and households with acute protection concerns) to address immediate basic needs upon arrival in areas of return. Unlike the Multi-Purpose Cash Assistance (MPCA) provided at border points, which covers a one-off package for food, NFIs, and transport, (re-)integration cash assistance is designed as a *time-limited (up to 3 months), decreasing-value grant* to bridge returnees from emergency relief to sustainable livelihoods. This assistance is conditional on participation in livelihoods counselling, financial literacy training, and referral to longer-term economic inclusion programmes (e.g., TVET, savings groups, MSME support). Disbursement is linked to a household-level (re-)integration plan developed through case management, ensuring alignment with broader (re-)integration objectives such as housing stability, children's school enrolment, and access to healthcare. This approach is consistent with the IASC Framework's criteria for durable solutions (see Annex 5) and complements the Border Consortium's MPCA without duplicating assistance.

Overall, the cost structure demonstrates a strategic layering of interventions—from low-cost, high-reach activities (such as Cash-for-Work and social support) to higher-cost, high-impact investments (such as enterprise development and infrastructure). This ensures both scale and sustainability, while maintaining a balanced and efficient use of resources.

Table 14: Costing of (Re-)integration Response in AoR: Economic Opportunities, Decent Jobs, Resilient Livelihoods Sector Budget

Cluster	Total Beneficiaries	Total Units	Average Unit cost	Total Budget (USD)
(Re-)integration Transitional Cash Assistance and Social Protection Support (up to 3 months, decreasing value)	3,420	1,200	$737	$2,520,000
Technical and Vocational Education and Training (TVET), Skills Development, Job Placement and Digital Livelihoods	31,290	19,290	$841	$26,326,500
MSME Development, Enterprise Support and Entrepreneurship Promotion	17,925	13,225	$1,112	$19,927,500

Market Access, Value Chain Development and Strengthening of Producer Organizations	38,010	9,510	$161	$6,107,000
Financial Inclusion, Access to Finance and Support to Savings Groups	8,825	611	$173	$1,527,000
Agricultural Livelihoods and Household-Level Productive Support Packages	15,100	12,898	$402	$6,076,200
Cash-for-Work and Short-Term Employment Opportunities	338,495	51,927	$86	$29,111,500
Community Infrastructure, Irrigation Systems and Productive Asset Development	176,964	8,256	$276	$48,846,000
Promotion of Labour Rights and Business Enabling Environment Support	8,000	400	$10	$80,000
Grand Total	**638,029**			**$140,521,700**

Women-Specific Livelihoods Programming: Consolidated Investment

In line with the RPAR's commitment to gender-responsive programming, the Economic Opportunities, Decent Jobs, and Resilient Livelihoods sector has disaggregated targeted investments for women and girls across multiple intervention clusters. The consolidated budget for women-specific livelihoods programming is **USD 47,850,000** (34 per cent of the total livelihoods budget), reaching an estimated **185,000 women returnees and host community women**. This includes:

- TVET, Skills Development, and Digital Livelihoods (women-only or women-first cohorts)
- Women-led MSME development and enterprise support
- Women's savings groups and access to finance (including ROSCAs)
- Women's agricultural livelihoods packages (e.g., poultry, vegetable gardening, dairy)
- Cash-for-Work and short-term employment with gender-balanced targets
- Home-based and digital livelihoods for women with mobility restrictions
- Women's market access and value chain participation

All women-specific interventions are implemented in compliance with the Afghan De Facto Authorities (DFA's) restrictions, utilizing modalities such as home-based work, women-to-women service delivery, female trainers and facilitators, and safe transportation arrangements where needed.

These investments are tracked through sex-disaggregated indicators in the Durable Solutions Information Management System (DSIMS) and reported biannually.

Figure 14: A returnee woman weaving gabion in a DRC supported project in Watapoor. Photo credit: Danish Refugee Council (DRC) Afghanistan.

3. HOUSING AND LAND

Figure 15: A group of women in Kabul, participating in participatory hazard mapping and field practices to better understand hazard risks that are threatening their communities. Photo credit: UN-Habitat/Wrashmina Muneed

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 w*omen: 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 (AoR)

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. Partners will apply vulnerability and prioritization criteria across actors, and transparently balance assistance between returnees, IDPs, and host communities in high-pressure locations—prioritizing households facing acute tenure insecurity/eviction risk, destroyed or uninhabitable housing, and heightened vulnerabilities (including women-headed households). 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.

To operationalize gender inclusion, partners will introduce minimum targets for women's participation in participatory planning and community decision-making, prioritize women headed households during repairs and support practical measures enabling women's access to land allocation schemes, including safe information/assistance and pathways for women to be reflected in relevant documentation where feasible. 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. Post-construction support will be planned from the outset, including community-based operation and maintenance arrangements (e.g., agreed responsibilities and basic maintenance capacity) to sustain infrastructure functionality over time. 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 define a small set of outcome indicators (e.g., improved tenure security and reduced land disputes) and use community feedback/complaints channels to inform adaptive management and improve accountability to affected populations. 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 15: Costing of (Re-)integration Response in AoR: Housing and Land Sector Budget

Activity Description	Units	Target	Unit Cost (US$)	Total Cost (US$ 9 months) April-Dec 2025
Outcome 1: Strengthened access to Housing, Land and Property (HLP) rights				**$ 4,794,000**
HLP needs assessments	12 (provinces / average 5 per province) 60 settlements	60	6,000	$ 360,000
Participatory land use mapping and settlement planning, including inclusion of women and including gender-sensitive considerations in spatial planning (target is community/ settlement)	settlements	60	18,500	$ 1,110,000
Capacity building of community-based organizations on HLP issues	settlements	60	1,350	$ 81,000
Upgrading community infrastructure inc. Gender-inclusive public community infrastructure and spaces to strengthen HLP rights and foster reintegration	settlements	60	50,000	$ 3,000,000
Support access to Land Allocation Schemes (beneficiary selection, land identification , referral pathways) (target is HH)	provinces (settlements)	12	20,250	$ 243,000
Outcome 2: Sustainable housing solutions				**$ 62,702,448**
Rental support for 12 months @ US$65/month in urban areas	households	6,428	891	$ 5,727,348
Major and minor housing repairs	dwellings	12,000	490	$ 5,880,000
Incremental housing support	dwellings	1,714	5,400	$ 9,255,600
Microgrid solar energy systems	dwellings	1,714	3,750	$ 6,427,500
Transitional shelter aligned with WASH target areas	dwellings	8,571	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	people	90,000	203	$ 18,270,000
HOUSING AND LAND BUDGET				**67,496,448**

VI. COORDINATION, MONITORING, AND REPORTING

Coordination Structure

The (re-)integration 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 Integrated Office of the DSRSG/RC/HC, supported by the Durable Solutions Steering Group and the UN Country Team (UNCT), will provide overall leadership, ensuring the response remains aligned with 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 technical and operational coordination will be supported by two complementary platforms, targeting priority Areas of Return (AoR):

i. ***National Durable Solutions Working Group (NDSWG):*** at national level will provide technical support to the Regional Teams (RTs) at the sub-national level. It will also provide assistance on returns and displacement data and analysis, track funding and report on the progress through the Durable Solutions Information Management System, soliciting data from NDSWG members (22 NGOs and 20 UN agencies).

ii. ***Regional Teams (RTs):*** at sub-national level, coordination forum for Basic Human Needs (BHNs) programming.

In addition, the **Protection Coordination Group (PCG)** – structured around three pillars (Clusters, Basic Human Needs (BHN), and the Centrality of Protection) – will coordinate protection interventions in Areas of Return, in complementarity with the platforms outlined above.

The **National DSWG (N-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-based (Re-)Integration Model, of which Community Resource Centre (CRC) is an integral element.

At the sub-national level, **eight Regional Teams (RTs)** will drive localized implementation, adapting national strategies to provincial contexts. The RTs 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 (re-)integration outcomes.

To ensure coherent and accountable coordination, the geographic coverage of the eight Regional Teams (RTs) has been systematically mapped against the 35 priority districts identified through the

Composite Vulnerability Index (CVI) (see Annex 1). Each RT is responsible for a defined set of provinces, with district-level focal points for each priority district. (See Annex 3).

Monitoring and Evaluation Framework

Given the dynamic nature of displacement and return movements, a robust monitoring system will be maintained under the **DS Information System Technical Working Group** – one of the priority workstreams of the NDSWG – 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 from IOM and UNHCR, for real-time returns monitoring, protection monitoring reports to identify key challenges faced by returnees, and joint assessments with the RTs to analyse return flows and their implications, particularly on the absorptive capacity of displacement-affected communities (DACs).

The Data for Solutions Technical Working Group (D4S TWG), another important work stream under the NDDSWG, will oversee the development and application of monitoring tools, ensuring data is systematically collected, analysed, and used to inform adaptive programming. To assess (re)integration outcomes, the framework will apply the solutions criteria of the **IASC Framework on Durable Solutions for Internally Displaced Persons (2010)** and its Indicators Library (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 NDSWG and UNCT to evaluate the response's effectiveness and adjust strategies as needed. For the list of all activities per sector please (see Annex 2).

To strengthen operational tracking, a **Durable Solutions Information Management System (DSIMS)** will serve as a centralized platform to:

- Develop and maintain a **projects registry** for all (re)integration interventions in priority AoR
- Track **funding outlays** against the 2026 RPAR sectors and activities
- Collect and report on the **5W matrix** (Who does What, Where, When, and for Whom) for durable solutions programming.

This system enables real-time visibility of partner activities, reduces duplication, and supports evidence-based coordination.

Reporting and Accountability

Bi-annual reports will synthesize monitoring data, programmatic achievements specific to durable solutions, and challenges, providing stakeholders with snapshot updates of (re-)integration 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.

Financial Tracking

In addition to the Durable Solutions Information Management System (DSIMS) projects registry and 5W matrix, a **dedicated Financial Tracking Tool** (see Annex 4) will be operationalized by the Durable Solutions Secretariat. This tool will help to capture new funding mobilized for (re-)integration assistance in areas of return, in response to the 2026 RPAR, including existing funding re-prioritised

through pivoting of ongoing programmes/projects. This tool will establish a clear baseline as of 1 June 2026, reflecting:

- Donor contributions and commitments
- Allocations by sector, district, and partner agency
- Expenditure and disbursement rates against the US$ 428,533,968
- Carry-over funding from 2025 (if any) by donor and agency
- Unfunded gap as of the launch of the 2026 RPAR

Durable Solutions Secretariat (at Integrated Office of the DSRSG/RC/HC) will maintain the master financial tracking tool, aggregate data from partners, and produce biannual financial snapshots after the official launch of 2026 RPAR.

All implementing partners (UN agencies and NGOs) will be requested to update new funding commitments and expenditures as well as existing funding re-prioritised through pivoting of ongoing programmes/projects, against the 2026 RPAR sectors using a standardized template, disaggregated by sector, district, and beneficiary type (returnee/host community/women/children/PwD).

This mechanism will be publicly accessible via a dashboard (subject to donor consent) and will enable transparent reporting to the UN Country Team, donors, and humanitarian coordination bodies (e.g., OCHA-led HCT). The DS Secretariat will also produce a **mid-year funding gap analysis (September 2026)** and an **end-of-RPAR report (January 2027)** to inform advocacy and resource mobilization efforts.

Resource Mobilization and Capacity Strengthening

Effective coordination and monitoring require dedicated financial and technical resources. Key investments will include the continued refinement of a standardized methodology and composite index for measuring durable solutions, enabling comparative analysis, the extent possible, between returnees, IDPs, and host communities. Additionally, UN agencies and NGOs with solutions mandates will be advocated to support the institutional strengthening of the **Durable Solutions Secretariat** at the Integrated Office of the DSRSG/RC/HC. This may include deployment of technical staff on time-bound specific assignments or certain percentage allocations on an annual basis, dedicated to the DS Secretariat, technical working groups, regional coordination mechanisms, or joint capacity-building initiatives – ensuring sustained leadership in durable solutions coordination, technical guidance to programming and policy.

Current Institutional Support to the Durable Solutions Secretariat (as of April 2026)

- The Government of Switzerland has extended its secondment of the Senior UN Solutions Adviser for a third consecutive year (2026) to support the Integrated Office of the DSRSG/RC/HC and UNAMA Development Pillar.
- IOM and UNDP have formally renewed its commitment to continue dedicating 30 per cent of one of its technical durable solutions staff to support the DS Secretariat throughout 2026.
- UNHCR previously had made secondment to DS secretariat on same formula till early 2025 and will be resuming this support again in June/July 2026.

The DS Secretariat continues to advocate for additional secondments or percentage allocations from other UN agencies (notably UNICEF, UNFPA, WHO, UN Habitat) and NGO partners to ensure balanced technical capacity across all RPAR sectors.

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 – 2026 PRIORITY DISTRICTS IN AREAS OF RETURN

Methodology

The prioritization of districts for the 2026 Response Plan for Afghan Returnees (RPAR) is based on the Composite Vulnerability Index (CVI) methodology. The CVI consolidates multiple drivers of vulnerability into a single, comparable score at district level, enabling evidence-based geographic prioritization. The index synthesizes four key vulnerability indicators that reflect multi-sectoral pressure on communities and local services resulting from return movements, internal displacement, and environmental and climate-related stressors. Each indicator is aligned with an established and credible data source:

1. **Projected Increase in District Population Due to Returnees** – Percentage increase in district population attributable to returnees over the last nine months of 2026. *Data sources:* Extrapolated district-level estimates based on assisted returnee data from IOM and UNHCR (2025), and ACVA R3 district population data.
2. **Internally Displaced Persons (IDPs)** – Total number of IDPs residing in the district. *Data source:* ACVA R3 (Jan 2026).
3. **People in Need (PiN) for Food Assistance** – Number of people assessed as food insecure in the district. *Data source:* HNRP 2026.
4. **Drought Severity** – Relative severity of drought conditions at district level. Data source: FAO / FSAC District Drought Severity Ranking (2026).

Normalization and Weighting

All indicators are normalized to a common scale (0–1), ensuring that indicators with large absolute values do not disproportionately influence the composite score.

Each normalized indicator is assigned a weight reflecting its strategic importance to the Durable Solutions mandate and its relevance for (re-)integration programming in Areas of Return (AoR) and Displacement-Affected Communities (DACs), using a whole-of-community and area-based approach. The weighting applied is as follows:

Score = (0.65 × Normalized Projected Returnee Density) + (0.20 × Normalized Drought Severity) + (0.05 × Normalized IDP Presence) + (0.10 × Normalized Food Insecurity)

Outlier Districts

In addition to the 30 highest-ranking districts identified through the CVI calculation, five additional districts projected to receive exceptionally high numbers of returnees were included to ensure operational relevance and responsiveness.

Limitations and Caveats

Variations across population datasets used by different actors (e.g. IOM/ACVA, UNFPA/OCHA HNRP, NSIA) may result in apparent inconsistencies. For example, in Shawak district (Paktya province), the recorded total population is approximately 6,000, while the reported number of people in need of food assistance exceeds 14,000. Additionally, district-level return figures are extrapolated from the number of assisted returnees recorded at official entry points, using data provided by IOM and UNHCR. In 2025, emergency assistance upon arrival was provided to 306,552 individuals returning from Iran, representing approximately 16% of the total 1,879,171 returnees, and to 755,878 individuals returning from Pakistan, accounting for around 75% of the total 1,002,906 returnees. These assisted caseloads form the basis for estimating the geographic distribution of returnees across districts of return. These should be interpreted cautiously and highlight the importance of triangulating data during analysis and planning.

Province	District	Total Population ACVA R3 (Jan 2026)	HNRP FSAC PiN 2026 (IPC Phase 3 and Above)	Drought Severity FSAC (From Previous Year)	IDP stock ACVA R3 (Jan 2026)	Total Projected Returnees from IRAN and Pak Apr-Dec 2026	% Increase in District Population Proportionate to Returnees from IRAN and Pak	(IRN+PAK) Priority Ranking	IRAN+PAK Outliers
Farah	Qala-e-Kah	44,122	30,576	Very High	2,947	13,536	30.7%	1	
Jawzjan	Aqcha	42,245	41,675	Very High	620	11,256	26.6%	2	
Kunduz	Chahar Darah	153,187	84,800	Moderate	8,095	44,145	28.8%	3	
Nimroz	Chakhansur	14,370	12,546	High	1,766	3,566	24.8%	4	
Kunduz	Khan Abad	144,906	102,535	Very Low	11,353	41,717	28.8%	5	
Hilmand	Reg-i-Khan Nishin	20,885	33,105	Very High	1,816	4,188	20.1%	6	
Kunduz	Ali Abad	132,187	57,587	Moderate	6,361	32,010	24.2%	7	
Nimroz	Kang	9,910	15,645	Moderate	1,706	2,310	23.3%	8	
Kandahar	Spin Boldak	159,718	95,652	Low	11,990	38,297	24.0%	9	
Kunduz	Kunduz	444,007	115,219	Very Low	37,693	112,019	25.2%	10	
Badakhshan	Darwaz-e-Balla	32,804	23,129	Very High	267	5,298	16.1%	11	
Nimroz	Char Burjak	11,210	6,344	Very Low	1,219	2,776	24.8%	12	
Kandahar	Arghandab	19,245	53,611	High	5,843	3,180	16.5%	13	
Takhar	Farkhar	77,241	43,947	Very High	2,260	10,860	14.1%	14	
Nangarhar	Jalalabad	656,235	90,388	High	97,692	94,940	14.5%	15	
Badakhshan	Shaki	26,673	22,470	Low	885	5,669	21.3%	16	
Nimroz	Zaranj	186,007	24,027	Low	30,055	38,264	20.6%	17	
Farah	Pushtrod	71,945	23,624	High	8,111	10,651	14.8%	18	
Hilmand	Lashkargah	371,236	46,309	High	25,543	51,019	13.7%	19	
Baghlan	Burka	201,144	63,362	Very High	4,379	19,710	9.8%	20	
Kandahar	Kandahar	798,564	47,517	Very High	78,938	70,371	8.8%	21	
Ghazni	Jaghatu	22,547	23,167	High	2,878	2,771	12.3%	22	
Kunduz	Imam Sahib	376,896	134,099	Moderate	12,266	44,314	11.8%	23	
Ghazni	Nawur	51,747	53,218	Very High	2,466	4,398	8.5%	24	
Hirat	Guzara	304,806	81,441	Very High	44,257	22,405	7.4%	25	
Badghis	Ghormach	122,621	54,664	High	7,522	12,671	10.3%	26	
Kapisa	Mahmood-e-Raqi	120,714	22,005	Very High	7,172	10,276	8.5%	27	
Kunduz	Dasht-e-Archi	207,322	100,948	Very Low	5,459	34,074	16.4%	28	
Paktya	Shawak	6,391	14,806	High	256	684	10.7%	29	
Daykundi	Kiti	66,527	66,783	Very Low	1,835	11,143	16.7%	30	
Baghlan	Pul-e-Khumri	656,663	64,485	High	58,719	53,070	8.1%	39	Outlier
Baghlan	Baghlan-e-Jadid	461,542	130,562	Very Low	19,480	52,766	11.4%	71	Outlier
Farah	Farah	363,684	55,929	Very Low	34,405	45,619	12.5%	72	Outlier
Balkh	Balkh	226,124	78,191	Very Low	19,465	25,819	11.4%	82	outlier
Kabul	Kabul	4,142,970	272,745	Very Low	207,324	217,131	5.2%	99	outlier

ANNEX 2 – DETAILED OVERVIEW OF FUNDING REQUIREMENTS BY SECTOR FOR (RE-)INTEGRATION RESPONSE IN AREAS OF RETURN

Sector	Activity Description	Fund Required (US$)
Education	Integrated learner registration, profiling, and prior learning assessment (PLA)	32,000
	Geospatial mapping of return locations and system capacity	32,000
	Transitional access through Temporary Learning Spaces (TLS) – (Teacher trg, SMS trg)	8,250,000
	Expansion of alternative and flexible learning pathways- (Learning Program through establishment of computer labs)	1,100,000
	Community-based literacy and skills development for adolescents and youth	4,500,000
	Provision and scale-up of teaching and learning materials (TLM) – (including school uniform and shoes)	1,100,000
	Flexible infrastructure solutions for safe learning environments – (Distribution of High-Performance tents)	3,400,000
	Provision of essential learning and hygiene support packages	50,000
	Integrated MHPSS and Protection Response for Returnees	250,000
	Strengthening transition pathways to durable education solutions	50,000
	System strengthening and partner coordination for sustainability	32,000
	EDUCATION SECTOR BUDGET	**18,796,000**
WASH	Resilience building of the returnees in the place of origin and displacement affected communities	8,059,500
	Provision of safe water through rehabilitation the existing climate resilient and sustainable water systems	20,148,750
	Provision of safe water through newly constructed climate resilient and sustainable water systems.	45,133,200
	Provision of access to basic sanitation facilities through sustainable community-led sanitation service and interventions	13,440,000
	Conduct hygiene promotion interventions in communities	10,746,000
	WASH services in institutions (schools and health care facilities)	10,000,000
	Excreta disposal facilities (wastewater network) with wastewater reclamation	2,686,500
	WASH SECTOR BUDGET	**110,213,950**
Health	**Primary health care (BPHS)**	
	Integrated PHC services (including reproductive health and nutrition, immunization including polio, basic MHPSS, and WASH interventions through existing facilities)	11,012,625
	Midwifery programme training	1,650,000
	Operationalization of health facilities in priority areas for return (includes building repairing, improvement of WASH facilities, equipment, furniture, etc.)	5,775,000
	Reproductive health services through Family Health Houses (FHH)	3,670,875
	New facilities (construction, renovation, and installation of connexes)	8,328,298
	Strengthening referral pathways, systems. essential and secondary healthcare	
	In-patient management of SAM with medical complications	435,060
	Strengthen ambulance support services	234,000
	Capacity building for health workers for patient safety and healthcare quality	84,000
	Early warning, disease surveillance, alert investigation, and response	800,000
	Deploy essential medicines, medical products, supplies, and consumables	

	General supplies-Improving access to timely, quality, and safe medicines, supplies, and consumable (general supplies)	917,719
	Trauma and Emergency Surgery Kits (TESK) Procurement	618,750
	Nutritional supplies for in-patient management of SAM	2,416,800
	Midwifery supplies, drugs and medicines	2,629,500
	Supplies for communicable and non- communicable disease interventions (medicines and consumables)	100,490
	Essential supplies and consumables for secondary care Health Facilities	862,656
	PHC Kits	504,000
	Community-based healthcare interventions	
	Providing integrated primary healthcare services to vulnerable populations in underserved areas within high-risk districts of the AoR.	1,171,144
	Risk Communication and Community Engagement (RCCE)	102,785
	Capacity building for community health workers (CHWs)	75,000
	RCCE/EBS through limited outreach and screening teams in areas of return and key congregation points	102,785
	Capacity building of health workers on Psychological First Aid (PFA) and stress Management	200,000
	Capacity building of medical doctors on mhGAP-IG	160,000
	Capacity building of Psychologist/PSC counselor on PM+	160,000
	Mental Health Kits (MHK-2022 PHC)	100,000
	S risk monitoring and capacity building	100,000
	Operational costs	3,316,829
	HEALTH SECTOR BUDGET	**50,700,096**
Nutrition	Screening for malnutrition and referral (recruiting csreening and equiping them with skills and tools)	192,960
	Services for treatment of SAM (including service cost and supplies)	184,878
	Services for treatment of High Risk MAM (including service cost and supplies)	70,634
	Functional upgrading of In-patient management of SAM with medical complications through provision of IPD specific kits.	106,250
	Capacity of inpatient staff at the IPD-SAM	36,000
	Procurement and distribution of micronutrient supplements (MNP)	77,184
	Procurement and distribution of Vit-A)	80,000
	Procurement and distribution of MMS for pregnant women (4%)	225,120
	Providing preventive nutrition services (Counselling to mothers and caregivers) - Nutrition Counsellors Recruited	600,000
	Capacity Building of health workers (first line workers) on IMAM/IYCF-E	7,000
	NUTRITION SECTOR BUDGET	**1,580,025**
Protection	**General Protection (including Community-Based Protection)**	
	Complaints and Feedback Mechanism	1,343,250
	Community Perception Monitoring on System-Wide Accountability	30,000
	Community-Based Protection (Social Cohesion)	2,686,500
	Protection Case Management	940,275
	Protection Case Management – cash assistance	3,223,800
	Protection Case Management – Staff training	136,500
	Protection Mainstreaming – Staff training	136,000
	Protection Monitoring	600,000
	Legal Assistance – cash assistance for documentation	1,450,710

Legal Assistance - legal awareness and legal counseling sessions, including provision of legal representation	2,820,825
Operational costs	1,336,836
MHPSS	
Provision of individual and group counselling in areas of return to address psychosocial needs.	1,000,000
Provision of individual, group counselling, and awareness raising sessions in areas of return, to address the psychosocial needs of affected populations	625,000
Operational costs	162,500
Persons with Disabilities – DIWG	
Trainings on Inclusive Humanitarian Action (IASC Guidelines) - # staff trained	20,800
Strengthening capacity of OPDs and persons with disabilities in the humanitarian sector - # persons trained	4,160
Trainings on Washington Group Set of Questions - # staff trained	4,160
Awareness on inclusive humanitarian action among community members	5,200
Printing of IEC materials (lumpsum)	10,000
Operational costs	4,432
Child Protection	
Establishment / provision of Structured MHPSS services through community-based centers and homes.	1,500,000
Case management for children and follow up	937,500
Establishment & Training of CBCPS (200)	20,000
Skills training and livelihood intervention	2,800,000
Birth registration, supplies, capacity building and awareness	250,000
Operational cost	793,750
GBV/Women Protection	
Establishment and operation of MPWCs and other safe spaces in areas of return	350,000
Mental Health and Psychosocial Support	2,000,000
Cash assistance	1,200,000
Awareness raising and community mobilization including mahram	1,340,000
GBV multi-sectoral lifesaving services (medical, safety, legal & case management) & referrals	1,350,000
Capacity Building	10,000
Distribution of dignity kits to women and girls	2,208,000
Operational costs	845,800
Mine Action	
Battle Area Clearance/Manual Mine Clearance (BAC/MMC) of Confirmed Hazardous Areas (CHAs) in areas of high returnee populations.	2,308,500
Non-Technical Survey (NTS) of Suspected Hazardous Areas (SHAs) in districts with high returnee populations	324,000
Explosive Ordnance Risk Education (EORE) amongst at-risk returnee populations in districts of high returnee populations	504,000
Support to survivors of Explosive Ordnance (EO) through Emergency Victim Assistance (EVA) through Physical Rehabilitation Centre	169,200
Explosive Ordnance Disposal (EOD) Hotline spot tasks through Quick Response Teams (QRTs)	864,000
Operational costs (10 per cent)	400,050
PROTECTION SECTOR BUDGET	**38,977,046**

Economic Opportunities, Decent Jobs, Resilient Livelihoods	Reintegration Cash Assistance and Social Protection Support	2,520,000
	Technical and Vocational Education and Training (TVET), Skills Development, Job Placement and Digital Livelihoods	26,326,500
	MSME Development, Enterprise Support and Entrepreneurship Promotion	19,927,500
	Market Access, Value Chain Development and Strengthening of Producer Organizations	6,107,000
	Financial Inclusion, Access to Finance and Support to Savings Groups	1,527,000
	Agricultural Livelihoods and Household-Level Productive Support Packages	6,076,200
	Cash-for-Work and Short-Term Employment Opportunities	29,111,500
	Community Infrastructure, Irrigation Systems and Productive Asset Development	48,846,000
	Promotion of Labour Rights and Business Enabling Environment Support	80,000
	ECONOMIC OPPORTUNITIES, DECENT JOBS, RESILIENT LIVELIHOODS SECTOR BUDGET	**140,521,700**
Housing and Land	**Strengthened access to Housing, Land and Property (HLP) rights**	
	HLP needs assessments	360,000
	Participatory land use mapping and settlement planning, including inclusion of women and including gender-sensitive considerations in spatial planning (target is community/ settlement)	1,110,000
	Capacity building of community-based organizations on HLP issues	81,000
	Upgrading community infrastructure inc. Gender-inclusive public community infrastructure and spaces to strengthen HLP rights and foster reintegration	3,000,000
	Support access to Land Allocation Schemes (beneficiary selection, land identification, referral pathways) (target is HH)	243,000
	Sustainable housing solutions	
	Rental support for 12 months @ US$65/month in urban areas	5,727,348
	Major and minor housing repairs	5,880,000
	Incremental housing support	9,255,600
	Microgrid solar energy systems	6,427,500
	Transitional shelter aligned with WASH target areas	17,142,000
	Support for housing- and construction-based livelihoods also supporting women and girls to obtain employment as trainees/apprenticeships in housing projects	18,270,000
	HOUSING AND LAND SECTOR BUDGET	**67,496,448**
Strengthening Durable Solutions Capacity in Resident Coordinator's Office		100,000
	GRAND TOTAL	**428,553,968**

ANNEX 3 – REGIONAL TEAMS COVERAGE OF PRIORITY DISTRICTS UNDER 2026 RPAR

Regional Team (RT)	Provinces Covered	Number of Priority Districts within RT Area	Priority District (as per Annex 1)
RT East	Nangarhar, Kunar, Laghman, Nuristan	1	Jalalabad
RT Northeast	Kunduz, Takhar, Badakhshan, Baghlan	10	Chahar Darah, Khan Abad, Ali Abad, Kunduz, Dasht-e-Archi, Farkhar, Shaki, Burka, Pul-e-Khumri, Baghlan-e-Jadid
RT Northwest	Jawzjan, Faryab, Sar-e-Pul, Balkh	3	Aqcha, Balkh
RT West	Herat, Farah, Nimroz, Badghis	10	Qala-e-Kah, Chakhansur, Kang, Char Burjak, Zaranj, Pushtrod, Ghormach, Guzara, Farah (city)
RT South	Kandahar, Helmand, Uruzgan, Zabul	5	Spin Boldak, Arghandab, Kandahar (city), Reg-i-Khan Nishin, Lashkargah
RT Southwest	Nimroz (part), Helmand (part)	Covered under RT West and RT South	—
RT Central	Kabul, Kapisa, Parwan, Wardak, Logar	2	Kabul, Mahmood-e-Raqi
RT Central Highlands	Bamyan, Daykundi, Ghazni, Panjshir	4	Jaghatu, Nawur, Kiti
RT Southeast	Ghazni, Paktya, Paktika, Khost	2	Shawak

Note: RT Southwest coordinates cross-border returns from Iran but has no unique priority districts beyond those covered by RT West and RT South.

This mapping will be used to track district-level coverage of RPAR-funded interventions through the 2026 RPAR Funding Tracking Tool (See Annex 4), with quarterly updates on which priority districts have active programming, which sectors are operational, and which districts remain under-resourced. The DS Secretariat will produce a quarterly "district coverage dashboard" to identify gaps and inform resource reallocation. For the 35 priority districts, the target is to achieve full multi-sectoral coverage (at least 5 sectors operational) by end of 2026.

ANNEX 4 – FUNDING TRACKING TOOL UNDER 2026 RPAR

No	Oragnization Name	RPAR Sector	RPAR Activity Description/Sub-Secto	Alignment with UNSFA Priorities (Not for NGOs' Entry)	Priority Province	Priority District	Total Fund Requested (US$) (Apr-Dec 2026)	Reporting Quarter	Fund Secured (US$) In Reporting Quar	Funding Allocation Typ	Donor of the Fund	If Other, please specify	Additional Remarks
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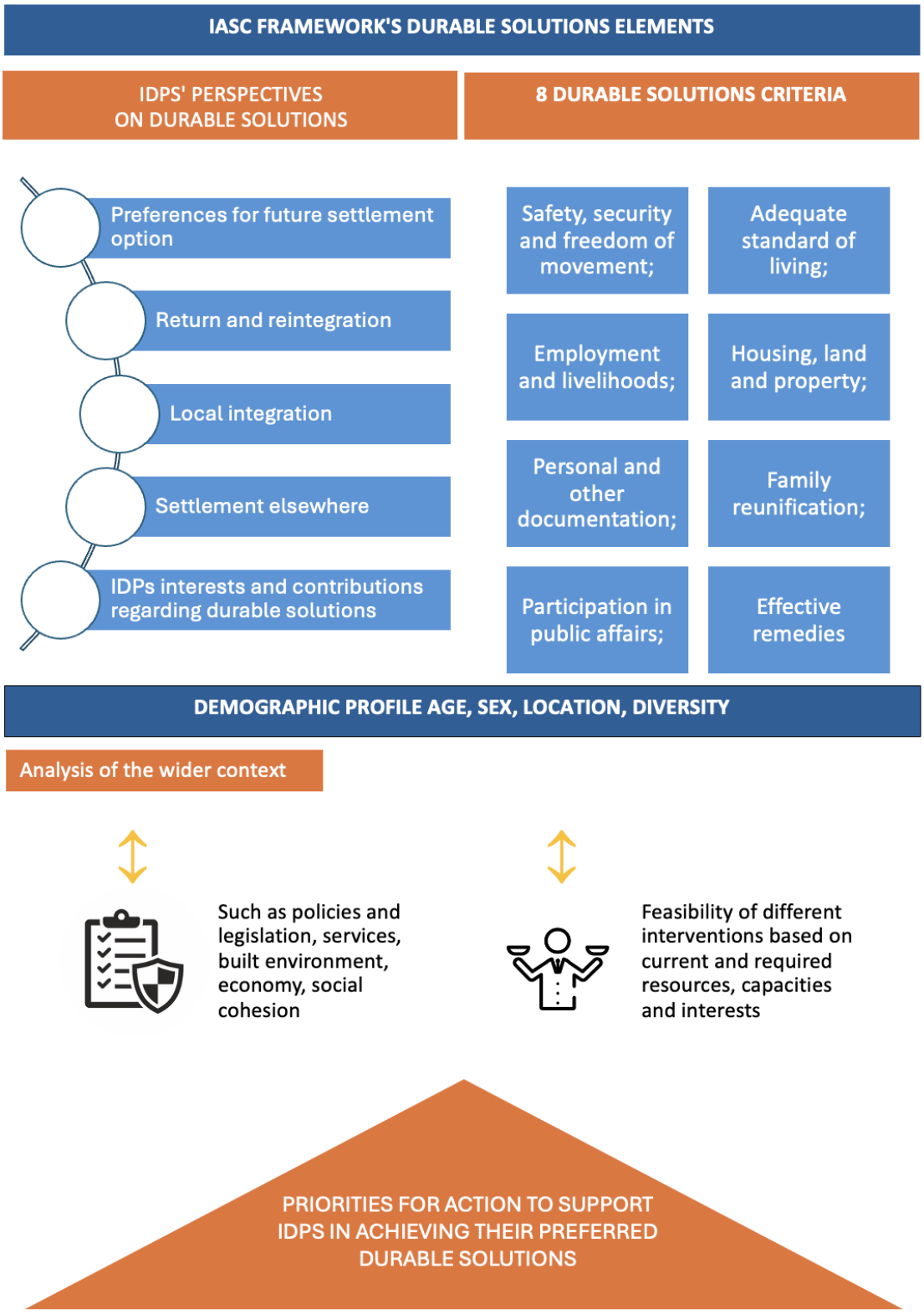
ANNEX 5 - IASC FRAMEWORK'S DURABLE SOLUTIONS ELEMENTS[36]



[36] https://inform-durablesolutions-idp.org/wp-content/uploads/2018/01/Interagency-Durable-Solutions-Analysis-Guide-March2020-1.pdf

2026 RESPONSE PLAN FOR AFGHAN RETURNEES FROM IRAN AND PAKISTAN (BORDER RESPONSE AND (RE-)INTEGRATION RESPONSE IN AREAS OF RETURN)

UNITED NATIONS AND NGO PARTNERS IN AFGHANISTAN

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May 2026