

Understanding the impact of COVID-19 on Afghan returnees

Since February 2020, the COVID-19 crisis has fueled the return of hundreds of thousands of migrants and refugees, both voluntarily and involuntarily, to Afghanistan from countries such as Iran, Pakistan, and Turkey. Beyond its catastrophic health impacts,¹ the pandemic has also greatly affected economies in the region, including in Iran, whose economy was already suffering under escalating tensions with the US. The situation has meant widespread job losses for Afghan migrant workers and resulted in approximately 250,000 Afghans returning from Iran, mostly through Islam Qala and Nimruz border crossings, from 20 February to 31 March.² During the same timeframe, thousands returned from neighboring Pakistan, and until March, the deportation of Afghans from Turkey and several European Union countries continued. Currently, deportations from Iran continue.

This snapshot explores the impact of COVID-19 on Afghan returnees, as well as their access to information, healthcare, and other services during 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.

Actions to protect returnees

- Provide cash or in-kind supports for sanitary items as well as basic needs, such as shelter, food, and water;
- Provide personal protective equipment for returnees, especially those who are living in crowded conditions or returnee camps;
- Address the barriers to accessing healthcare for returnees, including information about where to seek help, clearer messaging around where and how to access testing, and financial support to pay for services;
- Immediately suspend the forced return of refugees and migrants.³

1 Saif, S. K. (2020). [COVID-19 rips through fragile Afghan health system](#)

2 See [Salaam Times](#)

3 Also called for by the United Nations Migration Network in their [joint statement](#) released 13.05.2020

Profiles

Information in this snapshot was collected by 19 monitors (13 men and 6 women) from 18 April to 4 May, in various locations in Afghanistan, including Kabul, Herat, Kunduz, Nangarhar, Kandahar, Balkh, and Nimruz provinces, as well as Zaranj, Turkham, and Islam Qala border checkpoints. 132 surveys were collected by phone, with the majority (90%) of the respondents being male. The number of male respondents is likely indicative of the high number of male returnees, compared with women, particularly among those returning from Iran.⁴ Further, most returnees were previously participating in economic activities in host countries, in which men had more opportunities than women.

Among those surveyed, 69% of the respondents reported returning from Iran, followed by Turkey (19%) and Pakistan (5%). Economic reasons were cited as one of the primary drivers of outward migration (99 responses), with the majority (65%) stating they did not have the legal right to reside in host countries. Respondents were predominantly under 40 (89%) with high school-level education or below (79%). Respondents surveyed were primarily Pashtun (30%), Hazara (26%), and Tajik (23%).

COVID-19 has fueled “reverse” migration trends with returnees facing increased challenges en route

Around 60% of respondents returned to the country after the COVID-19 outbreak, with the other 40% returning within the last year. Of all returnees interviewed, 36% traveled independently; others were assisted by UN agencies (28%) or deported by their host countries (27%).

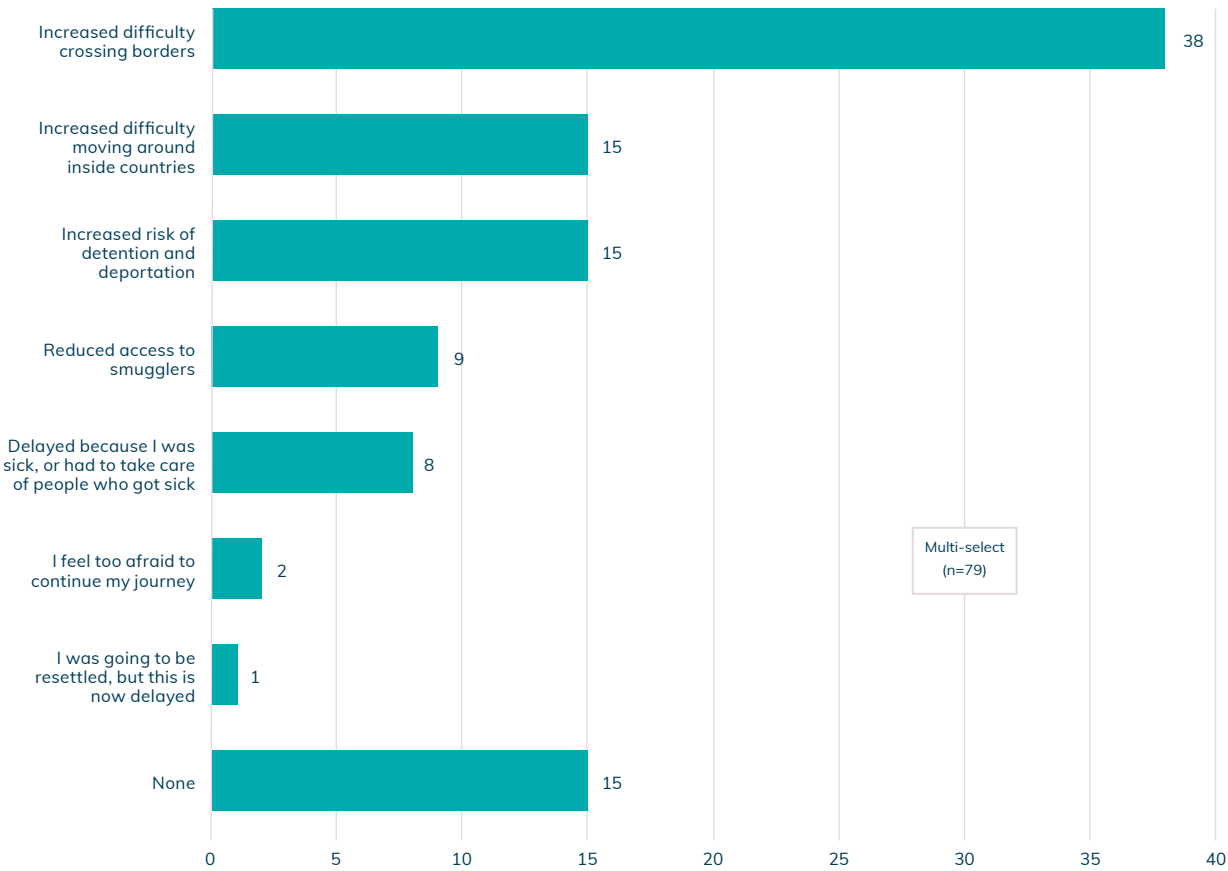
Among all interviewed, COVID-19 was cited as a main driver of return (48 responses) with other factors including reunion with family and friends (33 responses) and inability to make a living in host countries (18 responses). When asked how the COVID-19 crisis affected their decision to return,

4 According to the [UNHCR's Border Monitoring Update 26 April – 2 May](#), the female-male ratio of returnees from Iran was estimated at 1:5

respondents (n=48) cited job loss in host countries (27 responses) and worries for the safety of their families in Afghanistan (19 responses) as the main reasons.

Many who arrived in Afghanistan after the outbreak (n=79) cited challenges during their return journeys. These challenges include difficulty in crossing borders (38 responses) and movement within the country (15 responses), and increased risk of detention and deportation throughout the return journey (15 responses).

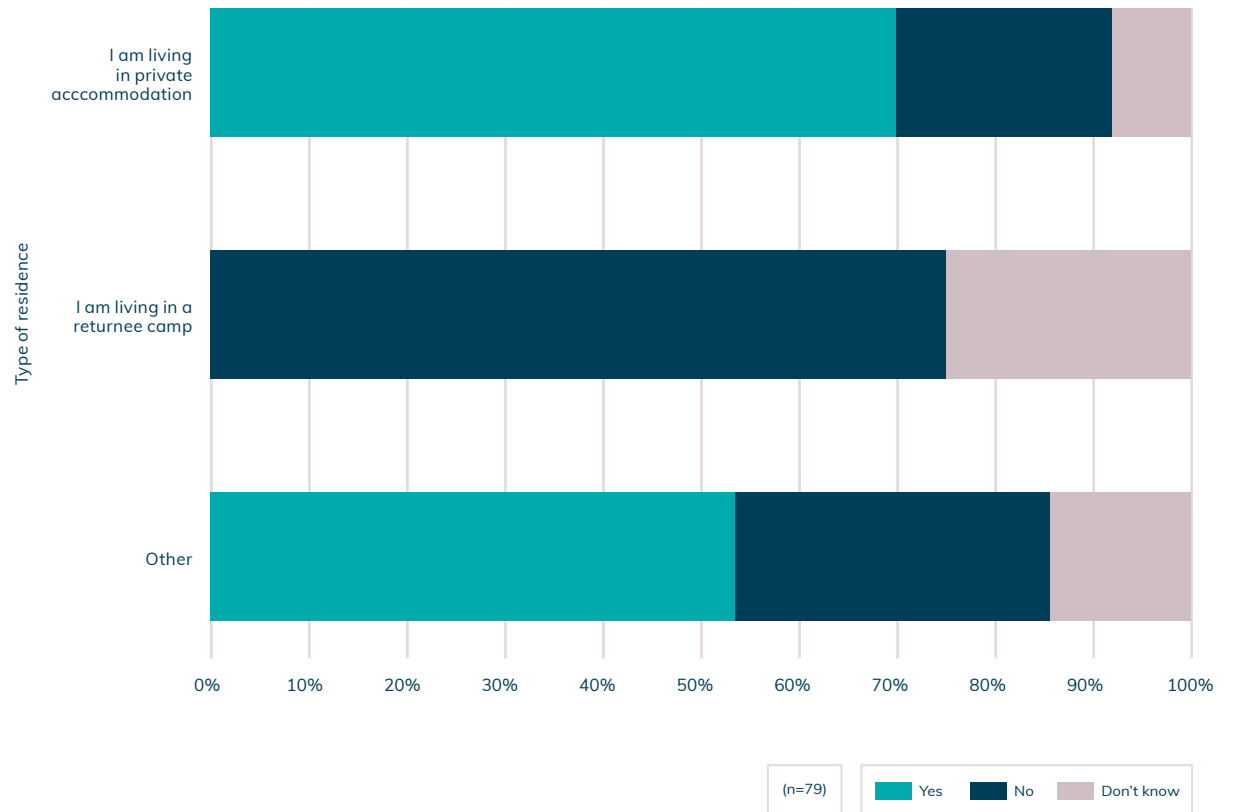
Figure 1. What impact has the coronavirus crisis had on your return journey?



Protective measures, such as social distancing, are not an option for those living in returnee camps

Most of the surveyed respondents claimed that they knew how to protect themselves from the virus (91%), yet, they were still afraid of transmitting the virus (69%), potentially impacted by people's capacity to practice personal protective measures. 64% reported that they were able to practice the recommended social distancing. However, only 27 respondents said they wore masks and gloves. 17 respondents considered these protective measures unnecessary, while 14 said they did not have means or space to quarantine themselves. All four respondents who were living in returnee camps reported that they were not able to practice any protective measures, including social distancing.

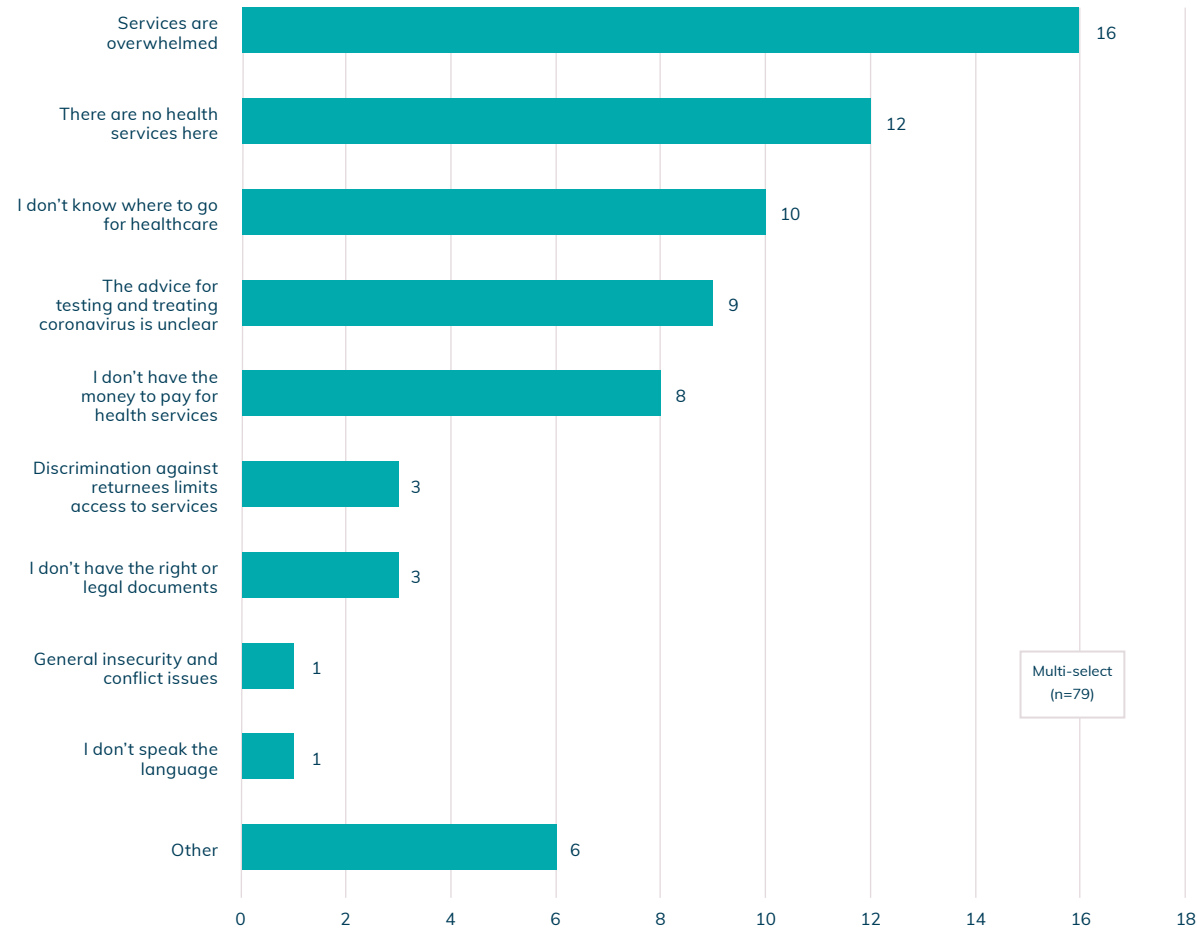
Figure 2. Are you able to practice the recommended social distance (1.5m) in the place where you live?



Returnees face barriers to accessing healthcare services

Around 60% of respondents said that they could access healthcare services should they have coronavirus symptoms. For the rest, key barriers included a lack of services, access to information, and the inability to afford healthcare services, as represented in Figure 3.

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



COVID-19 has reduced access to work and increased psychological distress among returnees

Respondents cited the crisis had impacted their day-to-day life by reducing access to work (101 respondents), increasing psychological distress (79 respondents), as well as reducing the availability of basic goods (47 respondents). A total of 65% respondents cited that they had lost income due to the crisis.

Figure 4. What impacts has the crisis had on your day-to-day life?

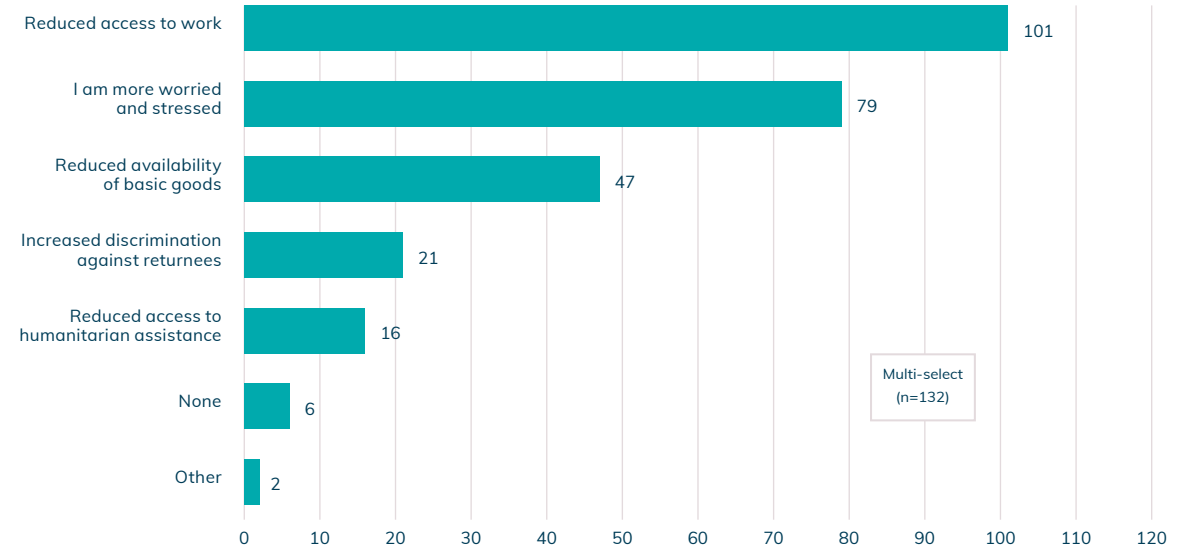
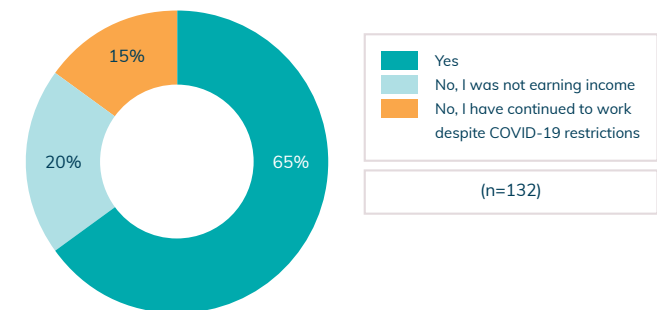


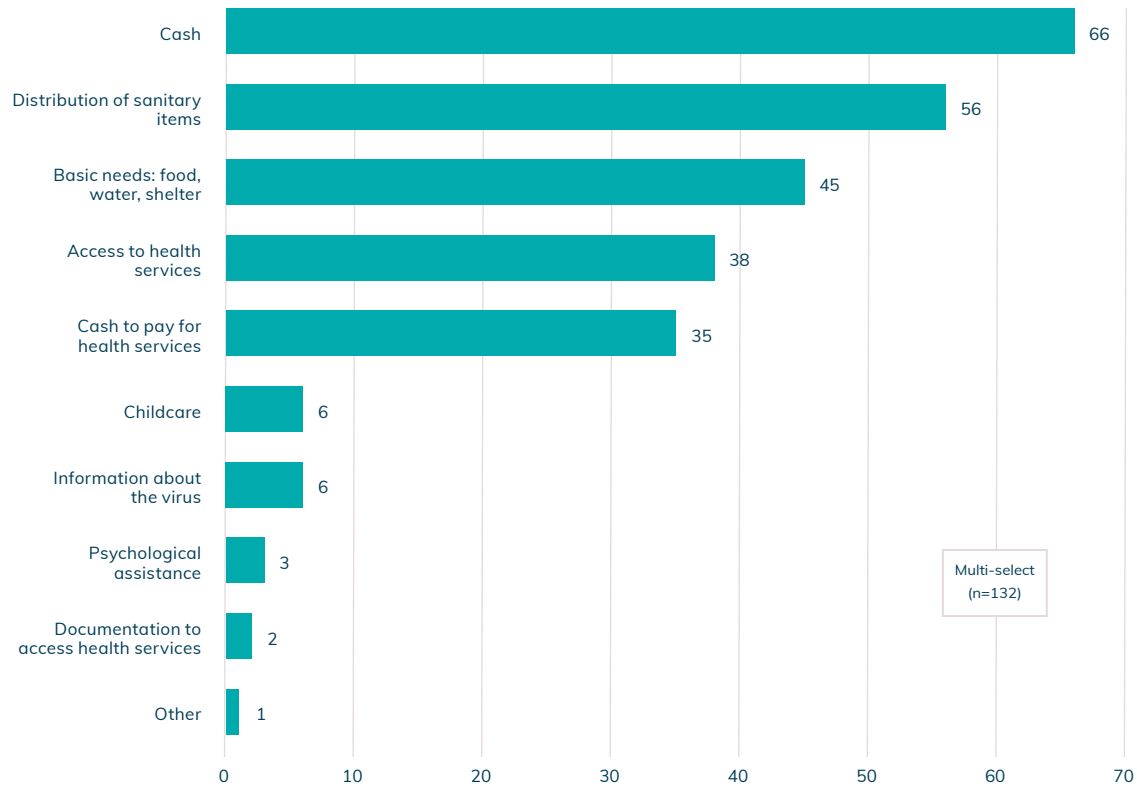
Figure 5. Have you lost income due to coronavirus restrictions?



Needs are high among returnees and are currently not being met

97% of respondents reported that they had not yet received any additional assistance since the outbreak of the pandemic with 79% stating that extra support was needed. The type of support needed is outlined in Figure 6 and includes cash transfer for general purposes, distribution of sanitary items, and other basic needs, including food, water, and shelter. Most respondents cited that if they needed support, family, and friends (81 responses) would be their first port of call. This was particularly true for surveyed women, with 9 out of 13 citing family and friends as their main support. Alongside family and friends, 39 out of 79 respondents who returned after the outbreak of COVID-19, cited UN and NGOs as another major source of support.

Figure 6. What kind of extra help is needed?



Returnees' voices

"The prices have doubled or tripled since the lockdown started. I already spent most of my savings and cannot go outside to work. There is no chance of going back to Pakistan for work, as the border is closed. I'm really worried about the future..."

33 year-old man recently returned from Pakistan, interviewed in Nangarhar

"When I was in Iran I was terrified by the news on Corona. Everybody was talking about the virus and all the dead people in the hospitals. It was like a war out there. When I returned to Afghanistan, I saw that the situation was worse here than in Iran. Many people are infected, but there is no proper health assistance available."

30 year-old man recently returned from Iran, interviewed in Herat

"I went to the hospital and asked to be tested for the virus, but they only tested my temperature and told me I was fine. They just test those who have all the symptoms like coughing, fever, and difficulty breathing. What if I have the virus right now and the symptoms show themselves in a week? I'm worried about my family and neighbors, what if they already have the virus as well?"

28 year old woman recently returned from Iran, interviewed in Kabul



Ministry of Foreign Affairs

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