

The economic and psychological impacts of COVID-19 on Afghans in India and Indonesia

Since April 2020, MMC Asia has been collecting information on Afghan refugees and migrants in India and Indonesia, to better understand their migration experiences and protection needs under the impact of the COVID-19 pandemic. This snapshot focuses on the economic and psychological impacts of COVID-19, and aims to contribute towards building a solid evidence base to inform targeted responses on the ground, as well as advocacy efforts related to the challenges facing Afghans in India and Indonesia.

Recommendations

- Provide assistance to Afghans in India and Indonesia, including food and shelter, emergency cash, personal protective gear, as well as psychosocial support;
- Provide rental relief and freeze evictions for refugees and migrants;
- Strengthen support to include Afghans seeking asylum in India, rather than just those whose status has been determined;
- Support the longer-term access to livelihoods for Afghan refugees and migrants in India and Indonesia, including granting the right to work for refugees in Indonesia;
- Ensure governments are including refugees and migrants in COVID-19 national response plans.

Profiles

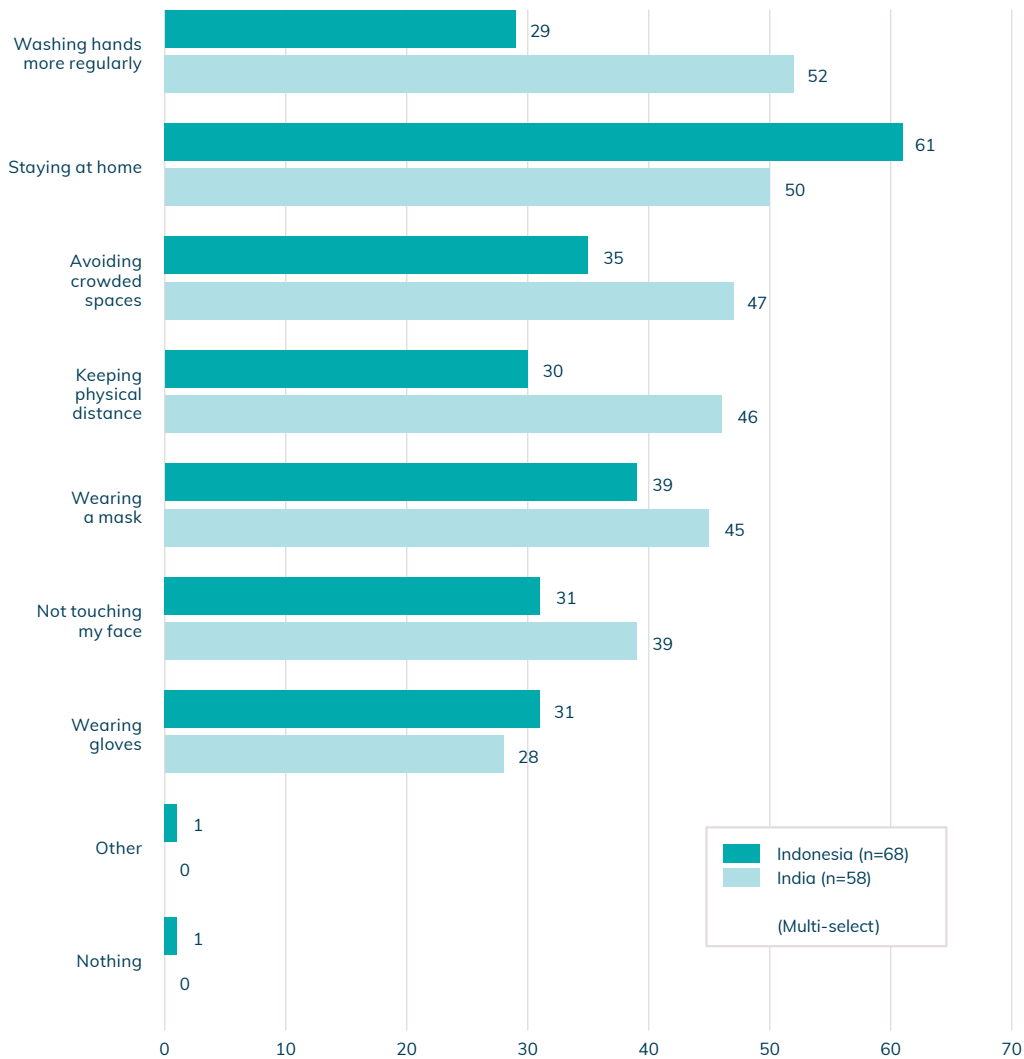
Information in this snapshot was collected from 18 April to 10 May, in New Delhi, India and in Jakarta and Bogor in Indonesia. 58 phone interviews were conducted in India and 68 in Indonesia. 43% of respondents in India were women, 40% of respondents in Indonesia were women. Due to the small sample size, findings in this snapshot should be considered with caution. As data collection continues, so will the sample size in future reporting.

The survey targeted Afghan refugees and migrants who had arrived in India or Indonesia within the past 24 months. Respondents in Indonesia were younger, with 78% under 30 years old, compared to India where only 47% were from the same age group. In both countries, those surveyed had predominantly attained high-school-level education and below (73% and 85% in India and Indonesia respectively).

Knowledge of COVID-19 is high, as is the practice of personal protective measures, and fears of transmission

Respondents in both India and Indonesia showed a very high level of awareness of COVID-19 with 100% having heard of COVID-19 and 92% reporting they knew how to protect themselves from the virus. In terms of practice, 111 respondents (n=126) reported staying at home and isolating themselves from others; 84 respondents wore masks; 82 avoided crowded places; and 81 reported washing hands regularly or using hand sanitizer, among other personal protective measures, see Figure 1.

Figure 1. What are you currently doing to protect yourself against coronavirus?

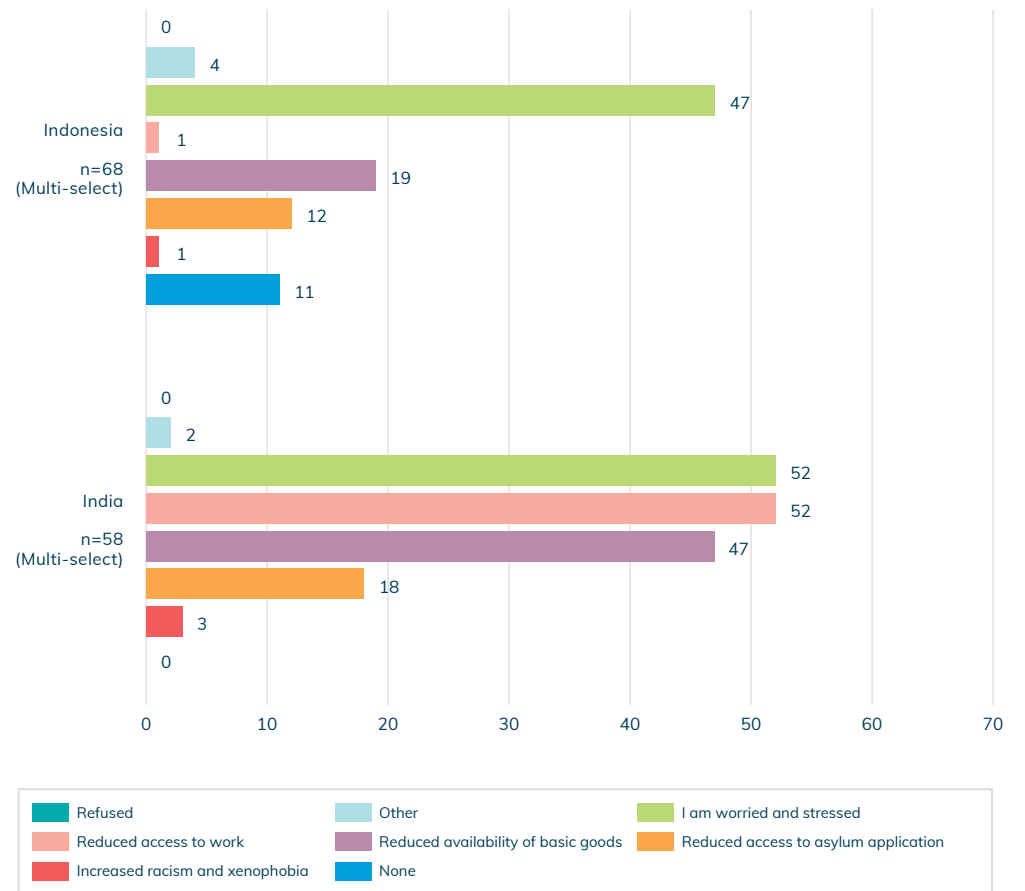


In addition to high levels of knowledge of the virus and widespread practice of personal protective measures, most surveyed also reported feeling worried about catching the virus (90% and 99% in India and Indonesia respectively), as well as passing it on to others (81% and 97% in India and Indonesia).

Beyond its health impacts, COVID-19 is affecting the psychological well-being of refugees and migrants

As indicated in Figure 2, the biggest reported impact of COVID-19 on day-to-day life (n=126) was increased worry and stress. This was similar across both India and Indonesia (52 responses out of 58 interviews in India, and 47 responses out of 68 interviews in Indonesia), and was reported slightly more frequently by male respondents (81%, n=73) than female respondents (75%, n=53).

Figure 2. What other impacts has the crisis had on your day-to-day life?

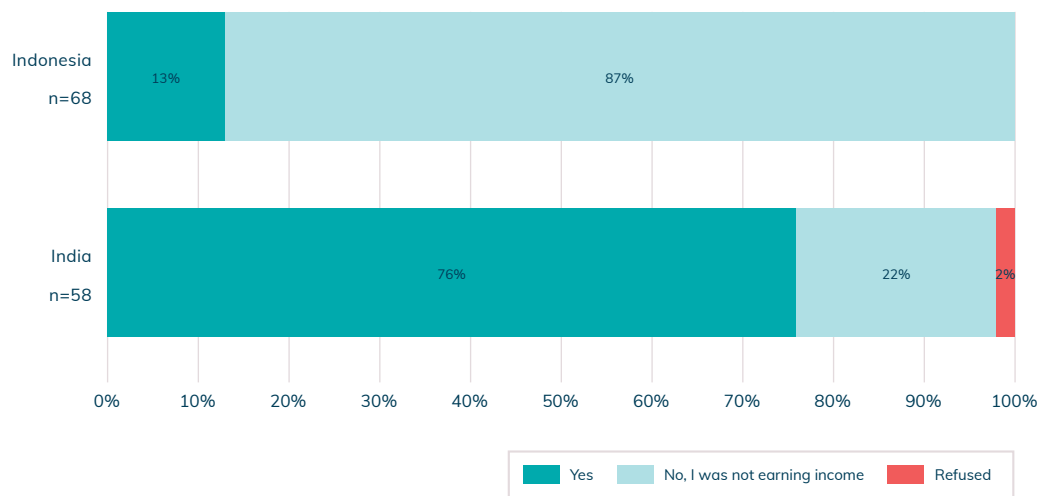


Other major impacts included reduced access to work and reduced availability of basic goods. Reduced availability of basic goods was cited more frequently in India than in Indonesia. This is likely due to India's stricter lockdown laws, which have led to significant price increases and inhibited mobility, limiting people's access to basic goods and services.¹ In addition, many respondents, especially women (19 responses) and those residing in India (18 responses), were worried about reduced access to asylum processes as a result of the crisis.

Respondents in India are particularly affected by loss of income and psychological distress

The economic impacts of COVID-19 were differently reported between respondents in India and Indonesia, as well as between genders and age groups. In India, 76% of those surveyed reported having lost their income because of the pandemic, compared with only 13% in Indonesia, see Figure 3. These differences are likely accounted for by the fact that refugees do not have the right to work in Indonesia and are thus heavily reliant on aid for their livelihoods.² 87% of respondents in Indonesia reported they were not earning income prior to the outbreak.

Figure 3. Have you lost income due to coronavirus restrictions?



1 See <https://www.bbc.com/news/world-asia-india-52290761>

2 See <https://jakartaglobe.id/opinion/a-call-for-help-refugees-risk-catching-covid19-in-overcrowded-shelters>

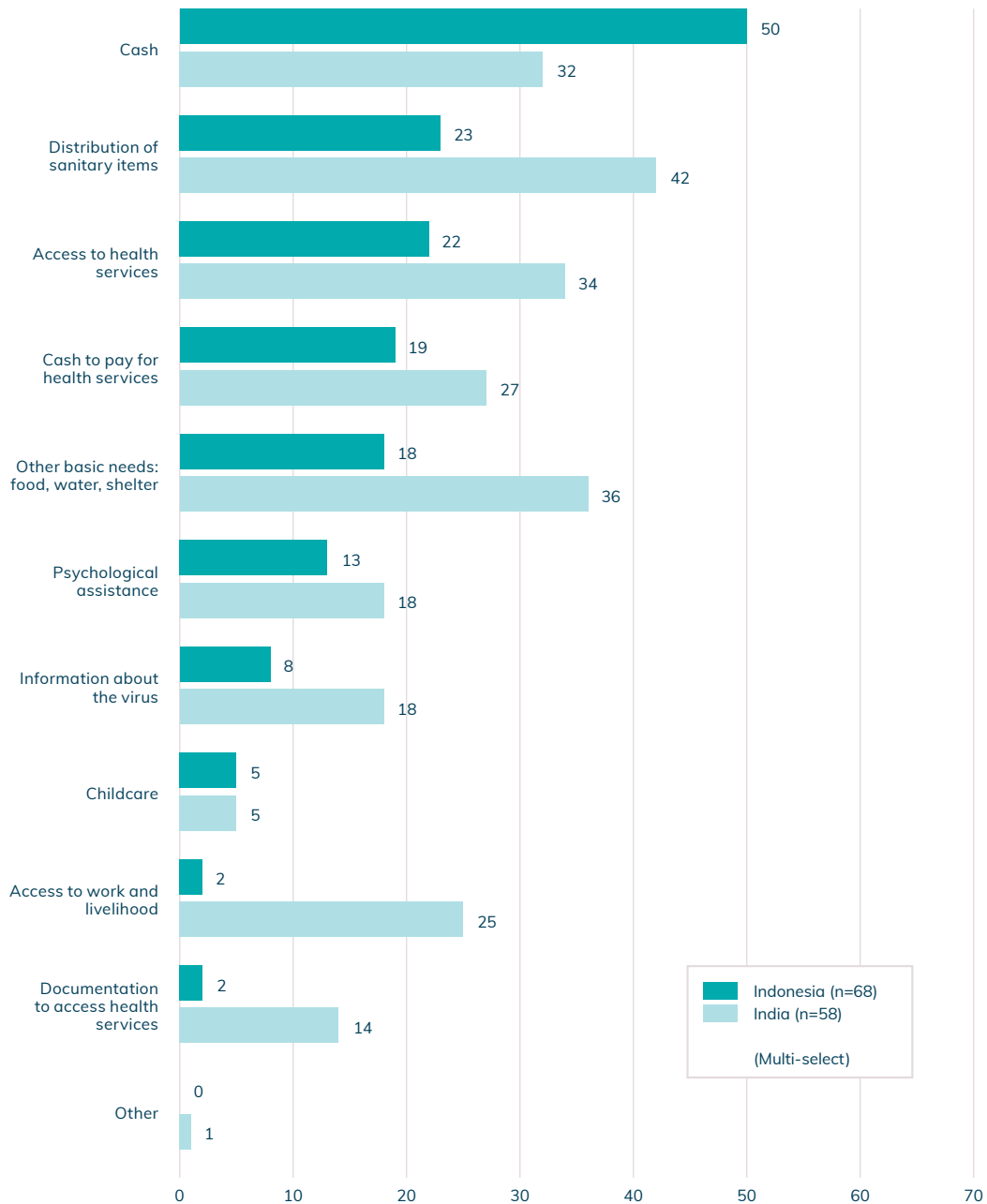
In India, loss of income (n=44) resulted in increased worry and anxiety (41 responses) as well as the inability to afford basic goods (37 responses) for the majority of respondents. These concerns were higher for men than women, potentially due to the more dominant economic role men traditionally play, compared with women, in Afghan society.

Assistance needs are high among Afghans in India and Indonesia

86% of the surveyed respondents in India and 88% in Indonesia reported that they were in need of extra assistance since the outbreak of COVID-19. Needs for health services, sanitary items, cash, psychological support and other basics, such as food, water, and shelter, were most frequently cited, as represented in Figure 4. In Indonesia, cash was the most frequently cited need (50 responses, n=68), again likely indicative of strict restrictions on the right to work for refugees in Indonesia and their ongoing need for cash relief outside the context of COVID-19. In India, sanitary items were the most commonly identified need (42 responses, n=58).

Access to assistance since the outbreak of the pandemic differed between respondents in India and Indonesia, and between genders. In India, 64% of female respondents (n=25) and 27% of male respondents (n=33) reported receiving additional support. The larger share of women who reported receiving support is likely due to specific initiatives targeting single-female-headed families and single women in India. In Indonesia, the number of respondents who reported receiving additional assistance was lower than in India, with only 10% (11% of women and 10% of men) having cited that they had received additional support since the outbreak. In general, basic goods, as well as sanitary items, were the main supports received.

Figure 4. Assistance needs



Respondents in both countries (n=126) cited the UN (108 responses) and NGOs (61 responses) as the main institutions they would approach for assistance should they require help. This indicates the importance of external actors, such as UN and NGOs, in supporting Afghans in both Indonesia and India. (In contrast, interviews with returned refugees and migrants in Afghanistan found much more frequent reliance on family and friends for support).³

³ See MMC Asia's 4Mi snapshot: Understanding the impact of COVID-19 on Afghan returnees. http://www.mixedmigration.org/wp-content/uploads/2020/05/102_covid_snapshot_asia.pdf

Refugees' and migrants' voices

"Many families here are so poor that they do not have food for their daily life... For those who are not recognized as refugees by the government or UNHCR, the situation is worse."

56-year-old Afghan man, interviewed in New Delhi, India

"My mother and brother are sick and we don't have enough money to buy medicines. I have to ask other refugees for help, but it's no use. Most of them are in the same situation as us and don't have anything to offer us to help."

25-year-old Afghan woman, interviewed in New Delhi, India

"I'm here with my son and our main challenge is that we don't know the language. We had a lot of problems before the Corona outbreak, for example shopping. But now [since the outbreak] we cannot leave our home or even use online stores. So, every time we need something we have to ask our neighbors to help us."

37-year-old Afghan man, interviewed in Jakarta, Indonesia



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4Mi & COVID-19

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

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