



Governance and the Pandemic

Questionnaire #2: Civil Society & Marginalised Groups

Afghanistan

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Question #1: Public Trust

Is the government response to the pandemic being met with public approval? Please specify where this assessment is taken from, i.e. YouGov Poll, newspaper headlines, etc.

As a researcher, I work with local private universities and researchers and cooperate with scholars in Afghanistan and Pakistan Studies in the US and England; national NGOs such as the Afghan Women's Educational Center (AWEC) as well as charities, particularly Enabled Children Afghanistan, that runs a private care home for orphans and disenfranchised children with special needs. Through my research, I encounter a variety of social classes on a daily basis in south-west and central Kabul as well as beyond the capital of Afghanistan (particularly, in Heart and Bamyan). Here, I use my expertise to refer to day laborers in Kabul:

In south-west Kabul (covering District 3 and District 4), among adult day laborers, who transport goods locally with their personal/borrowed wheelbarrows, the frustration is unparalleled. In May 2020, single and group interviews with day labourers working in Pol-e Sorkh (a central intersection in south-west Kabul linking District 3 and 4) show that the men, aged between 13 to 80 years old, are neither receiving any form of governmental, developmental, nor private support to pay rent and buy essential foods for their families'. They described their situation as being "forgotten" and their only source of hope being Allah.

The major challenge of all interviewed day laborers are increasing "debts". The accumulation of debts by day laborers – and their incapability to pay back as they try to cover their daily expenses - makes them increasingly less attractive to local lenders. The debt crisis of the urban working class feeds frustration and disrespect for the government.

Some respondents referred to the local "vakil" (literally meaning lawyer: "vakils" are supposed to channel people's communal concerns and requests to the next higher instance of administration, but are the first instance of corruption people encounter when trying to reach the state) not distributing at all wheat grains that were promised to the families of day laborers. Others emphasized that people from television and radio constantly ask them about "their situation" and their expectation from the government, but "nothing at all" has been done to improve the living conditions of the day laborers and their families. None of the interviewed day laborers have access to neither medical care nor social welfare. There are no communal systems of support among the day laborers as everyone is fighting for the existence of their own family and whatever they earn is spend on sustaining their existence from day to day.

"There is no social contract."

Among the urban working class, who are disenfranchised and poor, the frustration with the responses to COVID-19 speaks to a frustration about something bigger: a dissatisfaction with the political decision-making processes taking place in Kabul as being understood as an elite politics for the few. One day labourer described it as a “show” driven by “corruption” (fesād) fostered by “Afghans” and “foreigners” (khāreji-hā). Increasing debts among the day laborers are fostering anger, frustration and desperation and apathy towards finding communal solutions to their problems (for instance food banks that started in the early weeks of COVID-19 in some districts of Kabul among volunteers and got halted due to lack of donations). Their idea of the government shows that they perceive it as an endemic system that does not consider the existence of the poor and their wish for a more secure life with dignity. Day laborers have no expectations from the government, because they do not think that the social contract between the state and the people is sincere. There is no social contract.

Question #2: Accurate Statistics

Are accurate statistics on infection rates and death rates available? If so, who is producing this information? And is this information trusted by the public?

In general, while news and social media refer to the Ministry of Public Health for statistics and news, the majority of people uses as a first instance television, radio (public and privately owned) and social media to gain access to “reliable” information.

“Social media is playing a decisive role in ideas and factual knowledge about the virus. Individuals with smartphones in urban areas refer primarily to Facebook to gain information and updates about COVID-19.”

Social media is playing a decisive role in ideas and factual knowledge about the virus. Individuals with smartphones in urban areas refer primarily to Facebook to gain information and updates

about COVID-19. Instagram is also used by many with access to smartphones following, e.g. national and international celebrities, national politicians and clerics and their views on the pandemic. Furthermore, video clips are sent out via Telegram and Whatsapp informing people about the virus as well as disseminating jokes and humorous video clips in reference to COVID-19. People without smartphones refer to television, radio and/or orally transmitted information.

The latter, orally transmitted information plays a significant role: due to the lack of trust to governmental sources, conspiracy theories about COVID-19 are increasing among people as well as in virtual spaces arguing amongst others that COVID-19 is a big and exaggerated lie. Since the number of infections is low compared to the number of people living in Afghanistan, people feel like they are not seeing the impact of the virus on human bodies. At the same time, there has been journalistic coverage of people who fled hospitals, because they feared being killed by the government to halt the dissemination of the virus and on the lack of patients in hospital beds prepared to take care of COVID-19 patients.

Question #3: Support for the Vulnerable

In instances of a lockdown, what support is available for vulnerable persons, i.e. domestic abuse victims, less able bodied persons?

Currently, most governmental and non-governmental instances are gathering data on this issue themselves. There is no nation-wide and reliable support available neither for domestic abuse victims nor less able-bodied people since the lock-down.

While there are programs and projects run by NGOs as well as the Ministry of Women Affairs and the Ministry of Labor, Social Affairs, Martyrs, and Disabled, a handful of people actually receive efficient and life-changing help at the moment. Receiving help is currently based on luck rather than systematic attempts to reach-out to women subjected to domestic violence as well as less able-bodied children and adults.

The major problems in the fight against domestic violence are that first, many families assume that it is inappropriate to interfere when they can hear that there is violence perpetrated in a home in their apartment block or neighboring houses. For too many families domestic violence is a normalized experience: it is perceived as shameful to report domestic violence as anything happening inside the home is considered a “family business” or “family issue”. This is also

based on the experience of many that once they interfere or report to the police (which a minority does as the police, locally called “hawza” is not trusted) they rather than solving the issue create more problems as the perpetrator of violence feels like it is his right to do as he likes at home. Furthermore, many women have no access at all to information about safe homes and shelters for women.

Moreover, due to the fact that many heads of households in Afghanistan own small firearms and/or rifles there were already before the outbreak of COVID-19 excessive numbers of gun-related domestic and communal violence resulting in injuries, year-long systematic abuse and torture and deaths.

People with special needs are generally most effectively taken care of and supported by local communal groups such as “Disabled Person’s Organisations” rather than the government (see: Community Centre for the Disabled (CCD) and British & Irish Agencies Afghanistan Group (BAAG) 2019; Human Rights Watch 2020). Particularly women and girls with disabilities are subjected to systemic violence when trying to access governmental support, education and medical care (see: Human Rights Watch 2020).

For children with disabilities and their families there is for instance in Kabul the private run care-home “Window of Hope” (WoH) for orphans and very poor children with special needs run by the UK and US registered charity “Enabled Children Initiative”. In light of the outbreak of COVID-19, Frozan, a young Kabuli woman - herself disabled due to war as a child and taking care of more than fifteen orphans in the WoH - helps families with children with special needs “on the brink of starvation” (see: Enabled Children Initiative 2020). Among the urban poor, there are however also families abusing disabled relatives, adults and children, to beg on the streets or to work as day laborers. Some disabled, e.g. amputees, deaf and blind people as well as people with mental disorders are forced to beg on the streets or sell goods such as socks as they and their families lack access to any form of medical and social care.

Question #4: Marginalised Groups

What are some of the challenges that marginalized groups, i.e. low-income households, religious/ ethnic minorities, face with regards to the pandemic?

In Afghanistan, the vast number of households - apart from individuals employed by the government or working with foreign agencies and companies or owners of middle- and large-

scale businesses - have a low-income. For many their income does not suffice to cover the expenses of their families, often comprising several generations of family members living under one roof. Most households in Afghanistan are in need of at least one major breadwinner: after two months and a half months of quarantine, barely any household can afford to stay at home. Many had to go back to work without staying at home at all: while governmental employees have been working from 8am to 1pm since the outbreak of the virus, domestic workers and maids continue to work shifts from 8am to 6pm similar to day laborers without the provision of protective equipment (see above). The young and literate, aged between 18 and 30 years, living in the capital have been prior to the pandemic already subjected to widespread unemployment which increased even more since the outbreak of COVID-19 virus due to the closure of local private businesses and budgets cuts for ministries employing university graduates.

The brutal attack and murder of Afghan Sikhs in March 2020, was the latest attack by the Taliban explicitly against one of Afghanistan’s religious minorities. The maternity ward attack in mid-May 2020 was primarily targeted at killing mothers and new-born babies in south-west Kabul, *Dashte Barchi*, by a Daesh-affiliated group (this is not confirmed). However, the location of the attack is in the heart of the district with the largest number of Shi’a Hazara residents and returnees from Iran and Pakistan in Kabul and has been regularly, i.e. almost on a daily basis, subject to targeted killings, suicide attacks during morning rush hours and during religious gatherings of Kabul’s Shi’a population.

Question #5: Local Activism

How are local community groups and/or political groups responding to the pandemic in terms of providing support/ relief to vulnerable persons and/or marginalized groups?

Local community groups, particularly national and international NGO’s have quickly responded to the pandemic, however, administrative processes and applications for international sources of funding such as from agencies of the United Nations, slow down the implementation of help and support networks as a response to the pandemic. Furthermore, much of the help provided for families is limited, short-term, and does not help families to feel safe and secure for the months ahead.

There have been a number of private initiatives of people with means distributing essential foods to families in need. Also, some local NGOs have

initiated in the first weeks of the virus outbreak food banks that have stopped their work – after signing up in the first weeks hundreds of families – due to a lack of funding.

While among political groups, the Taliban has announced to stop fighting in COVID-19 affected areas, fighting continued in the past weeks with attacks amongst others in the provinces Paktiya, Logar, Ghazni and Kunduz particularly targeting Afghan police and national security forces, but costing also civilian adult and children's lives.

In March 2020, the national news portal "Reporterly" writes that MPs refused to follow the suggestion of the Minister for Public Health, Ferozuddin Firoz, to shut down parliament (Reporterly 2020). In mid-April 2020, Ariana news reports that a number of MPs summoned the Minister of Public Health criticizing the lack of test-kits in general and even less that reached the provinces and a lack of plans to provide food and medical care (see Ariana News 2020). The Minister criticized the MPs on the other hand for not setting a good example for the people by sitting close to one another in parliament. The national parliament finally shut down its activities in late April 2020 for two weeks due to the outbreak of COVID-19. "1TV" reports that critics have said the government has pushed for parliament to further halt its work that had been already reduced to weekly meetings (see: 1TV 2020).

Major political parties in Afghanistan have been present on news shows, but are not central to national news coverage that focuses on governmental politics and Taliban politics and consistent war in the provinces (The trans-regional and pan-Islamic political organisation *Hizb-ut-Tahrir* refers on its website to the governmental response of Afghanistan to the outbreak of the pandemic as a failure that was expected (Ahmadi 2020)).

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