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COVID-19, DISPLACEMENT & OLDER PEOPLE IN AFGHANISTAN



This research brief highlights:

- Limited targeted support for elderly IDPs & returnees and a lack of special healthcare services, including COVID-19 testing capacities, for elderly IDPs.
- Health workers in Kabul identify elderly clients as more likely to struggle with depression.
- Decreased access to healthcare for IDPs and returnees due to costs of treatment and transport, and location of health clinics.
- Changing perceptions and cultural norms as a result of COVID-19 increase feelings that elders are a burden. IDP families report being unable to support elderly members.

INTRODUCTION

Samuel Hall presents its second report on COVID-19 and the elderly in Afghanistan – an independent, self-funded contribution to a multi-partner series coordinated by HelpAge International with support from the United Nations Population Fund (UNFPA).

The overall objective of this series is to broadly monitor, document, and share how the situation of older people in Asia has changed in 2020 as a result of COVID-19, in order to inform programmatic responses and policy advice, post-pandemic.

The methodology is geared towards collecting and analysing a wide range of secondary evidence from multiple sources, including key informants implicated in public health, social affairs, refugee and repatriation affairs, community leaders, and older people themselves.

Given the increase in the number of returnees and internally displaced persons (IDPs) in Afghanistan in 2020¹, this brief adds on a displacement angle to analyse the status of older displaced people during COVID-19 – asking specifically how older persons are faring in displacement contexts and how they are being supported?

The view expressed in this document can in no way be taken to reflect the official opinion of HelpAge International, UNFPA nor government concerned.

METHODOLOGY

This report builds on information collected in September 2020 on the situation for older persons in Afghanistan within the pandemic context; research that included literature review, as well as key informant interviews with humanitarian actors, public health officials, health and mental health workers, IDP community leaders, and older IDPs/returnees themselves.

Given the interlinked nature of return and internal displacement in Afghanistan – as many returnees relocate post-return due to conflict or natural disaster – many of the IDPs interviewed were themselves also returnees.

Interviews were conducted in two regions. First, in two locations with large populations of returnees and IDPs in the Kabul province – Bagrami, a village on the eastern edge of the capital, and Qarabagh, 50 kilometres north of Kabul. A case study was also conducted in eastern Nangarhar

¹ 2020 was a record year for undocumented Afghan returnees. According to most recent IOM data, there have been 806,300 returns from Iran and Pakistan since 1 January 2020. IOM expects undocumented returns to remain high in 2021.

² Gul, A. (2020). "Afghanistan's First Case of Coronavirus Confirmed." VOA News, 24 February 2020. <https://www.voanews.com/science-health/coronavirus-outbreak/afghanistans-first-case-coronavirus-confirmed>

Province, near the city of Jalalabad, which is home to numerous conflict-displaced IDPs and returnees from Pakistan, who live in informal urban settlements.

Highlights:

This brief provides much needed information to allow stakeholders to advocate for greater engagement in Afghanistan in the context of COVID-19, large-scale displacement and older people. It specifically highlights:

- Limited targeted support, including psychosocial, for elderly IDPs and returnees.
- Lack of special healthcare services, including COVID-19 testing capacities, for the elderly IDPs.
- Health workers in Kabul identify elderly clients as more likely to struggle with depression.
- Decreased access to healthcare for IDPs and returnees due to costs of treatment and transport, as well as location of health clinics.
- Changing perceptions and cultural norms as a result of COVID-19 increase feelings that elders are a burden, especially for those families with recently returned family members from abroad, putting strain on household dynamics. IDP families report being unable to support elderly members.

CONTEXT

Afghanistan recorded its first Coronavirus case in the western city of Herat on February 23, 2020 – the man had recently returned from Iran, where the virus was spreading rapidly.² As of mid-December, 47,258 COVID-19 cases have been recorded, with 1,841 deaths.³ However, the actual numbers are likely much higher given the country's limited testing capacity and associated stigma with COVID-19 tests.⁴ Out of a total population of 36.7 million, only 170,855 people have been tested as of 14 December 2020.⁵

Men comprise 69 percent of positive cases – however, their overrepresentation amongst positive cases is likely linked to men being the majority of those tested.⁶ The majority of deaths have been older men between 50-79.

³ Ministry of Public Health (2020). "COVID-19 Afghanistan."

⁴ Cousins, S. (2020). "Afghanistan braced for second wave of COVID-19." The Lancet 396: 1716-1717.

⁵ Ministry of Public Health (2020). "COVID-19 Afghanistan."

⁶ OCHA (2020). COVID-19 Strategic Situation Report No.89. 10 December 2020.

The director of the Afghan-Japan Communicable Disease Hospital in Kabul stated that 90 percent of hospital staff have been infected with COVID-19 since the start of the pandemic. Over 3,000 healthcare workers have tested positive throughout Afghanistan since February.⁷

While the actual impact and duration of the COVID-19 pandemic remains unknown, Afghanistan's humanitarian needs are on the rise, driven by armed conflict, disasters and poverty.⁸ The nationwide lockdown imposed from March to June heavily impacted the economy, especially for those dependent on wages from day labour to support their families. The World Bank found that the poverty rate may increase from a baseline of 54.5 percent to up to 75 percent in 2020 due to the pandemic.⁹

The country already faces significant humanitarian crises, including high food insecurity, a large number of IDPs and refugees, ongoing conflict, and natural disasters being impacted. The pandemic is currently exacerbating socio-economic issues, which directly impact the ability of humanitarian actors to provide the necessary food assistance to cover their livelihood needs.... Access, security, lack of job opportunities, loss of income to purchase food items... [IDPs and returnees face] extreme poverty in so-called 'informal settlements' with extremely low standards of hygiene and limited access, limited job opportunities and gender-based violence increased. – KII, CARE Afghanistan¹⁰

Despite the joint agreement and peace deal of February 2020 between the US government and the Taliban to reduce fighting, violence has continued, posing a major threat to the overall coordinated public health response in Afghanistan. The ongoing conflict has increased displacement, which has created further risk of intensifying the scale and spread of COVID-19.¹¹

Data collected in November 2020 in Afghanistan revealed that COVID-19 aid delivered by humanitarian organisations and the government corresponded with HelpAge's recent findings regarding aid approaches – namely the application of "one size fits all" aid delivery approach, which tends to leave out the specific needs and vulnerabilities of older Afghans.¹²

⁷ Cousins, 1716.

⁸ International Rescue Committee (2020). "Humanitarian needs in Afghanistan skyrocket amid unrelenting violence and the pandemic..." 23 November, 2020; See also: OCHA (2020). Humanitarian Needs Overview: Afghanistan. https://reliefweb.int/sites/reliefweb.int/files/resources/afg_humanitarian_needs_overview_2020.pdf

⁹ Cancho, C. & Pradhan, T. (2020). "Mitigating the poverty implications of COVID-19 in Afghanistan." World Bank, 15 August 2020. <https://blogs.worldbank.org/endpovertyinsouthasia/mitigating-poverty-implications-covid-19-afghanistan>

¹⁰ Key Informant Interview: CARE Afghanistan, 24 November 2020.

¹¹ Key Informant Interview: CARE Afghanistan, 24 November 2020.

¹² Age International & HelpAge International (2020). If not now, when? Keeping promises to older people affected by humanitarian crises (London, UK: HelpAge International), 20.

¹³ International Displacement Monitoring Centre (2019). "Country Information: Afghanistan."

¹⁴ OCHA (2020). Afghanistan: COVID-19 Multi-Sectoral Response – Operational Situation Report 22 April 2020.

Afghanistan is home to 4.1 million IDPs¹³, who already experienced lack of employment opportunities, poor access to healthcare and other basic services, and landlessness prior to COVID-19.¹⁴ The number of IDPs increased this year from Baghlan, Kunduz, Helmand, Faryab and other provinces facing increasing wars and natural disasters.¹⁵

At the same time, there have been 789,539 total returns from Iran and Pakistan since January 1st, 2020.¹⁶ Previous research conducted by Samuel Hall on COVID-19 in Afghanistan in May 2020 found that many Afghan returnees were motivated to return due to the COVID-19 pandemic in Iran and Pakistan, and economic sanctions on Iran, which resulted in a loss of livelihoods for many Afghans residing in both countries. Upon return, they often experienced stigmatization as many within their communities were fearful that they were carriers of the virus.¹⁷ Increased returns to Afghanistan also resulted in decreased remittances, as well as an added financial burden for families.¹⁸ IDPs and returnees are closely linked in Afghanistan, as many returnees find their communities of origin are now conflict zones and must relocate.¹⁹

Finally, one cannot discuss COVID-19 and displacement without discussing the impact on Afghan women. Unfortunately, given the short timeframe for data collection, no women were directly interviewed for this brief – so the information regarding the impact of COVID-19 on women, especially older women, remains limited to discussions of family roles and household dynamics.

When women do work in Afghanistan, they tend to be employed in the informal sector. Recent IRC survey findings found that 63 percent of women working informally lost their jobs due to the pandemic, which has meant more people at home.²⁰ Given the traditional nature of gender roles in Afghanistan, this had led to increased unpaid household and caretaking labour for women and girls, with 41 percent citing increased time carrying out activities related to domestic unpaid labour at home.²¹ This division of labour was confirmed in interviews conducted with community leaders and older people in displaced communities – men provided for the household financially and women were traditionally

¹⁵ Key Informant Interview: Department of Refugees and Repatriation (DoRR), 24 November 2020.

¹⁶ IOM (2020). Return of Undocumented Afghans, Weekly Situation Report 22-28 November 2020.

¹⁷ Samuel Hall (2020). COVID-19 in Afghanistan: Knowledge, Attitudes, Practices & Implications.

¹⁸ Key Informant Interview: NRC Afghanistan, 4 December 2020.

¹⁹ Loy, I. (2020). "On the move: Conflict, refugee returns fuel Afghanistan displacement." The New Humanitarian, 20 January 2020; See also: Sydney, C. (2020). A Different Kind of Pressure: The cumulative effects of displacement and return in Afghanistan. Internal Displacement Monitoring Centre + German Humanitarian Assistance (January 2020).

²⁰ International Rescue Committee (2020). "COVID-19 has taken a toll on all Afghans – but women have been disproportionately impacted, from employment to healthcare, from urban areas to camp settings – a study by UN Women and IRC reveals." IRC, 8 November 2020. <https://www.rescue.org/press-release/covid-19-has-taken-toll-all-afghans-women-have-been-disproportionately-impacted>

²¹ UN Women, IRC, & Roshan (2020). Unlocking the Gender-Differentiated Consequences of COVID-19 in Afghanistan.

responsible for domestic chores and caretaking of older family members, which would put them more at risk for contracting COVID-19, especially given that men were the majority of those tested in Afghanistan.

COVID-19 IMPACT ON OLDER PEOPLE

Samuel Hall's first report for HelpAge on COVID-19's impact on older people in Afghanistan²², conducted in September 2020, revealed the absence of specific treatment targeted at their specific vulnerabilities, which include chronic diseases and higher risk for developing serious complications from COVID-19. Government ministries advised those over age 60 to remain inside their homes to minimize spread of the virus.²³ The majority of positive cases in Afghanistan are older people, especially those with comorbidities or chronic diseases such as cancer, heart disease, diabetes, and respiratory issues.²⁴ Due to the prevailing culture in Afghan society, the elderly are first treated by family members. Support from the government and institutions is rarely extended to the elderly, who rely on their families for financial support and caregiving.²⁵ This was lamented by several interviewees implicated in public health policies, as well as refugee and repatriation.

Elders need more of the government's attention. They need a specific health centre for their treatment. They need a home for the elderly because some of the families don't care for their elders properly, so they need to be cared for in a specific place. – KII, Ministry of Public Health²⁶

Coronavirus' global spread massively impacted livelihoods and job opportunities, leading to decreased remittances. The World Bank predicts that remittances are expected to decrease by 14 percent in 2021 compared to pre-COVID levels.²⁷ World Bank data from 2008-2017 showed that remittances to Afghanistan increased forty-fold over a decade – from 17.6 million USD to 668.7 million USD.²⁸ This had a significant impact on the lives of older people, who rely on foreign remittances as a source of livelihood support.²⁹

During research conducted on the situation of older persons in Afghanistan in September 2020, the research team anecdotally recorded more people returning from COVID-impacted areas – namely Iran and Europe – a likely reduction in financial flows and higher demand on local services. For this second brief, we therefore focused on the impacts,

support, and coping mechanisms amongst IDPs and returnees in Afghanistan and how those affected older people within these groups, which are often interlinked. This demographic is not often discussed in research due to the lack of age and gender disaggregation in most IDP and return assessments. Thus, we attempted to address this gap through rapid qualitative data collection in order to illuminate the challenges.

COVID-19 IMPACT ON OLDER DIPLACED PEOPLE – IDPs & RETURNEES

Community Dynamics

Families within IDP communities support their elders financially, as is the custom in Afghanistan. However, due to lost income and jobs, as well as accrued debt during the lockdown, **many IDP families are now reporting being unable to support elderly members.** Women tend to be in charge of household chores and taking care of older family members.³⁰ Traditionally, heads of the families are in charge of the household but in many IDP communities, the majority of children work as day labourers, pulling carts, or selling bags in order to supplement family income, especially as older family members often are unable to work.³¹

Each family member who can work is responsible for supporting and providing the expenses of the family. The children of most of the families are working in Iran who send remittances for the family, but during the quarantine, they were not able to send remittances. – KII, IDP Community Leader RD8 (Bagrami)³²

Income for IDPs and returnees remains low, given that the majority of people within these communities depend on day labour and/or remittances from relatives abroad to sustain their livelihoods. Thus, as underlined by several key informants – including health professionals, humanitarian aid workers, and community leaders – although there remain high levels of respect for elders within families, **displaced families are unable to provide the financial support and caregiving that older members require.**

This is further compounded by the lack of targeted health and social security support for older Afghans – putting older people already in vulnerable situations, such as displacement, at high risk for unmet care and neglect.³³

²² Samuel Hall & HelpAge (2020). The impact of COVID-19 on older persons: Afghanistan Analytical Brief.

²³ Samuel Hall & HelpAge (2020). The impact of COVID-19 on older persons: Afghanistan Analytical Brief.

²⁴ Key Informant Interview: Ministry of Public Health, 23 November 2020.

²⁵ Key Informant Interview: DoRR, 24 November 2020.

²⁶ Key Informant Interview: Ministry of Public Health, 23 November 2020.

²⁷ World Bank (2020). "COVID-19: Remittance Flows to Shrink by 14% by 2021." The World Bank. 29 October, 2020.

²⁸ Majidi, N. (2020). "The potential of migration for development in Afghanistan." OECD Development Matters, 7 September 2020.

²⁹ Key Informant Interview: DORR, 24 November 2020.

³⁰ Case Study: Qarabagh District, 23 November 2020.

³¹ Key Informant Interview: IDP Leader, Kabul, PD8 (Bagrami), 24 November 2020.

³² Key Informant Interview: IDP Leader, Kabul, PD8 (Bagrami), 24 November 2020.

³³ Case Study: Qarabagh District, 23 November 2020.

Interviews with key informants in charge of camp management in Afghanistan revealed an increase in many families viewing elders as more of a burden, especially those who have lost jobs or have family members recently returned from abroad.³⁴

Older people need health care as well as better food and clothing...most families are poor, especially returnees and refugees because they do not have good jobs and income so they cannot take care of such people [older people] as well as they should. – KII, IDP Qarabagh³⁵

COVID-19 Response & Support

For Afghan returnees arriving by plane, the Ministry of Public Health deployed staff at the airport to check temperatures. However, this procedure was only for international arrivals – not domestic.³⁶ If any returnees are suspected or have COVID-19 symptoms, they are advised to self-isolate at home for 14 days. The Ministry also had staff at road border crossings to check temperatures and quarantine them there in camps for 14 days should they exhibit symptoms.³⁷ Returnees from Iran are housed in a camp in Herat and returnees from European countries receive limited accommodation.³⁸

In response to the large numbers of Afghan returns from Iran and Pakistan, the Department of Refugees and Repatriation (DoRR) worked closely with the World Food Programme (WFP), which provided food, as well as the Norwegian Refugee Council (NRC), who provided returnees with hygiene kits and cash assistance. The DoRR provided a lump sum of 5,000 AFN for each family receiving a returnee – this aid was given to 7,633 families with members returning from Iran and Pakistan.³⁹

For IDPs, NRC launched a massive cash and hygiene distribution campaign at the beginning of the crisis around April, which involved the distribution of kits with masks to tens of thousands of beneficiaries in IDP camps. However, the continued provision of kits was not sustainable so COVID-19 response in camp settings now focuses more on soap distribution and social distancing. However, preventative measures, especially social distancing practices, are more difficult for IDPs, who often live in one room housing with an average of 15 people per household.⁴⁰ Furthermore, all IDP sites in Afghanistan are located on

either private or public land, which makes shelter and infrastructure expansion impossible.⁴¹

However, interviews with IDP Community Leaders and members revealed that assistance was inconsistent and often did not reach the majority of residents. During the pandemic, one IDP leader in PD8, an informal settlement outside of Kabul, stated that he had provided organisations with a list of 200 families who needed food assistance, but only 5-10 families received aid in the end. Community leaders in IDP camps in both Kabul and Nangarhar province advised people within their communities to maintain social distancing and wear masks when possible in order to lessen the spread.⁴² The government made wearing face masks mandatory on 2 November 2020⁴³, but our research team observed that this practice remains limited in the IDP camps and communities visited in Kabul and Nangarhar provinces for this study. They reported 10 out of 100 people wearing masks within these communities due to economic conditions and lack of government support. Mask distribution in these communities appeared to be on a “first come, first serve” basis, as it was evident that supplies were not given first to older people and those with underlying conditions.

Access to healthcare in IDP settlements

Access to healthcare was already limited for IDP communities and returnees prior to the COVID-19 pandemic.⁴⁴ Interviews conducted with several IDP community leaders in Kabul and Qarabagh District, as well as with older people in Nangarhar Province confirmed that there are no specific health services available for older people in IDP settlements.⁴⁵ An IDP Community Leader in the Qarabagh district stated that doctors from the Qarabagh District Health Department would visit the IDP settlement once per week to conduct examinations and treatment. However, these services were not available during the COVID-19 pandemic.⁴⁶

The nearest hospital is 50 km away from our area. And there is no regular health care. The one-way consumption is 2,000 AFN, which most families cannot afford. We do not cure in hospitals as we should. Because there is no money, there is no cure anywhere in Afghanistan without money. We did not receive any health services. The doctors had information, but there was no specific health information. People who are

³⁴ Key Informant Interview: NRC, 4 December 2020.

³⁵ Case Study: Qarabagh District, 23 November 2020.

³⁶ Key Informant Interview: Ministry of Public Health, 23 November 2020.

³⁷ Key Informant Interview: Afghan-Japan Hospital, 25 November 2020.

³⁸ Key Informant Interview: DORR, 24 November 2020.

³⁹ Key Informant Interview: DORR, 24 November 2020.

⁴⁰ UNHABITAT (2020). COVID-19 Vulnerability in Informal Settlements: A Case Study of an Urban IDP in Jalalabad, Afghanistan (UNHABITAT: Kabul, Afghanistan, 2020).

⁴¹ Key Informant Interview: NRC Afghanistan, 4 December 2020.

⁴² Key Informant Interview: IDP Leader, Kabul, PD8 (Bagrami), 24 November 2020.

⁴³ Saif, S. (2020). “ COVID-19: Afghanistan makes face masks mandatory.” Andalou Agency, 3 November 2020. <https://www.aa.com.tr/en/asia-pacific/covid-19-afghanistan-makes-face-masks-mandatory/2030494>

⁴⁴ Amnesty International (2020). “Afghanistan’s four million Internally Displaced People – a glance into their lives of poverty and displacement during the pandemic.” Amnesty International, 19 August 2020.

<https://www.amnesty.org/en/latest/news/2020/08/afghanistan-and-its-internally-displaced-people/>

⁴⁵ Key Informant Interview: IDP Leader, Qarabagh District, Sharak-e-Ustad Khaliullah Khalili, 23 November 2020; Key Informant Interview: IDP Leader, Kabul, PD8, 24 November 2020; and Key Informant Interview: IDP Leader, Kabul, PD8 (Bagrami), 24 November 2020.

⁴⁶ Key Informant Interview: IDP Leader, Qarabagh District, Sharak-e-Ustad Khaliullah Khalili, 23 November 2020.

living in this area don't have access to the services nor to the health care services. – Case Study, Qarabagh⁴⁷

Chronic diseases are common in Afghanistan, as general health conditions are low – many people begin suffering from chronic conditions around age 40, which are responsible for a third of all deaths in the country, equivalent to the deaths caused by conflict-related injuries.⁴⁸ Prior to the arrival of COVID-19, access to treatment and control of chronic diseases was already quite low for IDPs and returnees living at IDP camps in Afghanistan. Since the beginning of the pandemic, access has further deteriorated as some medical centres have been converted to COVID-19 treatment centres and humanitarian aid funding decreased. There is one mobile clinic operated by MSF in Herat, which helps treat some chronic diseases.⁴⁹

Healthcare was impacted significantly by reduced incomes, especially for older IDPs – when they did go to hospitals, they were treated, but the cost of getting there (either the cost of transport or the cost of treatment) was prohibitive for all lower income and vulnerable populations, such as IDPs. Accessing healthcare was further complicated for older displaced people due to rising prices of medicine and the general cost of treatment. During the pandemic, the price of a single package of Panadol containing 10 tablets increased from AFN 10 to AFN 50. In IDP communities, the clinics closed and stopped offering medical services for people. Private hospitals remained open, but the cost of care is only accessible for middle class Afghans – not those living in IDP encampments.⁵⁰

There are no special healthcare services for the elderly IDPs. Those who were admitted to the hospital received limited care due to a shortage of available doctors. Furthermore, there was a lack of oxygen in the hospital – doctors bought oxygen for their patients with their own funds, but this practice was unsustainable due to the increasing price of oxygen. One interviewee in Bagrami reported that his father had died from COVID-19 because of the unaffordable pricing for oxygen balloons:

My father was suffering from coronavirus during the pandemic. We took him to the Ali Jinnah hospital for treatment and they kept him there for three days as he had problems in breathing. But there was no oxygen available in the hospital because the cost of a single balloon of the oxygen was raised to AFN 18,000 and no one was able to buy it. Therefore, after three days, my father died in the hospital. Besides, my cousin was a young boy, but he died after 15 days stay in the hospital. On the other hand, my

maternal uncle died at home because he was not admitted to the hospital. – IDP Leader, PD8 (Bagrami)⁵¹

Psychosocial Impacts & Support

Information regarding the psycho-social impacts of COVID-19 on older IDPs and returnees is limited. DoRR offers psychiatric services, but they are limited to returnees and IDPs in several provinces and the majority of this population does not benefit.⁵² No survey has been conducted about the extent of psychological changes among these populations – either since their return or the beginning of the COVID-19 pandemic. Interviews conducted in September 2020 with public health and social services officials regarding the impact of COVID-19 on older Afghans revealed the detrimental impact of the pandemic on mental health for the elderly population – generally causing feelings of depression, panic and lack of confidence.⁵³ This was confirmed by recent interviews with doctors and mental health workers in Kabul, who mentioned that **elderly clients were more likely to struggle with depression compared to younger people.**

We have seen the state of anxiety in all people in the first step and subsequently in depression due to quarantine. Depression is more common in the elderly because of the belief that they are more likely to be infected with the virus and eventually die. We have seen a certain kind of disappointment in the elderly clients, which is usually accompanied by terms such as... " I wish families could attend our funeral ceremony, anyways it is near for me to die." We have had official support groups that go to neighbourhoods in the form of field teams to provide relief to the community from Coronavirus, as well as how to protect themselves. We personally do not have a plan for the displaced. – Jangalak 250 Beds Addiction Treatment Center⁵⁴

Recent interviews in November 2020 with IDP community leaders as well as public health officials confirmed that most people within their communities were concerned and demoralized by the pandemic – *"Everyone was frightened [about getting] Coronavirus but indeed they were really worried about their elderly family members [getting] coronavirus."⁵⁵*

⁴⁷ Key Informant Interview: IDP Leader, Qarabagh District, Sharak-e-Ustad Khaliullah Khalili, 23 November 2020.

⁴⁸ World Health Organisation (2018). "Addressing the escalating burden of noncommunicable diseases in Afghanistan." WHO. 28 August, 2018.

⁴⁹ Key Informant Interview: NRC Afghanistan, 4 December 2020.

⁵⁰ Key Informant Interview: IDP Leader, PD8 (Bagrami), 24 November 2020.

⁵¹ Key Informant Interview: IDP Leader, PD8 (Bagrami), 24 November 2020.

⁵² Key Informant Interview: DoRR, 24 November 2020.

⁵³ Samuel Hall & HelpAge (2020). The impact of COVID-19 on older persons: Afghanistan Analytical Brief.

⁵⁴ Key Informant Interview: Jangalak 250 Beds Addiction Treatment Center, Kabul: 3 December, 2020.

⁵⁵ Key Informant Interview: IDP Leader, PD8 (Bagrami), 24 November 2020.

CONCLUSION

This research builds upon previous research conducted for this series in September 2020 regarding the situation for older people in Afghanistan within the context of COVID-19. Our first brief in the series on *COVID-19's impact on older people in Afghanistan* highlighted the response gaps and vulnerabilities for older Afghans during the pandemic, including in access to healthcare, mental health, social impacts, and effects on livelihoods.

This second brief further highlights additional challenges for older IDPs and returnees, a population at further risk of marginalisation and vulnerability. COVID-19 procedures for returnees remain limited, with the majority of those returning told to quarantine at home, which amplifies the risk of transmission and spread of disease given that many families live intergenerationally. Access to health services has decreased for IDPs living in settlements, with fewer clinics and higher prices for private treatment, which they cannot afford.

Furthermore, psychosocial support for returnees and IDPs has been limited since the start of the pandemic but the needs are on the rise as older people are now increasingly perceived as a burden. This research revealed the limited options for caretaking for all older people in Afghanistan – as this role is traditionally filled by family members, who support them financially and are responsible for their well-being and attending to needs. Interviews with public health officials and hospital workers underlined the lack of adaptation of care to the specific needs and vulnerabilities of older people – especially those with chronic diseases or those living in highly vulnerable situations, such as IDP camps.

Humanitarian and public health responses alike must further adopt approaches that specifically consider older populations, as their assistance needs will be drastically different from children, youth, and middle-aged adults.

These approaches need to consider the needs of older women in Afghanistan – especially those who are displaced – as they are often the ones who occupy caretaking roles and thus tend to be more at risk from contracting COVID-19.

CASE STUDY – FAZAL*, OLDER RETURNEE AND IDP, NANGARHAR PROVINCE

I am originally from Laghman province. I had migrated to Pakistan from Laghman and spent about 15 years in Pakistan. After 15 years, I voluntarily returned to my district Alingar in Laghman province. After 6 months, I moved to Nangarhar due to conflicts and insecurity, as our district was bombed and destroyed our houses. We moved here because this community is secure and located near to the city. We have lived here for 10 years. I live with my spouse, children and grandchildren in the household and there are 13 people in my family in total. My son supports me. He is a police officer in [the] Nangarhar police command... I am myself tailoring near our house because my son's salary cannot fulfil our household needs. My spouse and my daughter in law are in charge of household chores. I don't have anyone abroad who could send me remittances.

There [are not] specific place[s] to care for older people in Afghanistan. Across Afghanistan, older people work [as long as they are able] but when they get weak and lose their energy, they stay home, and their children take care of them. It would be better if elderly people could be supported by the government and other NGOs – such as financial assistance, food assistance, clothes etc. We need good doctors, hospitals, clinics and quality medicine in Afghanistan... We cannot [easily] find good and quality medicine, and when we can access it, we cannot find a good doctor. [Additionally], [even] if we can access quality medicine and good doctors, we don't have modern and advanced diagnosing machines. Therefore, thousands of people go to Pakistan and India for treatment. So far 12 women have died in the rush on getting Pakistani visas at Pakistan's consulate in Jalalabad. I suffer from heart problems. If I walk, I get exhausted and cannot breathe properly. I haven't gone to doctor [for treatment] because it costs a lot of money.

When Coronavirus broke out in Afghanistan, we got information from the TV and radio, as well as by word of mouth. In the beginning, no one believed that such a virus had emerged... When more people [began to be] infected, they started to believe [the virus was real]. [Many] people in our community were suffering from typhoid and tuberculosis but they were not able to be tested... and the cost of the typhoid medicine increased several fold. They [people in our community] only used Paracetamol tablets and didn't go outside, and maintained social distancing... They washed their hands several times with sanitizers and other anti-infection materials.

The nearest hospital is located in the city which is a 30-minute drive from our community. There is only one healthcare centre in Jalalabad, but I wasn't able to travel there easily because it was quarantined, there were fewer vehicles in the city, and they were charging high fares. Most of the people in good economic situations went to private hospitals and clinics. If we needed to visit the hospital, it was difficult for us to make an appointment with the doctor easily, as well as the doctors were...only paying attention to those patients who had a connection with them. Most of the poorer people complained about Nangarhar public health hospital.

I haven't received any medical care since the beginning of the pandemic and nor has anyone helped us in this regard. Only, we were buying some tablets from the nearest pharmacies in our community. There was no specific assistance for elderly people. But as far as I have heard, the elderly people were respected in the hospitals and they were provided with health services, as well as the doctors have treated elderly people and taken care of them as they were saying that this pandemic threatens the elderly people more than other community segments.

*Name changed.

ABOUT SAMUEL HALL

Samuel Hall is a social enterprise that conducts research in countries affected by migration and displacement. Our mandate is to produce research that delivers a contribution to knowledge with an impact on policies, programmes and people. With a rigorous approach and the inclusion of academic experts, field practitioners, and a vast network of national researchers, we access complex settings and gather accurate data.

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