

What Matters? Afghanistan Speaks!

January 2026



Voice of returnees

Exploring the experiences and perceptions of returnees' journeys, their mental wellbeing, nutrition, and access to health services

“When we go to the clinic, they see us as outsiders...they don't provide anything because we lack that familiarity.”

Female returnee, Badghis

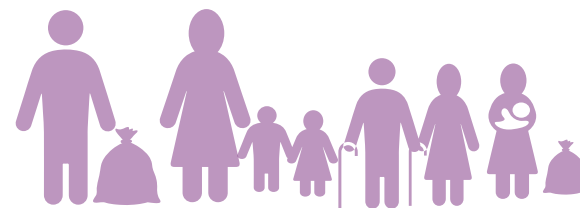
Introduction

Afghanistan faces one of its largest return movements. According to [IOM in 2025](#) (January-December), 2.7 million people returned to Afghanistan. Many arrive without savings or housing, adding pressure to host communities already burdened by poverty, limited jobs, and strained basic services.

Research Approach

The research draws on 14 focus group discussions with male and female returnees, 14 qualitative interviews with pregnant and lactating returnee women, and five key informant interviews with migration experts across seven provinces, conducted in December 2025.

This research explores the returnees' experiences and the challenges they face in accessing accommodation, work, nutrition and health services, while also identifying possible recommendations for health practitioners to consider.



Journeys of Afghan migration and return

Many participants reported migrating to countries such as Iran and Pakistan due to war, insecurity, unemployment, and extreme poverty. Drought and a lack of water for agriculture have pushed rural families to leave, while some others sought better health services or education opportunities for girls.

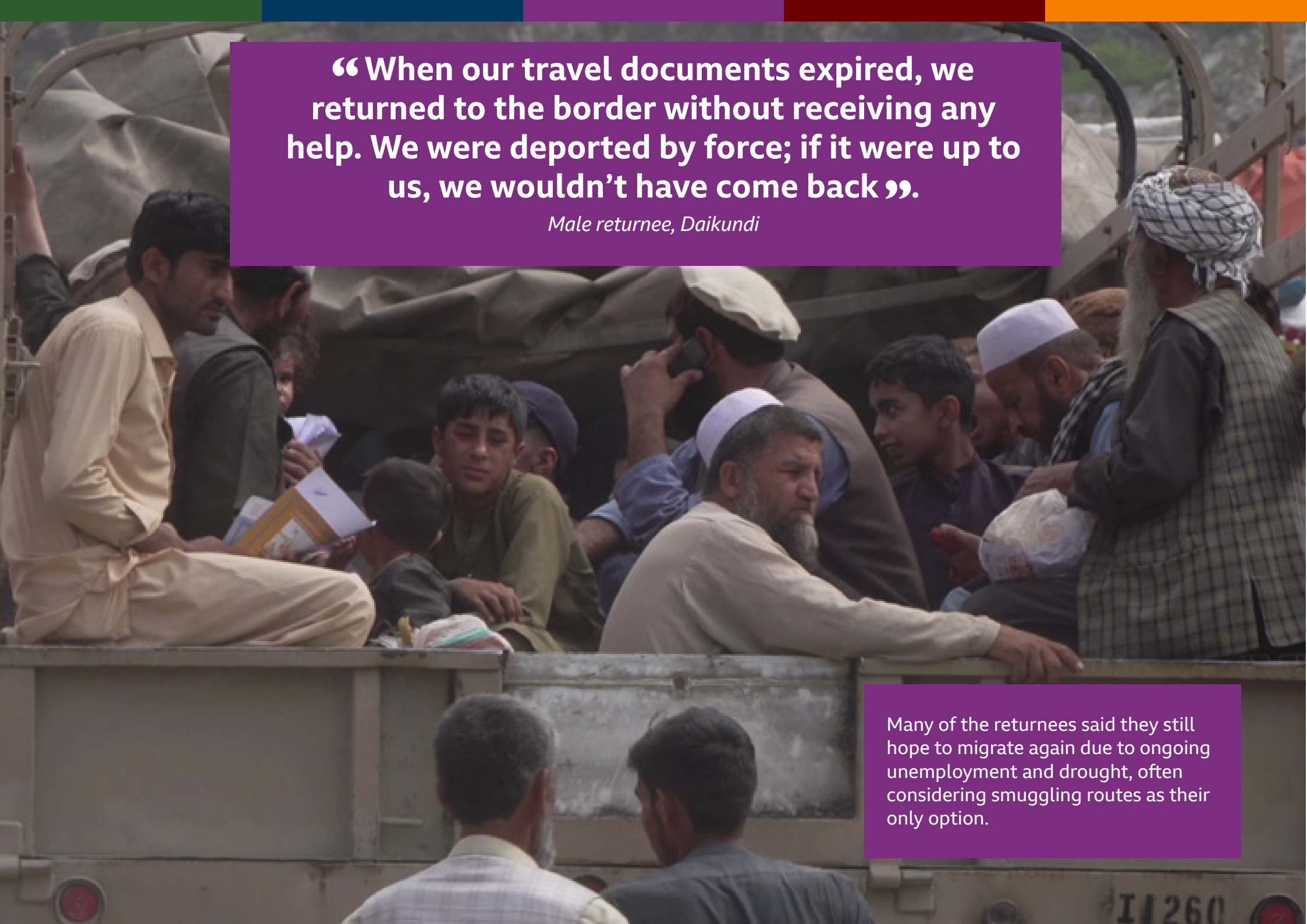


“As the eldest son, I saw our family’s financial situation getting worse. There was no income, the almond trees dried up, and water became scarce. Out of desperation, we went to Iran illegally and faced a lot of harassment along the way.”

Male returnee, Daikundi

The migrants interviewed in this research described the circumstances of their return as largely involuntary, driven by political pressure, expired documents, and deportations from host countries.



A group of men and children are sitting on the back of a truck. Some are holding papers, and one man is talking on a mobile phone. The scene appears to be at a border or a transit point. The background shows a hilly, mountainous landscape.

“When our travel documents expired, we returned to the border without receiving any help. We were deported by force; if it were up to us, we wouldn’t have come back”

Male returnee, Daikundi

Many of the returnees said they still hope to migrate again due to ongoing unemployment and drought, often considering smuggling routes as their only option.

Challenges reintegrating and settling back in hometowns

The reasons for resettlement vary among the returnees. Many returnees said they had chosen to settle in their hometowns or the places where they were born. Those who did not return to their original homes, were often living in rented houses and in some cases in rented rooms.

“ Returning from Iran was extremely difficult. We had no house, no work, and didn’t know anyone. Our belongings were left out in the open until we found a place. Even now, we live in a rented home and have faced many hardships both during our journey and since arriving here. Our children have suffered from hunger and thirst. ”

Female returnee, Ghor

For those living in rented houses, the conditions are quite challenging. Many participants reported that a single room often accommodates multiple families, leading to cramped living situations.



Returnees face limited work opportunities and poverty

Participants talked about how they could not find work or were only able to find unstable daily labor. The situation is particularly dire for those living in rural areas. Some returnees described how they have managed to support themselves by borrowing money from relatives to start small businesses.

“ I was deported by force and didn’t have even one rupee when I returned home. I borrowed 120,000 Afs from one of my relatives, and now I am buying and selling animals. ”

Male returnee, Badakhshan

The employment situation is particularly challenging for women returnees in both rural and urban areas. Women returnees explained that they had jobs while living in host countries, so the lack of employment opportunities after returning makes their situation more challenging. Overall, returnees in rural areas face severe seasonal unemployment compared to those in urban areas.

Returnees in all seven provinces report facing multiple challenges, including economic hardship, and worsening mental health linked to migration and return. Economic issues include high food prices, lack of electricity, and insufficient winter fuel.

The returnees evaluated their current situation very negatively, especially when they compared it to their life in host countries.



“ We have no access to nutritious food. Our breakfast is just dry bread and sugar. In Iran, life was better, our meals were decent. Here, even basic protein is out of reach. ”

Male returnee, Faryabe

Mental health under pressure for returnees

Returnees across all seven provinces reported facing severe psychological distress, including anxiety, exhaustion, and hopelessness. Many suffer in silence due to the lack of safe spaces and services, leading to emotional breakdowns and harmful coping behaviors.

“ We used to have a good and comfortable life in Iran, but here everything has changed. We don’t have the facilities for a decent life, and it’s very hard for us. In Iran, we had good houses, but here we live in homes with no proper amenities, no water, no electricity. Water is far away, the cold is severe, and all of this deeply affects our mental well-being ”

Male returnee, Ghor

The participants reported that the main cause is economic insecurity and unemployment, and a loss of income combined with restrictions on education for women and girls, which deepens frustration and erodes hope.

“ One major issue that causes me serious anxiety is that my daughters used to attend school in Iran. She had hopes and dreams of continuing her education, but here, schools are closed to girls. ”

Male returnee, Faryab



Despite the urgent need, mental health and psychosocial support (MHPSS) services are reported to be almost non-existent. Barriers such as lack of facilities, high costs, stigma, and low awareness all hinder access to care, leaving distress untreated and increasing the risks of chronic illness and family conflict.

Health services

Perceived unequal treatment accessing health services

Returnees reported facing multiple challenges accessing and receiving health services.

Participants highlighted that they experience discrimination and exclusion, noting that they were treated as outsiders or burdens by local providers. Some returnees reported a disparity between returnees and community members regarding access to health care.

“ When we went to the clinic, they did not treat us properly at all. They said, ‘These are returnees from Pakistan; they exploited Pakistan, and now they’ve come here to take our share.’ They did not treat us decently at all. ”

Female returnee, Nangarhar

Host community members echoed this concern, noting that the growing number of returnees has further limited services available to them.



“ These clinics were originally built based on the local population, and when we visited before, examinations and treatment were done the same day. But now that returnees have arrived, we must wait for hours or even days. ”

Male host community Nangarhar

Health facility staff acknowledged the shortage of both medicine and female staff, but they mentioned they strive to treat all patients with respect.

“ We have a problem in the field of medicine and a shortage of female employees, and this is a serious budget problem. In all encounters, we consider equality and do not differentiate between clients. ”

Health staff, Badakhshan

Maternal & Child Health

Female health staff availability is limited

Participants also noticed a significant shortage of female specialist doctors, with many health facilities relying solely on midwives. This gap creates cultural barriers, as women find that their only option when needing care is to be examined by male doctors, leading to experiences that are described as unsatisfactory and problematic. The lack of qualified female doctors is felt to be particularly challenging in rural areas and outskirts. Many women feel uncomfortable discussing their health issues openly with male physicians.

“It often happens that a woman has serious gynecological problems, and when she goes to the clinic, the doctors are men. This means those women cannot openly share their concerns with the male doctor.”

Male returnee, Daikundi

Even when female staff are available, participants said they often question their training and qualifications.

“We have a women’s section, but there are no qualified staff to address real problems. Most have only completed midwifery courses, and there isn’t even a trained nurse. It exists in name only, not in service.”

Male returnee, Badghis



These testimonies highlight the urgent need for qualified female health professionals to ensure that women’s health issues are addressed appropriately and compassionately at the facilities.

Pregnant women struggle to attend regularly for check-ups

The physical distance to health facilities, compounded by poor road conditions, further exacerbates these challenges.

“The distance to the clinic is so far; it takes hours by car, and I must gather money each month for check-ups. It’s tough because sometimes I can work, and sometimes I can’t. If I don’t go to the doctor, I worry about losing my baby. I must manage to get enough funds every time, which is not easy.”

A pregnant woman returnee, Faryab

Inadequate nutrition leads to difficulties lactating

Lactating women also frequently reported that their milk has dried up because they cannot afford nourishing food (protein, dairy, and vitamin-rich foods) for breastfeeding.



“I am a breastfeeding woman, but my milk has dried up because I cannot afford foods like beans, meat and other nutritious foods here.”

Female returnee, Nangarhar

These narratives highlight the urgent need for food, and improved health facilities to ensure that expectant mothers receive the care they urgently need.

Children under five

According to participants, children are facing severe health challenges after returning, including malnutrition, significant weight loss, and frequent illnesses such as colds, diarrhea, and breathing difficulties. Many returnees believe these problems come from the drastic changes in food availability compared to what they had in Iran or Pakistan.

“ Since coming back, our children’s health has deteriorated. My daughter weighed 11 kilos in Iran, but after just 40 days here, she dropped to 10. Instead of getting better, she’s getting worse. Even treatment doesn’t help, medicines seem to make her sicker. ”

Male returnee, Faryab



Most families reported that they couldn’t register malnourished children for assistance at local clinics, a challenge repeated across multiple provinces. They cited unfamiliarity with where to register in the community, and refusal by health facility staff as the main reasons preventing them from registering their children.

Illness among children under five, combined with poverty, inadequate food, and a lack of access to health facilities, can lead some parents to feel overwhelmed, desperate, and feeling unable to cope with their children’s distress.

“ When my child cries because of sickness or hunger, sometimes I lose patience so badly that I feel like hitting him so hard he won’t get up again. I can’t stand the sound of his crying anymore. ”

Female returnee, Ghor



Recommendations

For Health and Nutrition Service Providers and Donors

- **Integrate returnees into community health and nutrition networks:** Organisations providing health and nutrition services should explicitly include returnees in their programmes, conduct targeted outreach activities to ensure that they are aware of available services, and strengthen linkages with community health workers to improve access to care.

For health centers and MHPSS departments

- **MHPSS:** Develop tailored support packages to address trauma and stress related to displacement, suitable for women, children and men. Male returnees in particular, expressed their need for such services due to the economic hardships and migration-related trauma that they experienced.
- **Strengthen inclusive and respectful care among health staff:** As returnees have reported feeling discriminated against and treated as outsiders, health workers could receive training on culturally sensitive and respectful care for returnees. This could include communication skills for trauma-informed care related to returnees' experiences.

For public awareness programmes including media campaigns

- **Reintegration campaigns in host communities:** Facilitate community dialogue to reduce tensions, encourage joint health, nutrition, and mental health activities that involve both returnees and host community populations, and advocate for the inclusion of returnees.

For organisations that provide microfinance and small business grants

- **Facilitate access to microfinance and small business grants:** Provide financial support to returnees through microfinance schemes and small business grants, complemented by comprehensive business development training (budgeting, marketing, risk management). This integrated approach will empower both male and female returnees to establish sustainable income-generating activities.



About What Matters? Afghanistan Speaks!

What Matters? Afghanistan Speaks! is a quarterly bulletin which informs the humanitarian community about how people are experiencing issues on the ground. It is part of the Driving Action for Well Being to Avert Mortality (DAWAM) project which aims to contribute to decreased morbidity and mortality in women and girls and high-risk groups including persons living with disability in Afghanistan. The project is funded by the Foreign, Commonwealth & Development Office (FCDO). It is implemented in seven provinces by a consortium consisting of World Vision-Afghanistan, Action Against Hunger (ACF), Action Aid (AA), BBC Media Action, Nai Qala, Afghan Women's Educational Centre (AWEC) and AADA. This bulletin is produced by BBC Media Action, Afghanistan. The content of What Matters? Afghanistan Speaks! is the responsibility of BBC Media Action. Any views expressed in this report should not be taken to represent those of the BBC itself, nor any donors supporting What Matters? or the work of the charity. BBC Media Action welcomes collaboration with other organisations collecting feedback in areas where they work or who would like to contribute to the analysis and production of this bulletin.

Written by: Karen O'Connor, Abdul Zaher Modaqeq and Mohammad Sharih Shivan

Please contact: karen.o'connor@uk.bbcmEDIAaction.org

Methodology

This research utilised a qualitative approach to examine returnees' experiences and challenges related to health services, maternal and child health (MCH), mental health and psychosocial support (MHPSS), and nutrition. Data was collected through 14 gender-segregated focus group discussions (FGDs) and 14 in-depth interviews (IDIs) with returnees across seven DAWAM provinces, capturing community experiences, perceptions, coping strategies, and service barriers. Seven key informant interviews were conducted with health facility staff to explore service accessibility, satisfaction, barriers, and dietary changes affecting children and pregnant women.

Key informant interviews (KIIs) with migration experts and local partners assessed the inclusion of returnees in health, MCH, MHPSS, and nutrition services, particularly for vulnerable returnees.

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