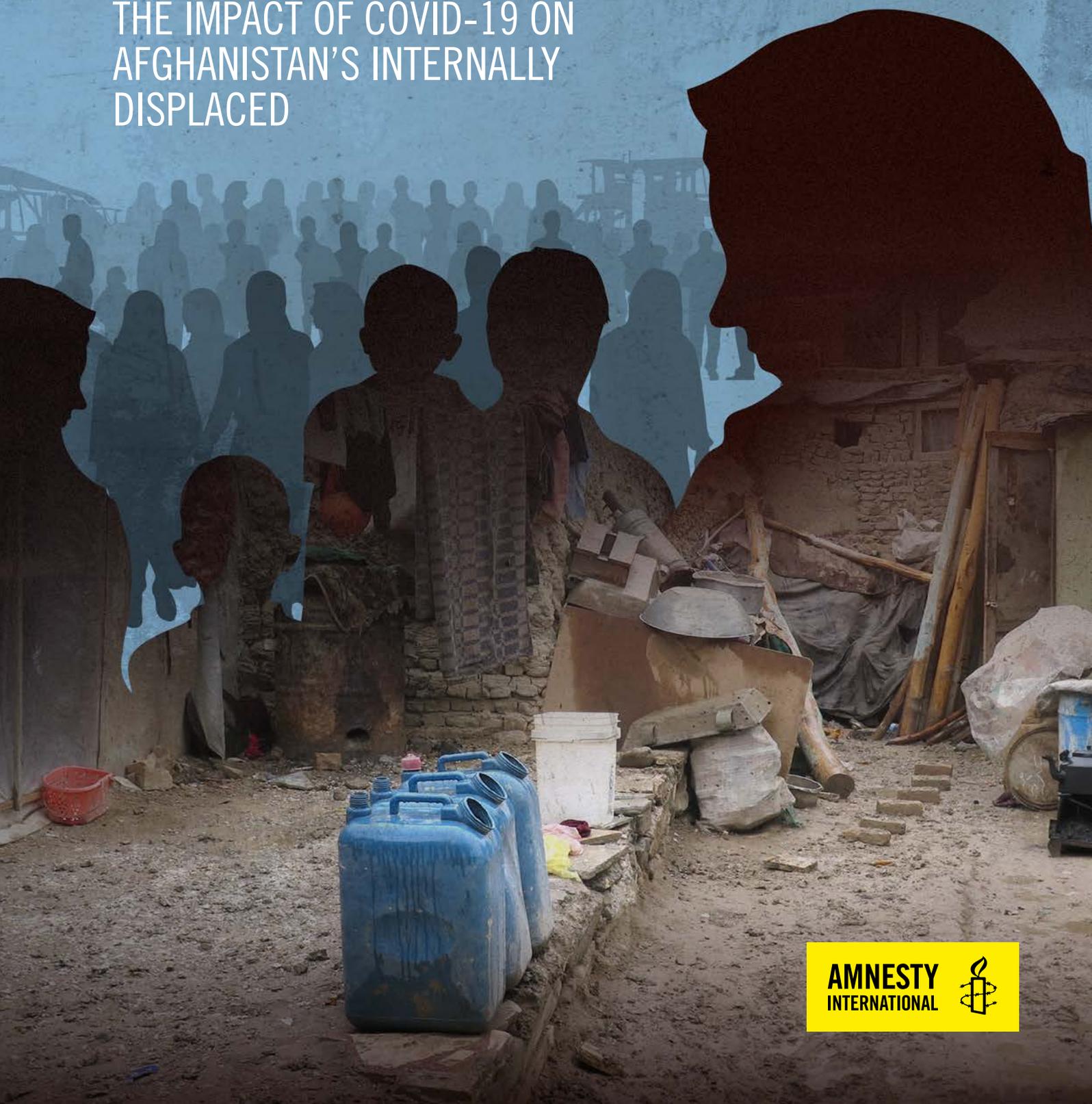


“WE SURVIVED THE VIRUS, BUT MAY NOT SURVIVE THE HUNGER”

THE IMPACT OF COVID-19 ON
AFGHANISTAN’S INTERNALLY
DISPLACED



AMNESTY
INTERNATIONAL



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1. INTRODUCTION

“How could we keep social distancing if all 8 people are living in one room which is made of mud, pole and plastic sheets with a very small light and no ventilation? How could we wash our hands for 20 seconds if we can’t find water to drink and buying each bottle of 25 liters of water for 15 Afghani? How could we quarantine someone with the signs of coronavirus if we only have one room? How we could get tested if we do not have the money to travel to the hospitals where they would perform free coronavirus tests?”

An IDP man, displaced from Laghman province, who lives in Chaman-e Babrak camp located in urban Kabul



Since the first case of COVID-19 in Afghanistan was reported in February 2020, the virus has spread rapidly throughout the country. According to the Afghanistan Ministry of Public Health, 55,540 people across all 34 provinces in Afghanistan have tested positive for COVID-19 and 2428 people have died (as of 16 February 2021).¹ Humanitarian agencies have warned that the number of deaths from COVID-19 is likely to be vastly under reported, due to limited public health resources and testing capacity, as well as the absence of a national death register.

Most of the COVID cases so far are confirmed in Kabul, followed by Herat, Kandahar, Balkh, and Paktia provinces. Kabul, Herat, Kandahar, and Balkh are also among the provinces hosting an estimated 2.3 million internally displaced people and returned refugees.² During 2020 these numbers have risen due to further displacements and refugee returns.³

The Afghan government imposed a nationwide lockdown from March onwards after the first cases were reported in February in Herat province, bordering Iran. Measures differed across provinces and restrictions were not strictly enforced.⁴ The lockdown measures resulted in closure of cities in Kabul and most provinces, an increased number of checkpoints and imposition on freedom of movement which impeded the delivery of humanitarian assistance. In the first six months of 2020, a total of 420 incidents were recorded impacting the work of humanitarian organizations. Aid agencies also faced access restrictions due to military operations, and constraints due to the Taliban imposing checkpoints, demanding levies, and increasingly abducting humanitarian staff.⁵

The spread of COVID-19 in Afghanistan worsened the already dire humanitarian situation in the country. It has increased the suffering of the local population, whose lives and wellbeing were already increasingly threatened by a protracted and intensifying armed conflict, ongoing insecurity and political crisis, chronic poverty, a weak health system and lack of basic services and protection.

1 <https://reliefweb.int/report/afghanistan/afghanistan-strategic-situation-report-covid-19-no-84-19-november-2020>

2 IOM (2019). Afghanistan — Baseline Mobility Assessment Summary Results (Oct—Dec 2019), available at https://displacement.iom.int/sites/default/files/public/reports/IOM-Afghanistan-Baseline-Mobility-Assessment-Summary-Results-December-2019-English_0.pdf

3 <https://www.humanitarianresponse.info/en/operations/afghanistan/idps>

4 <https://www.outlookindia.com/newscroll/lockdown-imposed-in-kabul-due-to-hike-in-covid19-cases/1782890>

5 https://reliefweb.int/sites/reliefweb.int/files/resources/hag_quarterly_access_report_q2_2020.pdf

The COVID 19 pandemic has particularly a disproportionate impact on Afghanistan's more than four million internally displaced people (IDPs), as thousands of new displacements are registered every day/ week, most of whom are women and children. The pandemic makes their already desperate situation even more precarious. As IDPs live in overcrowded conditions in makeshift camps, with insufficient access to services, including water, sanitation, and health facilities, they have very few or no means to protect themselves from contracting, spreading, and recovering from the virus. Additionally, the Afghan government's protracted lockdown measures imposed to deal with the pandemic between March- June 2020, has had a devastating socio-economic impact on IDPs leaving many on the brink of starvation in the absence of sufficient support and assistance.

To assess the human rights situation of IDPs in the COVID pandemic, Amnesty International interviewed more than 20 newly displaced and protracted IDPs in settlements in Kabul, Herat and Nangarhar provinces in July 2020. Some of the IDPs were also interviewed during Amnesty International's previous research in 2012 and 2016, which allowed to follow up on their situation. The organization also spoke to the Afghanistan authorities – the Ministry of Refugees and Repatriation (MoRR) and also reviewed regular field reports compiled by the United Nations Office for Coordination of Humanitarian Affairs (UN OCHA) in Afghanistan and other humanitarian organizations providing aid to IDPs in response to COVID-19.

“There was a lot of awareness raising by local media and by a mobile team of doctors, they keep talking about social distancing, hygiene and washing hands 20 seconds with soap and water and what to do when we notice the signs of coronavirus. The awareness raising was looking good for the people who could afford to follow the rules, but not for IDPs.”

Meena Gul, IDP Camp, Kabul⁶

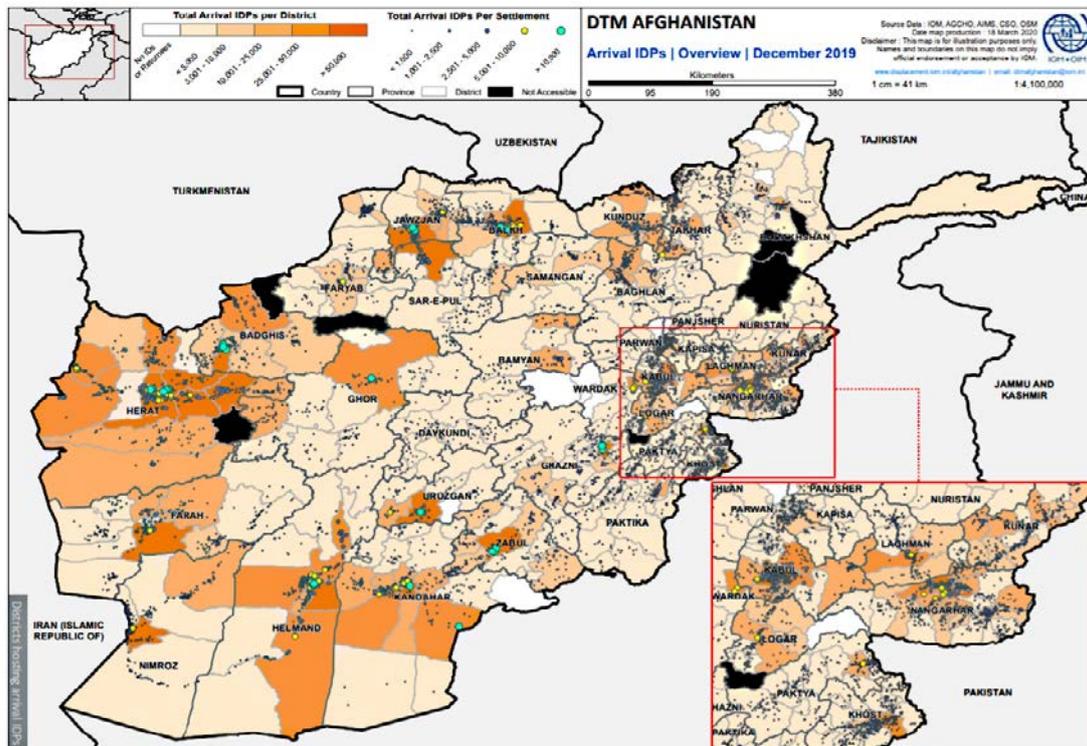


Figure 1: International Organization for Migration (IOM), 23 June 2020: Afghanistan — Baseline Mobility Assessment Summary Results (October —December 2019)

6 Amnesty International interview with Meewa Gul on 17 July 2020.

2. CONTEXT

There was a rise in civilians killed and injured in Afghanistan following the start of peace negotiations in September, although overall numbers for 2020 were down due to lower civilian casualty rates earlier in the year, according to a report released UN Assistance Mission in Afghanistan (UNAMA) and the UN Human Rights Office. The overall number of civilian casualties in 2020 is 8,820 (3,035 killed and 5,785 injured)⁷. The figures represents a fell below 10,000 for the first time since 2013 and is 15 per cent down on 2019⁸. The ongoing conflict has disproportionate impact on women and children. They make up 43 per cent of all the civilian casualties with 2, 619 children and 1, 146 women killed.



The attacks included violations of international humanitarian law, including war crimes, with civilians and civilian objects deliberately targeted⁹. Children continued to be recruited for combat, by both armed groups and the Afghan security forces. The abuses against children included sexual abuse¹⁰. In May, during the pandemic, a maternity hospital in the Dasht-e-Barchi neighborhood west of Kabul was attacked by gunmen, killing 24 people, including newly born babies, pregnant women, and health workers. No group claimed responsibility for the attack.

In addition to attacks on healthcare facilities, the Taliban alone were responsible for 45 percent of all civilian casualties in the first nine months of the year, according to UNAMA,¹¹ including 1, 885 people killed and 3, 574 injured. While these figures were 32 percent lower than in the preceding year, there was a rise in the use of improvised explosive devices. The armed group calling itself the Islamic State in Khorasan was responsible for 8 percent¹². Armed groups were collectively responsible for the deliberate targeting and killing of civilians including teachers, health workers, humanitarian workers, judges, tribal and religious leaders, and state employees. Afghanistan continued to be, according to UNAMA, “one of the deadliest countries in the world for children in 2020¹³” – with both pro-government and anti-government forces responsible for more than 700 deaths each. Pro-government forces were responsible for more than a quarter of all deaths and injuries between 1 January and 31 December, with 841 people killed and 1,390 people injured. International forces were responsible for 120 civilian casualties in 2020¹⁴.

7 https://unama.unmissions.org/sites/default/files/23_febbruary_2021_-_surge_in_civilian_casualties_following_afghanistan_peace_negotiations_start_-_un_report_english.pdf

8 https://unama.unmissions.org/sites/default/files/23_febbruary_2021_-_surge_in_civilian_casualties_following_afghanistan_peace_negotiations_start_-_un_report_english.pdf

9 <https://www.amnesty.org/en/latest/news/2020/10/afghanistan-mounting-casualties-as-parties-to-peace-talks-fail-to-protect-civilians/>

10 <https://www.amnesty.org/en/latest/news/2020/01/2019-in-review-afghanistan/>

11 https://unama.unmissions.org/sites/default/files/unama_protection_of_civilians_in_armed_conflict_-_3rd_quarter_report_2020.pdf

12 https://unama.unmissions.org/sites/default/files/23_febbruary_2021_-_surge_in_civilian_casualties_following_afghanistan_peace_negotiations_start_-_un_report_english.pdf

13 https://unama.unmissions.org/sites/default/files/unama_protection_of_civilians_in_armed_conflict_-_3rd_quarter_report_2020_revised_5nov_.pdf

14 https://unama.unmissions.org/sites/default/files/23_febbruary_2021_-_surge_in_civilian_casualties_following_afghanistan_peace_negotiations_start_-_un_report_english.pdf

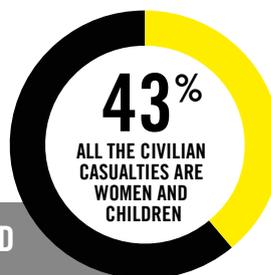
THE OVERALL NUMBER OF
CIVILIAN CASUALTIES IN 2020

8,820

3,035 KILLED
5,785 INJURED

THE ONGOING CONFLICT HAS
DISPROPORTIONATE IMPACT ON
WOMEN AND CHILDREN

2,619 CHILDREN AND 1,146 WOMEN KILLED



The outbreak of COVID 19 adds to the extraordinary challenges that Afghanistan faces. Against the backdrop of the ongoing conflict, the pandemic overwhelmed the already weak health system in the country. With only 150 hospitals¹⁵ and just four doctors per 10,000 people, few facilities for testing and treatment, inadequate health care facilities, and poor government coordination¹⁶, Afghanistan is ill-equipped to mount an effective response. A shortage of protective personal equipment (PPE) has also resulted in many health workers being infected with the virus and even dying as a result of it. There have been serious allegations of government officials embezzling funds from international donors¹⁷.

Maintaining physical distancing and accepting COVID 19 as a serious disease has been another challenge in Afghanistan. Most Afghans live in joint families where large number of family members share small houses with only two or three rooms – rendering physical distancing almost impossible¹⁸.

Other challenges include the loss of work for daily wage earners and increased food insecurity due to a shortage of food that is usually imported from neighboring countries like Pakistan due to the closure of borders, with a resulting rise in food prices, straining the ability of the majority of already people living in poverty to feed themselves.

The attacks included violations of international humanitarian law, including war crimes, with civilians and civilian objects deliberately targeted. Children continued to be recruited for combat, by both armed groups and the Afghan security forces.

15 World Health Organization, 'Afghanistan – Health System' <http://www.emro.who.int/afg/programmes/health-system-strengthening.html>

16 <https://diplomatist.com/2020/05/22/six-challenges-in-afghanistans-war-with-covid-19/>

17 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7568006/#R2>

18 <https://diplomatist.com/2020/05/22/six-challenges-in-afghanistans-war-with-covid-19/>

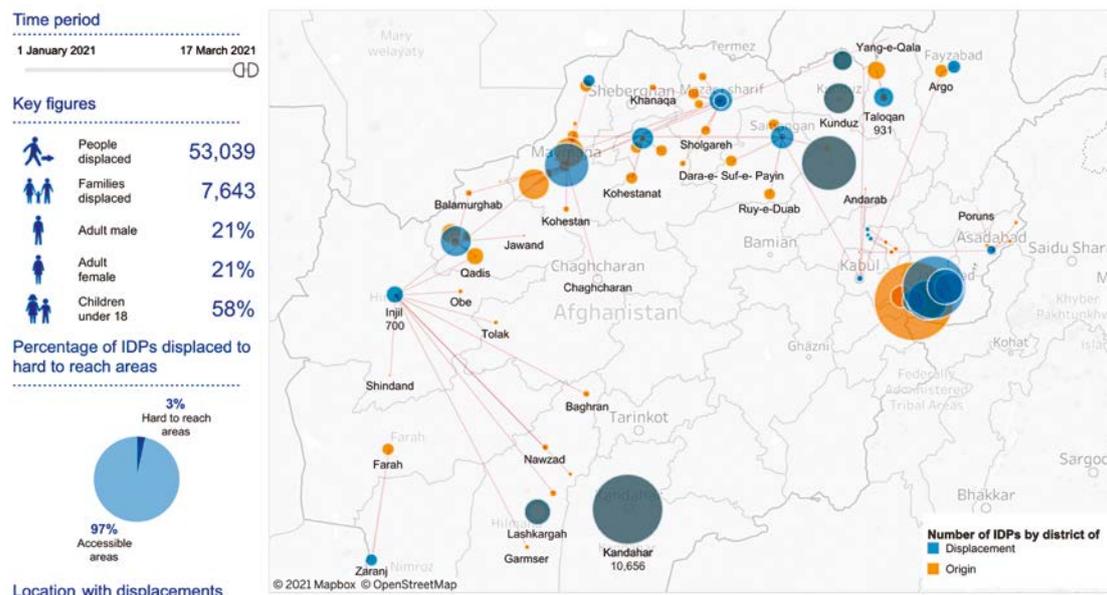


Figure 2: Source: OCHA, Afghanistan: Conflict Induced Displacements (as of 26 July 2020)

As the virus spread throughout the country, displacement also increased largely due to the ongoing conflict. According to the Internal Displacement Monitoring Center mid-year update September 2020 between January and July 2020 a total of 117,000 people were newly displaced, the majority due to the intensified conflict¹⁹. According to UN OCHA, by the end of the year 2020, this had increased to around 327,000 individuals fleeing their homes due to conflict²⁰. A total of 31 out of 34 provinces had recorded some level of forced displacement. 80% of the new IDPs were women and children.²¹ By February 14, 2021 16,702 individuals have been displaced this year due to conflict, and 11 out of 34 provinces had recorded some level of forced displacement²². In 2020, due to the especially acute situation in Iran during the pandemic, 859,092 Afghan migrants were forced to return from that country, as opportunities for work dried up. Another 6,701 returned from Pakistan.²³ The increased numbers of people displaced put even greater strain on the scarce resources available to IDPs and host communities.

19 <https://www.internal-displacement.org/sites/default/files/publications/documents/2020%20Mid-year%20update.pdf>

20 https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/afghanistan_humanitarian_needs_overview_2021.pdf

21 <https://www.humanitarianresponse.info/en/operations/afghanistan/idps>

22 <https://www.humanitarianresponse.info/en/operations/afghanistan/idps>

23 https://afghanistan.iom.int/sites/default/files/Reports/iom_afghanistan-return_of_undocumented_afghans_situation_report_20-31_december_2020.pdf

3. WHO ARE INTERNALLY DISPLACED PEOPLE?

Internally displaced people are people or groups of people, “who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or humanmade disasters, and who have not crossed an internationally recognized State border.”²⁴ According to the Internal Displacement Monitoring Centre, there were 45.7 million people internally displaced around the world, a total of 33.4 million new IDPs in 2019. Afghanistan comes in top five of those displaced due to conflict with 461 million IDPs. – “the highest figure on record for the country”²⁵.



3.1 INTERNATIONAL OBLIGATIONS ON THE RIGHTS OF THE INTERNALLY DISPLACED PEOPLE

UN GUIDING PRINCIPLES ON INTERNAL DISPLACEMENT



The Guiding Principles on Internal Displacement, which were presented to the then UN Commission on Human Rights in 1998, are the key international standard on the situation for internally displaced people worldwide.²⁶ The Guiding Principles provide a definition for IDPs, and set out their rights before, during and after displacement. According to the Guiding Principles, national authorities bear the primary responsibility for the protection of IDPs. The Guiding Principles, while not constituting a legally binding international instrument, are highly authoritative and reaffirm the rights of IDPs enshrined in international human rights and humanitarian law. The Guiding Principles have been recognized by the international community, including by the UN General Assembly.

Of the 30 Guiding Principles, several apply to the situation of IDPs in Afghanistan during the COVID-19 pandemic, in particular:

PRINCIPLE 3

1. National authorities have the primary duty and responsibility to provide protection and humanitarian assistance to internally displaced persons within their jurisdiction.
2. Internally displaced persons have the right to request and to receive protection and humanitarian assistance from these authorities. They shall not be prosecuted and punished for making such requests.

²⁴ UN Guiding Principles on Internal Displacement, E/CN.4/1998/53/Add.I, February 11. New York: United Nations

²⁵ South Asia, International Displacement Monitoring Centre, 2019 <https://www.internal-displacement.org/global-report/grid2020/downloads/2020-IDMC-GRID-south-asia.pdf?v=1.17>

²⁶ <https://www.internal-displacement.org/internal-displacement/guiding-principles-on-internal-displacement>

PRINCIPLE 5

All authorities and international actors shall respect and ensure respect for their obligations under international law, including human rights and humanitarian law, in all circumstances, to prevent and avoid conditions that might lead to displacement of persons.

PRINCIPLE 6

1. Displacement shall last no longer than required by the circumstances.

PRINCIPLE 18

1. All internally displaced persons have the right to an adequate standard of living.
2. At the minimum, regardless of the circumstances and without discrimination, competent authorities shall provide internally displaced persons with and ensure safe access to:
 - a. Essential food and potable water
 - b. Basic shelter and housing
 - c. Appropriate clothing and
 - d. Essential medical services and sanitation
3. Special efforts should be made to ensure the full participation of women in the planning and distribution of these basic supplies

PRINCIPLE 19

1. All wounded and sick internally displaced persons as well as those with disabilities shall receive to the fullest extent practicable and with the least possible delay, the medical care and attention they require, without distinction on any grounds other than medical ones. When necessary, internally displaced persons shall have access to psychological and social services
2. Special attention should be paid to the health needs of women, including access to female health care providers and services, such as reproductive health care, as well as appropriate counselling for victims of sexual and other abuses
3. Special attention should also be given to the prevention of contagious and infectious diseases, including AIDS, among internally displaced persons

PRINCIPLE 23

1. Every human being has the right to education
2. To give effect to this right for internally displaced persons, the authorities concerned shall ensure that such persons, in particular displaced children, receive education which shall be free and compulsory at the primary level. Education should respect their cultural identity, language, and religion
3. Special efforts should be made to ensure the full and equal participation of women and girls in educational programmes
4. Education and training facilities shall be made available to internally displaced persons, in particular adolescents and women, whether or not living in camps, as soon as conditions permit.

3.2 INTERNATIONAL HUMAN RIGHTS LAW



International Human Rights Law set forth everyday rights such as the right to life, equality before the law, freedom of expression, the rights to work, social security, and education. Together with the Universal Declaration on Human Rights, the Covenants comprise the International Bill of Human Rights.

Of the several International Covenants, several apply to the situation of IDPs in Afghanistan during the COVID-19 pandemic, in particular:

INTERNATIONAL COVENANT ON ECONOMIC, SOCIAL AND CULTURAL RIGHTS

ARTICLE 11

1. The States Parties to the present Covenant recognize the right of everyone to an adequate standard of living for himself and his family, including adequate food, clothing, and housing, and to the continuous improvement of living conditions. The States Parties will take appropriate steps to ensure the realization of this right, recognizing to this effect the essential importance of international co-operation based on free consent.
2. The States Parties to the present Covenant, recognizing the fundamental right of everyone to be free from hunger, shall take, individually and through international co-operation, the measures, including specific program, which are needed:
 - a. To improve methods of production, conservation and distribution of food by making full use of technical and scientific knowledge, by disseminating knowledge of the principles of nutrition and by developing or reforming agrarian systems in such a way as to achieve the most efficient development and utilization of natural resources;
 - b. Taking into account the problems of both food-importing and food-exporting countries, to ensure an equitable distribution of world food supplies in relation to need.

ARTICLE 12

1. The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.
2. The steps to be taken by the States Parties to the present Covenant to achieve the full realization of this right shall include those necessary for:
 - a. The provision for the reduction of the stillbirth-rate and of infant mortality and for the healthy development of the child.
 - b. The improvement of all aspects of environmental and industrial hygiene.
 - c. The prevention, treatment and control of epidemic, endemic, occupational, and other diseases.
 - d. The creation of conditions which would assure to all medical service and medical attention in the event of sickness.

INTERNATIONAL CONVENTION ON THE ELIMINATION OF ALL FORMS OF RACIAL DISCRIMINATION

ARTICLE 5

In compliance with the fundamental obligations laid down in article 2 of this Convention, States Parties undertake to prohibit and to eliminate racial discrimination in all its forms and to guarantee the right of everyone, without distinction as to race, colour, or national or ethnic origin, to equality before the law, notably in the enjoyment of the following rights:



1. The right to equal treatment before the tribunals and all other organs administering justice.
2. The right to security of person and protection by the State against violence or bodily harm, whether inflicted by government officials or by any individual group or institution.
3. Political rights, in particular, the right to participate in elections-to vote and to stand for election-on the basis of universal and equal suffrage, to take part in the Government as well as in the conduct of public affairs at any level and to have equal access to public service
4. Other civil rights, in particular:
 - i. The right to freedom of movement and residence within the border of the State;
 - ii. The right to leave any country, including one's own, and to return to one's country;
 - iii. The right to nationality;
 - iv. The right to marriage and choice of spouse;
 - v. The right to own property alone as well as in association with others;
 - vi. The right to inherit;
 - vii. The right to freedom of thought, conscience and religion;
 - viii. The right to freedom of opinion and expression;
 - ix. The right to freedom of peaceful assembly and association;
5. Economic, social and cultural rights, in particular:
 - i. The rights to work, to free choice of employment, to just and favorable conditions of work, to protection against unemployment, to equal pay for equal work, to just and favorable remuneration;
 - ii. The right to form and join trade unions;
 - iii. The right to housing;
 - iv. The right to public health, medical care, social security and social services;
 - v. The right to education and training;
 - vi. The right to equal participation in cultural activities;
6. The right of access to any place or service intended for use by the general public, such as transport hotels, restaurants, cafes, theatres and parks.

ARTICLE 6

States Parties shall assure to everyone within their jurisdiction effective protection and remedies, through the competent national tribunals and other State institutions, against any acts of racial discrimination which violate his human rights and fundamental freedoms contrary to this Convention, as well as the right to seek from such tribunals just and adequate reparation or satisfaction for any damage suffered as a result of such discrimination.

ARTICLE 7

States Parties undertake to adopt immediate and effective measures, particularly in the fields of teaching, education, culture and information, with a view to combating prejudices which lead to racial discrimination and to promoting understanding, tolerance and friendship among nations and racial or ethnic groups, as well as to propagating the purposes and principles of the Charter of the United Nations, the Universal Declaration of Human Rights, the United Nations Declaration on the Elimination of All Forms of Racial Discrimination, and this Convention.

INTERNATIONAL HUMANITARIAN LAW

International Humanitarian Law (IHL) has many provisions concerning the protection of IDPs. IHL encourages states to include these provisions in their laws as well as implement them to reduce the number of IDPs as well as provide them with immediate protection and humanitarian support in time and during displacement. IHL emphasizes on the concept of non-discrimination where IDPs must be treated humanely, shall not be discriminated against on the ground of being displaced. IHL also calls for the protection of IDPs as a civilian population. IDPs are part of civilian population and their protection must be the same as other members of the society. The IHL also states on IDPs right to education, health, sanitation, clean water, and employment²⁷.

International Human Rights Law set forth everyday rights such as the right to life, equality before the law, freedom of expression, the rights to work, social security, and education. Together with the *Universal Declaration on Human Rights, the Covenants* comprise the *International Bill of Human Rights*.



27 https://ihl-databases.icrc.org/customary-ihl/eng/docs/v2_rul_rule131

4. KEY CHALLENGES

“Most families had the signs of coronavirus, but they were not able to do any test to find out whether they were affected or not. Some other people showed severe signs and some others showed mild signs. At least seven people who were believed to have contracted coronavirus died in the settlement but again we could not verify due to lack of tests and access to health facilities.”

A 45 years old IDP woman, living for about a year and a half in the Surkh Diwar IDPs settlement in Nangarhar

4.1 IMPACT OF COVID-19 ON DISPLACED COMMUNITIES

IDPs are particularly exposed to contracting COVID-19 due to their pre-existing vulnerabilities, lack of health care facilities, overcrowded settlements, and limited access to water and sanitation facilities. According to the UN Guiding Principles, IHRL, and IHL²⁸, states and the international community have an obligation to provide immediate support to address IDPs' needs without discrimination.²⁹ Due to their poor living conditions, displaced communities are unable to practice preventative measures such as social distancing and quarantining and are therefore more vulnerable to contracting and spreading the virus. With limited sanitation and water resources available in IDP settlements, IDPs are unable to maintain the hygiene required for preventing the spread of the coronavirus³⁰. Additionally, women and girls are at increased risk of domestic violence due to the additional socio-economic pressure caused by COVID-19 whilst services for healthcare, police, justice, and social services have also been impacted.³¹

28 <https://www.icrc.org/en/document/internally-displaced-persons-and-international-humanitarian-law-factsheet>

29 file:///C:/Users/samira.hamidi/OneDrive%20-%20Amnesty%20International/Downloads/internally_displaces_persons_2017.pdf

30 <https://www.internal-displacement.org/crises/coronavirus>

31 <https://www2.unwomen.org/-/media/field%20office%20easia/docs/publications/2020/06/issue%208%20gender%20alert-100620.pdf?la=en&vs=1450>

4.2 INADEQUATE SHELTER: IMPOSSIBLE TO MAINTAIN SOCIAL DISTANCING AND QUARANTINE

“In the past few months, everyone in the settlement is living with fear from coronavirus and lockdown because both can kill us. We are still struggling with our daily living expenses, maintaining social distancing is not an option. We do not have any protective kits such as masks or other equipment.”

An IDP woman from Surkh Diwar IDP settlement in Nangarhar³²

Settlements for displaced people in Kabul, Nangarhar and Herat accommodate over 1000 families each. Large families of up to 10 individuals in some cases live in makeshift huts made from mud and poles and covered with plastic sheets. Most families live together in only one or two rooms in these huts³³. IDPs to whom Amnesty International spoke³⁴ said that many IDPs displayed symptoms like those of COVID-19 but have not been able to get tested, seek treatment, or contain the virus by social distancing or quarantining due to the poor living conditions.



IDPs settlement in Parwan-e- Se Kabul, © AI.

32 Amnesty International interview with IDPs in Surkh Diwar settlement for IDPs in Nangarhar province, July 2020.

33 <https://www.internal-displacement.org/sites/default/files/publications/documents/202001-afghanistan-cross-border-report.pdf>

34 Amnesty International interview with IDPs in Surkh Diwar settlement for IDPs in Nangarhar province, July 2020

“We have only one makeshift room and we are 12 people in the family including me and my husband, eight children and the parents of my husband. There are also larger families of 20-25 people who live cramped in two or three rooms.”

A 45 years old IDP woman, living for about a year and half in the Surkh Diwar IDPs settlement in Nangarhar³⁵

4.3 INADEQUATE ACCESS TO WATER

“We have not had water during the pandemic. We had to travel long distances to get water from people’s houses or buy it from the tankers. It was extremely difficult to keep clean and manage the hygiene in absence of water, joblessness, and the pandemic. Most women had problems accessing clean water or hygiene.”

An IDP woman living in Surkh Diwar IDPs settlement in Nangarhar³⁶

IDP camps in Kabul and Nangarhar accommodate thousands of IDPs. Many of these IDPs live in these camps for years. There has been inadequate effort by the government to provide basic services such as access to water and sanitation in these settlements including during the pandemic. There are NGOs and INGOs working on providing assistance on water and sanitation but that only covers a small percentage of the 4 million IDPs in camps. This lack of access to adequate water and sanitation exposes IDPs to higher risks of contracting COVID-19 and precludes them from following basic hygiene measures to prevent the coronavirus from spreading. IDPs who spoke to Amnesty International in camps and settlements in Kabul and Nangarhar said that due to lack of water facilities at the camp, they have to travel long distances to get water from people in host communities or buy it from the water tankers³⁷.

4.4 INADEQUATE ACCESS TO HEALTHCARE

“Almost everyone in our settlement had the signs of coronavirus. We had fever, sore-throat, coughing, and tightness in our throat and chest, but we survived. Most of us did not go to the doctor and did not take the test for corona virus. All we did is to stay in our community and pray to God to help us. We didn’t have even the money to travel to the government hospitals for free tests and we couldn’t afford to pay privately for the tests either.”

An IDP woman from Surkh Diwar IDP settlement in Nangarhar³⁸

Access to health care is generally insufficient in Afghanistan, with approximately 30 percent of the population having limited access to basic health services within a two-hour travel radius.³⁹ For IDPs accessing health care is even more challenging as they cannot afford to go to a hospital or cover the costs for the treatment.⁴⁰

35 Interview conducted by Amnesty International with IDPs in Surkh Diwar IDPs settlement in Nangarhar province, July 2020.

36 Interview conducted by Amnesty International with IDPs in Surkh Diwar IDPs settlement in Nangarhar province, July 2020.

37 Interview conducted by Amnesty International with IDPs in Surkh Diwar IDPs settlement in Nangarhar province, July 2020.

38 Amnesty International interview with IDPs in Surkh Diwar settlement for IDPs in Nangarhar province, July 2020.

39 https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/covid_sitrep1_final.pdf

40 <https://www.who.int/health-cluster/countries/afghanistan/Afghanistan-Humanitarian-Response-Plan-COVID-19-June-2020.pdf?ua=1>

The spread of COVID-19 has put additional pressure on these already strained medical resources. Hospitals and clinics have faced challenges to maintain or expand their capacity to treat patients with COVID-19, such as lack of personal protective equipment (PPE), testing kits, and medical supplies, as well as the limited number of trained staff⁴¹. Across the country, almost 3000 health-care workers have been infected; 65 have died.⁴²

To address the pandemic situation in IDP camps by providing necessary medical assistance or even awareness, there is no information available by the Afghan government or even international organizations working to support IDPs. IDPs reported to Amnesty International that they have not received any personal protective equipment such as face masks or sanitizers. Many IDPs told us that they seem to have had symptoms corresponding to those of coronavirus, but they could not access any healthcare due to lack of a medical facility within the camps and that they could not afford to travel to the clinics for the free test or for the treatment of coronavirus. Some said that they had to resort to attempting to cure themselves with herbal medication. All interviewed IDPs said that having to self-isolate with their entire families resulted in the spreading of the virus among all family members due to their very limited living space.

4.5 LOSS OF LIVELIHOODS AND FOOD SECURITY

“We are displaced for the past six months due to fighting between Daesh and pro-government forces. I was a shopkeeper in my village before displacement and now I must work as a laborer in the market. Since the breakdown of coronavirus in the province, I lost my income as a laborer as there [are] no jobs in the market.”

An IDP, 60 years old man, living in Surkh Diwar settlement for IDPs in Nangarhar province⁴³

With more than 90 percent of the country’s population already living under the poverty line⁴⁴, COVID19 has had a particularly severe socio-economic impact on the whole population but particularly the most marginalized including IDPs⁴⁵. If they can secure employment, IDPs predominantly work in low-paying informal jobs in markets and as daily wage earners. Their situation has been made even worse due to COVID 19-associated lockdowns resulting in loss of income and reduced access to markets whilst having to deal with soaring prices of goods and commodities, as the prices for some basic food items increased by more than 20 percent during the first half of 2020⁴⁶. The most recent household survey data shows that close to 15 million Afghans across 2 million households were particularly vulnerable to economic lockdown⁴⁷. At the same time, there has been wholly inadequate social protection including lack of income and food support.

41 <https://www.orfonline.org/research/afghanistan-covid19-exposes-weaknesses-health-infrastructure-64873/>

42 [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)32529-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)32529-0/fulltext)

43 Amnesty International interview with an IDP, 60-70 years old man, living in Surkh Diwar settlement for IDPs in Nangarhar province, July 2020.

44 <https://tolonews.com/business/ministry-confirms-90-afghans-live-below-poverty-line>

45 <https://reliefweb.int/report/afghanistan/iom-covid-19-impact-idps-weekly-update-2nd-july-2020>

46 <https://reliefweb.int/sites/reliefweb.int/files/resources/Afghanistan-Development-Update-Surviving-the-Storm.pdf>

47 <https://blogs.worldbank.org/endpovertyinsouthasia/mitigating-poverty-implications-covid-19-afghanistan>



Men, women, and children gathered outside a shelter in an IDP camp. © AI

IDPs to whom Amnesty International spoke, said that they either had not received any food-related relief or it has been completely insufficient to help them survive the crisis. Though there are emergency food assistance programmes done by agencies, they are nowhere near meeting the demand. Several organisations have said that many households in Afghanistan face crisis level of food insecurity. Due to the spread of COVID 19 and change in different humanitarian organizations policy, travelling to the camps, and engaging with large communities were impossible. Humanitarian organizations working with IDPs had to pause their service delivery to tackle the pandemic spread. Donor's supporting the service delivery services did not have any plans to provide immediate support to IDPs during the pandemic first and second waves. Consequently, they were forced to borrow money to provide food for their families, resulting in accumulated debt which is increasingly difficult to pay back in the absence of any work or any other means of income support.

IDPs to whom Amnesty International spoke, said that they either **had not received any food-related relief** or it has been **completely insufficient to help them survive the crisis.**

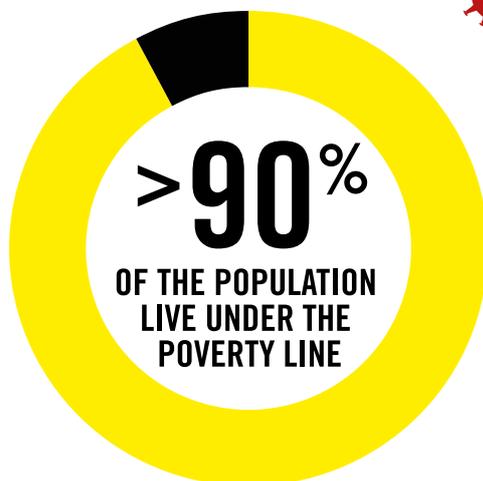


“We are living with nothing honestly, we don’t have work, we don’t have money and we don’t have anywhere to live. Only God knows how difficult our situation is.

During the pandemic, we suffered a lot and we lost our livelihoods. We have not received any assistance from anyone. We had to borrow goods and food from the shops and bakery to feed our family, during the four months of lockdown. Because everyone was so ill and we had to buy food, medication, and everything else, in total we borrowed 45000 Afghani (USD 600) which we should pay but I don’t know how.

All I want from the Afghan government and the international community is to help us return to our own villages, help us to rebuild our lives, and live in dignity. I want to die in my own land and home.”

IDPs, Surkh Diwar settlement for IDPs in Nangarhar province



With more than 90 percent of the country’s population already living under the poverty line, COVID19 has had a particularly severe socio-economic impact on the whole population but particularly the most marginalized including IDPs.

4.6 COVID-19 IMPACT ON WOMEN IN IDP CAMPS

“Women are most affected by the COVID19, because we are mostly staying inside and our rooms do not have enough ventilation, we have to look after the ones who got sick and we are most exposed to coronavirus compared to [the] men here. Elderly, children, and disabled people particularly women were affected significantly as there were not enough resources to feed them or buy their medications.”

A female IDP, 45 years old, living in Kabul in a displaced settlement in Charrahi Qambar⁴⁸

COVID-19 has also exacerbated the vulnerabilities of women who continue to suffer gender-based inequality due to social conservative patriarchal norms restricting their access to health and other basic services and resources. Historically, women heading displaced households have reported that they did not have access to a health facility due to the lack of female medical staff or staff refusing treatment without any explanation being offered.⁴⁹In regards to COVID-19, women have continued to report restrictions to health services without a male escort or due to COVID-19-related movement restrictions, combined with lack of information about the pandemic.⁵⁰ More broadly, the COVID-19 pandemic has further increased women's dependency whilst exposing them to increased risks of domestic violence, with limited access to protection services. As women are mainly caring for families and are the main caregivers, they are disproportionately exposed to potential infections⁵¹.

UN Women further warned that due to both COVID-19 and lockdown measures, there are incidents of IDPs resorting to negative coping mechanisms such as child labor and child marriage to deal with the economic pressure. There are fears that such trends are expected to worsen, particularly in informal settlements.⁵² According to the IDPs we interviewed, there has not been any targeted assistance to women or children by government agencies or international humanitarian organizations during the COVID lockdown.

“Violence against women and children increased during the lockdown, as men were staying at home and they were not able to provide for the family, they were getting impatient with the situation and then they would take it [out] on women and children. I am not saying that because we are poor, we are evil, but I want to say that economic condition is impacting both men and women but in different ways.”

An IDP woman, 50 years old, living in Surkh Diwar settlement for IDPs in Nangarhar province

48 Amnesty International interview with IDPs, July 2020.

49 https://reliefweb.int/sites/reliefweb.int/files/resources/afg_humanitarian_needs_overview_2020.pdf

50 <http://www.careevaluations.org/evaluation/afghanistan-covid-19-rga-july-2020/>

51 <https://www.usip.org/index.php/publications/2020/06/coronavirus-complicates-already-dire-situation-afghan-women>

52 [https://www2.unwomen.org/-/media/field%20office%20easia/docs/publications/2020/06/issue%208%20gender%20alerat-100620.pdf?la=en&vs=1450](https://www2.unwomen.org/-/media/field%20office%20easia/docs/publications/2020/06/issue%208%20gender%20alert-100620.pdf?la=en&vs=1450)



A woman looks outside through a tear in the cloth that makes the makeshift tent in the camp.

4.7 INADEQUATE HUMANITARIAN AID TARGETED AT THE INTERNALLY DISPLACED

The government announced that they would give bread to the vulnerable people. They gave around ten loaves of bread per family per day. We are a family of eight, having ten loaves of bread for eight people for the day was not enough but it was a way to keep us alive and help us from starvation. We had to decide who to feed first and who would eat last and least in order to protect the vulnerable family members.”

An IDP man living for the past 18 years in Chaman-e Babrak camp in urban Kabul, displaced from Laghman⁵³

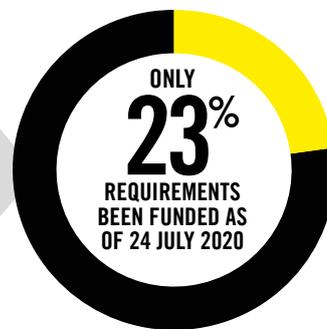
53 Amnesty International interview with IDPs in Chaman-e Babrak camp in urban Kabul, July 2020.

The revised mid-2020 update to the Afghanistan multi-year Humanitarian Response Plan 2018-2021 requested US\$1.1 billion, aiming to reach 11.1 million people who are affected by the humanitarian consequences of the COVID-19 pandemic, the conflict, natural disasters and other vulnerabilities.⁵⁴ The revised plan included in its priorities groups of people in need –new IDPs, cross-border returnees, protracted IDPs, and people with specific needs such as women who are heading households, people with disabilities, and those experiencing mental health issues. However, the Afghanistan Humanitarian Response Plan remains severely under-funded, with only 23 percent of requirements been funded as of 24 July 2020.⁵⁵

This severe under-resourcing is mirrored in the National Policy on Internally Displaced Persons adopted in 2014 by the Afghan Government, which is in urgent need of 396 million funding to respond to the situation of the IDPs and returnees from Pakistan and Iran⁵⁶.

A senior representative at the Ministry of Refugees and Repatriation Affairs (MoRR) told Amnesty International that the Government provides every newly displaced person with aid worth 18,000 Afghani (240 USD) whether in cash or kind. In regards to COVID-19, the Government formed a COVID19 Response Committee which consists of the Ministry of Public Health, Office of the President, Ministry of Refugees and Repatriation among others.⁵⁷ A proposal by the Committee to provide 6000 Afghani cash assistance to each IDP family was refused by the Afghan parliament on the basis that “if there is any cash assistance it must go to all vulnerable groups and if there no resources then it shouldn’t go to one specific category or population.”⁵⁸ Despite this setback the COVID19 Response Committee distributed bread to vulnerable groups including IDPs and launched a national food distribution programme. However, this created a backlash amongst host communities in the context of scarce resources as “some representatives of local communities refused to accept that IDPs should receive bread claiming that they will discriminate against other vulnerable community members who do not have access to any kind of support.”, according to the Head of the IDPs Affairs at the MoRR.⁵⁹

THE AFGHANISTAN HUMANITARIAN RESPONSE PLAN REMAINS SEVERELY UNDER-FUNDED



54 <https://www.who.int/health-cluster/countries/afghanistan/Afghanistan-Humanitarian-Response-Plan-June-2020-revision.pdf?ua=1>

55 https://reliefweb.int/sites/reliefweb.int/files/resources/afg-immediate-funding-gaps-aug-oct-2020_1-pager.pdf

56 There is not information available specifically on the funding need of Afghan government to support IDPs during pandemic

57 Amnesty International Interview with Senior Representative at the Ministry of Refugees and Repatriation Affairs (MoRR) of Afghanistan, July 2020.

58 Amnesty International Interview with Senior Representative at the Ministry of Refugees and Repatriation Affairs (MoRR) of Afghanistan, July 2020.

59 Amnesty International Interview with Senior Representative at the Ministry of Refugees and Repatriation Affairs (MoRR) of Afghanistan, July 2020.

The MoRR also conducted some public health awareness raising campaigns and distributed soap, but from over 20 IDPs we spoke to, we found out that such campaigns do not appear to have reached IDPs residing in settlements in the provinces. Meanwhile, the government has signed eight memorandum of understanding (MoUs) with aid agencies in March 2020, amounting to a total sum of 349 million Afghani, to provide emergency aid, drinking water, job creation for the IDPs and returnees.⁶⁰

The MoRR did not provide any statistics on the number of IDPs who may have died because of COVID-19. The government's COVID committee did not have any major plans to provide any kind of support to IDPs during the pandemic. They also did not have any initiatives to establish mobile clinics and testing centers for COVID within the camps.

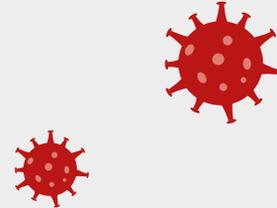
“I am working as a porter in fruits market near my home and I earn something between 100-200 Afghani (1.5-3.00 \$) per day which is not enough and I bring the spoiled vegetables and fruits that the shopkeepers throw away home, then my wife would separate the ones that least spoiled so we could cook or eat. When the government announced the lockdown due to the COVID-19 pandemic, we were worried as we did not have any other source of income or savings to survive without a job. Everyone living in this settlement feels that if we survive the coronavirus, we [still won't be able to deal with] the hunger, especially the young children and elderly”.

An IDP man living for the past 18 years in Chaman-e Babrak camp in urban Kabul, displaced from Laghman

60 <https://morr.gov.af/en/node/2014>

5. RECOMMENDATIONS

RECOMMENDATIONS TO THE AFGHAN GOVERNMENT:



- The Afghan Government must provide and allocate adequate resources to guarantee the economic and social rights of all IDPs particularly those living in remote areas thereby enabling them to mitigate the impacts of both the COVID19 pandemic and the government's response including lockdowns on their communities. If the government is not able to provide sufficient resources, it should request the appropriate level of international cooperation and assistance to do so.
- In this respect ensure that the IDP Policy is treated as a priority, and that those institutions responsible for its implementation are given the resources (financial, technical, and personnel) they require to achieve their objectives.
- The Afghan government and the international organizations must prioritize their aid based on the needs of women and children to address the traditional and cultural barriers women and girls are facing looking for support as well as address the ongoing violence against women and girls In the camps.
- The COVID 19 Committee must urgently develop a plan to ensure the adequate provision of housing, health, sanitation, and access to water in all IDP camps to mitigate the outbreak of COVID 19.
- The Ministry of Public Health must provide sufficient, accessible, and free testing and PPE for all IDPs whilst making sure that all IDPs affected by the virus receive the care and treatment they require whilst also protecting their families from contracting the virus.



RECOMMENDATIONS TO THE INTERNATIONAL COMMUNITY

INTERNATIONAL DONORS

- International donors in responding to requests for international cooperation and assistance from the Afghan government and other stakeholders should allocate specific funding and resources targeted at IDPs and returnees' communities to meet their urgent needs of accessing adequate housing, food, water, sanitation, and health.
- International donors should offer to extend expertise and training to Afghan institutions to develop capacity, skills, and expertise involved in work with IDPs, and the Policy's implementation.
- International donors should ensure that the plight of IDPs is highlighted during any discussions about future funding for Afghanistan.

AID AND HUMANITARIAN AGENCIES

- Aid and humanitarian agencies, while they are affected by the COVID19 pandemic and their services are impeded, must coordinate and plan to reach out to the vulnerable communities particularly IDPs who are in dire need of humanitarian assistance.
- Relevant UN agencies should prioritize that their humanitarian assistance to Afghanistan includes a focus on internally displaced persons and returning refugees and should support initiatives that address the priority needs of these populations in IDP camps.





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“WE SURVIVED THE VIRUS, BUT MAY NOT SURVIVE THE HUNGER”:

THE IMPACT OF COVID-19 ON AFGHANISTAN’S INTERNALLY DISPLACED

Afghanistan’s four million of internally displaced people (IDPs) were already living in dire conditions when the COVID-19 pandemic hit globally, and the overcrowded IDPs camps were soon identified as places that demands urgent action by the authorities. With limited resources available, and considering the large number of people in camps, adequate help never arrived. But the lockdowns and other COVID-19 regulations meant that finding livelihoods more difficult, creating food insecurities within the camps, in addition to lack of water, sanitation and healthcare.

Internally displaced people have been identified as a high-risk population according to WHO SAGE recommendations. This Campaign Digest discusses how the IDPs in Afghanistan are struggling with lack of information, access to PCR tests and facilities to quarantine.

These underlying issues as well as the fundamental problem of surviving during the pandemic lead to series of human rights violations such as right to life, right to health despite Afghanistan’s constitution and human rights obligations. With the coronavirus nowhere near being controlled in Afghanistan and the vaccination process progressing in snail pace, it is important that the Afghanistan government and the international community – donors and humanitarian agencies – urgently develop mechanisms to address these human rights violations.