In response to recent announcements by Pakistan, a large portion of the 1.7 million Afghan refugees living in that country are returning to Afghanistan. Most are Afghan nationals who sought refuge in Pakistan over the last four decades due to conflict and insecurity in their home country. Many of them have no place to return to, as Afghanistan is facing a humanitarian crisis that has been exacerbated by drought and economic turmoil. According to UNHCR and the International Organization for Migration (IOM), 397,800 refugees have returned to Afghanistan since September 15 through the Torkham (70% of returnees) and Chaman/Spin Boldak (30% of returnees) transit points, which border Pakistan in the eastern and southern regions.1

According to WHO, the intended destinations for these returnees are mainly Nangarhar, Kandahar, Kunar and Kabul provinces.2 The most recent data shows the estimated number of returnees to Afghanistan from Pakistan is between 9,000 and 10,000 people per day.3 Eighty percent of people returning to Afghanistan are women and children, with nearly 25% of returnees children under five, and more than 60% of returnees children under 17 and below.4

The return of millions of Afghan refugees and migrants from Pakistan will likely worsen the already dire humanitarian situation in Afghanistan and expose the returnees to serious protection risks. Arrivals back to Afghanistan are also adding to the ongoing humanitarian crisis, as winter temperatures start to dip to -4°C in some locations. Many Afghan returnees are vulnerable, including women and children who could lose their lives in a harsh winter if left without adequate shelter.5 Based on a rapid needs assessment performed by International Medical Corps in the Torkham transit point on the Nangarhar border, 77% of the interviewed returnee families said they have nowhere to stay, while 23% said they have a place of residence. Returnees are facing immense and urgent humanitarian needs, as they typically are arriving empty-handed at the onset of winter. Priority needs include healthcare, shelter, psychological first aid (PFA), protection, food, non-food items (NFIs), nutrition, winterization and livelihoods assistance, and water, sanitation and hygiene (WASH).

**FAST FACTS**

- According to IOM and UNHCR, 397,800 refugees have returned to Afghanistan since September 15, through the Torkham and Chaman/Spin Boldak transit points, which border Pakistan in the eastern and southern regions.

**OUR FOOTPRINT**

- International Medical Corps has been operating in Afghanistan since 1984. Our main activities include providing primary and secondary healthcare, training, health education, emergency response, mental health and psychosocial support (MHPSS), nutrition services, protection services, community empowerment, and water, sanitation and hygiene (WASH) services.

**OUR RESPONSE**

- International Medical Corps has so far provided 621 outpatient consultations, including 126 mental health consultations to returnees.
- Our assessment team conducted a rapid needs assessment in the Torkham (Nangarhar) border to provide support and coordination for an expansion of our response.
- To support returnees, we have donated tents and two delivery beds to health facilities in Torkham.

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5 https://reliefweb.int/attachments/6d0565c5-a794-4ad4-af43-e0e135e9f154/UNHCR%20Pakistan-Afghanistan%20Returns%20Emergency%20Response%20Update%20233.pdf
International Medical Corps Response

In response to the large-scale return of refugees and internally displaced persons (IDPs), International Medical Corps is collaborating with other humanitarian actors—including UN agencies, NGOs and the Ministry of Refugees and Repatriation—to ensure a coordinated and effective humanitarian response. International Medical Corps is also tracking the movement and destination of the returnees in the eastern region, where it operates static health centers that provide health, protection and nutrition services to the newly arrived returnees. We have so far provided 621 returnees with lifesaving primary healthcare, including mental health and psychosocial support (MHPSS) services to 126 returnees, through our static health centers in the eastern region, where most of the returnees have resettled. We are also co-leading the health cluster in the eastern region, helping to ensure that a coordinated health response is provided by humanitarian partners. International Medical Corps also is working with our teams in Pakistan at the border to ensure a coordinated response.

On November 24, International Medical Corps staff assessed the needs of returnees at the Torkham transit point in the eastern region of Afghanistan, discussing the gaps in current support at the transit center and camps with some relevant stakeholders on the border. They also visited International Medical Corps’ health facilities in the areas where returnees are going, and discussed plans for expansion of our response. They prepositioned additional medicines as needed in central locations, such as Jalalabad, for quick scale-up, and visited our children and family social centers in the areas of destination to discuss the resources needed to support returnees.

Health and MHPSS

According to our rapid needs assessment, 85% of returnee families reported that they or their family members have experienced trauma or mental health issues that require support. Also, 83% of the assessed returnee families reported that they need immediate health services for family members who are suffering from chronic illnesses. In response to these needs, International Medical Corps is looking into deploying a mobile health team from our existing health facilities in Nangarhar to a temporary settlement at the border to provide primary healthcare services, including MHPSS services. The Provincial Health Director for Nangarhar has supported the activation of health services at the settlement. Other needs include PFA, as returnees are traumatized and seeking mental health support, and an ambulance service that would facilitate patient referrals and staff movement between Torkham, Jalalabad and existing health facilities.

WASH

According to our rapid needs assessment, returnees face severe challenges in accessing adequate WASH services. The returnees need access to safe drinking water, improved sanitation facilities, hygiene materials and practices in their area of return, as well as in the transit center where they stay temporarily. At the border, there is a lack of coordination between government agencies and humanitarian organizations, complicating the response. Because returnees require information on hygiene awareness, available services and referrals, International Medical Corps will send out hygiene promoters with educational materials to assist returnees at the transitional settlement in Torkham. Water trucking also is an acute need at the border in Torkham, as the existing system cannot support the returnees.

Further Needs

During our rapid assessment of the needs of the returnees, our teams confirmed that returnees require emergency shelter and insulated tents, as some do not have access to shelter for themselves or their families. The returnees, who mostly arrive with few belongings, urgently require winterization and NFI kits, such as stoves, either at the temporary settlement at the border or at their place of destination. According to a report by RFE/RL’s Radio Azadi, Afghan returnees are only allowed to bring $175 of their own money with them.6

International Medical Corps is examining all options to expand its response to this crisis and will share further updates over the coming weeks.