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A RESULT-BASED MANAGEMENT (RBM) FRAMEWORK FOR MANAGING THE SOCIO-ECONOMIC RISKS OF AFGHAN REFUGEES IN BALOCHISTAN

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Abstract
Afghan refugees in Balochistan are exposed to multiple socioeconomic risks related to documentation, limited livelihood opportunities, inequitable access to services, gender-based mobility restrictions, and tensions with host communities. Programme value relates to the extent to which resources and activities result in measurable improvements in the development sector, including cash assistance, healthcare, education, food support, vocational training, and psychosocial services. This article presents a proposed framework for Results-Based Management (RBM) based on the mixed-methods findings and recommendation. The framework draws on the results of the economic security, schooling continuity, healthcare, mental health, and social integration studies and links them to five priorities: legal status, gender-responsive access, market-linked livelihoods, social cohesion, and mental health. Connects inputs and activities to outputs, outcomes, indicators, verification sources, and periodic review. The framework is a proposal in outline only, not a model that has been proven to be effective in implementation. Baselines, operational definitions, and stakeholder validation are prerequisites for target setting for indicators. RBM can support organizations to shift from counting support provided to measuring access, quality, inclusion, and socioeconomic outcomes for refugee and host communities.

INTRODUCTION
For decades, Afghan refugees in Balochistan, Pakistan, have been supported by humanitarian and development actors, but many households still face poverty, precarious livelihoods, access challenges to education and health care, and social exclusion. It is difficult to provide services because of the province's limited resources and infrastructure, and the legal and administrative status of the refugees may affect access to assistance and formal employment, as well as to longer-term opportunities. Social protection interventions include cash and food assistance, healthcare, education, vocational training and psychosocial services. These meet different needs, but their presence does not provide evidence of reduced household vulnerability or stable outcomes. The management challenge is to link resources and

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delivery to specific outcomes that can be tracked over time (Ali et al., 2022; Holmes & Lowe, 2023).

A results-based approach matters because organizations may tend to focus on activities, costs, and the number of beneficiaries reached. These measures matter for accountability but do not show whether support has increased income security, helped children stay in school, increased access to necessary services, reduced distress, or enhanced inclusion. This helps distinguish between service volume and changes in practice. Documentation, mobility, safety, funding, local infrastructure, and host-community relations impact delivery in changing contexts of refugee programs. Results-Based Management (RBM) can clarify these connections by setting desired outcomes, selecting indicators, assigning accountability, tracking progress, and adjusting implementation. It should be flexible, as refugee households face risks differently and a single indicator does not cover all aspects of wellbeing (Leisering, 2021; Thimmappa et al., 2021).

The regression analysis indicates that specific types of support are associated with specific outcomes, including cash support and economic security, educational support and continuity of schooling, healthcare support and improvement in health, and psychosocial support and mental health and integration. Support frequency was also a predictor in several models. The patterns are important for program management because an overall rating can mask differences between types of interventions and outcomes. An RBM framework should include the outcomes each intervention aims to achieve while maintaining an overall perspective on households' multiple needs.

This article argues for an operational framework that links risks and service gaps for refugees to measurable indicators, verification processes, responsibilities, and corrective action. It is based on the Theory of Change, rights-based approaches, and transformative social protection. Accountability is seen as more than reporting outputs to donors – it also requires an evaluation of whether assistance is available, appropriate, equitable, and useful to intended recipients. The well-being of refugees is linked to local contexts, and some shared services and area-based approaches could contribute to tackling perceptions of unequal treatment. Program relevance can also be enhanced through consultation with refugee and host communities. The article's practical contribution is an RBM structure that can be adapted after the baseline assessment and consultation in Balochistan (Andrade et al., 2021; Patel & Midgley, 2023). It also details the process for reviewing progress.

Research Objective

- To develop an evidence-informed Results-Based Management framework that links social protection interventions to measurable improvements in the socioeconomic well-being of Afghan refugees in Balochistan.

Research Questions

- Which socioeconomic risks and implementation gaps should an RBM framework address in Balochistan?
- How can the findings be translated into an outcome-oriented framework with measurable indicators?
- What monitoring, accountability, and learning arrangements could strengthen the effectiveness and sustainability of refugee social protection?

Literature Review

Social protection has shifted from providing targeted safety nets and localized relief to a focus on resilience, inclusion, and longer-term development. It includes income support, access to services, protection from shocks, and policies that reduce structural vulnerability. Leisering (2021) situates social protection within evolving conceptions of social risk, and Bensed et al. (2024) examine the shift from local solidarity to social security. Beyond immediate assistance, continuity and eligibility matter for displaced populations, especially those with limited access to national systems. Temporary assistance can provide short-term relief in Balochistan, but it does not address the barriers to formal employment, services, or participation. A results-based approach should assess the extent of protection and how much it reduces risks that leave

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households vulnerable, including risks to community resilience.

Input, activity, output, outcome, and impact are key tenets of Results-Based Management. Funding, staff, and partnerships are examples of inputs; actions taken with these resources are activities; services delivered are outputs; changes in access or conditions are outcomes; and broader, longer-term change is impact. These categories make it difficult to use service volume as an indicator of improved quality of life. The number of vocational sessions delivered is an output, while outcomes are the share of people who go on to earn income. Thimmappa et al. (2021), in their mapping of evidence on social protection interventions, argue for considering intervention impact rather than assuming that program provision leads to intended outcomes. This is a key distinction in linking resources and activities to observable progress. Questions for reviews should focus on the outcome of the activity, not just whether the activity was finished.

Theory of Change supports RBM by clarifying the pathway between the intervention and intended results. It specifies the activities and outcomes expected and the assumptions that need to be true. Beyond skills, income benefits from a vocational course also depend on market demand, productive assets, buyers, documentation, and mobility. Stadnick et al. (2022) provides an example of a co-created Theory of Change that links community needs, program design, and desired outcomes. Organizations should engage refugees, host-community representatives, frontline workers, and institutions to discuss assumptions beyond the administrative level. This process can help identify where a results pathway is failing and what needs to be changed. It can also distinguish between implementation failures and assumptions that do not hold locally, and help allocate resources more effectively.

Rights-based approaches: dignity, participation, non-discrimination, equitable access. A service may be available but not accessible for a variety of reasons such as location, cost, documentation, language, privacy, and gender. Hennessy (2023) calls for a human-rights-based approach to social protection, with interventions focusing on conditions that enable exploitation, not just visible outcomes. If safe and relevant in Balochistan, RBM indicators should be disaggregated by gender, age, and location. Documentation status should only be gathered where needed and safe, and a lack of documentation for undocumented households should not be taken as a lack of need. Participation and protections must influence indicator design and the reporting and use of indicator results. This helps to minimize the likelihood of subjecting marginalized households to further administrative or social harm.

Transformative social protection addresses immediate risks and the institutional conditions that sustain people's vulnerability. Patel and Midgley (2023) link welfare provision to human development, community engagement, and wider economic policy. Direct assistance can then be integrated with capacity building, market access, and institutional and host community linkages. In Balochistan, cash and food assistance can alleviate immediate suffering but cannot, on its own, address employment constraints, poor infrastructure, and legal insecurity. An RBM approach based on transformative social protection should track protection and steps toward agency, inclusion, and long-term economic involvement. It should also separate outcomes an organization can directly influence from those that depend on broader policy or market conditions, especially when funding is limited and inconsistent. Having clear definitions also enhances accountability.

Research on inclusive protection for displaced children and families emphasizes coherent systems over disconnected projects. Holmes and Lowe (2023) highlight inclusive social protection for displaced families, and Andrade et al. (2021) provide an overview of social protection approaches for migrants, refugees, and asylum seekers. Varied mandates, eligibility criteria, reporting requirements, and funding cycles can make referrals complex and make progress difficult to measure. RBM can provide a common results architecture without requiring each organization to offer the same services. While maintaining clear

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accountability for each activity, shared outcome definitions, referral protocols, and joint reviews can help interpret overall progress. This matters when a household needs multiple types of support, such as health, education, documentation, and livelihood services, rather than discrete agency-level outcomes.

Gender responsive delivery and livelihood pathways are also identified in the literature. Cookson et al. (2024) review social protection and gender, highlighting the importance of designing programs to address gendered conditions and avoid treating one delivery approach as a universal solution. Safe access, completed referrals, continued participation, and entry into earning activity are more outcome-oriented measures, while the number of visits is an output. Livelihood training also requires actions beyond attendance. Ghorpade et al. (2024) review social protection and labor-market policies for the informal workforce and argue that the focus should be on productive assets, market access, and work opportunities. RBM needs to track progress from training to earning, income change, enterprise continuity, and barriers to those who do not progress. Clear indicator definitions are necessary for comparisons over time. The framework should be flexible, and results and unintended effects should be reviewed regularly.

The cross-cutting perspective is rounded off by social cohesion and mental well-being. Programs that are exclusively for refugees can reinforce feelings of injustice if host communities are also poor and have limited services. Humayun et al. (2023) discuss Afghan refugee integration in Pakistan, and Tariq et al. (2024) discuss socioeconomic settlement strategies. The literature also supports culturally appropriate mental health assistance, including Alemi et al.'s (2023) review of Afghan psychosocial interventions and Hosseini et al.'s (2024) analysis of cultural adaptation. Counseling sessions and screening are RBM outputs, and referral completion, continuity of care, perceived access, and reported distress are potential outcomes. These measures should be implemented alongside community feedback, confidentiality protections, and distinct measures for each outcome domain.

Research Methodology

This article follows an applied framework-development approach using a mixed-methods study and gathers no additional data. The article presents a quantitative survey of 300 respondents and a qualitative component through interviews and focus group discussions. The qualitative component profiles 16 key informants, refugees, host-community members, and institutional actors. The article presents a reported outcome model, a program description, contextual barriers, and a proposed framework for building a management model. This method can be used when the goal is to convert current evidence into a program tool for action. It is not a new statistical test but an analysis of the relationship between intervention areas and intended outcomes.

The framework development involved four steps. First, we clustered socioeconomic risks into five categories: legal status, gender-responsive access, livelihoods, social cohesion, and mental health. Second, we identified an implementation gap in each area and proposed an intervention. Third, we developed candidate indicators to distinguish between changes in access and changes in service delivery, income, well-being, and social relations. Fourth, the results chain was structured around inputs, activities, outputs, outcomes, and impact, with contextual assumptions placed at each link. This process is based on the Theory of Change and transformative social protection literature (Stadnick et al., 2022; Patel & Midgley, 2023). It offers an organizing framework rather than evidence of the indicators being used or tested. The matrix may be further developed following stakeholder feedback.

The study used five outcomes, economic security, schooling continuity, healthcare improvement, mental health change, and social integration, as context for the quantitative findings. The present correlations are between cash support and economic security, educational support and schooling continuity, healthcare support and healthcare improvement, and psychosocial support and mental health and integration. Support frequency was also important in several of the final models. These are predictive correlations and not

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causal. They can be helpful for prioritizing monitoring but should not be interpreted as causal effect estimates. The framework's contextual assumptions were based on qualitative themes related to documentation, mobility, service access, and host-community relations. The NVivo analysis is described as a simulation, so qualitative outputs that rely on it should be verified against original transcripts or field records before being considered independent, verified evidence. A future pilot should also assess the feasibility of the indicators and the burden on participants. Proposed indicators are not targets but candidate measures.

Before adoption, affected communities and relevant institutions should agree on operational definitions, data sources, collection frequency, responsibilities, baselines, and targets. Monitoring should respect confidentiality and collect data on documentation, gender, health, and livelihoods only if appropriate safeguards exist. The article's contribution is both analytical and practical: it brings together what is available to date in an analytical framework for a management model that can be reviewed, piloted, and evaluated, but it does not offer a full intervention model with proven causal impact. Indicator sets should be feasible for frontline teams and not take resources away from service delivery by being too complex to report. Lessons and decisions made based on lessons should be documented in periodic reviews.

Results

The research points to interrelated risks that make social protection for Afghan refugees in Balochistan challenging, including documentation challenges, gender restrictions on mobility, limited options for training for sustainable livelihoods, tensions over access to limited local services, and under-integrated psychosocial protection. The core management problem isn't just that there's no activity, but that there's no lasting change. A program can support or train households facing barriers to employment, education, health, or social participation. The proposed framework treats program performance as a series of connected outcomes and asks whether services reach the target population and achieve the desired outcomes. These priorities are grouped into 5 intervention areas to allow separate monitoring and review within a larger approach to refugee wellbeing.

The quantitative analysis results support differentiated outcome monitoring. The final model for predicting economic security was cash support $\beta = .17$, support frequency $\beta = .11$, $R^2 = .125$. Educational continuity was assessed with $\beta = .20$ and support frequency was $\beta = .10$, $R^2 = .096$. Healthcare improvement: $\beta = .23$ for healthcare support and $\beta = .12$ for support frequency, and $R^2 = .138$. For mental health change, psychosocial support had $\beta = .21$ and support frequency had $\beta = .11$, with $R^2 = .099$. Psychosocial support had $\beta = .18$ and support frequency had $\beta = .12$, with $R^2 = .084$ for integration feeling. These show predictive relationships within the sample analyzed, not that an intervention alone resulted in an outcome. Their reporting should focus on outcomes, not causal attribution.

Table 1. Reported final-model predictors and outcome measures

Outcome domain	Significant intervention predictor	Support frequency	Final model fit
Economic security	Cash support: $\beta = .17^{**}$	$\beta = .11^{*}$	$R^2 = .125$; $F = 4.39$, $p = .001$
Children's schooling continuity	Educational support: $\beta = .20^{**}$	$\beta = .10^{*}$	$R^2 = .096$; $F = 3.39$, $p < .001$
Healthcare improvement	Healthcare support: $\beta = .23^{**}$	$\beta = .12^{*}$	$R^2 = .138$; $F = 4.93$, $p < .01$

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Outcome domain	Significant intervention predictor	Support frequency	Final model fit
Mental health change	Psychosocial support: β = .21**	β = .11*	R^2 = .099; F = 3.38, p < .001
Integration feeling	Psychosocial support: β = .18**	β = .12*	R^2 = .084; F = 2.91, p = .002

The patterns suggest that a single satisfaction score or number of beneficiaries can mask the different functions of social protection. The assessment of cash needs should be compared with economic security, of education needs with continuity of schooling, of health services with access and health outcomes, and of psychosocial services with mental health and integration. Continuity of support and follow-up were also significant in several models, indicating that monitoring should not just document a single visit but also capture continuity of support and follow-up. The implications are limited, as these models account for a small proportion of the variance in outcomes and other factors are important. RBM should include intervention-specific indicators, as well as information on context, access barriers, and coordination, without assuming that all changes are due to the implementing organization. This distinction should be considered in reporting and program reviews.

The initiative's first pillar is legal status and documentation. The research describes the current processes as passive and ad hoc, and suggests accessible renewal support and rights advocacy, such as information on work opportunities. Programs should document referrals and advocacy separately from outcomes outside their control when legal change is needed. This could include renewal sessions, completed referrals, or administrative guidance provided to people. Possible outcomes are enhanced access to services relating to documentation and enhanced capacity to access livelihood/service referrals. Some indicators are sensitive and need protection, as a program cannot necessarily resolve documentation status. The monitoring process should not exclude or pressure participants to reveal information that would raise risk for difficult-to-serve persons. Registration events are not the only way to measure success, and NGOs cannot control some policy decisions, but they should measure success by safe access and quality of referral.

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Table 2. Proposed RBM matrix for managing socioeconomic risks

Risk / result area	Proposed intervention and outputs	Expected outcome	Candidate indicators / verification
Legal status	Accessible renewal support; rights information; referrals documented	Improved access to documentation-related services and referral pathways	Current documentation among participating households; completed referrals; confidential case records
Gender access	Female mobile service units; home-based training; safe referral options	Improved access and participation by women	Women accessing services independently; referral completion; program attendance disaggregated by location and age
Livelihoods	Market-linked training; productive tools; links with buyers	Improved transition from training to earning and greater income stability	Transition to earning; change in household income; enterprise continuity; follow-up survey
Social cohesion	Shared water, school, or clinic infrastructure; joint planning and feedback	More equitable service access and improved perceptions of fairness	Use by refugees and hosts; reported disputes; perception surveys; community feedback logs
Mental health	Psychosocial support integrated into clinics and schools; peer groups and referral follow-up	Improved access to care and reported mental well-being	Screening coverage: referrals completed; continuity of care; change in reported stress using a defined tool

The second relates to gender responsive access. The research highlights the barriers to centralized provision and mobility restrictions for women and recommends introducing female mobile service units and in-home livelihoods training. It might include mobile visits and training sessions, and outcomes might be women's safe access, completed referrals, continued participation, and skills for earning. Where safe and relevant, disaggregation of data by age, location, and household circumstances should be undertaken. Monitoring should evaluate acceptability, privacy, and safety. More visits do not mean success if women can't use services, and training does not provide practice opportunities. Community consultation can help ensure delivery is culturally responsive and does not perpetuate discriminatory restrictions. Providers should note barriers and adjust schedules, referrals, and formats if participation continues to be low. Those changes should be made based on participant feedback.

The third pillar is livelihoods. Outputs may include course completion, productive kits delivered, market contacts, and business-support sessions. Outcomes are the percentage of trainees who start working, changes in household income, business continuity, and access to buyers. Reviews should identify individuals who do not transition to work and examine barriers such as documentation, mobility, capital, care responsibilities, discrimination, and market saturation. This enables the program to adapt instead of equating course completion with self-reliance. Indicators should be realistic and measure income stability over a sensible time frame, rather than whether any income was generated immediately after training, as this depends in part on the wider economy.

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Outputs include completed infrastructure and joint planning sessions, but outcomes include equitable use, perceptions of fairness, and reported disputes. These effects cannot be assumed, and they must be measured. Outputs include people screened, referrals made, and sessions completed; outcomes include referral completion, continuity of care, perceived accessibility, reported stress, or belonging. Confidentiality protection and appropriate referral systems are needed for sensitive measures. These pillars are part of an integrated results architecture that ensures that each intervention has a clear intended result while acknowledging the importance of local context.

Table 2 translates the five intervention areas into an operational matrix that includes candidate outputs, outcomes, indicators, and verification sources. Figure 1 illustrates the proposed Theory of Change, where resources and activities are expected to lead to outputs, outcomes, and longer-term impacts, and contextual conditions will affect all of these. Figure 2 shows RBM as a continuous cycle of risk assessment, planning, delivery, monitoring, evaluation, and adaptation. Together, these factors enable organizations to share planned and actual progress, review reasons for any delays in outcomes, and modify activities based on evidence, without if the end of the project means it has been effective. The framework must be validated locally, with baseline data and consensus among implementation partners before use.

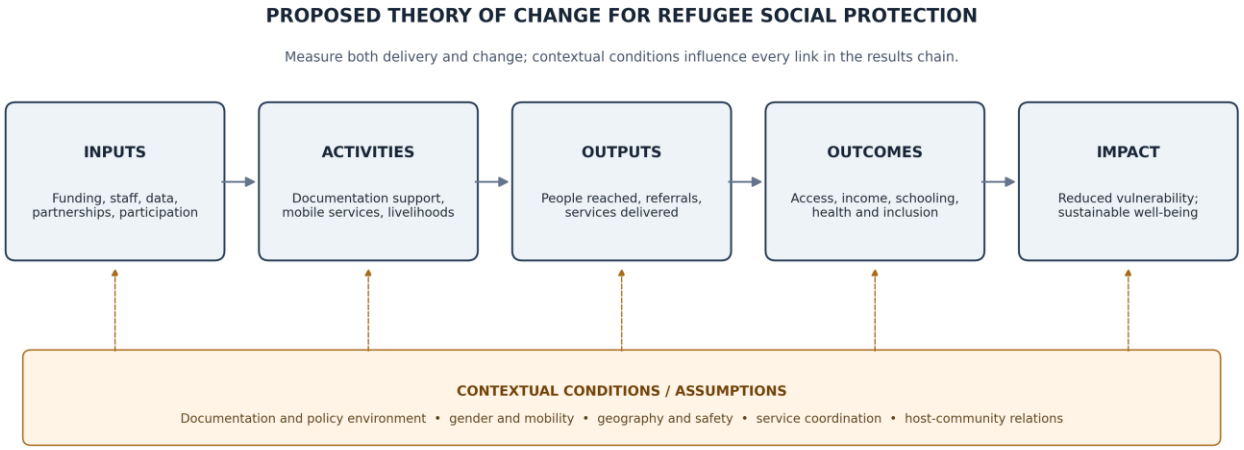

Figure 1. Proposed Theory of Change for refugee social protection

Figure 1 shows the logic of the framework, which is not a tested causal model. When contextual assumptions are met, inputs and activities are expected to generate measurable outputs that may lead to outcomes and longer-term impact. Legal and administrative issues, gender and mobility, geography and safety, institutional coordination, and host-community relations can influence each stage. The monitoring plan should record not only performance values but also contextual changes that could explain a program's progress or lack of progress.

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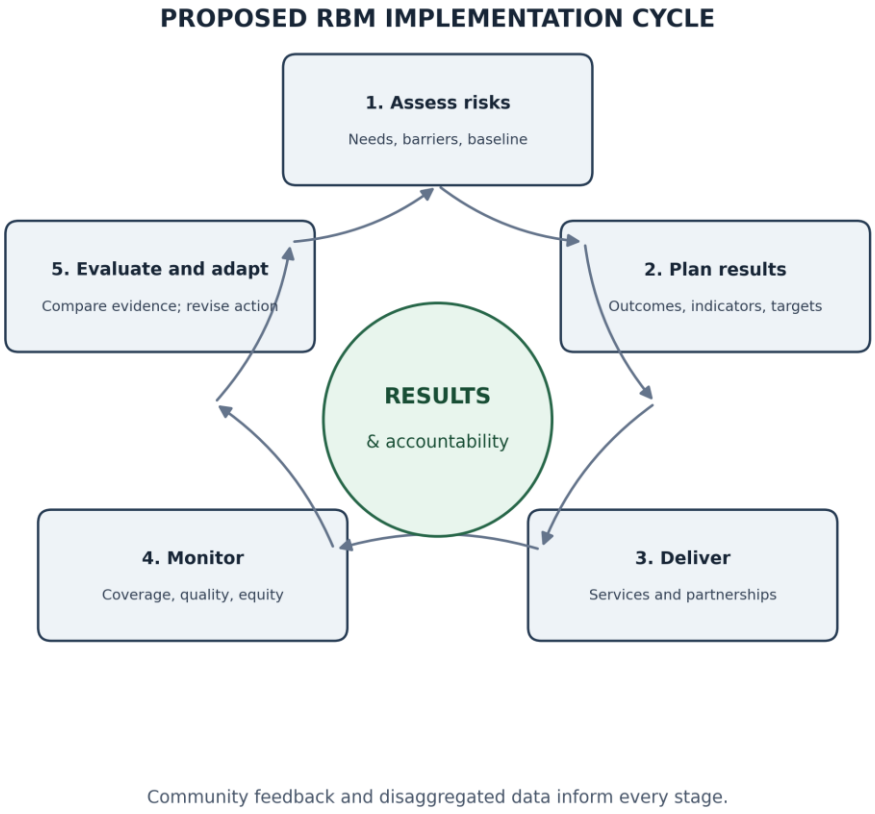

Figure 2. Proposed RBM implementation and learning cycle

Discussion

The proposed framework addresses a critical management challenge in refugee social protection: interventions target multiple aspects of well-being and cannot be evaluated using a single measure. RBM should maintain the purpose of each intervention while coordinating programs around broader socioeconomic security. The variables used to assess the impact of cash on household resources are schooling continuity, health through access and health indicators, and mental well-being and perceived integration for psychosocial interventions. The framework does not presume that one service will take the place of another. It enables a portfolio approach that sets clear goals and measures results for each program and coordinates programs for households facing multiple risks.

One key feature and central contribution is the shift from output counting to outcome assessment. The number of people registered, trained, counseled, or who receive cash is not enough to show reduced vulnerability. Monitoring should evaluate the decrease in documentation barriers, the ability of trainees to start earning, the children's retention in school, access to services for women, and shared infrastructure for both refugee and host communities. This needs a baseline and clear indicators. Time also is an issue: outputs can be measured immediately, but income security, school completion, and community relations can vary over longer time frames. The review schedule should be aligned with the timeframe for the achievement of each outcome. The framework should record outcomes and explain delays, and high output

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figures should not automatically be interpreted as success if intended outcomes are low.

Theory of Change assumptions are made explicit but not substantiated. A mobile unit can reduce a physical access barrier; better access can increase participation; and participation can lead to health or livelihood outcomes. Routes may be unsafe, staff may be unavailable, services may be unacceptable, or referrals may not be completed, any of which can cause a link to fail. RBM should document assumptions and check on evidence throughout the process. This aligns with co-created Theory of Change practice (Stadnick et al., 2022) and transformative social protection, which considers structural determinants of vulnerability (Patel & Midgley, 2023). The program should adapt based on evidence of a weak link, not merely repeat an activity with high delivery numbers and minimal outcome progress. Reviews should also assess if the original assumptions were realized.

Coordination is needed, as government institutions, UN agencies, and NGOs can have different resources and service pathways. RBM can facilitate collaboration through shared outcome definitions, referral processes, minimum reporting requirements, and joint reviews, without shifting responsibility. Information arrangements should not require the free disclosure of personal data for coordination: no sharing of personal data should place participants at risk through documentation or social status. Decisions on what to measure and how to respond to the data should involve refugees and host communities. Indicators should be broken down by gender, age and location where safe and appropriate, as overall participation rates may mask lower participation of women, youth, remote settlements or undocumented households. Small group sizes and sensitive attributes may make it possible to identify participants, and monitoring plans should specify what data are required, who can access them, how they are safeguarded, and how findings will be used.

Outcome measures are needed in addition to the number of activities in area-based development and livelihood pathways. Shared facilities can foster fairness when planning is clear, access is equitable, and maintenance continues beyond the funding period, but shared infrastructure does not necessarily lead to cohesion. Indicators should reflect the use of services and feedback from refugees and host residents, following studies on Afghan refugee integration in Pakistan (Humayun et al., 2023) and settlement strategies (Tariq et al., 2024). Likewise, training does not constitute economic empowerment if participants cannot acquire equipment, find buyers, or secure a legitimate job. Reviews should include considerations of transition to earning, regularity of income, and continuity of enterprise, and pinpoint barriers to these, including capital, mobility, documentation, or discrimination. They enable programs to be adapted but recognize that markets and local power relations are partly outside the control of any single agency.

Some restrictions should be noted. The quantitative models account for a small percentage of variance and should be understood as predicting associations, not causal evidence. The indicators proposed here have not been tested in practice, and this article does not show that the full RBM cycle leads to better outcomes. A future pilot should also consider the feasibility of indicators and the burden on participants. Future research should co-design indicator definitions, set baselines, test the framework at the pilot level, assess data quality, and analyze progress over time using appropriate outcome measures.

Organizations must start with a participatory baseline and agree on a set of indicators that are meaningful in each intervention area. There must be an operational definition, data source, reporting frequency, responsible actor, and procedure for action if progress is not being made for each indicator. Set targets after reviewing resources, community priorities, legal restrictions, and realistic timeframes. Monitoring should involve both administrative information and anonymous information from refugees and host populations. Regular evaluations should include output delivery and disparities in access and outcomes by group. Findings should result in documented decisions to adapt services, reallocation of resources, or change

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of partnerships. This would transform RBM from a reporting exercise into a learning system and improve transparency without implying that programs control all outcomes. Findings should be followed up with documented and time-bound actions.

The article's overall message is that legal status, gender-responsive access, livelihoods, social cohesion, and mental health are linked through a results chain of inputs, activities, outputs, outcomes, and longer-term impact via an RBM framework. It is practical in that it provides a common framework for program coordination, gap identification, and evidence-based program improvement. Successful implementation requires local validation, reliable data, involvement, protection, sufficient funding and institutional buy-in. The key transition for Afghan refugees in Balochistan is moving from measuring success primarily by the provision of assistance to measuring the impact of social protection on their future socioeconomic security, dignity, and inclusion. The framework should be flexible and should be regularly reviewed for outcomes and unintended consequences.

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