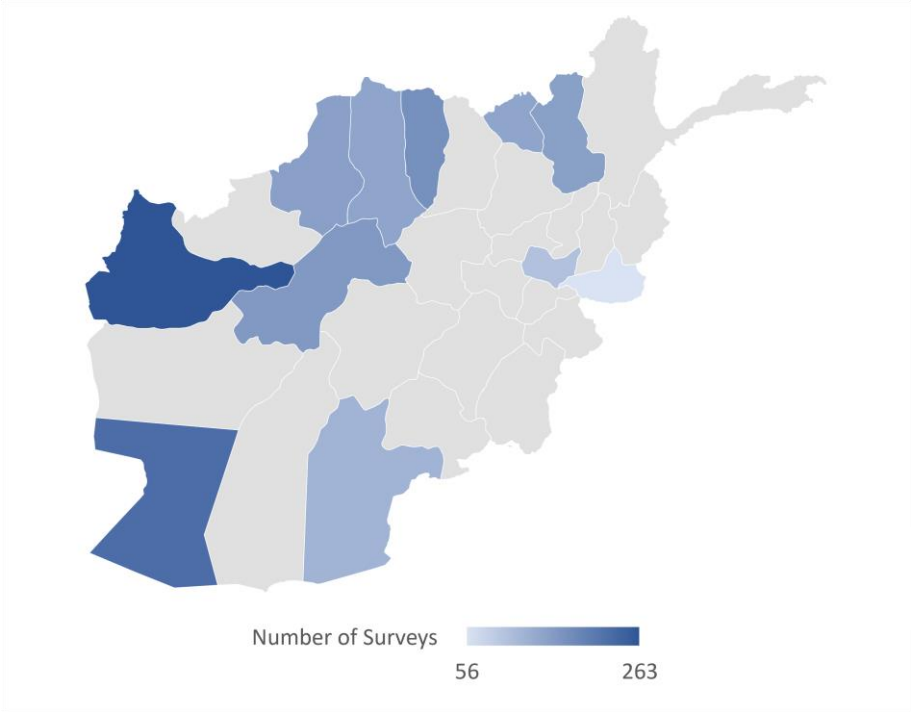
COVID-19 PROTECTION MONITORING

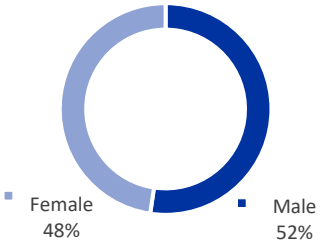
AUGUST – OCTOBER 2020

IOM UN MIGRATION

TOTAL RETURNEES: 279,917 # INDIVIDUALS	IOM PROTECTION MONITORING SURVEY COVERAGE						
	1,715 # HH Surveys	9,987 # Individuals	19% Women-led HHs	20% HHs with Elderly	91% HHs with Children	6 Average # HH Members	100% PSN



HOUSEHOLD COMPOSITION		
Age Group	Male	Female
Infant / Newborn	1,097	1,043
Children	1,966	1,611
Adult	1,878	1,953
Elderly	231	208



Between 2 August – 31 October 2020, the Ministry of Refugees and Repatriation (MoRR) recorded 279,917 total returns (276,285 from Iran and 3,632 from Pakistan) of undocumented Afghans from Iran and Pakistan. To understand the impact of COVID-19 on the Protection environment for undocumented returnees across 11 provinces of Afghanistan, IOM has conducted a total of 3,374 household surveys with undocumented returnee households comprising at least one person with specific needs (PSN) since May 2020. This report covers the period 1 August – 31 October during which 1,715 surveys were undertaken via home visits and over the telephone, depending on restrictions on movement, with PPE provided to beneficiaries and staff to mitigate COVID-19 risks. This initiative took place in coordination with the Afghanistan Protection Cluster and this report was produced with the support of the EU's Directorate General for European Civil Protection and Humanitarian Aid Operations (ECHO) and the Swiss Government's Ministry for Migration Management (SEM).[1]

Trends

Access to Accurate Information

A persistent minority of the returnee population (11% overall) who responded to this survey still report lack of awareness of COVID-19 with an overall increase observed on the last quarter – Faryab was highest, with 42%, and approximately 1 in 4 respondents in Nangahar and Kunduz, reporting no knowledge of COVID-19. Case management trends would indicate the figures may not in fact reflect a lack of awareness per se, but rather the continued influence of powerful rumours that are not in line with public health standards, which can mean even speaking about COVID-19 may pose risks. This misinformation is both potentially precluding people from reporting awareness of the virus and directly impacting on health-seeking behavior, and reinforcing a deep-rooted stigma related to the virus. It also exposes a rural-urban divide, with largely urban Balkh and Kabul both reporting 100% awareness.

> "A BENEFICIARY APPROACHED ME AND SAID HE WAS QUESTIONING HIS ISLAMIC FAITH. HE HAD CONTRACTED COVID-19 AND THOUGHT THIS MEANT HE WAS NOT A GOOD MUSLIM."
>
> Caseworker, Faryab

[1] Previous reports available at: https://afghanistan.iom.int/protection

Sources of information on COVID-19 remain similar with the media still most popular (69%), and family and friends (52%) and local community leaders (37%) increasing marginally. Exceptionally, in Nangahar – where all respondents were male – religious leaders were relied upon most (64%).

As of 16 November, Ministry of Public Health (MoPH) data showed Afghanistan has 44,133 confirmed COVID-19 cases across all 34 provinces which have led to 1,650 deaths – the majority of which were men aged 50-79, with men also accounting for more than 69% of confirmed cases. WHO reported a 10% increase in the number of deaths reported regionally in the last week of October as compared to the preceding week – following two months of lower confirmed cases after a May/June peak (MoPH). A lack of available tests (currently targeting the most severe cases only), low community buy-in to getting tested, and access barriers to healthcare facilities (especially for women), significant improvements to accessibility alongside intensified efforts on the part of public health and humanitarian actors on communication messaging are required to contain the virus.

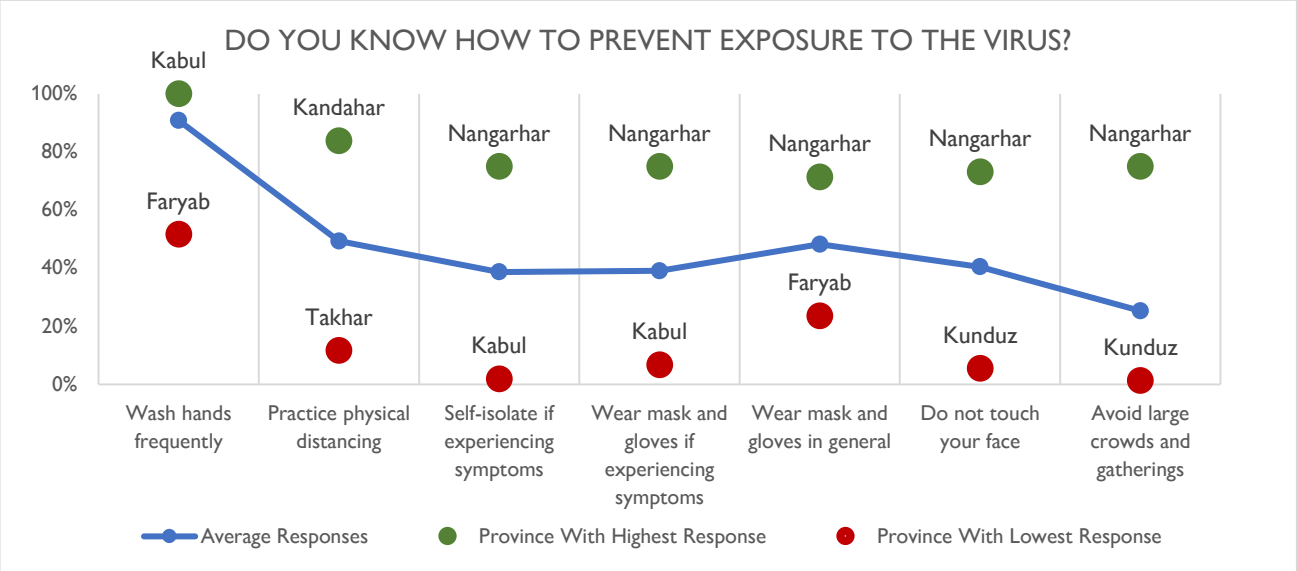
Reactive COVID-19 Information Dissemination

1,668 HHs were reached by IOM's Protection programme with key WHO messages on COVID-19 in this period. Information was provided in response to gaps in respondents' knowledge. The top queries were:

(1) What is COVID-19?
(2) How does COVID-19 spread?
(3) What are the symptoms of COVID-19?
(4) What is coronavirus?
(5) 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.

Returnees' awareness of different measures to reduce exposure to the virus has increased on the previous quarter, though 6/7 measures still achieve below 50% recognition which indicates considerable gaps. General wearing of masks and gloves is 9 points higher than using PPE if experiencing symptoms. Some contradiction also remains in the persistently low representation of 'avoiding large crowds and gatherings' (22-25% increase since last quarter), despite 'restrictions on gatherings' being the most commonly reported public measure imposed. Similarly, awareness of the main symptoms of the virus has increased across all indicators, but as the chart suggests, this awareness is not consistent by location – with the exception of Nangahar which displayed awareness in excess of 70% for all seven preventative measures and the top five symptoms.

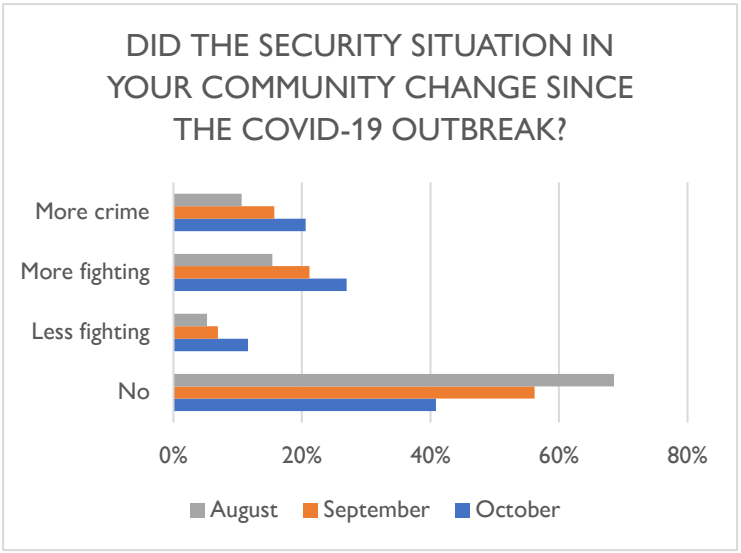


Restriction of movement

COVID-19 has continued to have a significant impact on humanitarian operations, with temporary suspension of in-person services or delays to programme activities, as well as reductions of field presence to mitigate health risks for staff and beneficiaries. Lack of imposition of lockdown measures since June, coupled with an intensification in conflict, meant security was a far more dominant factor in limiting provision of humanitarian services and access for civilians this quarter, with

increased access impediments due to fighting in August and September. [2] Loss of access to humanitarian resources was identified as the second greatest effect of COVID-19 on Afghan households with Saripul (64%), Takhar (62%) and Nimroz (58%) highlighting this most starkly.

During this period, the impact of the prolonged Pakistan border closure (Spin Boldak reopened for pedestrian and commercial traffic on 21 August and undocumented returns a week later) and continued suspension of Iranian and Pakistani visa issuance put further pressure on supply lines and income streams. Public unrest over lockdown impacts recorded earlier in the year had ceased as lockdown measures relaxed in May, but has been overtaken by anxiety at the increased levels of violence and crime (204 conflict-related demonstrations took place in the first 10 months of the year). 876 civilians were killed and 1,685 were wounded between 1 July - 30 September marking a 43% increase in casualties compared to the previous three months with October seeing a series of indiscriminate attacks, air strikes and intensification in fighting in Helmand that taken together killed and injured more than 400 civilians (UNAMA/SIGAR) – a situation mirrored in survey responses with a 10 point increase on the previous quarter to 27% reporting more fighting by October (Kunduz, Nangarhar and Saripul all in excess of 46%). Reports of increased crime built 11-21% over the period too, with urban centres of Kabul, Nangahar (Jalalabad) and Herat considerably higher than the average.



The government's three-month measures to limit the spread of COVID-19 which began 6 June formally remained in place but by late August were no longer being enforced. Reopening of government offices, private businesses, universities, wedding halls and schools (the latter from 21 August for some grades (11th and 12th grades)), albeit 'on condition' of physical distancing and use of face masks which are not consistently enforced, have contributed to a pervasive feeling of normalcy returning.

The survey responses, however, indicate a general trend of renewal in formal government, provincial and/or community vigilance. Similar to the previous quarter, respondents' awareness of COVID-19 related restrictions was mixed and varied significantly by province. However, of those measures imposed, restrictions on gatherings was most widely reported, and in contrast to the preceding quarter, increased month on month (52 – 59%) alongside curfews (20-23%) and an obligation to inform the authorities of visitors from outside (13-18%). Reports of areas with no measures imposed also fell by 10% in this quarter, bucking the trend of the preceding period (20% increase in lack of measures imposed during May-July) with Ghor remaining the area of highest reporting no measures imposed (91% in August) closely followed by Takhar, though for both provinces this reduced over the quarter.

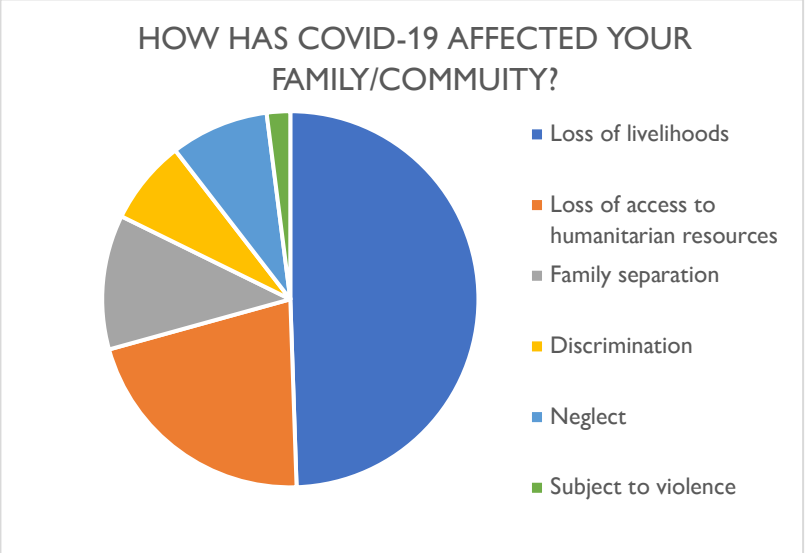
Access to livelihoods

Loss of livelihoods has been the biggest impact (on average 86%) of the pandemic on households, but fear of death increased as people's primary concern (58%) in this period overtaking loss of employment, in contrast to the previous quarter.

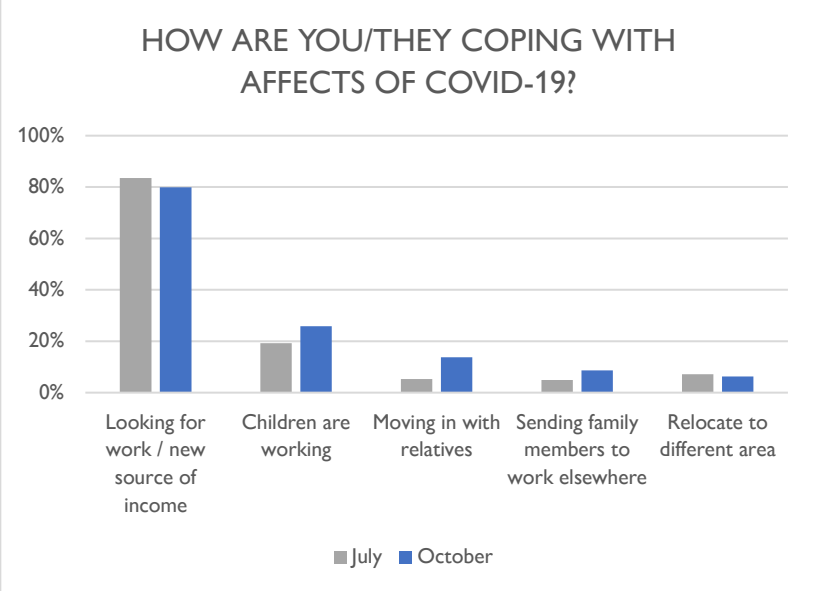
The World Bank predicts that the Afghan economy could contract by up to 7.4% in 2020 due to COVID-19, with unemployment up roughly 40% and the population living in poverty likely to hit 72% (up from 55% prior). The pandemic-induced economic downturn, lockdown measures and ongoing movement restrictions have hit undocumented migrants hard, spurring increased returns from Iran (spontaneously due to lack of work or deliberate deportations by the authorities), pressure to re-migrate, and also impacting on remittances.[3] Recent World Bank analysis shows the poverty impacts of the pandemic are not evenly distributed: whilst significant in both rural and urban areas, 'laboring poor in urban centers are especially worse off because of their dependence on casual work.'[4] As compared to the previous month, respondents said

[2] See: https://reliefweb.int/sites/reliefweb.int/files/resources/hag_quarterly_access_report_q3_2020.pdf
[3] See: http://www.mixedmigration.org/resource/4mi-snapshot-the-impact-of-covid-19-on-the-smuggling-of-refugees-and-migrants-from-afghanistan/
[4] See: http://documents1.worldbank.org/curated/en/733171601494842102/pdf/The-World-Bank-Group-in-Afghanistan-Country-Update.pdf

that without access to work outside the home (in event of quarantine), almost half (47%) could not meet their households' basic needs at all, with returnees in Kabul once again demonstrating the most critical vulnerability at 98% (up from 93%) closely followed by Kandahar (97%). 35% of returnees could meet their needs for up to 2 weeks, and only 11% from 2-4 weeks, which means 94% of the population have no cushion beyond a month without work – a meagre improvement on 98% for the previous quarter. This may be linked to the levelling of food prices with the start of the harvest season and border re-openings which led to a decrease in prices, whilst casual labourers' purchasing power also improved as markets rallied (OCHA). Average price changes for staple foods since March show all increased in price by between 15-28% (WFP). 44% of survey respondents reported an average increase in the price of commodities in excess of this at 21-50%, rising month on month reflecting the nationally picture – an estimated 14.7 million people (up from 10.9 million in May-July) were in acute food insecurity during August to October – forecast to increase to 17 million from November to March (OCHA).



As with the preceding quarter, the majority of respondents are being forced to search for new sources of income/work (83%) to cope. Increases in moving in with relatives risks contributing to overcrowding, stretching of resources, and tensions building over time.



A stark increase in children working during this period confirms global research on the negative impacts of the pandemic in low- and middle-income countries. Alongside child marriage (not captured in the current survey), the resort to children working has been devastating and will have long term impacts into the future.[5] More than a quarter (26%) of respondents reported children working (29% in the previous quarter) with Ghor (44%) and Saripul (56%) notable once again for the highest rates by province, peaking in August (at 67% and 58% respectively). With school closures continuing to impact until late August, and lack of work available for heads of households to make ends meet, children are anecdotally taking on informal street work (shoe polishing, begging) to support their families. This is work which exposes children to high risk of exploitation and abuse, as well as work generally diverting them from education.

The proportion of respondents sending family members away to find work grew during the last quarter (5-9%) with a marked switch to seeking work outside the country – tripling to 73% (up from 23%). This is indicative of the continued lack of opportunities in Afghanistan as well as the gradual reopening of informal sectors in neighbouring countries which offer the chance of income generating opportunities. However, a lack of regular routes to migrate (Iran suspended issuing visas to majority of Afghan nationals in March; limited business visas continue to be issued but medical and tourist visas currently suspended) exacerbated by border restrictions aimed at curbing COVID-19 is likely to be pushing people to take increasingly

[5] World Vision research found 48.7% of vulnerable households surveyed reporting they deal with reduced income by sending children to work. https://www.wvi.org/publications/infographic/afghanistan/assessment-socio-economic-impact-covid-19-most-vulnerable

dangerous routes as smuggling networks become even more relied upon for traversing border points irregularly – in-so-doing exposing people [once again] to considerable risks of violence, exploitation and abuse.

Access to healthcare & preventative measures

Elderly persons (66%) were consistently identified as the group most affected by COVID-19, noting that 20% of respondents reported at least one elderly member in their household. Other groups perceived as most at risk were those with life-threatening conditions (48%) and persons with disabilities (33%).

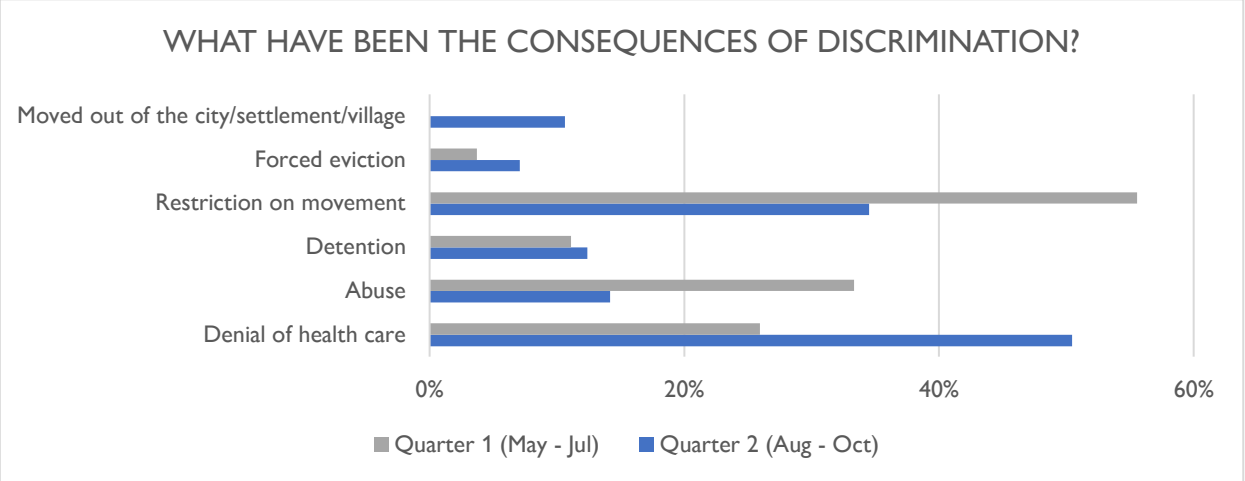
Whilst public healthcare is free for Afghan nationals, it is limited in quality and availability of services and medicine is not free. The Government of Afghanistan launched a free phoneline and COVID-19 testing service in March, but at time of writing, PCR tests cost 2-5,000 AFN in Kabul. Case management trends also highlight people are reluctant to approach healthcare facilities for fear of catching COVID-19. Of those with a functioning health facility within 2 hours' reach (71%), only 70% could in fact access it; for Kabul, 100% had a facility within 2 hours, but 96% said they couldn't access it; and for Ghor the figures were 79% and 70% respectively. Inability to pay was the biggest barrier (overall: 84%; Kabul: 96%, Ghor: 100%) for those unable to access it.

> "WHY WOULD I GET TESTED? TO BE TOLD TO SELF-ISOLATE? I CAN DO THAT ANYWAY. IF ADMITTED TO A HOSPITAL FACILITY, I HAVE TO PAY FOR MY OWN OXYGEN, MY CARE, AND I AM ENTIRELY ISOLATED FROM FAMILY AND FRIENDS."
>
> Undocumented Returnee, Saripul

Fear of death increased over the quarter as the primary concern in relation to COVID-19 across all areas with the exception of Kabul and Kandahar, where 88% and 70% of respondents respectively cited inability to pay for healthcare. Despite frequent handwashing once again being identified as the number one measure in reducing risks of transmission (91% recognition, a positive increase on 74% in previous quarter), at least a third of respondents lack access to handwashing facilities (33%) or to soap/sanitizer (47%) in their homes. The vast majority of households (93%) also report they have nowhere to go in the event of needing to self-isolate, meaning key preventative measures are not accessible to most.

Discrimination

Noting that all survey respondents are undocumented returnees, returnees from Iran remained the top group (54%) identified as facing discrimination and mistreatment because of COVID-19, though this had dropped 19 points since the previous quarter. Elderly persons (48%) came next, aligning with the previous findings, but a significant shift with women and girls overtaking men and boys as being singled out for discrimination. Kunduz and Faryab were once again the areas where discrimination against elderly persons and returnees was identified with consistent prominence, as well as people with chronic illness and with disabilities. The main perpetrators of this discrimination were unchanged from previous trends – family members (62%), community (59%), authorities (35%), and staff in health centres (22%).



Coupled with high rates of gender discrimination (which already limit women's mobility and access to services), the intersectional discrimination facing returnees – particularly women and girls, the elderly, and persons with chronic illness or disability – is exposing them to threats in their own homes or communities and depriving them of access to healthcare at a critical time. Inclement weather and receding access to humanitarian services could compound the impact of a second wave of the coronavirus for certain groups if community engagement and mobile services are not prioritized.

Recommendations

Access to information

Winter started earlier this year and in all likelihood a second wave of coronavirus is hitting Afghanistan. The prolonged impact and renewed imposition of COVID-19 restrictions can feel overwhelming and unending for people, particularly those with depleted coping mechanisms. Widespread apathy resulting in poor adherence to preventative measures is creating grave risks in communities, and stigma is restricting access to accurate information, testing and medical assistance. This is particularly significant for community members already facing discrimination in accessing information or services.

➔ **Government, humanitarian and development partners must lead by example**: The need for vigilance should be reinforced by ensuring behaviors are consistent and exemplary with all public servants and humanitarian/development actors applying good practices such as wearing appropriate PPE, practicing social distancing, and discouraging large gatherings in all interactions with the community.

➔ **Government authorities, humanitarian and development actors must mainstream a renewed push** on the latest Risk Communication and Community Engagement (RCCE) messages across all programmes from border points to provinces of return to ensure reach to all - particularly those with least access to reliable health information channels. Working with mediums most relied upon by communities, emphasis needs to be made on increasing access to health services and preventative measures for women and the most vulnerable, and on community acceptance of use of preventative measures built to normalize good practices so people can keep themselves safe in their communities.[i]

Access to Livelihoods

The economic impact of COVID-19 has been devastating at individual, household, and community level, with coping mechanisms further depleted more than six months into the pandemic, pushing people towards increasingly risky/ negative coping mechanisms. Jumps in essential food/heating costs are set to push even more people into acute food insecurity in coming months.

➔ **Humanitarian community must bridge the gaps in services/support facing undocumented returnees** to reduce resorting to ever riskier and more damaging coping mechanisms. Ensure inclusion of undocumented returnees in all humanitarian programming, including livelihoods, food, and winterization.

➔ **Flexible 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 returnee households at risk.

➔ **Government, donors and supporting agencies** should advocate for reopening and expanding safe and legal routes for Afghans to migrate in search of safety and livelihoods and reduce their reliance upon unregulated options which risk further exposure to protection threats.

Access to healthcare & preventative measures

The majority of returnees lack meaningful access to health services or preventative measures in their homes and communities, compromising positive health-seeking behaviors including partaking in COVID-19 testing.

➔ **Government and health actors should work together to ensure healthcare is universally accessible**, including identifying and addressing barriers (fees, excessive travel distance, lack of female staff) as a matter of urgency. Expanding reach of mobile health services in provinces and districts of high return can assist with meeting priority needs of the most vulnerable persons, including women, girls, the elderly and persons with serious medical conditions to ensure return conditions are safe and dignified.

➔ **All humanitarian actors should re-emphasise vigilance on preventative measures** – Particularly those which require little or no resources. **WASH, Shelter and Health actors** should increase provision of water and sanitation facilities to returnees in locations of return and all sectors should support PPE and winterization distribution to mitigate health risks.

Countering discrimination

Stigma and discrimination felt by returnees – particularly those from Iran, as suspected vectors of COVID-19 in communities of return – demands a community-wide response, as does the increased prominence of women and girls facing discrimination, as well as elderly persons and those with chronic illness or disabilities.

➔ **Humanitarian actors –** utilising **RCCE** resources **– should focus on continuing and reinforcing messaging** at community level to counter stigma and discrimination against different members of the community (returnees, women, elderly, disabled, returnees). Included in this is promoting accountability mechanisms (e.g. Awaaz, which allows anonymous feedback to be submitted limiting fears of retribution from service providers) to track and address any discrimination experienced by beneficiaries.

➔ **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, and in particular women and girls, elderly, and persons with disabilities are meaningfully engaged in planning and implementation of COVID-19 response and recovery efforts and receive unbiased access to services and information on return – particularly the most vulnerable.

[i] COVID-19 RCCE Working Group resources available at: https://afghanistan.iom.int/IOM-COVID-19-Response-RCCE