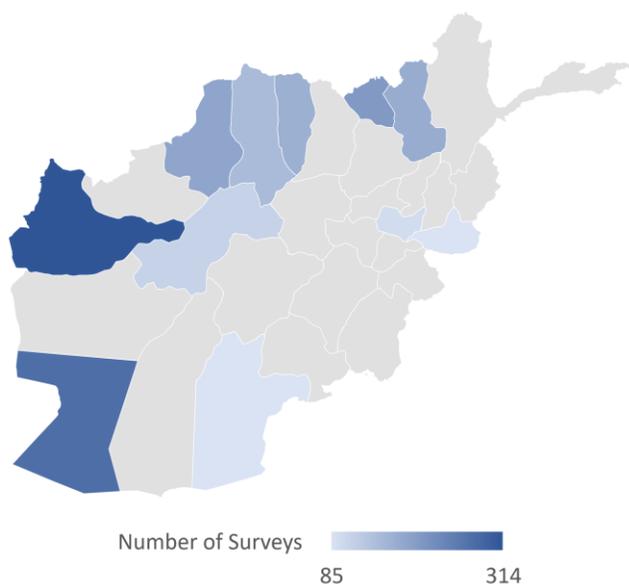


COVID-19 PROTECTION MONITORING

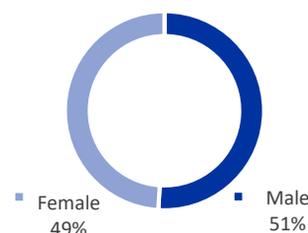
NOVEMBER 2020 – JANUARY 2021



TOTAL RETURNEES: 223,135 # INDIVIDUALS	IOM PROTECTION MONITORING SURVEY COVERAGE					
	1,845 # HH Surveys	10,707 # Individuals	15% Women-led HHs	20% HHs with Elderly	90% HHs with Children	6 Average # HH Members



HOUSEHOLD COMPOSITION		
Age Group	Male	Female
Infant / Newborn	1,207	1,238
Children	2,133	1,808
Adult	1,879	1,973
Elderly	260	209



Between 1 November 2020 – 31 January 2021, the Ministry of Refugees and Repatriation (MoRR) recorded 223,135 total returns (221,382 from Iran and 1,753 from Pakistan) of undocumented Afghans from Iran and Pakistan. In coordination with the Afghanistan Protection Cluster (APC), IOM conducted a total of 5,219 household surveys with undocumented returnees with at least one person with specific needs (PSN)* in their household since May 2020 to understand the impact of COVID-19 on the protection environment across 11 provinces. This report covers the period 1 November – 31 January during which 1,845 surveys were undertaken via 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 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

This quarter saw a sharp increase in the returnee population reporting lack of awareness of COVID-19 (29%, up from 11% in the previous quarter). This continues an upward trend in the face of public health indicators, which conversely signaled a second wave of the pandemic was hitting Afghanistan (Ministry of Public Health). Faryab (48%), Kunduz (58%) and Nangarhar (44%) persisted as the highest provinces with a limited level of awareness. Perpetuation of rumours presenting COVID-19 as a hoax - either that Muslims should not believe in it, are immune, or that it is a ruse to garner funds by the Afghan authorities and foreign governments² – are confirmed by case management insights from those provinces registering the lowest rates of awareness.

¹ Previous reports are available at <https://afghanistan.iom.int/protection>

² https://internews.org/sites/default/files/2021-01/Rumor_Bulletin_Afghanistan_2020-12-31_Community_Frontline-English.pdf

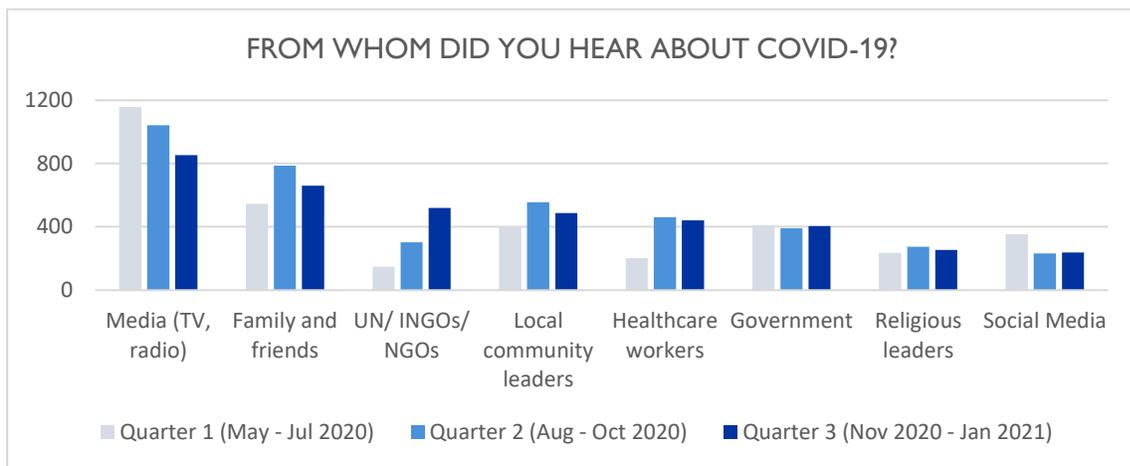
Social stigma is still strong; there is a fear that if people disclose they have the virus, or even show they know about it, they may be taken away by the police.

- Protection staff, Herat

Numbers of new cases steadily mounted over the quarter as temperatures plummeted. By mid-November, official MoPH tracking data started to reflect suspicions a second wave was hitting, with daily confirmations jumping from 86 per day in the first week to 209 a day by week three (OCHA). Infections continue to rise – as of 4 February 2021, 55,256 people across Afghanistan are confirmed to have had COVID-19, resulting in 2,407 deaths (MoPH), the majority of which were men aged 50-79. The misinformation and associated stigma of COVID-19 is likely to be proving fatal for some and poses a threat to measures to control the virus in the short- and longer-term through vaccination drives and minimization of viral mutations /

new variants. Persistently high test positivity rates (23% in January) also bear out likely under-testing of potential cases, masking the real extent of transmissions (government estimates put the real rate at closer to a third of the population (MoPH) and DTM reporting infection rates in excess of 90% in some provinces). Though determinants of this are various, the WHO has issued warnings about pervasive complacency and failure to follow public health advice across the country – in both urban and rural areas – and points to the grave risks this poses. The ratio of male to female confirmed cases dropped 1% since previous reporting period (to 68:32), but lack of testing capacity and buy-in to getting tested will continue to hamper efforts to contain the virus and gender inequality case figures.

The top four sources for information about COVID-19 remain the same over the past 9 months, with humanitarian and development agencies registering considerable increase over the same time period in reflection of the positive impact of an uptick in public health and RCCE activities.



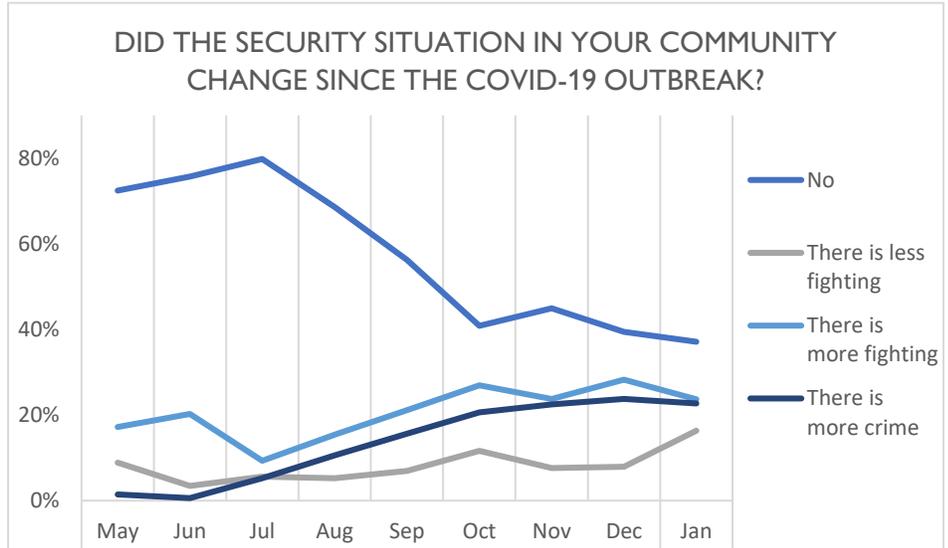
This quarter's responses

reflect the impact of national messaging and enforcement of COVID-19 related restrictions with an increase in reports of 'restrictions on gatherings' (64% up from 55% previous quarter), imposition of curfews (from 15% in November to 24% in January) and a drop (from 10% to 6%) for being 'unaware' of any – an indication public messaging is having effect, though widespread noncompliance with social-distancing and use of face coverings in public persists. For returnees confirming awareness of COVID-19 there was minimal change in ability to identify key symptoms and preventative measures. Recognition for 6/7 preventative measures marginally increased although some provinces saw considerable lag: Faryab, Nimroz and Kunduz all registered below 50% recognition for any of the measures, indicating considerable gaps in access to accurate information, whereas Balkh, Ghor, Kandahar and Saripul had 44-99% recognition for 5/7 measures. On 18 November, the government announced a second wave of coronavirus was hitting the country and recommended against unnecessary trips to neighbouring countries. Yet a corresponding MoPH announcement that wedding halls would close by 31 December (the end of the customary wedding season) to 'prevent the second wave' – some two months into it – is likely to have contributed to finding that 'avoiding large crowds and gatherings' garnered lowest recognition as a preventative measure, given the lack of consistency in messaging and practice.

Restriction of movement

COVID-19 still impacted humanitarian operations this quarter though high numbers of access impediments logged in November were driven rather by a relaxation of COVID-19 restrictions, coupled with ongoing fighting in the south (OCHA). Loss of access to humanitarian resources dropped 5% this quarter as an effect of COVID-19 on people's family or community (to 33% since the last quarter) with outlier exceptions of Kabul (88%), Saripul (70%) and to a lesser extent Nimroz (32%) and Takhar (27%) – the latter two having rallied significantly since the previous quarter (58% and 62% respectively). Access impediments for humanitarians rose in December resulting in restriction of movements (40% higher than November) with more than 45% directly affecting the humanitarian community (OCHA). With the increased focus of NSAG-TB members on the main transit routes, the potential for incidents restricting humanitarians' movements to rise in spring 2021 is high. Other incidents of interference by NSAG-TB and GoA impacting humanitarian activities were similar in number in the same month and resulted variously in delays or suspensions of programme activities, particularly in the north and northeastern regions.

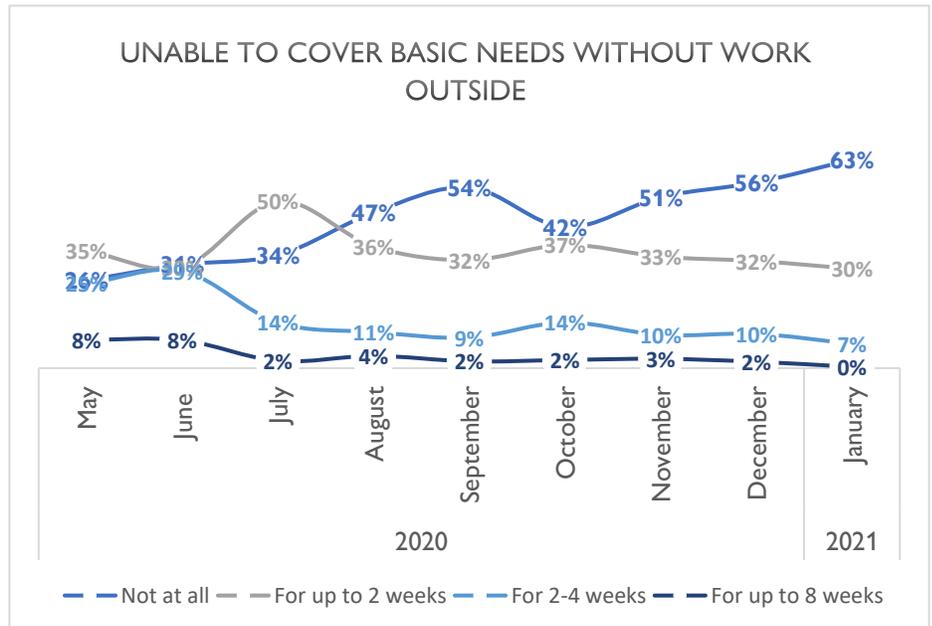
Reports of increased fighting since the outbreak of the pandemic – peaking in December (28%) – impacted Kunduz (65%), Saripul (46%) and Nimroz (40%) in particular this quarter, with only Ghor registering a reduction on the previous period. Across the country, there was a slight decrease in civilian casualties, though the predicted winter hiatus in hostilities never commenced. As in other recent years, less winter snow has meant it's easier for war to continue to be waged outside of the traditional fighting season. As such, Resolute Support (NATO) reported 810 civilians killed from 1 October-31 December 2020 and a 14% decrease in civilian casualties compared to a previous quarter –



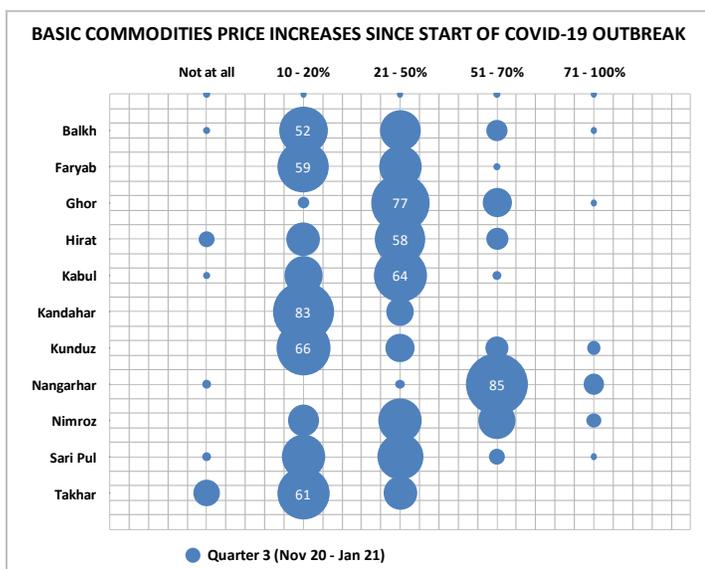
which had registered a 43% increase (1 July-30 September). Despite this reduction, the quarter's civilian casualties are acknowledged as being 'exceptionally high' for the winter period when fighting normally subsides. A further 77 civilians were killed in Afghanistan in January 2021 (New York Times), as lack of transparency in reporting civilian and combatant casualty figures continues to plague all parties to the conflict (ANDSF air strikes account for a disproportionate number of casualties according to UNAMA, including the 16 January nighttime air strike which is reported to have killed 18 civilian members of a single family in southwestern Nimroz) (SIGAR). In addition, on 17 November the U.S. announced a drawdown of its troops, roughly halving its presence to 2,500 on 15 January 2021 – the lowest since 2001 (OCHA). This has spurred anxiety amongst Afghan officials and the public as visible violence – both targeted killings and general criminality – escalates in the capital. Undocumented returnees report a continuing surge in criminality since monitoring began – from 2% in quarter 1 (May-July 2020) to 23% this quarter – with Kabul most severely impacted (71%).

Access to livelihoods

Throughout the survey period, loss of livelihoods has been the most widely reported effect of COVID-19, building to 93% of undocumented returnees by January 2021. With GDP expected to have contracted in excess of 5% in 2020 (IMF), any foreseeable rallying is likely to be frustrated by substantial downside risks with deteriorating security, political instability, aid reductions, and pending drought (World Bank). By year end, Afghanistan's unemployment rate was projected to rise to 37.9%, up from 23.9% in 2019³. The deep and sustained impact of the COVID-19 crisis on Afghanistan's economy means poverty rates are expected to remain high for 2021. The extreme vulnerability of those with the least to further shocks is borne out by the finding that, as of January 2021, almost 2/3 of undocumented returnees report having no buffer at all in the event of being unable to work outside. Furthermore, 100% of respondents said they could meet their basic household needs beyond 4 weeks without access to work outside the home. In Kabul (98%), Balkh (93%) and Saripul (87%), people's primary concern relating to COVID-19 was loss of employment – unlike the majority who cited 'fear of death' – reflecting the particular poverty impacts for those reliant on daily wage jobs in urban areas, as well as continued strain on already depleted resources (assets, savings etc) (World Bank).



³ <https://www.sigar.mil/pdf/quarterlyreports/2021-01-30qr-section2-economic.pdf>



Increases in prices of basic commodities during the ‘lean season’ saw month-on-month movement this quarter with a 22% jump in reported price inflation of 21-50% since the start of the COVID-19 outbreak to 54% of respondents. According to Ministry of Agriculture, Irrigation and Livestock figures, wheat flour prices were stable from November to December 2020, but remain at levels 11% higher than the previous year and 27% higher than the three-year average, and overall food prices in main markets in December 2020 remained above average, mainly due to higher prices of imported food items (FEWS Net). Despite food prices officially staying relatively level this quarter, casual laborers’ purchasing power (against wheat as staple food) is still more than 18% down on pre-COVID-19 prices (WFP). 13.15 million people (42% of the population) are

estimated to be experiencing acute food security (IPC Phase 3 or above) between November 2020 – March 2021, due to depleted reserves, few income-earning opportunities during winter, below-average remittances, above-average food prices, and the additional costs of keeping warm over the winter months (IPC, REACH/JMMI).

As with the preceding quarter, loss of livelihoods was cited as the biggest impact of COVID-19 (86%) and the majority of respondents are still being forced to search for new sources of income/work. Moving in with relatives as a coping mechanism contributes to overcrowding, stretching of limited resources, and the risk of tensions within the household building over time, with particular risks of violence targeting women – the so-called ‘shadow pandemic’, phenomenon demanding greater attention and resources.⁴

The impacts of the pandemic on the most vulnerable are further exemplified in the upsurge in reports of child labour since surveys began (19% in May-July 2020). More than 1 in 3 respondents reported children working as a coping mechanism for the impacts of COVID-19 this quarter with an increase across the period indicative of a proliferation across the country. Increases in child labour are most reported in non-urban areas such as Saripul (61%) and Ghor (57%) – the latter faced with a repeat of 2018/19’s combined adverse shocks of drought and destitution, likely to lead once again to increased internal displacement and irregular outward migration.⁵

The Ghor economy relies on agriculture and livestock; during the long winter (October to March) there are not jobs for all family members and people survive on their harvest from the growing season...but it’s not enough, so children are sent to the city centre, to other provinces and to Iran to find work. COVID-19 has reduced work opportunities in Iran, which has meant reduced income, and there is a big worry about another drought this year.

- Ghor Protection worker

The extended school closures during 2020 – which only saw reopening for all years from the end of September for just 6 weeks before 3 month winter breaks began 20 November – are likely to have lasting impacts on already fragile demographics, such as girls and child labourers who are at highest risk of dropping out. Work within the home which tends to fall to girls has also increased during the pandemic, with ‘the increased burden of care hampering female students’ learning time’ (Human Rights Watch). The increasing risks of permanent diversion from education makes lasting damage to a generation of the poorest children every more likely. Further, the types of work children are undertaking – such as informal street work, including begging – exposes children to high risk of exploitation and abuse.

MECHANISMS FOR COPING WITH COVID-19 OUTBREAK

January 2021



83%

Respondents reported looking for work / new source of income



35%

Respondents reported their children are working



15%

Respondents reported moving in with their relatives



12%

Respondents reported sending family members to work elsewhere



2%

Respondents reported to relocate to different area

⁴ Due to COVID-19, survivors of violence have even more limited opportunities to find safety from violence and seek help from their friends, family and service providers “because women’s husbands are always at home, and they are fighting with one another, and children are not going to school...The main cause of gender-based violence is joblessness.” <https://www.thenewhumanitarian.org/news-feature/2020/12/16/Afghanistan-women-economy-gender-based-violence>

⁵ ‘Drought and destitution, coupled with ongoing conflict and violence. [means] almost 2.5 million Afghans [have left]’ <http://www.mixedmigration.org/wp-content/uploads/2021/01/qmmu-q4-2020-asia.pdf>

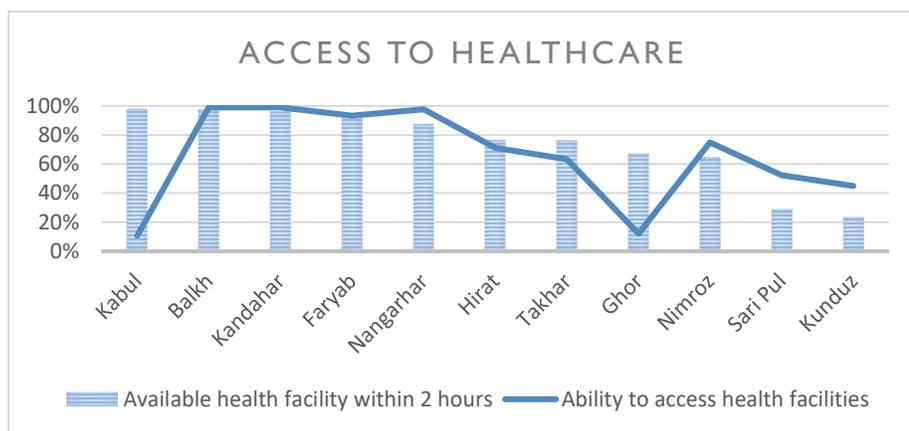
Reports of undocumented returnees sending family members abroad to find work continued to grow, reaching a new high in January despite winter usually signally a reduction in cross-border movements – an indication of the devastation wrought on the Afghan economy, ongoing insecurity and reopening of the informal sector in neighbouring countries, particularly for daily wagers (MMC-Asia). However, record numbers of returns from Iran in 2020 (more than 850,000 undocumented Afghans alone), coupled with a sharp decrease in migration abroad in 2020⁶ due to intermittent border closures and other lockdown measures restricting access to regular movement, mean below-average numbers of migrant workers in Iran are expected to be contributing to below-average remittances for both rural and urban households, putting further strain on already limited incomes (FEWS NET). Although returns figures in January have dropped compared to the two preceding months, this is thought to be due to seasonal factors – fewer people try to cross the border during winter months due to lack of work opportunities – and if the figures reported by undocumented returnees are indicative, this is a demographic more mobile and likely to attempt re-migration when push factors intensify. In so doing, however, they risk violence and exploitation at the hands of criminal gangs and border guards as well as rising debt to pay increasing smuggling fees.⁷



Access to healthcare & preventative measures

Kabul and Ghor stand out for persistent and acute scarcity in accessible healthcare services for undocumented returnees. Whilst public healthcare is nominally free for Afghan nationals, limits in quality and availability coupled with charges for any medication (including oxygen for those requiring ventilators) put it out of reach of many. Access to a functioning health facility within 2 hours' reach reduced for returnees since monitoring began (79 to 72%) as figures for no accessible health services remaining stagnant (5%).

Despite almost three quarters of the respondents having a functioning health facility within 2 hours' reach, 31% could not actually access it; in Kabul, Ghor and Takhar, inability to pay is the key barrier (99-100%). Respondents in Ghor also reported inability to pay for healthcare as their predominant concern in relation to COVID-19 (79%), in contrast to the majority who cited 'fear of death' –



peaking in January 2021 at 72%, 30 points higher than the May-July 2020 period (42%). Critically, as funds committed for the health response for COVID-19 tail off, all meaningful COVID-19 interventions have already, or are set to, finish soon. As such, the end of the formative response or gaps until new funding is received will have profound consequences for the public's understanding of levels of transmission especially as new viral variants arrive.

Given this funding crisis, it is all the more concerning that access to two key transmission risk reduction measures – handwashing

facilities and soap/hand sanitizer – both receded markedly this quarter, both in the home and workplace. No increase in public provision was reported (marginal provision of 3-4% was static from previous quarter). In both Balkh and Nangarhar, the majority of returnees have no access to either provision, and 23-46% of respondents in Faryab, Ghor, Sari Pul and Takhar lack any handwashing facilities whatsoever. Once again, the vast majority of respondents (94%) also report they have nowhere to go in the event of needing to self-isolate due to COVID-19 infection, which, coupled with increased overcrowding due to moving in with relatives puts key preventative measures to contain onward transmission out of reach for the vast majority of undocumented returnee households.

⁶ <https://displacement.iom.int/reports/afghanistan-%E2%80%94baseline-mobility-assessment-summary-results-january%E2%80%94june-2020>

⁷ Harshly policed borders and increased use of smugglers increases vulnerability. http://www.mixedmigration.org/wp-content/uploads/2020/10/138_covid_snapshot_smuggling_Asia.pdf

Recommendations

Access to accurate information

Despite the second wave of COVID-19 taking hold, misinformation, stigma and widespread apathy thwart efforts to contain transmissions. Reducing risks of vital mutations and acceptance of vaccination campaigns will rely on effective risk communications from trusted sources.

Government, Humanitarian and Development partners

- demonstrate continued vigilance via consistent communications (i.e. Risk Communication and Community Engagement (RCCE) messages) and practice (i.e. wear masks, social distancing, don't encourage large groups to meet, use hand sanitizer).
- prioritise outreach to communities with least access to media and health services by targeting community-based structures – e.g. religious, community and civil society leaders – able to influence positive health-seeking behaviours (e.g. promoting equitable access for all; dispel myths and stigma; and building community acceptance of preventative measures) and support meaningful engagement in planning and implementation of COVID-19 recovery efforts by returnees.⁸

Access to Livelihoods

The economic impact of COVID-19 continues to devastate those with least, with likely resort to an ever-decreasing and often negative range of coping mechanisms. Drought could also push more returnees towards ever more damaging measures.

Humanitarian and Development actors

- ensure people in need, inclusive of undocumented returnees, have access to food and livelihoods programmes which address immediate and long-term vulnerabilities.
- provide flexible cash interventions including cash for Protection (particularly to families with children at risk of being sent to work) with comprehensive case management to mitigate protection risks and limit resort to a range of negative coping mechanisms.
- promote livelihoods opportunities – including public and private sector – which support families to divert children from hazardous / irregular work, including risks associated with irregular migration.

 **Government and Education providers** address school drop-outs and resort to child labour by removing barriers to school registration for undocumented families, particularly in provinces with high rates of forecast and current displacement.

 **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.

 **Government, Humanitarian/ Development actors and Donors** should support resourcing rapid gender analysis and protection monitoring to assess the differential gendered impacts of the pandemic on returnee women and girls, men and boys.

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 identify and remove barriers (fees, travel distance, lack of female staff), including via transparent accountability mechanisms (e.g. AWAAZ), as a matter of urgency.

 **Mobile Healthcare Services should be expanded** to assist with meeting priority needs of the most vulnerable persons, including women, girls, the elderly and persons with serious medical conditions, and ensure access to vaccination and healthcare are not conditional.

 **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 people in need, particularly in locations of high return, and all sectors should support PPE distribution to mitigate risks for all.

 **Community-based approaches** should be supported to empower local leaders / communities to take the lead in staying safe and applying preventative measures appropriate to their location.

Reactive COVID-19 Information Dissemination

1,803 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) What are the symptoms of COVID-19?
- (3) How does COVID-19 spread?
- (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.

⁸ <https://afghanistan.iom.int/IOM-COVID-19-Response-RCCE>