Barriers to accessing COVID-19 related healthcare for Afghan refugees

in Khyber Pakhtunkhwa (KP), Pakistan

ADSP
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Submitted by:

CHIP Training and Consulting (Pvt.) Ltd.

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Table of Contents

Acronyms

ARs	Afghan Refugees
ACC	Afghan Citizen Card
CAR	Commissionerate for Afghan Refugees
CBA	Cash Based Assistance
EHSAAS	Ehsaas Programme -a social safety and poverty alleviation programme of the Government of Pakistan.
FAO	Food and Agriculture Organization
FGD	Focus Group Discussion
GoP	Government of Pakistan
IDEA	Initiative for Development & Empowerment Axis
IRC	International Rescue Committee
KIIs	Key Informant Interviews
KP	Khyber Pakhtunkhwa
MoH	Ministry of Health
MSF	Médecins Sans Frontières
NADRA	National Database & Registration Authority
NCOC	National Command and Operation Center
PoR	Proof of Registration
RAHA	Refugee-affected and hosting areas
SHARP	Society for Human Rights and Prisoners' Aid
UNHCR	United Nations High Commissioner for Refugees
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
WHO	World Health Organization

1 Executive Summary

Presently, Pakistan is hosting more than 1.44 million registered Afghans[1] who have been forced to flee their homes, primarily due to war, internal conflict, insecurity, and persecution. Most refugees live in Khyber Pakhtunkhwa (KP) Province, located along the Afghan border[2]. Of these, 990,947 are registered outside Refugee Villages[3] while a further 444,439 are registered inside Refugee Villages.[4] This study serves to understand the underlying barriers to accessing COVID-19 information, testing facilities, treatment options, and vaccination among Afghan refugees and host communities in Khyber Pakhtunkhwa, Pakistan. More specifically, the study aims to analyse:

1. Inclusiveness of the Pakistan government's COVID-19 response from the perspective of Afghan refugees, as well as potential gaps
2. Knowledge and perceptions of Afghan refugees about the virus, prevention protocols, response services and efficacy of communication strategies
3. Whether the COVID-19 pandemic has been an opportunity to promote wider health-seeking behaviors among Afghan refugees
4. Requirements from health providers for engaging with Afghan refugee communities, adapting service delivery to enhance their willingness to seek healthcare
5. The current policy frameworks in Pakistan for treatment, and inclusion of refugees in COVID-19 vaccination programmes.

The data was collected from 15 September to 14 October 2021, using Key Informant Interviews (KIIs), Focus Group Discussions (FGDs), and questionnaires. The primary data was collected from Afghan refugees in Peshawar and Swabi in KP, as well as Islamabad. Importantly, a gender-sensitive process was followed to select an almost-equal number of respondents from both genders. In this regard, 47 percent of KIIs and 50 percent of focus group discussions were undertaken with females.

Afghan citizens living in Pakistan can be categorized into three groups i.e., Proof of Registration (PoR) cardholders, Afghan Citizen Card (ACC) holders, and unregistered Afghans. Whilst PoR cardholders have general access to public services, ACC cardholders only have limited access while unregistered refugees, on the other hand, have difficulty accessing most services including securing rental accommodation, registering for mobile phone services, opening bank accounts, or starting a business.[5] They also face difficulties accessing health facilities and economic opportunities. Most importantly, unregistered Afghan refugees are not officially considered as refugees neither by the Government of Pakistan, nor by the United Nations High Commissioner for Refugees (UNHCR). Beside this, the Government of Pakistan does not officially allow CSOs, NGOs, and INGOs to provide support to unregistered refugee populations. Of the total number of Afghans living in Pakistan, only around 30 percent of Afghan refugees reside in the Refugee Villages, while most Afghans live outside the camps (in urban communities), who do not receive any form of government assistance, especially as it relates to accessing legal support. SHARP-Pakistan is the only entity that provides or facilitates Afghan refugees access to legal support.

At the beginning of the COVID-19 pandemic, most Afghan refugees in Pakistan considered COVID-19 a form of 'media hype'. This attitude shifted in mid-2020 when greater numbers of refugees started to fall ill. According to data, 4 percent of respondents in Islamabad and 10 percent in Peshawar contracted COVID-19. This conflicts with official government data that refers to only 37 positive cases and 11 refugee deaths[6] since March 2020. According to primary data, rather than considering the pandemic a major health risk, most Afghans were concerned about the economic implications, especially as opportunities for daily-laborers shrunk. As a result, 95 percent of respondents stated that they borrowed money from fellow refugees to meet their daily expenses.

1 UNHCR, 'Pakistan: Overview of Afghan Refugee Population', in Reliefweb, viewed on 25 January 2022, https://reliefweb.int/map/pakistan/pakistan-overview-afghan-refugee-population-30-april-2021
2 Ibid.
3 After the Soviet invasion of Afghanistan in 1979, camps were established for Afghan refugees in Pakistan. Later, these camps were converted into Refugee Villages (RVs) exclusively for Afghan refugees.
4 UNHCR, 'Pakistan: Overview of Afghan Refugee Population', in Reliefweb, viewed on 25 January 2022, https://reliefweb.int/map/pakistan/pakistan-overview-afghan-refugee-population-30-april-2021
5 Key Informant Interview at Commissionerate of Afghan Refugees
6 Key Informant Interview with the United Nations High Commissioner for Refugees Pakistan Office

During COVID-19, only a limited number of PoR cardholders were able to receive support from the UNHCR. In May 2020, approximately 20 percent of ARs received a one-time amount of PKR 12000/- (70 USD) from the UNHCR through the Commissionerate for Afghan Refugees (CAR). Whilst such support undoubtedly helped to mitigate immediate economic hardship, this amount was short of what was required to provide even subsistence needs. The ACC holders and unregistered Afghans were not included in any formal support program during the COVID-19 crisis, including the Ehsaas programme. However, regardless of their status, refugees could access healthcare at WHO supported facilities and those operated by implementing partners during the pandemic.

Afghan refugees faced numerous barriers in accessing COVID-19 related services such as quarantine facilities and vaccinations. Most research respondents noted that COVID-19 testing was quite accessible, whilst quarantine and vaccination services were significantly more difficult to access. Many valid PoR cardholders were unaware of their rights or the prescribed processes. A significant gender disparity in relation to knowledge and access to COVID-19 health services and treatment was also noted. Women generally had less knowledge about testing, treatment or vaccination options, primarily due to limited exposure to wider communication streams. This, coupled with cultural norms whereby women are often unable to make independent health or economic decisions, played an additional role in reducing their access to health services.

As the pandemic evolved, there was an incremental realisation among Afghan refugees that COVID-19 could be a life-threatening disease if precautionary measures were not taken. This understanding extended from basic measures such as handwashing, through to positive receptivity towards vaccination. Despite broad acceptance, there remain segments of society that are reticent to accept vaccinations, primarily due to rumors and misconceptions.

The major challenges faced by Afghan refugees during the pandemic include economic loss, psychosocial trauma, mental health concerns, and domestic violence. Most research respondents identified stress as their main psychosocial concern, primarily resultant from their inability to fully engage with the labor market and to subsequently provide for their families. Domestic violence was also highlighted as a key concern by 52 percent of respondents from Islamabad and 5 percent from Peshawar, who faced domestic violence over the past 18 months.

In response to the ongoing COVID-19 pandemic, as well as general protection needs, many international and non-governmental organisations engaged in mobilising support and resources for Afghan refugees in Pakistan. The United Nations High Commissioner for Refugees (UNHCR), International Organization for Migration (IOM), United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA), World Health Organization (WHO), Initiative for Development & Empowerment Axis (IDEA) and International Rescue Committee (IRC) remain key interlocutors and stakeholders to engage with Pakistan government bodies such as the National Command and Operation Center (NCOC), Commissionerate for Afghan Refugees, and the Ministry of Health to provide support to Afghan refugees in the context of COVID-19.

2 Context and background

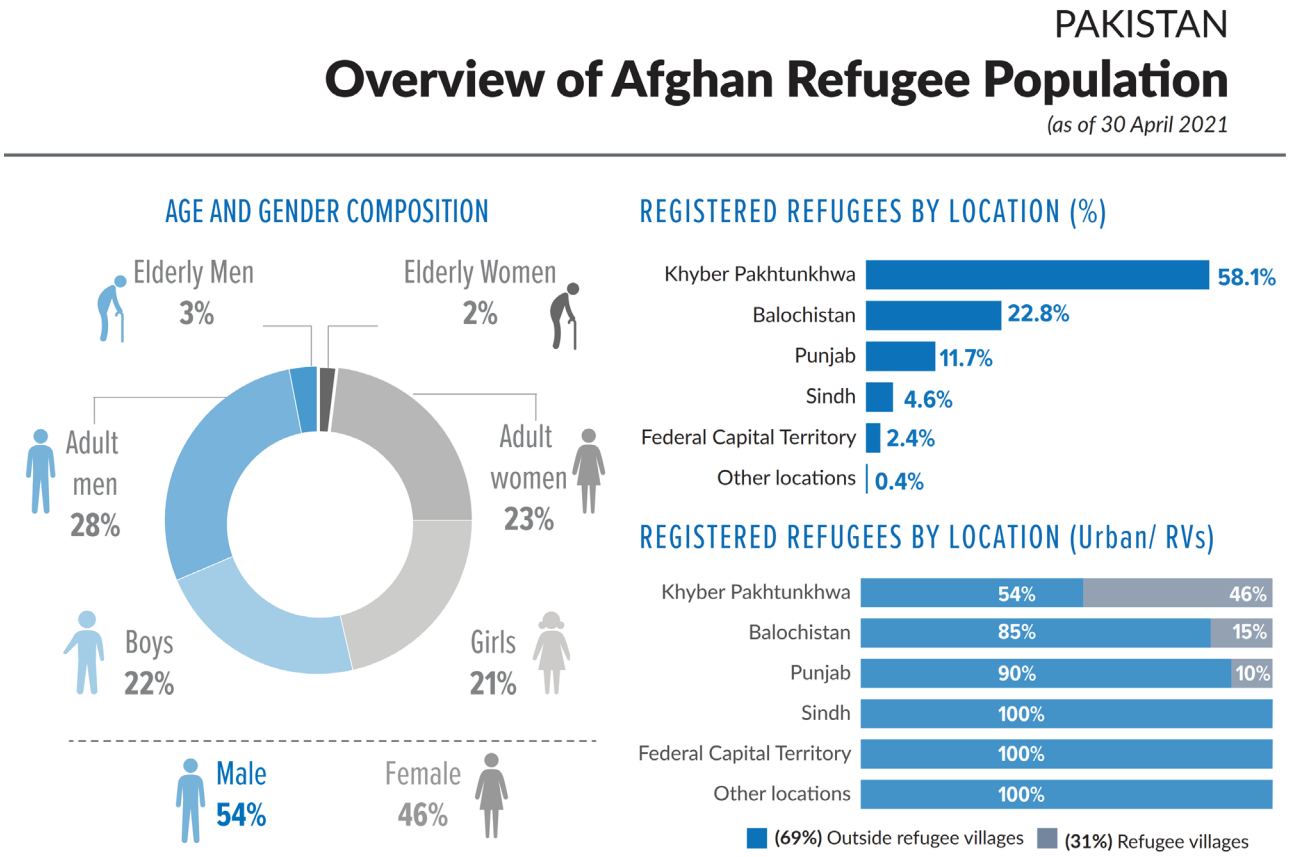


Figure 1: Demographic details of Afghan refugees

The UNHCR has assisted over 3.69 million Afghan refugees return to Afghanistan since March 2002, marking the largest assisted repatriation operation in UNHCR's history[7]. At present, Pakistan hosts more than 1.44 million registered Afghans[8] who have been forced to flee their homes, primarily due to war, conflict, insecurity, and persecution. Most refugees live in Khyber Pakhtunkhwa, located along the Afghan border[9]. Of these, 990,947 are registered outside Refugee Villages while a further 444,439 are registered inside the Villages[10]. Further demographic details including the location and distribution of Afghan refugees are provided in *Figure 1 and 2*.

In late 2019, a new virus strain in Wuhan, China surfaced. In early 2020, because of the alarming spread and severity of the virus, the WHO declared it a pandemic. In Pakistan, there has been more than 1.5 million confirmed cases and over 30,000 deaths related to COVID-19[11]. The costs extend beyond mortalities and morbidities, and has resulted in travel restrictions, loss of employment or business, and disruptions to education for both local and refugee communities. Notably, COVID-19 has also impacted Afghan refugees in Pakistan, both in terms of health, as well as socio-economic wellbeing. Acknowledging that the local population has access to preventive and curative services in relation to COVID-19, this report explores the access and barriers of Afghan refugees to healthcare services.

7 R Margesson, 'Afghan refugees: Current status and future prospects', in Congressional Research Service, updated 26/01/07, viewed on 05 January 2022, https://sgp.fas.org/crs/row/RL33851.pdf
8 UNHCR, 'Pakistan: Overview of Afghan Refugee Population', in Reliefweb, viewed on 25 January 2022, https://reliefweb.int/map/pakistan/pakistan-overview-afghan-refugee-population-30-april-2021
9 Ibid.
10 Ibid.
11 Government of Pakistan, 'Pakistan Cases Details', in COVID-19 Dashboard, viewed on 20 February 2022, www.covid.gov.pk/

Generally, Afghan refugees live in Pakistan's border areas, often in impoverished locales with little knowledge of, or access to, services that may be legally available to them. Whilst exact data is not available, anecdotal references suggest that Afghan refugees have not had access to the same level of COVID-19 related services (testing, quarantine, treatment, and support) as local communities. Low rates of reporting and access to services could have far-reaching health consequences for Afghan refugees as well as Pakistani host communities, and result in skewed national COVID-19 statistics, high incidences of infections, and other consequent impacts.

Pakistan is not signatory to the 1951 Convention Relating to the Status of Refugees, however the Government of Pakistan (GoP) does provide limited support to Afghan refugees according to the *Foreigners Act 1946*, and other domestic policies. It also engages with the Solution Strategy for Afghan Refugees (SSAR)[12], a tripartite process that was initiated in 2012 between Afghanistan, Iran, and Pakistan, with support from the UNHCR.

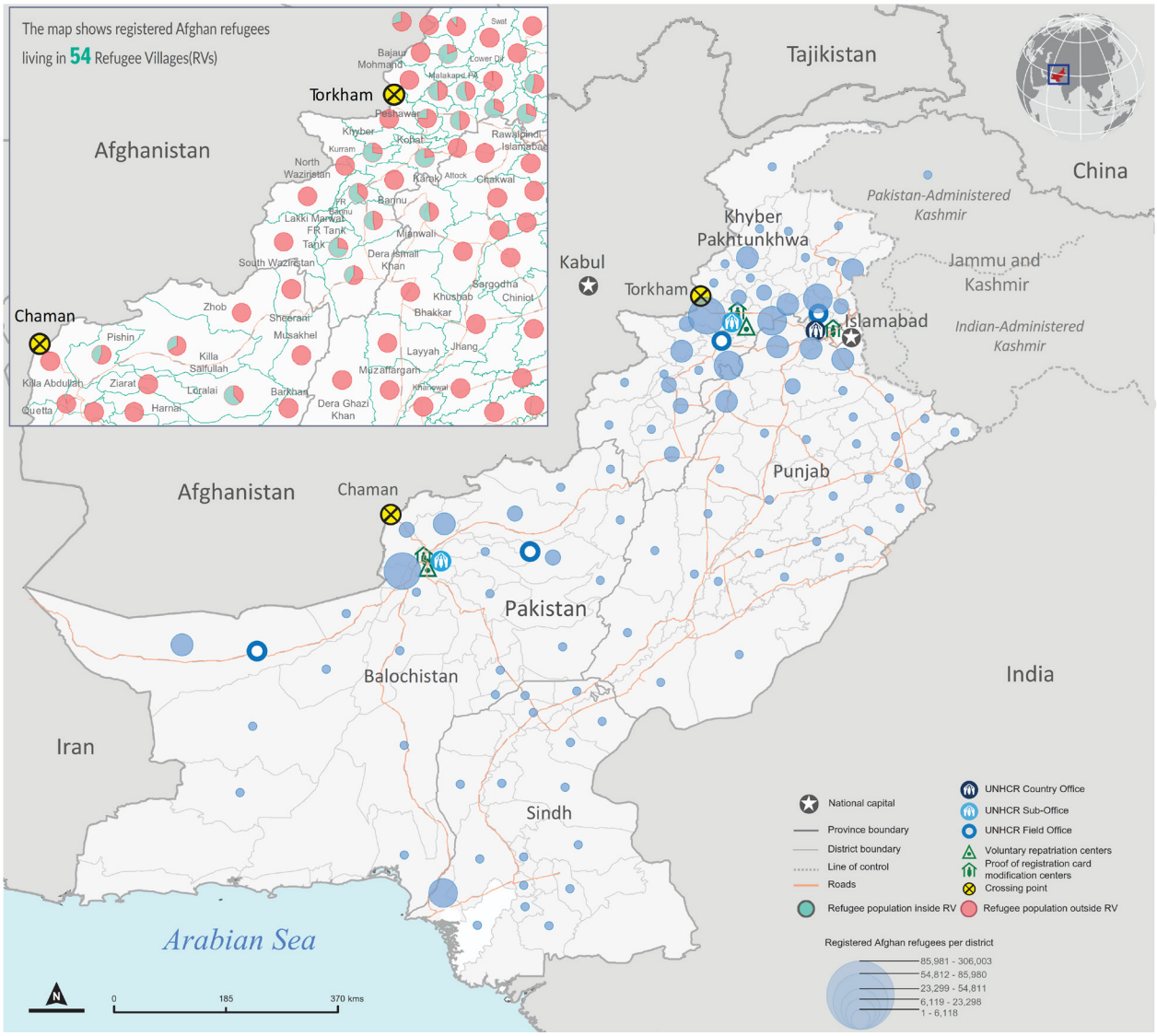


Figure 2: Geographical distribution of Afghan refugees

12 SSAR, 'SSAR Support Platform', viewed on 5 January 2022, https://ssar-platform.org/

Different classifications of Afghans residing in Pakistan

Pakistan has three classifications afforded to Afghans residing in the country[13]:

Afghan refugees with a Proof of Registration (PoR) card: with a population of around 1.44 million, some Afghan refugees have been provided with a PoR card issued by the National Database & Registration Authority (NADRA). Only PoR cardholders are officially considered Afghan refugees by the UNHCR and the GoP. They are entitled to access social services, as well as some UNHCR benefit schemes. The PoR card is renewable and the Ministry of SAFRON issues notification, once approved by the Federal Cabinet.

Afghan Citizen Card (ACC): With around 800,000[14] cardholders, the ACC is given to Afghans for the purpose of record-keeping. They are not considered 'official' refugees and are not eligible for any social services or benefits from the UNHCR or the GoP. However, they are eligible to reside in Pakistan for the period stipulated on their card. The GoP initiated the Afghan Citizens Card in 2006 and they are renewed from time to time, with the last renewal in 2012 with open-ended validity. In 2016 the GoP stopped issuing new ACCs and instead issued PoR cards with a five-year validity period. PoR cards were recently renewed as part of the GoP 'DRIVE campaign' from April to December 2021.

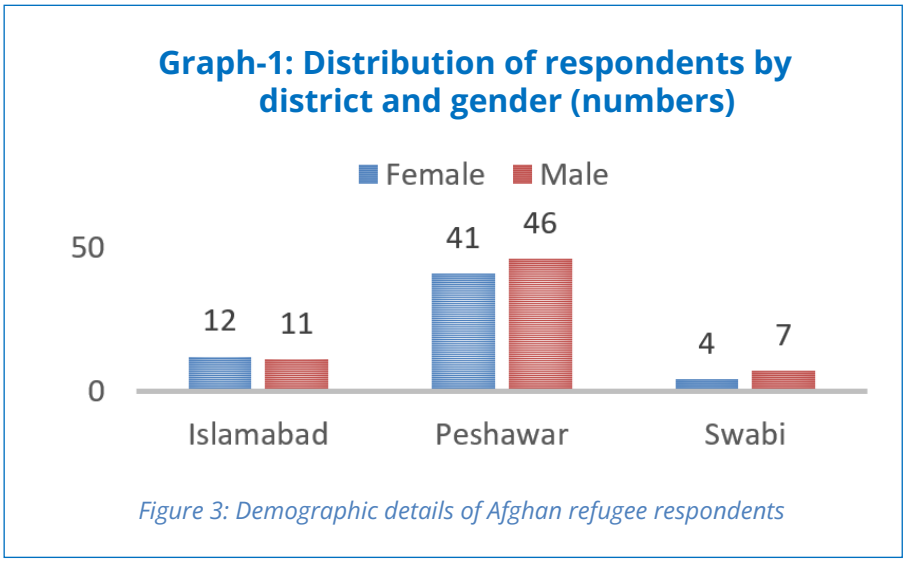


Figure 3: Demographic details of Afghan refugee respondents

Undocumented / unregistered Afghan refugees: There are approximately 600,000[15] unregistered Afghans in Pakistan, and they are not considered as refugees either by the GoP or by the UNHCR. They have no access to rights, social services, relief, or benefits packages. Generally, they live in fear of being arrested and deported back to Afghanistan or other associated risks.

13 N Ghufran, 'The role of UNHCR and Afghan refugees in Pakistan', Strategic Analysis, vol 35(6), November 2011, pp.945-954.

14 Humanitarian Response Plan, 'Humanitarian Programme Cycle 2021', viewed on 20 October 2021, https://reliefweb.int/sites/reliefweb.int/files/resources/PAK_HRP_2021.pdf

15 Ibid.

3 Methodology

This study is based on the findings from data collected through a cross-sectional survey; however, there are instances throughout the report where the findings from primary data are compared with findings from other data sources to inform the reader of the context and trends depicted.

3.1 Study objectives

The primary objective of this study was to understand the underlying barriers in accessing COVID-19 information, testing facilities, treatment options, and vaccinations among Afghan refugees and host communities in Pakistan. It is envisioned that the study's findings can be used to contribute to greater accessibility of COVID-19 health services to Afghan refugees.

3.2 Sampling Method and Sample Size

For primary data collection, both qualitative and quantitative data collection approaches were adopted. Three districts Peshawar, Swabi and Islamabad were selected among refugees' concentration areas. A purposive sampling method was opted to select study respondents.

3.3 Data Collection Procedures

A household survey was conducted involving **121** Afghan respondents (refer to graph-1) using a structured questionnaire, **eight** focus group discussions were held (with total of **64** respondents), and **seven** key informant interviews of influential community members (religious leaders, elders, tribe head/chieftains) were conducted. Moreover, **ten** KIIs with national and provincial level officials from the government, UN agencies and civil society organizations (CSOs) were also conducted, the list of which is provided as Annex-25.

3.3.1 Data collection tools

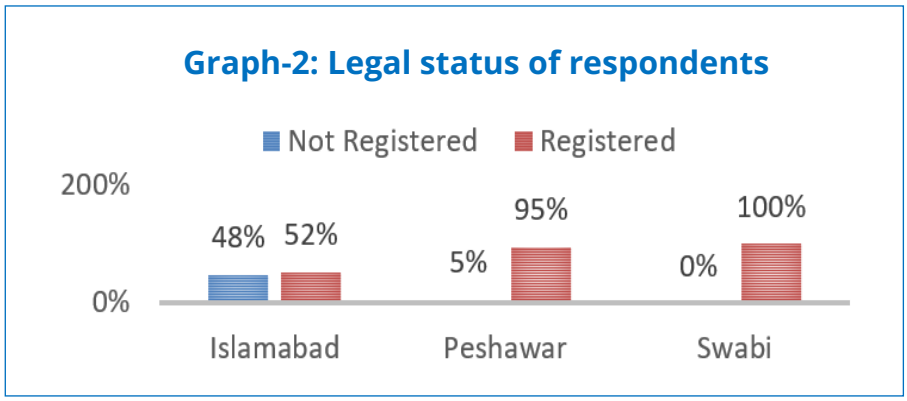
The research tools included KIIs, FGDs, and structured questionnaires for household surveys. Gender-parity was ensured by including an equal number of respondents from both genders.

3.3.2 Data analysis

The quantitative data was analysed using statistical software, and triangulation was done with qualitative responses derived from the KIIs, FGDs as well secondary data from different sources.

3.3.3 Challenges and limitations

- To commence the data collection from refugee villages in KP, a permission letter was requested from the Commissionerate for Afghan Refugees Khyber Pakhtunkhwa (CAR-KP). Despite several meetings with the CAR-KP to address their concerns – and a lengthy delay due to the political developments in Afghanistan in August 2021 – the permission letter was not issued. As formal permission was not received, KIIs were not able to be held in Refugee Villages, and therefore urban refugees were approached for data collection instead.
- Reaching refugees living within host populations in urban areas was a challenging and time-consuming exercise. Hence, the identification of urban refugee settlements in Peshawar, Swabi and Islamabad took longer than anticipated. In addition, access to women in these settlements was another challenge, as most women were uncomfortable responding without male permission.



- The research team experienced hesitation from Afghan refugees in responding to the research questionnaires. They feared that such information could identify them and even result in deportation. In addition, strict cultural norms often impeded smooth data collection. For example, during one female FGD, the moderator was not permitted to make an audio recording of the discussion or use of any other digital device.

4 Findings

Of the total respondents, 57 were women and 64 were men (refer to Graph-1). In Islamabad, 48 percent of respondents were unregistered Afghans, whilst the remaining 52 percent were registered Afghan refugees. In Peshawar, 95 percent of respondents were registered refugees, and in Swabi all were registered (refer to Graph-2). These figures reflect that a majority of unregistered Afghan refugees currently reside in Islamabad, while refugees in Peshawar and Swabi are mostly registered.

4.1 Situational analysis of Afghan refugees in the context of COVID-19

Table-1: Distribution of respondents (or family members) having contracted COVID-19

District	Don't Know	No	Yes	District Representation
Islamabad	0%	96%	4%	19%
Peshawar	4%	86%	10%	72%
Swabi	9%	91%	0%	9%

Less than 5 percent of respondents mentioned that they (or any of their family members) had contracted COVID-19 (refer to table-1) since the outset of the pandemic. This was cross verified and reflected in the FGDs and KIIs. Most respondents indicated that at the beginning of the pandemic, there was general denial of the existence of COVID-19 amongst refugee communities. However, once several community members were diagnosed as having contracted the virus, denial shifted to acceptance and a subsequent desire to access healthcare services. Notably, none of the respondents mentioned fatalities in their family from COVID-19. There is now a broad acceptance of the virus within refugee communities, and an active community attempt to mitigate risk through vaccination.

According to UNHCR data, there were 37 positive cases and 11 deaths attributed to COVID-19 amongst the Afghan refugee population in Pakistan.[16] This low reporting could be due to the lack of testing facilities in certain locations both for host communities and Afghan refugees[17]. Throughout the pandemic, COVID-19 tests were primarily conducted in private clinics and laboratories, costing patients approximately PKR 7,000-8,000 ($39-$45 USD) per test. Therefore, centralized data about Afghan nationals is lacking within the country, making it challenging to produce valid statistics about COVID-19 cases amongst refugees.

Table 2: Were you or your family tested for COVID-19?

District	No	Yes	District Representation
Islamabad	96%	4%	19%
Peshawar	93%	7%	72%
Swabi	100%	0%	9%

Most respondents had not been tested for COVID-19, with only 4 percent in Islamabad, 7 percent in Peshawar and none in Swabi having been tested (refer to table-2). This indicates an overall low COVID-19 testing rate amongst Afghan refugees. The primary reasons include costs associated with testing, lack of awareness about available testing options, long distances to testing sites, and denial of symptoms. For respondents that were diagnosed with COVID-19 (Table-1) in Islamabad, all were hospitalized. In Peshawar, 17 percent of refugees that tested positive for COVID-19 were hospitalized. Approximately 67 percent of them fully recovered without hospitalization, and 17 percent displayed no symptoms[18].

Most Afghan refugees are daily wagers. They barely make enough money for subsistence living in Pakistan, with more than 95 percent of respondents reported that they earn less than 2 USD per day. The primary income source for daily laborers is selling fruit and vegetables, bread, herding sheep, and farming cattle. Almost all female respondents were housewives and limited to their communities, except in Swabi where they live a nomadic life.

16 KII with UNHCR Public Health Officer
17 This lack of facilities was evident from the commencement of the pandemic, until the data collection date of 14th October 2021
18 Please refer to Annex 1

4.2 Socioeconomic services and gaps

Table-3: Has COVID-19 impacted your economic situation?			
District	**No**	**Yes**	**District Representation**
Islamabad	0%	100%	19%
Peshawar	5%	95%	72%
Swabi	45%	55%	9%

Incomes and livelihood: 100 percent of respondents in Islamabad, 95 percent in Peshawar and 55 percent in Swabi noted that their livelihoods had been severely affected by lockdowns during COVID-19 (refer to Table-3). The main reasons identified by respondents in Islamabad was loss of daily wages, whereas in Peshawar and Swabi, 53 percent and 66 percent respectively indicated forced closure of businesses and loss of income altogether.[19] Additionally, the cost of living increased markedly, particularly the price of food. Survey data indicates that 50 percent of respondents in Islamabad, 26 percent in Peshawar, and 83 percent in Swabi expressed concern related to rising food costs. In July 2020[20], Pakistan's inflation rate rose to 9.3 percent, putting additional pressures on prices including healthcare.[21]

Afghan refugees reliant on daily wages are considered particularly vulnerable. Findings show that due to loss of income, a significant number of Afghan refugees exhausted their savings or sold their assets (jewelry, motorbikes, mobile phones) for food and daily expenses. These negative coping mechanisms were common for all Afghans; however, it was noted that undocumented refugees suffered manifold as they had no formal or informal assistance available to them.

Mobility: Throughout the first 18 months of the COVID-19 pandemic, the GoP imposed a range of restrictions on movements to reduce transmission of the virus. This limited Afghan refugees' ability to move within cities, or their ability to cross into Afghanistan to meet relatives or exchange goods.

Assistance during the pandemic: Approximately 13 percent of Islamabad-based respondents and 2 percent of Peshawar-based respondents reported that they had received some financial assistance or in-kind support during the pandemic. However, respondents in Swabi reported that they didn't receive any support, neither from the GoP nor from civil society organisations.[22] Graph-3 shows the services received by Afghan refugees (Islamabad and Peshawar) during the pandemic, by type of assistance.

Approximately 5 percent of respondents advised that they received a one-time cash grant of PKR 12,000 (70 USD) from UNHCR during the initial stages of the pandemic. Around 40,739 refugee families (285,173 individuals) across Pakistan were provided with this cash-based assistance. This represented approximately 20 percent of the registered Afghan refugee population of 1.44 million.[23]

The remaining 95 percent of respondents borrowed money from relatives and friends, which many have been unable to repay.[24] Data also shows that in-kind support, such as hygiene kits were also provided by local charitable organisations and CSOs. In Peshawar for example, national NGO the Society for Human Rights and Prisoners' Aid (SHARP), distributed food packages for one month to approximately 1,300 Afghan refugee families.[25] Relief International also distributed 'one month food packages' to Afghan families in Swabi, Peshawar and Nowshera. Similarly, around 2,200 families were assisted by national CSO Initiative for Development & Empowerment Axis (IDEA) under an asset transfer program[26] in the Mansehra district of KP. As part of the assistance, cows and goats were given to the Afghan farmer community. However, there is no centralised database which captures the support provided by CSOs or charitable organisations.

19 Please refer to Annex 2 for details of impacts on income generation
20 Pakistan Bureau of Statistics, 'Press Release on Consumer Price Index (CPI) Inflation for the month of July 2020', viewed on 10 September 2021, www.pbs.gov.pk/sites/default/files//press_releases/2020/press_release_july_2020.pdf
21 Please refer to Annex 3
22 Please refer to Annex 4
23 Data received from UNHCR (during KII)
24 See Annex-3
25 Distribution in Afghan populations in Tajabad, Danishabad, Nasir Bagh, and Hazar Booz community (Peshawar). SHARP provides legal aid to PoR cardholders.
26 Funded under the Poverty Graduate Program (PGP). supported by UNHCR and PPAF (www.ppaf.org.pk)

One positive impact that emerged because of COVID-19 was the solidarity and improved social relations within refugee and host communities. There were numerous examples of people helping each other, supporting needy communities with food and cash assistance, and even providing emotional support during periods of illness. This assistance was provided by affluent and middle-class families, often as a religious or social obligation to support those who may have lost employment or livelihoods.

"Elected representatives prefer local Pakistanis (for assistance) to increase their vote bank. They don't give attention to Afghan refugees."

Shared by an elder during male FGD-Swabi

4.3 Accessibility of COVID-19 services

4.3.1 Testing facilities

Table-4: Availability of testing facilities in area?

District	No	Yes	District Representation
Islamabad	91%	9%	19%
Peshawar	83%	17%	72%
Swabi	82%	18%	9%

Regarding the availability of testing facilities, only 9 percent of respondents in Islamabad, 17 percent in Peshawar and 18 percent in Swabi knew about testing facilities available in the vicinity of their residence (refer to Table-4). 50 percent of respondents in Islamabad, 93 percent in Peshawar and 100 percent in Swabi advised that COVID-19 testing facilities were readily accessible to them.[27]

This data implies that the availability of testing facilities was generally concentrated in urban centres, where Afghan refugees were living. It was noted that perceptions that testing could result in contracting the illness, prevailed in the community. While this misconception has reduced significantly, it still prevails within smaller segments of the refugee community.

4.3.2 Quarantine related facilities

All tertiary public hospitals extended quarantine facilities to Pakistani citizens as well as PoR cardholders across all districts of Pakistan. However, with the increase in caseloads, these facilities are deemed insufficient to meet the demand for refugees and host communities. This finding asserted that there were an insufficient number of quarantine centres near them. Regarding the accessibility of quarantine centres, 96 percent of respondents in Islamabad, 94 percent in Peshawar and 91 percent in Swabi said that that they were not easily accessible,[28] primarily due to the overall distance and them not being aware of the exact location. Only 4 percent of respondents in Islamabad and 6 percent in Peshawar availed themselves of quarantine facilities[29].

A common perception amongst respondents was that sending a patient to a quarantine facility, without any support from family members, was shameful for the patient's family. Among other perceptions, some considered it shameful to contract COVID-19. Such misconceptions reduced the willingness of Afghan refugees to accept COVID-19 services and

27 Please refer to Annex 6
28 Please refer to Annex 9
29 Please refer to Annex 8

treatments. These misconceptions also complicated the issue of access, where the number of quarantine centres were few compared to the population at hand. Notably, people who were not willing to be quarantined, primarily stayed home during their COVID-19 recovery (see Annex-7 & 8).

There were a range of initiatives taken by the GoP to reduce the spread of COVID-19 amongst Afghan refugees. Following NCOC directives, the GoP took additional quarantine measures for newly arrived Afghan college and university students. According to an announcement from the Deputy Commissioner of Peshawar on 29 June 2021, a special quarantine center was established in Peshawar for Afghan students coming from Afghanistan through the Torkham border.

4.3.3 Vaccinations

Table-5: Have you or any family members been vaccinated?				
District	**Don't Know**	**No**	**Yes**	**District Representation**
Islamabad	%0	91%	9%	19%
Peshawar	2%	77%	21%	72%
Swabi	9%	64%	27%	9%

At the time of this study, only 9 percent of respondents in Islamabad, 21 percent in Peshawar, and 27 percent in Swabi were vaccinated (refer to Table 5). The GoP announced that certain Afghan refugee populations would be able to access vaccinations from May 2021.[30] The same general procedure of sending their registration / PoR card number to the Universal Access Telephone Number at the Ministry of Health (1166), and making a vaccination appointment using their mobile number, was devised for refugees. Approximately 94 percent of vaccinated respondents in Peshawar and 100 percent in Swabi received their vaccinations in hospitals. In Peshawar, 6 percent of respondents were vaccinated at the Torkham border entry point upon arrival to Pakistan.[31]

Among unvaccinated respondents, 50 percent in Islamabad and 33 percent in Swabi were not aware of the vaccination registration process. In Peshawar, 35 percent had misconceptions about the vaccine and abstained from registration[32].

The findings revealed that, since September 2021, free vaccinations have been available for PoR cardholders in government health facilities nationwide. But this does not apply to ACC holders, or to unregistered / undocumented Afghan refugees. In addition to free vaccinations, the GoP has also authorised private laboratories to provide vaccines to anyone at market price. For persons not authorised to receive a free vaccination, if they can afford the cost, they can get vaccinated from one of the private laboratories.

The study identified a multitude of issues encountered by all Afghan refugees whilst attempting to access vaccination services. According to the data, 26 percent of respondents in Islamabad, 2 percent in Peshawar and 9 percent in Swabi did not possess a valid PoR card, and therefore were unable get the COVID-19 vaccine. Furthermore, 78 percent of respondents in Islamabad, 32 percent in Peshawar and 27 percent in Swabi expressed frustration that the vaccination was not easily accessible to refugees[33]. To address these concerns, in September 2020 the WHO announced that they would support the GoP for the inclusion of PoR cardholders among national vaccination drives. The data shows that Afghan refugees would be supported to further access vaccines through systematic mobile vaccination support, and awareness-raising campaigns. Notwithstanding these efforts, only limited results have been witnessed to date.

Table – 6: Are vaccination centers established in your area?				
District	**Don't Know**	**No**	**Yes**	**District Representation**
Islamabad	4%	87%	9%	19%
Peshawar	33%	62%	5%	72%
Swabi	36%	36%	28%	9%

30 UNHCR Pakistan, 'UNHCR welcomes Pakistan's inclusion of Afghan refugees in its COVID-19 vaccination programme', UNHCR, viewed on 10 October 2021, www.unhcr.org/pk/12917-unhcr-welcomes-pakistans-inclusion-of-afghan-refugees-in-its-covid-19-vaccination-programme.html

31 Please refer to Annex 12

32 Please refer to Annex 13

33 Please refer to Annex 14 I cannot find this matching the Annex. Please confirm. The numbers don't match.

Overall, the limited presence of vaccination centres was reported by respondents. Only 9 percent from Islamabad, 5 percent from Peshawar and 27 percent from Swabi indicated that they had at least one centre in their immediate vicinity. Furthermore, around 4 percent of respondents from Islamabad, 33 percent from Peshawar, and 36 percent from Swabi were unaware of vaccination centres in their location (refer to Table-6).

The WHO, other UN agencies and CSOs are currently supporting the efforts of the GoP to increase the reach of vaccination centres, and the establishment and strengthening of testing / quarantine facilities for the benefit of Afghan refugees with PoR cards and host communities. As part of the study, refugee communities suggested several ways through whic vaccination rates within their communities could be increased (refer to Table-7). Some suggestions included a) expanding mobilization and information campaigns specifically targeted to Afghan refugees, which was supported by 23 percent of respondents in Islamabad, 52 percent in Peshawar, and 64 percent in Swabi, b) establishment of additional vaccination centres to be located near refugee housing areas, and c) mandatory vaccines for all person's resident in Pakistan. This last suggestion was less popular as around 10 percent of respondents did not believe in vaccination.

Table-7 Key suggestions by Afghan refugees to ensure greater access to vaccinations[34]

	Islamabad	Peshawar	Swabi
A mobilization and information campaign to shift perceptions within Afghan refugees	23%	52%	64%
Establishment of vaccination centres	23%	25%	36%
Mandatory vaccinations for all	32%	6%	0%
Policy shifts to include Afghan refugees in vaccine rollout	14%	11%	0%
Others	9%	7%	0%
District Representation	19%	72%	9%

4.3.4 Refugee perceptions towards COVID-19

When assessing refugee access to health services related to COVID-19, the refugees' perceptions about the virus are fundamental. When respondents were asked if they believed that the COVID-19 vaccine could be effective in handling future COVID-19 outbreaks**,** 78 percent in Islamabad, 66 percent in Peshawar, and 73 percent in Swabi agreed to the statement. Conversely, 22 percent in Islamabad, 34 percent in Peshawar, and 27 percent in Swabi did not agree. Smaller numbers (4 percent in Peshawar and 33 percent in Swabi) were unaware about COVID-19 vaccines at all.

Numerous misconceptions around potential negative side-effects associated with the vaccine were also recorded during the study. Approximately 80 percent of respondents in Islamabad, 89 percent in Peshawar and 67 percent in Swabi held a range of misbeliefs related to the vaccine, including that it could be life-threatening, cause infertility, or result in other serious health complications. These misconceptions were primarily derived from social media and through word of mouth. Around 20 percent of respondents in Islamabad and 4 percent in Peshawar expressed their unwillingness to get vaccinated.[35]

Beyond the issue of access to vaccinations, a change in health-seeking behaviors was also observed in terms of use of masks and other wider practices. Approximately 52 percent of Islamabad-based respondents, 36 percent in Peshawar, and 27 percent in Swabi believed that COVID-19 remained catalytic within the refugee communities to improve hygiene practices. Of those who expressed positivity in this regard, 9 percent in Islamabad and 6 percent in Peshawar frequently 'deep clean' their houses. In addition, 64 percent in Islamabad and 6 percent in Peshawar frequently wash their hands with greater conscientiousness and have overall improved responses towards hygiene in general i.e., more frequent use of masks and sanitizers.[36]

34 This question was qualitative, however similar suggestions were grouped together to generate quantitative trends.
35 Please refer to Annex 15 & 16
36 Please refer to Annex 17 & 18

Even though all respondents were aware of the pandemic since its outset, a routine comment expressed by many refugees was that they initially thought that COVID-19 was "merely media hype" that had created unnecessary panic. However, after the first few months of the pandemic, when some respondents saw friends and family directly impacted by the virus, many realised that COVID-19 was in fact potentially life-threatening.

Whilst many Afghan refugees were wary of the COVID-19 vaccination during its initial rollout, this changed dramatically when in July 2021, Pakistan and many countries around the world allowed conditional access to services and freedom of movement according to vaccination status. At the time of publication in April 2022, most Afghan refugees expressed a desire to get vaccinated. The initial reluctance had subsided, and most people acknowledged that to travel domestically and cross the border to and from Afghanistan, then they would need to be vaccinated. On top of this, some respondents expressed a fear that their mobile network may be blocked if they were not vaccinated in a timely manner.

Despite their intention to get vaccinated, many Afghan refugees, except for PoR cardholders, continue to face significant hurdles accessing the vaccine. ACC holders are not verified by NADRA and are therefore unable to receive a mobile confirmation message upon registration – thereby precluding them from accessing the vaccine. Similarly, at present, undocumented, and unregistered Afghan refugees have no way to register to be vaccinated. In most cases, information and updates related to COVID-19 and vaccinations are delivered through a 'caller tune' on an individual's mobile phone that conveys an automated message regarding COVID-19 related precautions. Similar messages are also disseminated via social media and television. Mostly, the respondents heard key messages related to the COVID-19 virus, vaccination opportunities, as well as the GoP's policies related to vaccination conditionality through one of these mediums. Each of these communication mediums have improved the awareness of Afghan refugees towards COVID-19.

Overall, women have comparatively less access to smart phones and social media compared to men. For men, they receive most information from social media (Facebook, Instagram, and WhatsApp), TV, and from word of mouth within the community. Women on the other hand receive most of their information from TV (if they had access to one), word of mouth, and for a limited number of people through social media.

According to some respondents, they believed that the use of masks, soaps, and other personal protection equipment was important during the different waves of the pandemic; however, due to limited financial resources, it became difficult for many of them to purchase these materials throughout the pandemic to date. The knowledge of Afghan refugees related to COVID-19, despite the recent information campaigns, remained relatively low. The rumors and false information related to efficacy and risks of vaccines has persisted, and has resulted in refusal by some refugees to getting the vaccine.

In September 2021, the "Wear a Mask-Protect Pakistan" campaign was launched by UNHCR and the CAR Khyber Pakhtunkhwa within the Refugee Villages. However, it's important to note that as only 25 percent of Afghan refugees in Pakistan are living in Refugee Villages, this effort is likely to yield only limited results.

4.3.5 Preparedness towards future waves of COVID-19

Over the past two years, it has become evident that the effects and impact of COVID-19 is likely to come in waves. To address the cyclical nature of the virus, preparedness is important at all levels. Importantly, this must include the availability and readiness of human resources, administrative procedures, vaccine supplies, health facilities, and financial resources. Furthermore, robust information and communication systems are also required to mitigate the adverse effects of the pandemic in a more coordinated manner across all layers of society.

Overall, around 40 percent of respondents (18 percent in Islamabad and 4 in Peshawar) acknowledged that they are not prepared for future challenges that may arise from COVID-19. Reasons for this lack of preparedness includes not having proper access to health services, COVID-19 testing, vaccinations, or PPE. Moreover, respondents noted that they were primarily reliant upon daily wages, and therefore were not able to save money for future events. Furthermore, primary data reveals that 59 percent of respondents from Islamabad, 87 percent from Peshawar, and 100 percent from Swabi considered themselves to be in a state of 'financial uncertainty'. Those who did considered themselves "prepared" attributed their beliefs to; an increased level of knowledge around COVID-19 health prevention, a reduction in daily expenditure, and exploring additional / alternate income sources such as working multiple jobs or moving to other cities for work. Many from this cohort had also adopted alternative strategies[37] including storing non-perishable food

37 Please refer to Annex 19

items, saving money, and actively seeking out the COVID-19 vaccination. Notwithstanding, overall financial resilience will remain low for Afghan refugees, with 95 percent of all respondents being daily wage earners.

Soon after the pandemic commenced, on 13 March 2020 the GoP established the National Coordination Committee (NCC) to create a 'swift, cohesive and strategic response to the pandemic'. The NCC was supported by the National Command and Operation Center (NCOC), to implement the decisions of the National Coordination Committee on COVID-19.[38] The GoP also has a preparedness plan[39] that includes the provision of services to all citizens including registered refugee populations i.e., PoR cardholders.

KIIs with the NCOC noted that Pakistan has more than 3 million doses of the COVID-19 vaccine in stock, and that the Ministry of Health (MoH) anticipated a national vaccination rate of 60 percent prior to June 2022. At the time of publication, internal lobbying was ongoing for all persons present in Pakistan, including ACC holders and unregistered refugees, to have access to the vaccination. [40]

Many, INGOs and civil society actors are also playing a strategic role in preparedness efforts. Médecins Sans Frontières (MSF) provides primary health services, including maternal, child health and generalized health services to all Afghan refugees in Peshawar and Quetta hospitals. MSF also provides transportation for Afghan refugees in Baluchistan from the border to Quetta for hospitalization and a quarantine facility. MSF plans to continue providing such services, in anticipation of other wave(s) arriving. Notably, however, with limited resources MSF may not be able to meet ongoing and continuous demand from refugees.

"During this tense time, we relieved ourselves by praying and worshiping Allah. We didn't discuss our challenges at home with our families. We discussed all the issues with our friends and community members in the Hujras."

Community elder, Swabi

UNHCR is currently implementing a three-year strategy (Community Based Protection Strategy) to support the development of Afghan refugees and host communities. Through an agreement with the GoP, the UNHCR is pushing to include registered refugees in access to public services such as healthcare and education.[41] In addition, UNHCR has also supported Pakistan with a state-of-the-art cold chain warehouse, that was built in Peshawar, for vaccine storage needs in KP[42]. To date, this warehouse has played a significant role in the storage and supply of the COVID-19 vaccine as it is distributed throughout the province. Finally, UNHCR also provided support to the GoP in the upgradation of existing health facilities and the provision of beds, ventilators, and PPE. This investment, will prove instrumental towards future preparedness efforts.

38 Government of Pakistan, 'Pakistan Cases Details', Government of Pakistan, viewed on 30 September 2021, https://covid.gov.pk/stats/pakistan
39 Ibid.
40 KIIs with NCOC
41 KIIs with UNHCR and RAHA
42 KII with UNHCR

4.3.6 Key challenges related to COVID-19

Legal challenges: In addition to Pakistan's 1.44 million Afghan PoR cardholders, there are approximately 800,000 million Afghan Citizenship Card Holders and 600,000 unregistered Afghans. Due to their lack of documentation, the last two cohorts are not treated as refugees either by UNHCR or the GoP. According to information derived from the FGDs, as well as household data, unregistered Afghan refugees face a multitude of challenges including barriers to accessing free vaccinations, healthcare services, appropriate rental accommodation, banking services, humanitarian support[43], and other public services. As ACC holders hold a form of legal status in Pakistan, they have limited access to public services, especially in relation to COVID-19 services. While some health facilities such as testing and treatment can be obtained by paying directly to the provider, vaccination is not yet possible.

Socioeconomic challenges: The primary challenge refugees have faced in the context of the COVID-19 pandemic, has been the closure of businesses. This has resulted in negative economic consequences, especially for daily wage-earners. The closure of businesses has exacerbated financial challenges, food insecurity, and health-related issues for Afghan refugees. In addition, inflation was also cited as a key challenge in Peshawar.[44] According to the Food & Agriculture Organization (FAO), the prices of food have increased by as much as 28 percent in some locales. In 20021, global cereal prices were at their highest level since 2012, on average 27.2 percent above 2020 prices. According to Abdolreza Abbassian, senior economist at the FAO, in 2021, vegetable oil prices increased by 65.8 per cent over 2020; sugar prices soared to their highest level since 2016; meat prices were 12.7 percent above 2020 prices; and dairy prices were 16.9 percent higher than 2020.[45]

Psychosocial challenges: Primary data showed that 100 percent of respondents from Islamabad, 74 percent in Peshawar, and 73 percent in Swabi faced mental health challenges during the lockdown period. The majority declared stress as their main psychosocial challenge (see Annex -18). Few respondents utilised relevant coping strategies including consuming healthy food, availing medical treatment for psychological support, and spending time with family.[46] Data from FGDs in rural settings showed, that the primary coping mechanisms of locals were engaging in family support systems, and participating in social gatherings. However, during the pandemic social gatherings were restricted, which adversely affected their psychological concerns.

> **"The mental health of refugees was impacted badly. Physical abuse against women and children also increased"**
>
> *female KII participant*

Increases in domestic violence: The household interview data shows that 100 percent of female respondents in Islamabad and 7 percent in Peshawar stated that they faced domestic violence during the pandemic. In Swabi, none of the female KIIs highlighted domestic violence concerns.[47] A common reflection from most families was that the pandemic brought with it a range of stressors i.e., family income dropped, children were unable to access school, daily expenses were not being met, and social engagements were curtailed. This pressure placed undue stress on the family, particularly women and children.

43 Please refer to Annex 20 & 21
44 Please refer to Annex 2 & 3
45 Deccan Herald, 'Global food prices up 28.1% in 2021: FAO', Deccan Herald, 8 January 2022, www.deccanherald.com/business/economy-business/global-food-prices-up-281-in-2021-fao-1069113.html
46 Please refer to Annex 22 & 23
47 Please refer to Annex 24

5 Recommendations

5.1 For humanitarian organisations (IOs, NGOs and INGOs)

- Service providers and international organisations such as IOM and UNHCR should foster and provide further investment in vocational skills development especially in the field of Information technology. This will contribute to the broadening of earning opportunities available. for refugee youth and minimize the burden on economy of the host country.

- As most Afghan refugees are unskilled or semi-skilled daily wagers, COVID-19 had a detrimental effect on their earnings. Provision of multipurpose cash packages would support them in compensating their livelihood losses.

- The UNHCR's one-off cash-based assistance (CBA) to the most vulnerable Afghan refugees must be replicated and adapted to provide such assistance to the most vulnerable families and individuals in future waves.

- Asset transfer (particularly livestock, in rural areas) can be important for food security, particularly in terms of the provision of milk and/or generating assets for Afghan refugees. Such productive assets can help during lockdowns or economic slowdown. NGOs can design new projects and advocacy to international donors and funding agencies for advocating such initiatives. Similar interventions can also be planned for host communities.

- Civil society should lobby for all residents in Pakistan – regardless of their visa status – for unconditional access to COVID-19 vaccination programmes on humanitarian grounds. This will help to include unregistered Afghans and other marginalised communities. Removing restrictions, will pay dividends for Pakistan in terms of overall immunity of the population.

- Civil society organisations, in collaboration with relevant government departments and the UNHCR, should establish a communication mechanism for Afghan communities with little access to COVID-19 related information for improved awareness.

- The Government of Pakistan should engage UN agencies, NGOs and CSOs working with/for refugees in the planning phase of any short and long-term interventions.

5.2 Government of Pakistan (Federal and Provincial)

- The Commissionerate for Afghan Refugees should establish helpdesks in each district to facilitate Afghan refugees in providing access to basic services including healthcare. This should follow their own model established in the Urban Refugee Management Unit where a dedicated phone number and a desk officer (each for health, education, livelihood, protection, and repatriation) is available. CAR can add messages for broader outreach regarding COVID-19 awareness and vaccination, and, connect refugees to government hospitals or other health services.

- The GoP can also include Afghan refugees in the Ehsaas program. Refugee Affected and Hosting Areas program (RAHA)[48] is an example of an inclusive project for Afghan refugees and host communities.

- Pakistan has limited resources to meet the needs of its own population. The NCOC, CAR and other actors should increase their engagement with the international community, requesting support to Pakistan for providing assistance to Afghan refugees in the wake of the COVID-19 pandemic.

- The federal and provincial governments should establish screening/testing facilities in coordination with NGOs and show flexibility in accommodating unregistered people in Pakistan to access the vaccine including Afghan refugees.

- UNHCR in close consultation with CAR and provincial health ministries provide universal vaccination for all Afghan refugees regardless of status, through funding for immunization in partnership with other relevant actors (e.g., GAVI etc.). Similar support for treatment of COVID-19 can also be sought for Afghan refugees.

48 The Refugee Affected & Hosting Areas Programme, 'Who We Are', The Refugee Affected & Hosting Areas Programme, last updated November 2017, viewed on 10 November 2021, /www.rahapakistan.org.pk/

- Alternative livelihood opportunities should be explored for Afghan refugees, as well as marginalised groups within host communities to ensure that they have the economic resilience needed during future waves of COVID-19:

    - **Access to financial institutions** and resources is important. At present, microfinance and banks are not willing to provide loans to Afghan refugees. Therefore, community funds can be developed to facilitate support to needy families, and can be managed by refugee communities themselves, or, where a specific NGO/CSO is already engaged e.g., in urban areas. The fund can revolve and can benefit several families, as it should be a soft loan and not grants.

    - **Business and life skills curriculum**: focus on a 'learn to earn curricula', comprised of understanding business, business models, how to market, how to sell products etc. leading to developing a business plan for Afghan refugees to effectively operate during crisis situations like COVID-19. This should also include life skills to manage the mental stresses and other psychosocial issues that undermine healthy living and economic activities.

    - **Technical and vocational skills**: A two-pronged strategy could be adopted to refer refugees to government institutes for technical education and promote existing entrepreneurs for strengthening their capacity.

6 Annexures

Annex-1

How has it impacted the health of your family, broadly? If no, please skip this question.				
District	Ailment, without hospitalization	Hospitalization, with recovery	No symptoms	District Representation
Islamabad		100%		14%
Peshawar	67%	17%	17%	86%
Swabi				

Annex-2

How has COVID-19 impacted your income generation? Please elaborate			
District	Significant Decrease in income	Some decrease in income	Grand Total
Islamabad			21%
Closure of business	23%		
Loss of daily wage income	55%		
Loss of Employment	22%		
Peshawar			73%
Closure of business	53%	13%	
Decline in sales	1%	1%	
Loss of daily wage income	12%	3%	
Loss of Employment	14%	3%	
Swabi			6%
Closure of business	66%		
Loss of daily wage income	17%		
Loss of Employment	17%		

Annex-3

How has COVID-19 impacted your cost of living such as housing, food, and health?				
	No change in expenses	Significantly increased expenses	Some increased expenses	District Representation
Islamabad				22%
Food and health expenses increased		18%		
Food expenses increased		50%		
Food expenses increased. Loans were taken		9%		
Health expenses increased. Loans were taken		9%		
Inflation impacted the overall cost of living		14%		
Peshawar				73%
Food and health expenses increased		7%		
Food and housing expenses increased			1%	

Food and housing expenses increased. Loans were taken		1%		
Food expenses increased		26%	9%	
Health expenses increased		5%	4%	
Housing expenses increased (rent and electricity bills)		18%	5%	
Inflation impacted the overall cost of living		5%	3%	
Loss of income impacted the overall expenses		11%	3%	
Reduced expenses to necessary items	1%			
Swabi				6%
Expenses increased on everything. Loans were taken		17%		
Food expenses increased		83%		

Annex-4

If yes, what were the services provided by the government and CSOs?				
District	COVID-19 Treatment Facilities	Financial support	Food Supplies / Ration Kits	District Representation
Islamabad	33%	67%		60%
Peshawar			100%	40%
Swabi				

Annex-5

Were there testing facilities in your area/near you during the previous COVID-19 waves?			
District	No	Yes	District Representation
Islamabad	91%	9%	19%
Peshawar	83%	17%	72%
Swabi	82%	18%	9%

Annex-6

If yes, were the testing facilities easily accessible?			
District	No	Yes	District Representation
Islamabad	50%	50%	11%
Peshawar	7%	93%	79%
Swabi		100%	11%

Annex-7

Was there any quarantine centre established in your area?			
District	No	Yes	District Representation
Islamabad	96%	4%	19%
Peshawar	97%	3%	72%
Swabi	91%	9%	9%

Annex-8

Have you or any of your family members quarantined?			
District	No	Yes	District Representation
Islamabad	96%	4%	19%
Peshawar	95%	6%	72%
Swabi	100%		9%

Annex-9

Were the quarantine centres in your area accessible?			
District	No	Yes	District Representation
Islamabad	96%	4%	19%
Peshawar	94%	6%	72%
Swabi	91%	9%	9%

Annex-10

Can you please elaborate broader challenges related to quarantine?								
District	Neither contracted COVID nor quarantine centre established	No challenges faced	No idea because never quarantined	Quarantine center was not accessible	Quarantine center was not established	Quarantine centers were too far	Shortage of facilities (Oxygen, beds and space)	District Representation
Islamabad	26%		70%	4%				21%
Peshawar	5%	4%	67%	10%	8%	1%	4%	70%
Swabi	10%	10%	50%		30%			9%

Annex-11

Have you / any of your family members been vaccinated?				
District	Don't Know	No	Yes	District Representation
Islamabad		91%	9%	19%
Peshawar	2%	77%	21%	72%
Swabi	9%	64%	27%	9%

Annex-12

Can you explain how you got vaccinated?				
District	Sent registration number to 1166 and got vaccinated from facilitation center	Vaccinated in hospital	Vaccinated on Afghan Border	Grand Total
Islamabad	100%			5%
Peshawar		94%	6%	82%
Swabi		100%		14%

Annex-13

If no, can you please explain why you didn't get vaccinated?									
District	Male / family members do not allow	Misconceptions about vaccination	Mismanagement in hospitals	No awareness about vaccination and its process	No vaccination center near community	No valid POR card	Not visited any vaccination center	Vaccination not available for Afghan refugees	District Representation
Islamabad	5%	14%		50%	14%	18%			24%
Peshawar		35%	8%	23%	3%	3%	12%	15%	70%
Swabi		33%		33%	17%			17%	6%

Annex-14

What challenges did you face while accessing vaccination services and facilities? Please elaborate											
District	Afghan refugees not vaccinated	Cultural challenges/male members do not allow	Faced no challenge	Legal challenges/ No valid PoR card	Mismanagement in hospitals	Mobility issues as vaccination centers are far	Never went for vaccination	Not aware of the vaccination process	Registration is in some other district	Vaccinated in other country	District Representation
Islamabad		13%	4%	26%		13%	4%	75%			19%
Peshawar	8%		18%	2%	3%	3%	53%	9%		2%	72%
Swabi	9%		27%	9%			18%	27%	27%		9%

Annex-15

If no, why do you think vaccines are not effective? How did you come to know? Please elaborate.					
District	Don't know about vaccination	Misconceptions (life threatening, loss of fertility and serious impacts on health) heard from social media and people in community and at work	Not willing to get vaccinated	Vaccines are not effective	District Representation
Islamabad		80%	20%		14%
Peshawar	4%	89%	4%	4%	78%
Swabi	33%	67%			8%

Annex-16

Do you think vaccination can be effective towards handling COVID-19 outbreaks?			
District	No	Yes	District Representation
Islamabad	22%	78%	19%
Peshawar	34%	66%	72%
Swabi	27%	73%	9%

Annex-17

Has COVID-19 proved to be an opportunity for you to change practices in terms of hygiene, use of masks and vaccination?			
District	No	Yes	District Representation
Islamabad	48%	52%	19%
Peshawar	64%	36%	72%
Swabi	73%	27%	9%

Annex-18

If yes, how did COVID-19 prove to be an opportunity for you to change practices in terms of hygiene, use of masks and vaccination?					
District	Frequent cleaning of house	Frequent hand washing	More conscious about cleaning practices	Regular use of mask and sanitizer	District Representation
Islamabad	9%	64%		27%	24%
Peshawar	6%	6%	13%	74%	69%
Swabi			33%	67%	7%

Annex-19

Based on the experience and challenges faced during the first waves of COVID-19, are you prepared to deal with future waves? Please elaborate				
Responses	Islamabad	Peshawar	Swabi	District Representation
No				
Do not have proper access to health facilities	18%	4%		
Financially not stable	59%	87%	100%	
Less awareness on COVID-19 related issues	24%	9%		
Total of No	37%	50%	13%	40%
Yes				
Better knowledge of COVID-19 related challenges	40%	48%		
Financially not stable	20%	3%		
Less awareness on Covid19 related issues		3%		
Mentally and physically prepared		15%		
Reduced the expenses		2%		
Started alternative sources of income	40%			
Started food storage		5%	33%	
Started savings		20%	67%	
Will ensure vaccination		5%		
Total of Yes	7%	88%	4%	60%

Annex-20

Do you think unregistered Afghan refugees live in your community?			
Location	No	Yes	District Representation
Islamabad	26%	74%	20%
Peshawar	87%	13%	71%
Swabi	100%	0%	9%

Annex-21

Do you think they faced legal challenges while accessing healthcare and economic services?								
District	Do not face challenges	Don't Know	Face challenges in accessing employment opportunities	Face challenges in accessing health facilities	Face challenges in accessing humanitarian services	Un - registered Afghan refugees do not live around us	Un - registered Afghan refugees have left the country	District Representation
Islamabad	20%	20%	25%	30%	5%			20%
Peshawar	3%	46%	4%	34%		6%	6%	68%
Swabi		4%		3%		6%	3%	11%

Annex-22

Did you face psychosocial and mental challenges during the COVID-19 lockdown because of staying at home for indefinite periods, quarantine, or self-isolation?			
District	No	Yes	District Representation
Islamabad		100%	19%
Peshawar	26%	74%	72%
Swabi	27%	73%	9%

If yes, what psychosocial and mental challenges did you face?					
District	Fear	Other (Irritation at home)	Sense of Insecurity	Stress	District Representation
Islamabad	9%		9%	83%	24%
Peshawar	30%	2%	8%	61%	67%
Swabi	38%			63%	8%

Annex-23

What self-practices was adapted to deal with mental and psychosocial challenges?					
District	Eat healthy food	Medical Treatment	Spend time with Family	Take Rest	District Representation
Islamabad		9%	48%	43%	24%
Peshawar	8%	8%	54%	30%	67%
Swabi	38%		50%	13%	9%

Annex-24

Did you face gender-based challenges during the pandemic such as domestic violence?		
District	Female Respondents	District Representation of Female
Islamabad	100%	52%
Peshawar	7%	47%
Swabi		36%

Annex-25:

List of Participant Institutions (Key Informant Interviews)

1. National Command Operation Centre (NCOC)
2. Chief Coordinator RAHA of Afghan Refugees, CAR
3. Representatives of the United Nations High Commissioner for Refugees (UNHCR),
4. United Nations Office for Coordination of Humanitarian Affairs (UNOCHA),
5. World Health Organization (WHO),
6. Ministry of Health (MoH)
7. Médecins Sans Frontiers (MSF),
8. International Rescue Committee (IRC)
9. Initiative for Development & Empowerment Axis (IDEA)
10. Society for Human Rights and Prisoners' Aid (SHARP-Pakistan)

Annex-26:

THE DEPUTY COMMISSIONER PESHAWAR

Tel: 091-9212301-02, Fax: 091-9212303, DCPeshawar

Dated the Peshr 29th June-2021

OFFICE ORDER:

No: 19145/DC(P)/AG-I(COVID-19). Consequent upon the directives of NCOC contained in letter No: 801/A/NCOC-01 dated 25-06-2021, regarding setting of quarantine facilitates for Afghan Students on arrival to Pakistan via Torkham Border, University College for Boys, situated opposite Islamia College, University Road Peshawar is hereby declared as Quarantine Center for Afghan Students.

(ASHFAQ KHAN)
ADDL: DEPUTY COMMISSIONER

Endst No. & Date: Even.

Copy forwarded to the:

1. Secretary to Govt of Khyber Pakhtunkhwa, Home & Tribal Affairs Department.
2. Secretary to Govt of Khyber Pakhtunkhwa, Health Department.
3. Secretary to Govt of Khyber Pakhtunkhwa, Relief, Rehabilitation & Settlement Department.
4. Commissioner, Peshawar Division, Peshawar.
5. Vice Chancellor, Peshawar University Peshawar with the request to direct the Principal of the said College for necessary coordination, please.
6. Senior Superintendent of Police (Operations), Peshawar with the request to provide necessary security to the said facility and police escort for shifting of Afghan Student from Torkham to the Quarantine Center, please.
7. Director General Health Services, Govt of Khyber Pakhtunkhwa.
8. Assistant Commissioner (City), Peshawar.
9. District Health Officer, Peshawar for provision of necessary staff to the quarantine center, please.
10. Addl: Assistant Commissioner (University Town), Peshawar is hereby nominated as In-Charge of the said Quarantine Center.
11. Naib-Tehsildar Tehkal, Peshawar with the direction to assist the Addl: Assistant Commissioner (University Town) in disposal of his duties. He is further directed to depute Girdawar at the quarantine center.
12. PS to Deputy Commissioner, Peshawar.

ADDL: DEPUTY COMMISSIONER

KHYBER ROAD, GATE # 3, ATTACHED DEPARTMENT COMPLEX, PESHAWAR.

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ADSP
Asia Displacement Solutions Platform

April 2022