

Knowledge of COVID-19, information sources and reported needs among Afghan returnees

Since April 2020, MMC Asia has been interviewing Afghan returnees to better understand the impact of COVID-19 on their return experiences and day-to-day lives. Since COVID-19 was declared a pandemic, hundreds of thousands of migrants and refugees have returned to Afghanistan, both voluntarily and involuntarily, from countries such as Iran, Pakistan, and Turkey. Primary drivers of return include forced deportation, widespread job losses among Afghan migrant workers in Iran and Pakistan, fears relating to the virus and a desire to reunite with family in Afghanistan.¹

This snapshot explores the impact of COVID-19 on Afghan returnees, as well as their awareness about the virus, protective measures, access to information, and reported needs resulting from the crisis. It aims to contribute towards building a solid evidence base to inform targeted responses on the ground, as well as advocacy efforts related to the situation of returnees during the coronavirus pandemic.

Recommended focus and actions to protect returnees

- Increase returnees' access to reliable and up-to-date information about COVID-19, including raising awareness about the sometimes asymptomatic nature of the virus, as well as where to seek medical treatment and testing;
- Engage community leaders as key trusted information sources on COVID-19 and utilize mainstream media as a popular dissemination channel;
- Continue to provide support for returnees in temporary and transitory settings, particularly those living on the streets and in returnee camps in locations such as Herat, Zaranj and Jalalabad;

- Continue providing emergency supports to returnees including cash relief, basic needs such as food, shelter and water, and personal protective equipment.

Profiles

Information in this snapshot was collected from 18 April to 8 June across Afghanistan, including in Kabul, Herat, Kunduz, Nangarhar, Kandahar, Balkh, and Nimruz provinces, as well as Zaranj, Turkham, and Islam Qala border checkpoints. 463 surveys were collected by phone, with the majority (90%) of the respondents being male. The number of male respondents is likely partly due to the high number of male returnees, compared with women, particularly among those returning from Iran and Pakistan.²

All respondents returned to the country within the last 12 months, with 65% having returned after the COVID-19 outbreak. 68% of the respondents reported returning from Iran, followed by Turkey (15%) and Pakistan (5%). Respondents were predominantly aged under 40 (92%) having attained high school or primary level education (63%). Respondents surveyed were primarily Hazara (28%), Pashtun (26%), and Tajik (21%). Of those interviewed, 34% had returned independently, 29% were deported and 28% were assisted by UN/IOM.

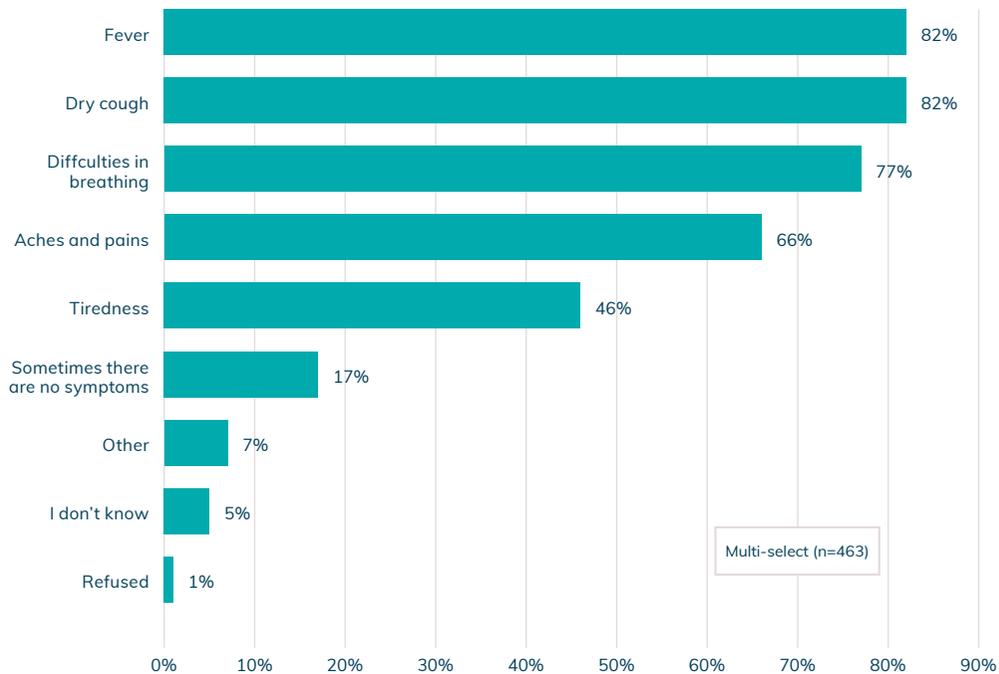
1 See [4Mi snapshot](#) on the impact of COVID-19 on Afghan Returnees

2 According to the [UNHCR's Border Monitoring Updates 3 May – 6 June](#), the female-male ratio of returnees from Iran and Pakistan was estimated at 1:4

There are high levels of awareness about the virus, however, information gaps still exist

Almost all respondents (97%) reported that they had heard about COVID-19. Respondents reported high levels of awareness about the symptoms of COVID-19, mentioning fever (82%), dry cough (82%), difficulties in breathing (77%) and aches and pains (66%) as common symptoms, see Figure 1. However, only 17% of respondents identified that the virus sometimes has no symptoms, indicating a knowledge gap with potential consequences for asymptomatic transmission.

Figure 1. What are the symptoms of coronavirus?

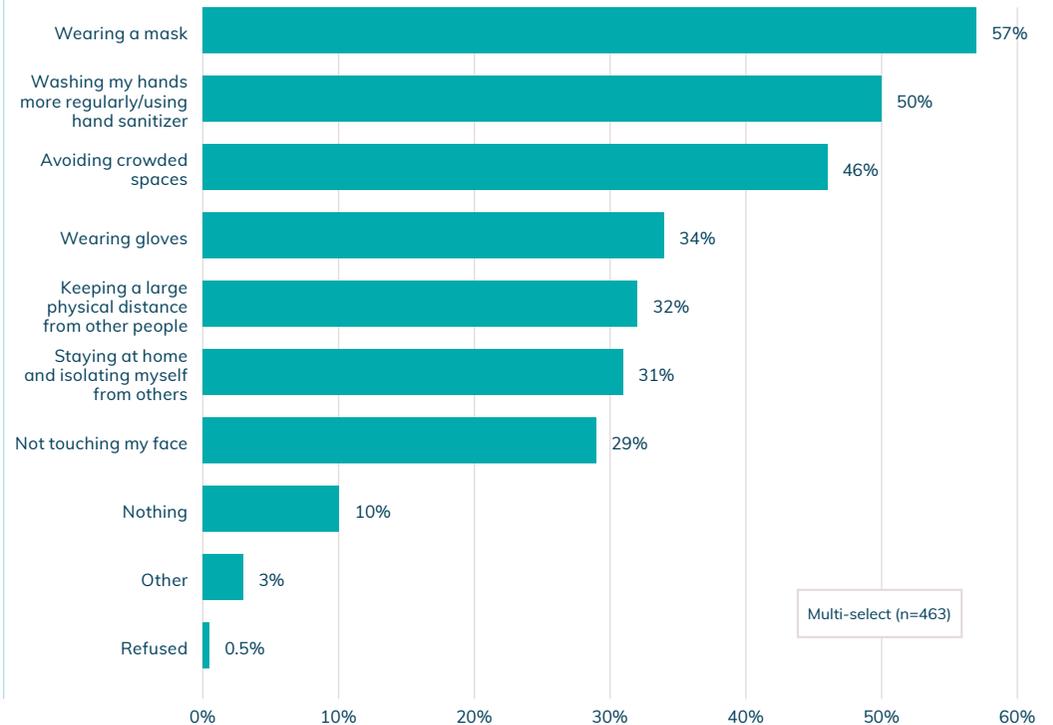


Physical distancing is a challenge, particularly for those in temporary and transitory settings

79% of those interviewed were concerned about contracting the virus and its impact on their health, with a further 69% stating they were concerned about transmitting the virus. Alongside these fears, 84% of respondents indicated that they knew how to protect themselves from the virus, however only 55% reported that they are able to practice recommended physical distancing due to their living conditions. The inability to practice physical distancing was reported most commonly among those still on their return journey, either living on the streets or in temporary accommodation such as hostels in Zaranj and Herat City (66%, n=45), or camps in Herat and Nangarhar provinces (54%, n=26).

When asked what they are currently doing to protect themselves against the virus, respondents most commonly reported wearing masks, washing hands more regularly, and avoiding crowded spaces, see Figure 2.

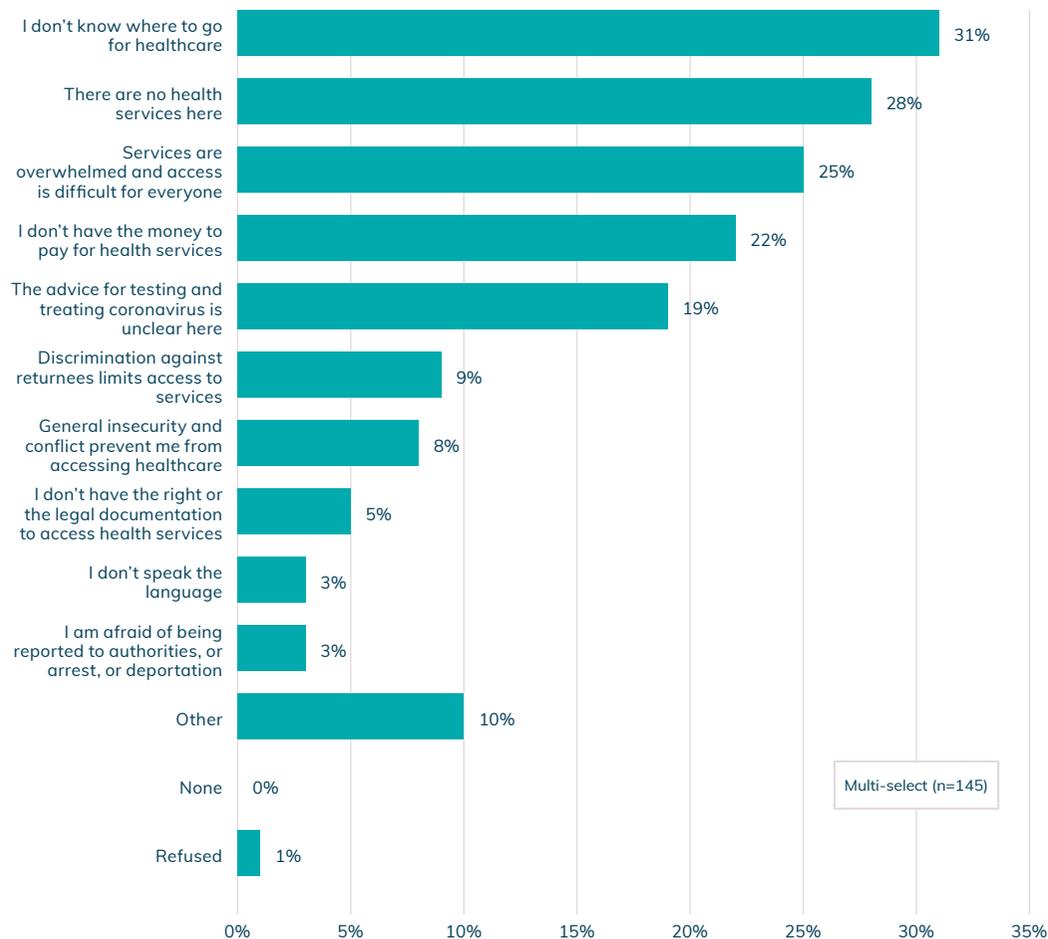
Figure 2. What are you currently doing to protect yourself against coronavirus?



Information gaps are one of several barriers to healthcare

While 64% of respondents cited being able to access healthcare should they develop symptoms of COVID-19, others reported significant barriers (n=145), including access to information about where to seek medical help (31%), and unclear messaging about testing and treatment (19%). A lack of available health services (28%), overwhelmed medical treatment facilities (25%) and inability to pay for health services (22%) were reported, see Figure 3.

Figure 3. What are the barriers to accessing health services?

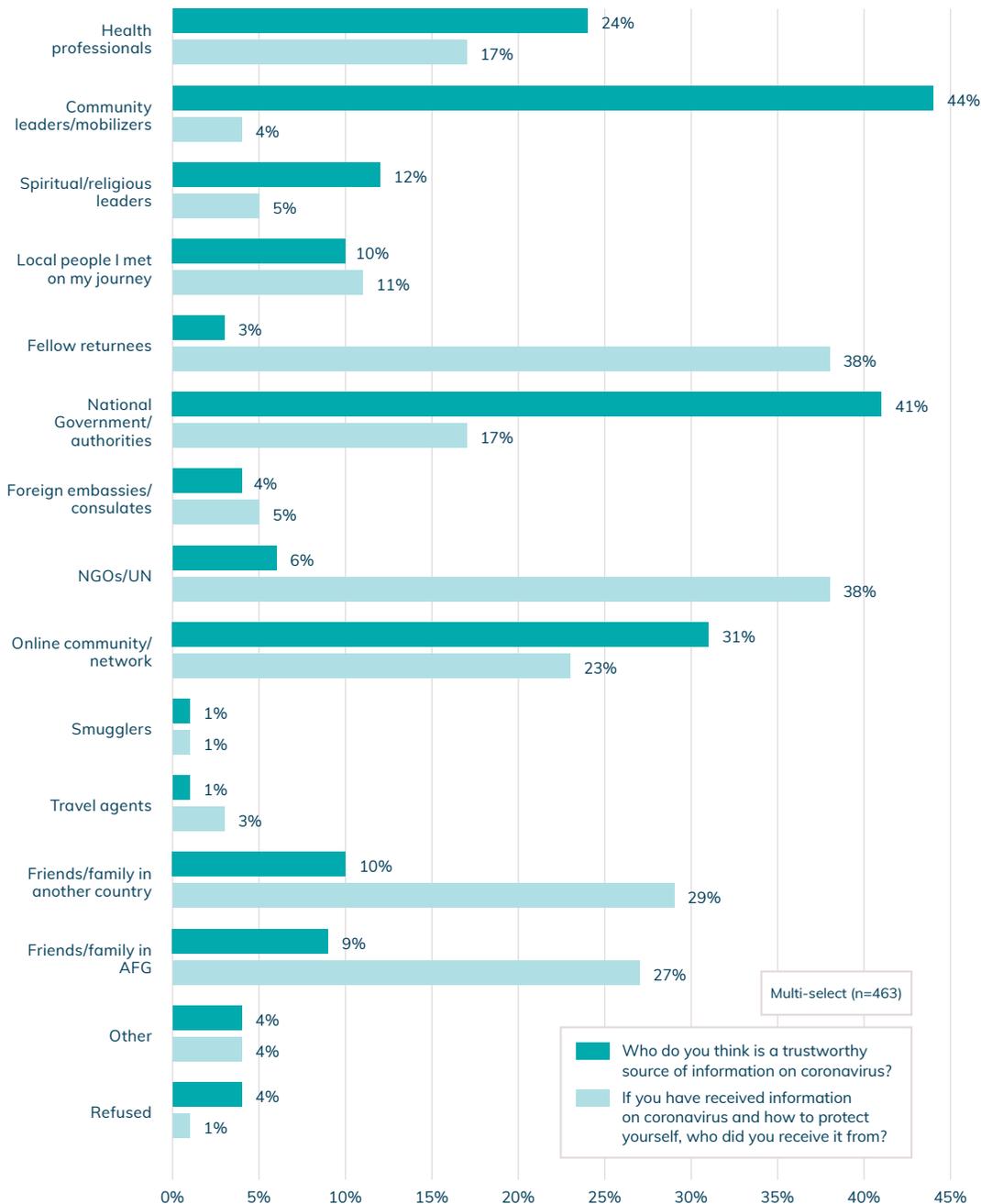


Fellow returnees, NGOs/UN and family and friends are the most used sources of information on COVID-19, but community leaders are the most trusted

Among those interviewed, fellow returnees (38%), NGOs/UN (38%) as well as family/friends in Afghanistan (27%) and abroad (29%) were the main sources of information regarding COVID-19 and associated protective measures (see Figure 4). However, there were discrepancies between the sources of information most frequently used and those most frequently trusted. While community leaders/mobilizers (44%) were the most trusted sources of information, only a small proportion of respondents reported receiving information from them (4%). Similarly, national governments were reported as a trusted source of information by 41% of respondents, however only 17% reported having receiving information from this source. Further, while fellow returnees, NGOs/UN and friends and family were identified as key information sources, there was not a corresponding level of trust among respondents, see Figure 4.

By far the most frequent sources of information are mainstream media (Radio/TV/Newspapers) (84%) followed by social media/messaging apps (41%). Among those who use social media (n=190), Facebook (38%) and Telegram (19%) were the most frequently used platforms.

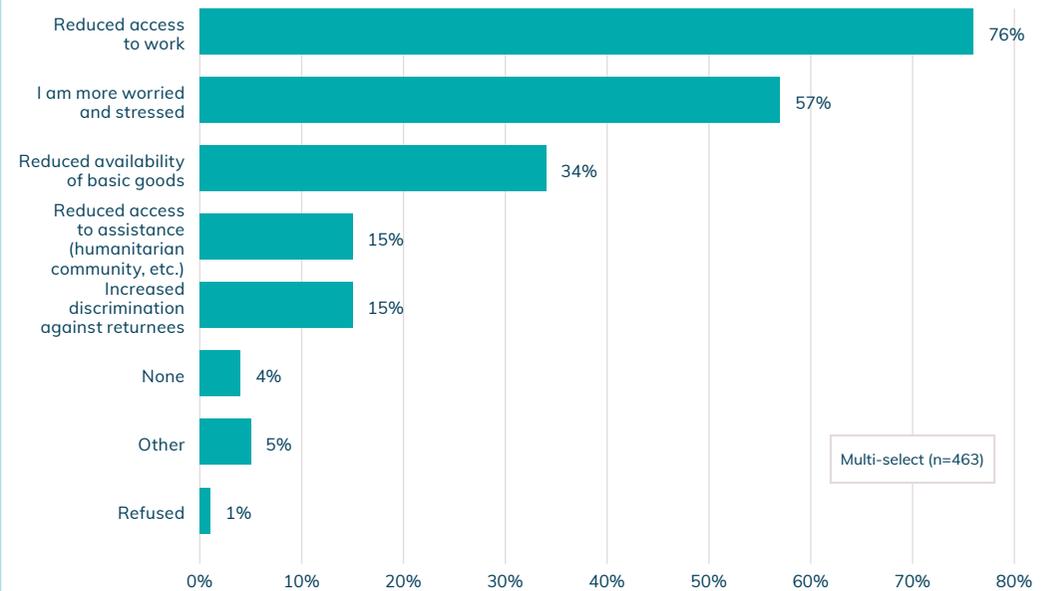
Figure 4. Sources of information on coronavirus vs. trusted sources of information



Access to work and basic needs has fallen, while worry and stress have increased

The most common impact of COVID-19 among respondents was reduced access to work (76%), followed by a general increase in worry and stress (57%) and reduced availability of basic goods (34%), see Figure 5. Almost two thirds of respondents (64%) reported loss of income; with only 3% of respondents reporting they were able to continue to work during lockdown. Indeed, many recent returnees were working in Iran and Pakistan prior to the pandemic, however, upon return to Afghanistan they have been unable to find a stable source of income due the economic crisis, violence and insecurity as well as COVID-19 related lockdown measures.³

Figure 5. What other impacts has the the crisis had on your day-to-day life?



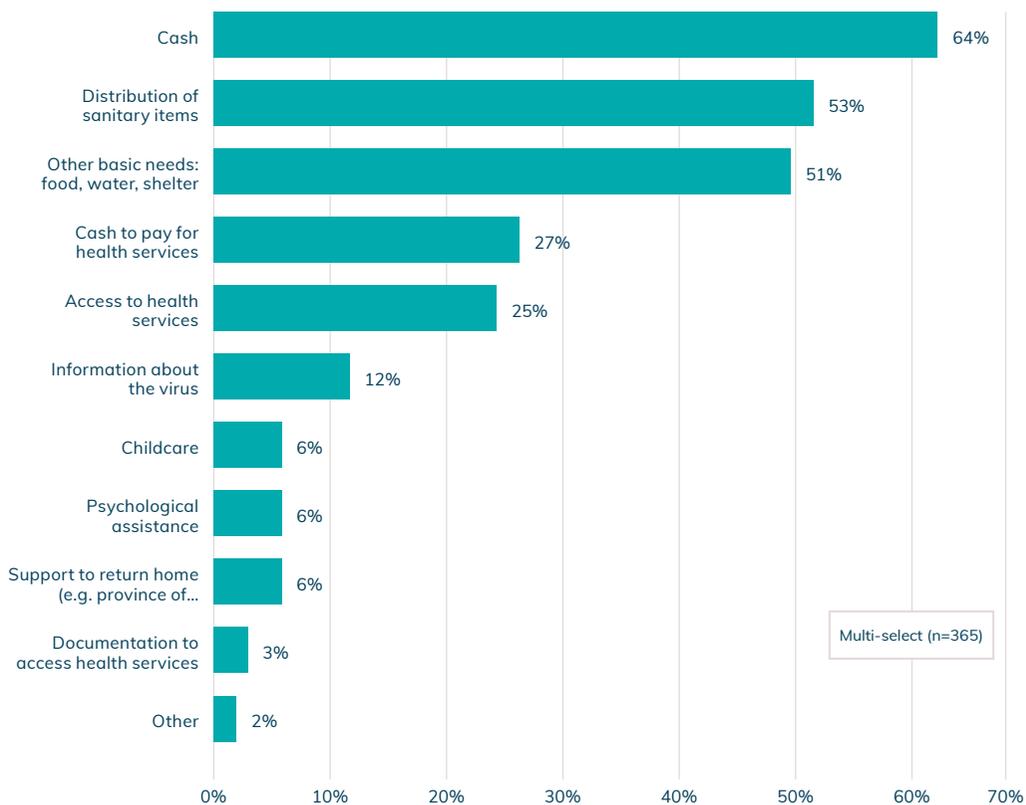
³ See <https://thediomat.com/2020/05/the-cessless-struggle-of-afghan-migrants/>

Reported needs remain high with only 7% receiving extra support since the outbreak of COVID-19

77% of respondents (n=356) reported needing extra help since the outbreak of COVID-19. When asked about the type of additional assistance required, cash assistance (64%) was most commonly reported, followed by sanitary items (53%) and basic needs (food, water, shelter) (51%), see Figure 6. The high reported need for cash is in line with the fact that most respondents reported losing income due to COVID-19, as mentioned above.

Most respondents cited that if they needed support, they would ask family and friends (72%). The next most commonly cited source of assistance are NGOs (29%), then UN (25%). This is in line with findings from MMC's first Afghan COVID-19 snapshot produced in May.⁴

Figure 6. What kind of extra help is needed since the coronavirus outbreak began?



Only 7% of respondents said they had received additional assistance since the outbreak of COVID-19 (n=32). The type of assistance received included basic needs (food, water, shelter) (19 respondents), cash (11 respondents) and distribution of sanitary items (10 respondents). NGOs, UN, and family/friends (respectively, 11, 10, 9 respondents) were cited as the main providers of this assistance.

Returnees' voices

"We are poor people and two months without working means that my children have had to go to sleep on an empty stomach. All I want is for the government to let us go to work so I can provide food for my family."

38 year-old man, returned from Iran, interviewed in Kabul

"Most of those who get sick with the virus try to treat themselves at home. There is no hope to go to hospital, as even those who are not sick will get infected there."

25 year-old woman, returned from Turkey, interviewed in Kabul

"We have coronavirus, war, unemployment, poverty, all together in one place. I don't know what to do anymore. They say the international community gave money to the government to distribute food among poor people, however no one in our camp has received anything yet."

35 year-old man, returned from Pakistan, interviewed in Nangarhar



Ministry of Foreign Affairs

4Mi & COVID-19

The [Mixed Migration Monitoring Mechanism Initiative](#) (4Mi) is the Mixed Migration Centre's flagship primary data collection system, an innovative approach that helps fill knowledge gaps, and inform policy and response regarding the nature of mixed migratory movements. Normally, the recruitment of respondents and interviews take place face-to-face. Due to the COVID-19 pandemic, face-to-face recruitment and data collection has been suspended in all countries.

MMC has responded to the COVID-19 crisis by changing the data it collects and the way it collects it. Respondents are recruited through a number of remote or third-party mechanisms; sampling is through a mixture of purposive and snowball approaches. A new survey focuses on the impact of COVID-19 on refugees and migrants, and the surveys are administered by telephone, by the 4Mi monitors in West Africa, East Africa, North Africa, Asia and Latin America. Findings derived from the surveyed sample should not be used to make inferences about the total population of refugees and migrants, as the sample is not representative. The switch to remote recruitment and data collection results in additional potential bias and risks, which cannot be completely avoided. Further measures have been put in place to check and – to the extent possible – control for bias and to protect personal data. See more 4Mi analysis and details on methodology at www.mixedmigration.org/4mi