COVID-19 PROTECTION MONITORING

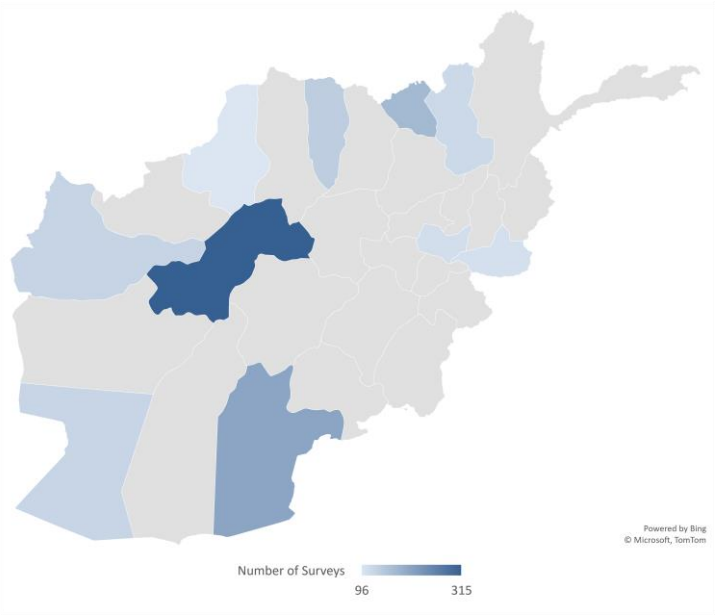
MAY – JULY 2020

IOM UN MIGRATION

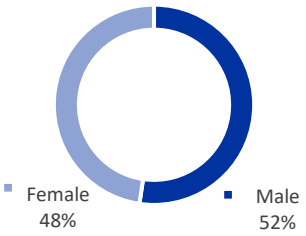
TOTAL RETURNEES: 148,471 # INDIVIDUALS

IOM PROTECTION MONITORING SURVEY COVERAGE

1,659 # HH Surveys	10,141 # Individuals	20% Women-led HHs	12% HHs with Elderly	100% HHs with Children	6 Average # HH Members	100% PSN



HOUSEHOLD COMPOSITION		
Age Group	Male	Female
Infant / Newborn	1,235	1,081
Children	1,873	1,590
Adult	2,002	1,973
Elderly	197	190

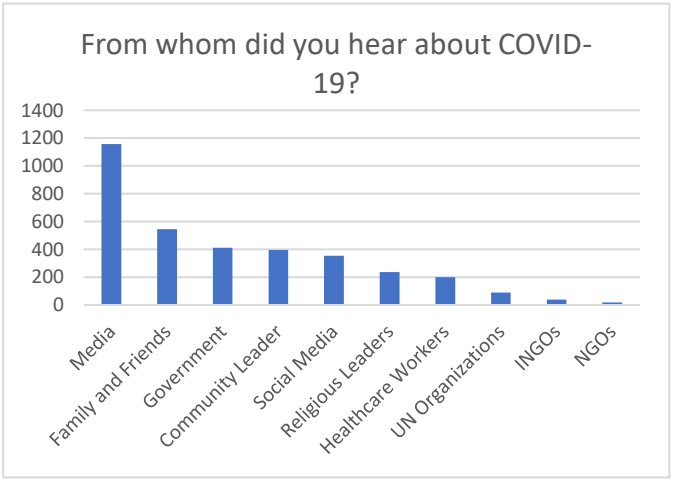


Between 3 May - 1 August 2020, the Ministry of Refugees and Repatriation (MoRR) recorded 148,471 total returns (148,341 from Iran and 130 from Pakistan) of undocumented Afghans from Iran and Pakistan. In coordination with the Afghanistan Protection Cluster, IOM conducted 1,659 household surveys with undocumented returnees to understand the impact of COVID-19 on the Protection environment across 11 provinces. Surveys were undertaken through house visits and over the telephone depending on restrictions on movement, with PPE provided to beneficiaries and staff to mitigate COVID-19 risks. This report was produced with the support of European Civil Protection and Humanitarian Aid Operations (ECHO).

Trends

Access to Information

The findings indicate a significant minority (29% in Faryab) did not have access to information about COVID-19 two months into the pandemic. In May 2020 respondents relied predominantly on the media for information on COVID-19 (85%), followed by community leaders (32%), and family and friends (32%) for information. By July the sources had shifted: community leaders dropped to 24% and family and friends increased to 34%.

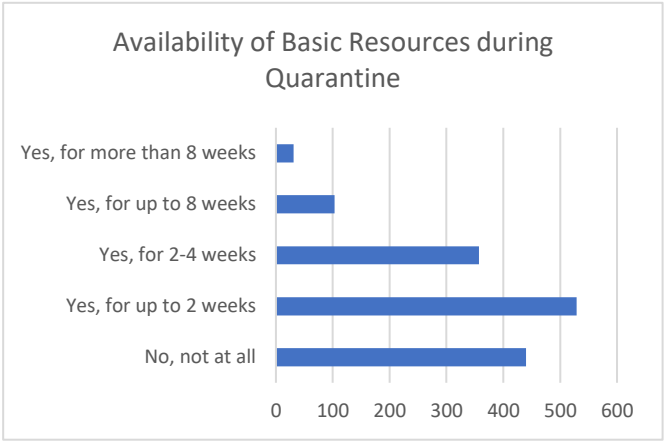


Restriction of Movement

Despite the initial imposition of a range of lockdown measures in March and a formal three-month Government lockdown coming into force on 6 June, respondents did not report awareness of COVID-19 related restrictions with any consistency in this period. Of those restrictions imposed, the halting of public gatherings was most widely reported, but by July in Ghor, 94% of respondents relayed that no measures were imposed, and Faryab had the highest proportion (84%) of respondents unaware of whether restrictions had been imposed at all. COVID-19 has had a significant impact on humanitarian operations, with many organisations having to temporarily suspend or delay program activities due to an increasingly restricted humanitarian space. Border closures put pressure on supply lines and income streams, an uptick in bureaucratic impediments and credible threats from non-government authorities,

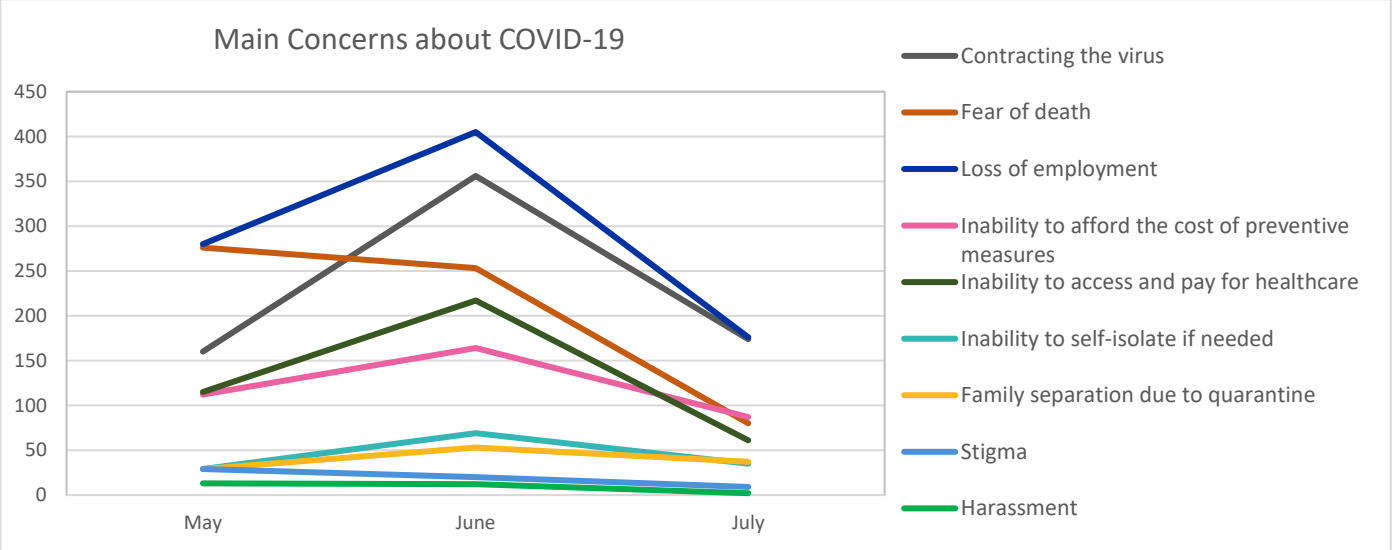
and public unrest over lockdown impacts – e.g. unequal aid distribution, loss of jobs, non-payment of government salaries, and prolonged border closure with Pakistan – have been widely reported[i].

Access to Livelihoods

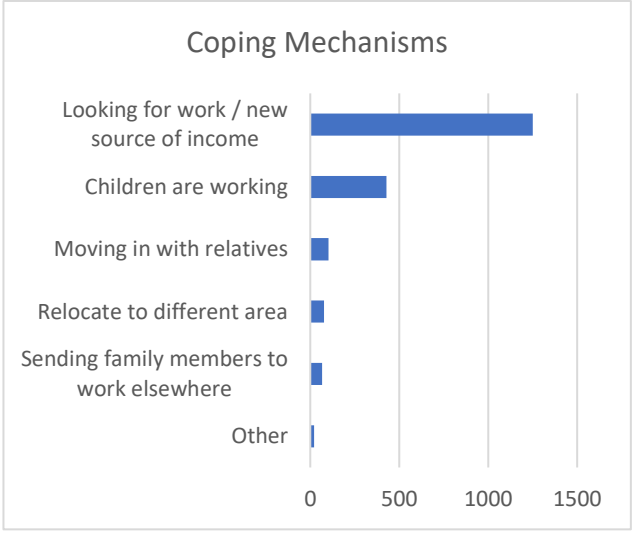


As a consequence of COVID-19, the World Bank has projected the Afghan economy will contract by at least 5.5-7.4% in 2020, with exports down 65%. The Afghan government has warned unemployment in Afghanistan will increase by 40%, with poverty rates (= less than 2 USD per day) projected to hit 72% (up from 55% prior to the crisis).[ii] Lockdown measures have compounded existing fragile livelihoods to the extent that by July, 84% of respondents said that without access to work outside the home (in event of quarantine), they could not meet their basic household needs beyond two weeks; that number increases to 98% for four weeks. Returnees in Sar-i-Pul and Kabul demonstrated the most critical vulnerability during the period with 93% and 81% of populations respectively not able to meet basic needs at all without work, indicating their reliance on daily wages.

In May, people cited fear of death as of equal concern to loss of livelihoods in relation to COVID-19, but as the months have progressed, concerns over income has come to dominate. The price of basic commodities increased significantly – official estimates in May put food price increases at 10-20%, with 35% of the population (10.9 million) facing acute food insecurity[iii] – and survey respondents reported an average increase in excess of these estimates at 21-50%, rising to as much as 100% in some areas (Ghor) and peaking in June. With little sign of easing off in July, returnees face a perfect storm as they struggle to stay healthy and safe with increasing costs of living and loss of livelihoods.



For families and communities, loss of livelihoods was cited as the biggest impact of COVID-19. Returnees are being forced to search for new jobs or sources of income to make ends meet (87% in June, though Balkh and Ghor reported 100% every month for this indicator) whilst options like moving in with relatives receded over the period (8-5%). In some locations, however, the proportion of children working increased during this period. Ghor and Sar-i-Pul were the provinces reporting the highest rates, peaking in June (at 81% and 63% respectively).



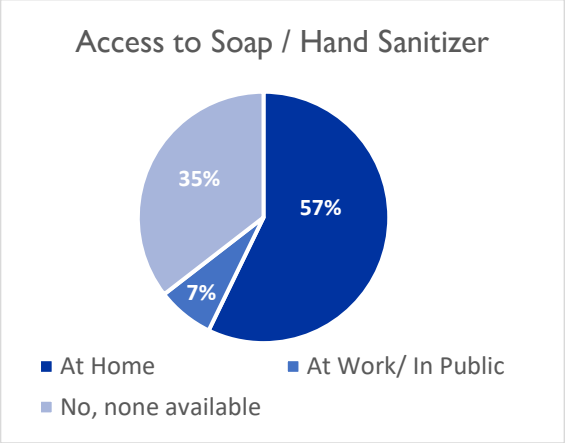
Child labor is one of the top child protection concerns of Protection actors across the country, and a clear indicator of the heightened risk of exploitation and abuse which economically vulnerable families are facing – particularly those for whom daily labor is the only source of income.[iv] It demonstrates an urgent need for increased interventions

aimed at curbing this practice at all levels and reducing the precarity of the most impoverished households to limit resort to such negative coping mechanisms.

A small cohort are also resorting to sending family members away to find work – many leaving Afghanistan to do so (23%), and in-so-doing exposing themselves to a host of threats facing undocumented migrant workers.

Access to Health & Preventative Measures

Public healthcare in Afghanistan is free of charge for Afghan nationals, though medicines and travel to reach facilities come at a cost. Even when services are within 2-hour reach, respondents cited inability to pay for healthcare as a prohibiting factor. This means 53% of the population are without realistic access to health services. Similarly, the unaffordability of preventative measures (25%) – particularly in Faryab, Takhar and Nimroz – alongside an awareness of the importance of wearing PPE (face mask and gloves), yet an inability to pay for it, mean critical shortages of income are clearly hampering people's ability to keep themselves and their families safe.

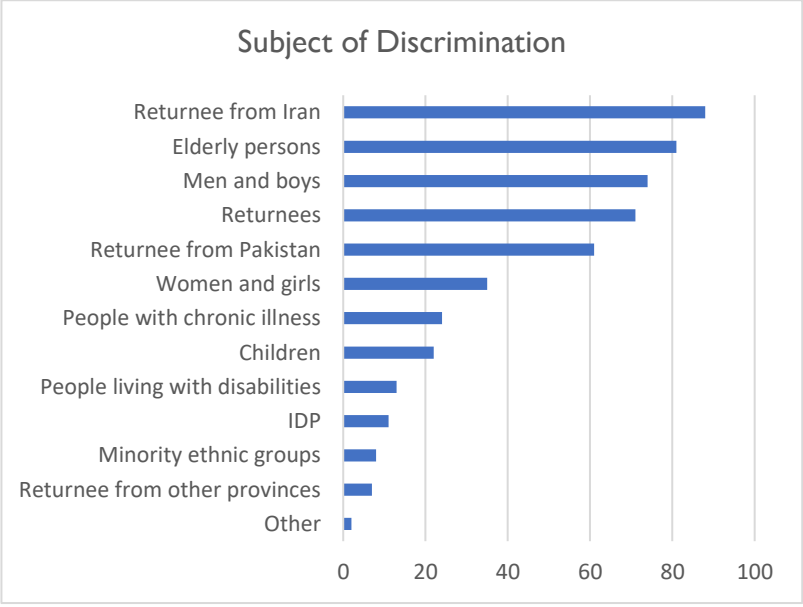


Frequent handwashing was identified as the number one measure in reducing risks of transmission (95% of respondents), but as with PPE, almost a third of people lacked any access to handwashing facilities (30%) or to soap/sanitizer (35%). And when it came to self-isolating, an average of 96% of respondents (100% in 7/11 provinces) reported having nowhere to self-isolate.

This is likely further hampered by patchy access to accurate public health information in many areas and a lack of knowledge about appropriate health seeking behaviors.[v] Ministry of Public Health (MoPH) data (August 2020) shows that 37,999 people across all 34 provinces are now confirmed to have had COVID-19 and 1,387 people have died. Men aged 50-79 constitute 50% of all COVID-19-related deaths and 71% of all cases, but over-representation in access to testing is likely to account for some of this.[vi]

Discrimination

Survey results demonstrated that elderly persons (55%) and returnees (46%) face discrimination and mistreatment because of COVID-19 in certain localities such as Kunduz, where returnees from Iran are singled out with the highest rates of discrimination (86%), followed by those from Pakistan (63%). The main perpetrators of this discrimination were family members, the community and the authorities, with restriction on movement (75%) and detention (36%) cited as the most common consequences.



This demonstrates that returnees face significant stigma exposing them to threats in their own homes or communities because of their profile – potentially lacking the depth of social networks and trusted relationships with the wider community of other settled members, resulting in traditional protection support networks becoming threats. It is also indicative of a need for alternative, community-based protection mechanisms which could support the safe and effective dissemination of information in remote and/or AGE-controlled areas.

Recommendations

Access to information

Access to information in AGE-controlled areas is more limited and reliant on community members. Health seeking behavior – and COVID-19 testing rates – indicate women are underrepresented in accessing healthcare. Information nodes / gatekeepers are not providing consistent, accurate information to all members of their communities, leaving room for misinformation and rumors.

➔ **Government, humanitarian and development partners** must ensure that the latest Risk Communication and Community Engagement (RCCE) messages are communicated in an appropriate, timely manner, with and through trusted partners, to all populations under their control – using mediums preferred by communities, and encouraging community engagement through the entire process with a focus on increasing access to women and the most vulnerable.

Access to Livelihoods

The economic impact of COVID-19 has been devastating at individual, household, and community level. Limited coping mechanisms are increasingly being exhausted (borrowing, spending savings) and the humanitarian community must bridge the gap.

➔ Cash interventions including **cash for Protection** (particularly to families with children at risk of being sent to work) in combination with comprehensive case management is needed to mitigate protection risks and limit resort to a range of negative measures which put the most vulnerable households at risk.

Access to preventative measures

A significant proportion of returnees do not have access to proper sanitation facilities, PPE or health services in their homes or communities, compromising positive health-seeking behaviors.

➔ **WASH, Shelter and Health actors** should increase provision of water and sanitation facilities to returnees in locations of return. All sectors should support PPE distribution in their operations to mitigate health risks of accessing services and ensuring people can keep themselves safe in their communities.

Reactive COVID-19 Information Dissemination

1,656 HH have been reached by IOM's Protection program with key WHO messages on COVID-19. Information was provided in response to gaps in respondents' knowledge. The top queries were:

(1) What are the symptoms of COVID-19?
(2) What is COVID-19?
(3) How does COVID-19 spread?
(4) What can I do to protect myself and prevent the spread of disease?

Messages were also relayed to respondents to counter known rumors or misinformation reported in their area (citing the RCCE's 'Rumors and Responses key messages'). IOM used a one-to-one approach which seeks to transmit accurate, up-to-date information which can then support the spread of safe and timely information via family and friends to communities – a preferred means of receiving information.

➔ **Government and Health actors** should work together to ensure healthcare is universally accessible and barriers (fees, excessive travel distance, lack of female staff) addressed as a matter of urgency. Enhanced access to health services and reintegration support upon return and at the community level is essential in the current context. Priority should be given to the needs of vulnerable persons, including women, girls, the elderly and persons with serious medical conditions to ensure return conditions are safe and dignified.

Countering discrimination

Stigma and discrimination felt by returnees as suspected vectors of COVID-19 in communities of return demands a community-wide response.

➔ **RCCE Working Group** to continue and reinforce messaging countering stigma and discrimination against returnees which puts them, their dependents and communities at further risk.

➔ **Health, Protection and Development actors** should support efforts towards community engagement and community-based Protection programming, including working with community-based structures, local CDCs, government representatives and civil society members to ensure returnees receive support and unbiased access to services and information on return – particularly the most vulnerable

[i] https://tolonews.com/afghanistan/families-ghor-protest-victims-call-fair-aid-distribution; https://tolonews.com/business/union-2-million-afghans-lose-jobs-amid-covid-19; https://www.aljazeera.com/news/2020/07/pakistan-4-killed-clashes-police-shut-afghan-border-200731075345768.html

[ii] https://www.worldbank.org/en/news/press-release/2020/07/15/hit-hard-by-covid-19-afghanistan-needs-continued-international-support; https://www.humanitarianresponse.info/en/operations/afghanistan/document/afghanistan-flash-update-covid-19-strategic-situation-report-no-70

[iii] https://fscluster.org/sites/default/files/documents/ipc_afghanistan_final_report_2020.pdf

[iv] NRC, Protection Monitoring report, March 2020; https://www.globalprotectioncluster.org/2020/05/05/afghanistan-covid-19-situation-report-05-may-2020/

[v] https://www.who.int/health-cluster/news-and-events/news/Rumours-Answers-English-Dari-Pashto.pdf?ua=1

[vi] https://www.humanitarianresponse.info/en/operations/afghanistan/document/afghanistan-flash-update-covid-19-strategic-situation-report-no-70