
During the lockdown, schools were closed, access to healthcare was severely disrupted, livelihoods reliant on internet connection were brought to a standstill, and protection risks increased. While the strongest measures have eased, including re-opening of schools and restoration of internet in 2020 (News18 22/02/2020, Al Jazeera 05/03/2020), people in Kashmir continue to suffer the effects of the lockdown.

Disruptions in education have created massive learning gaps, thousands of jobs have been lost, and industries and workers have been unable to recover economically from the lockdown period. Restrictions in movement continue to impede access to health services.

### Key Priorities

- **Education disrupted**
  - for 1.5 million students

- **Restricted health access**
  - especially for rural communities

- **Livelihoods lost**
  - in horticulture, tourism, and IT sectors

### Information Gaps

- Information gaps surrounding the severity of humanitarian needs and number of people affected, especially in rural communities and affected areas near the Line of Control.

- Lack of assessment on long-term impact of the lockdown.

### Humanitarian Access

Access to the region is extremely restricted, especially to human rights organisations and international NGOs and foreign staff. Humanitarian access constraints existed prior to the lockdown, however, there has been further deterioration since August 2019.
**Crisis Impact**

On 5 August 2019, India’s Home Minister, Amit Shah, announced a presidential decree revoking Articles 370 and 35A of the Indian constitution (Economic Times 05/08/2019). Article 370 and 35A had outlined Jammu and Kashmir’s autonomous status, granting jurisdiction over all matters not relating to finance, defense, foreign affairs, and communication (Govt of India 1954). At the same time, the state was divided into two union territories: Jammu and Kashmir, and Ladakh (Economic Times India 06/08/2019). The two political measures placed Jammu and Kashmir under the complete jurisdiction of India’s central government, without its own constitution, flag, or laws (Al Jazeera 30/10/2019).

In the days before the decree was announced, a massive security clampdown was implemented in Jammu and Kashmir. Security forces flooded the region and widespread detentions of Kashmiri politicians, journalists, and civilians took place (HRW 16/09/2020). Hindu pilgrims and foreign tourists were advised to leave due to security concerns (Deutsche Welle 03/08/2019). Movement restrictions were ramped up, including curfews, closure of businesses and schools, and additional checkpoints and roadblocks to limit movement within and into the Kashmir Valley (India Today 05/08/2019).

A communications blackout was implemented: internet, mobile networks, cable television, and landline services were suspended (UN 22/08/2019). Restrictions on landlines and certain mobile networks began to ease in October; however, it was not until January 2020, when a Supreme Court order ruled the internet shutdown illegal, that internet access was slowly reinstated (Economic Times 14/10/2019, BBC 10/01/2020). In January, this applied to only 301 websites approved by the government, and in March 2020, internet services were restored but slowed to 2G speeds (NYT 26/01/2020, Al Jazeera 05/03/2020).

During seven months of complete lockdown, the 8 million people in the Kashmir valley experienced a sharp deterioration in living conditions, which are likely to have long-term effects on education, livelihoods, and health.

**Education:** Immediately following the August decree all private and public schools closed, leaving 1.5 million students without education (NYT 31/10/2019). While the government officially re-opened public schools within weeks, estimates suggest attendance rates were only 3% (NYT 31/10/2019). An increase in protests, militarisation, and inability to communicate, caused many parents to refuse to send their children to schools once they reopened (NYT 31/10/2019). At least 25 schools were burned, some during protests and other intentionally by unknown militants, between August and November 2019 and many school buildings were occupied by Indian and militant forces (The New Humanitarian 29/11/2019, FirstPost 30/11/2019). Volunteers established informal classrooms, though protests and violence forced them to move and suspend activities often, resulting in more disruptions for students (SCMP 03/11/2019, The New Humanitarian 06/01/2020).

Most students returned to classes with the third re-opening of schools on 24 February 2020, which came after a three-month winter break and four months of disruption related to the lockdown. Parents cited the easing of communications restrictions as a factor in sending students to school (Al Jazeera 24/02/2020).

The gap in learning has been detrimental for students, especially those nearing completion of secondary school. Delays in graduation exams and the requirement to take exams after receiving only 50% of the annual syllabus is likely to impact student advancement, including college entrance or awarding of internships and jobs (Al Jazeera 12/02/2020, Anadolu Agency 01/12/2019). The mental health implications of the lockdown are unknown, but are likely severe. Kashmiri students who have been confined to home, have had wide gaps in learning, and limited social interaction due to the lockdown. Students have reported difficulty keeping engaged with school tasks when classes reopened and demonstrate signs of anxiety and depression (News18 09/03/2020).

In March 2020, after just a few weeks of attending classes for the first time since August 2019, schools closed again due to quarantine restrictions related to preventing the spread of COVID-19. While the government has encouraged distance learning, streaming of lessons or downloading curriculum documents cannot happen with 2G internet, which means this is not possible in Kashmir as in the rest of India (Deutsche Welle 10/04/2020).

**Health:** Communication between patients, doctors, hospitals, and pharmacies was cut off in August 2019: ambulances could not be called, surgeries were cancelled, and specialists, such as gynecologists or oncologists could not be contacted (HRW 30/08/2019). An inability to process online or telephone orders of medicine, of which 90% of Jammu and Kashmir’s supply is imported from India, resulted in shortages of insulin, cancer medication, and baby formula (Global Press Journal 31/08/2019, NewFrame 05/09/2019). In September, free medical treatment for Kashmiris living below the poverty line was suspended by the government because of the inability to process online claims (IndiaSpend 06/09/2019). Roadblocks, suspension of public transport, and a near 24-hour curfew restricted travel to hospitals and pharmacies (The BMJ 19/08/2019).

Negative coping strategies, including rationing medication or delaying critical treatments and surgery increased (The New Humanitarian 16/09/2019). Routine surgeries decreased 40-60% in August 2019 as hospitals reserved staff and rooms for victims of protest violence and doctors became unreachable due to restrictions on telephone and mobile networks (The Independent 27/08/2019). Communities in rural areas were severely affected as they were forced to reach hospitals in the capital city of Srinagar on their own, with no public transportation or ambulance services available, while facing roadblocks and checkpoints.
Mental health was significantly affected by the lockdown. Already considered a crisis in the Kashmir Valley with 46% of the adult population experiencing mental distress (MSF 25/05/2015), treatment came to a halt after August 2019. Nearly all mental health centres are concentrated in Srinagar, which became inaccessible for rural communities when roadblocks and security restrictions ramped up (The New Humanitarian 23/12/2019).

The health sector continues to have medicine shortages caused by the lockdown, resulting in a continuation of poor health services across the region. The situation is further aggravated by the COVID-19 pandemic, which Kashmir health officials say cannot be responded to adequately with the current internet slowdown (The New Humanitarian 01/04/2020). Downloading health documents, including research on the virus, recommendations for prevention and treatment, and watching international news broadcasts is not possible with 2G internet.

Additionally, the delays in treatments that occurred during the lockdown period are likely to be further delayed now that hospitals must focus on COVID-19 patients, which could have negative effects on those with chronic disease or underlying medical conditions. The isolation and insecurity caused by the lockdown resulted in a surge of patients seeking help for mental health disorders, including anxiety, Post Traumatic Stress Disorder (PTSD) and depression (The Wire 14/09/2019). For patients seeking treatment, movement restrictions, now related to COVID-19, and the ongoing internet slowdown, continue to limit access to health facilities. Video counselling is not available with 2G internet and health facilities remain difficult to access, especially for rural communities, raising concerns of undiagnosed trauma and worsening mental health conditions for patients (FP 13/04/2020).

Livelihoods: The lockdown had a significant impact on many of Kashmir’s largest industries, including tourism and horticulture. Insecurity and travel restrictions caused an 86% decline in tourism during what should have been the peak period of August-October 2019. The tourism industry employs 2 million people in Jammu and Kashmir (Siasat 15/02/2020, Equal Times 25/10/2019). The region is also the largest apple producer in India, with nearly 150 children were nearly half the population, employed in the sector (Business Insider 10/01/2020, Reuters 18/10/2019). Since August 2019, orchards have remained unpicked and products unsold (Business Insider 10/01/2020).

Militants, in an attempt to usurp control by keeping Kashmiris from returning to normalcy under the Indian government, increased attacks on farmers and transporters (NYT 15/10/2019). Roadblocks and limited movement, especially in and out of Srinagar, remain a challenge for farmers transporting their goods to markets and restrictions on phone and internet services limit the ability for them to contact traders and process payments (Equal Times 25/10/2019, Business Insider 10/01/2020). The tourism industry, which normally peaks again in the spring, has continued to suffer. Following a decade-low turnout of tourists in August-October 2019, the COVID-19 pandemic closed hotels, restaurants, and tourism sites again in March 2020, ushering in a second period of decline for the sector (FirstPost 30/03/2020).

The lockdown resulted in an estimated USD 1.5 billion in economic losses to the region (Deutsche Welle 10/12/2019); estimates suggest 500,000 jobs were lost (WSJ 15/02/2020). Sale of locally grown goods has decreased — walnut sales for instance have decreased 60% in 2020 (Business Insider 10/01/2020), and there has been an exodus of young professionals, especially in the IT industry, seeking opportunity outside Kashmir (The Guardian 05/01/2020).

Protection: Reports of human rights violations increased during the lockdown. Security forces flooded the region; 38,000 Indian troops were added to the thousands already present (India Today 02/08/2019). Protesters, those who did not follow restrictions, and bystanders were met with force. Reports of Indian forces using pellet guns, tear gas, and batons against Kashmiris are common (OHCHR 29/10/2019, Al Jazeera 10/09/2019). Widespread detention and arrest of civilians occurred: in the first month an estimated 4,000 Kashmiri separatist leaders, local politicians, journalists, and activists were detained; many held without charge and reportedly abused and tortured (HRW 16/09/2019). As of March 2020, the number of detentions had reached nearly 8,000 (OMCT 01/04/2020). Reports indicate nearly 150 children were also detained (Reuters 01/10/2019).

Militant attacks and shelling also increased: a local human rights organisation reports at least 33 civilians killed between 5 August and 31 December 2019 (Anadolu Agency 31/12/2019).

The security clampdown remains in place in 2020, with heavy militarisation also resulting in a violent COVID-19 response (FP 13/04/2020). Security forces continue to restrict movement of civilians, forcibly detain protestors and disperse crowds, and hundreds of people remain in detention without formal charge (The Diplomat 21/01/2020, OMCT 01/04/2020). As of March 2020, calls urging India to allow entry to independent human rights investigators have been unsuccessful (Anadolu Agency 24/08/2019, Anadolu Agency 12/03/2020).

Aggravating Factors

Limited Health Capacity: Health capacity in Kashmir is low, with a doctor-patient ratio of 1:3,800 compared to the national average of 1:2,000 (Government of Jammu and Kashmir 03/2018). Additionally, there are only 207 medical specialists in Kashmir, the majority in Srinagar (Government of Jammu and Kashmir 2017). In rural Kashmir, no district hospital has an intensive care unit (ICU), and there are extreme shortages of specialists such as gynecologists, oncologists, or cardiologists (Scroll 18/06/2019).

Insecure Education Facilities: Given that 80% of schools in the Kashmir Valley are within one kilometre of a military base, they are extremely vulnerable to attacks and closures
Humanitarian Access Constraints

Very few international organisations are present in Kashmir and foreign staff is nearly non-existent (Transcend 03/10/2019). Reports suggest that Kashmir’s change from a state to union territory resulted in a change in legal structure for approving humanitarian access to the region, visas for foreign workers travelling from home offices in Delhi to sites in Kashmir were discontinued, and changes in approval of funding and programming caused humanitarian activities to be downsized or suspended (TRT World 15/01/2020).

International agencies in Jammu and Kashmir operate through local partners with permission from local authorities. Restrictions on activities, including bans on gatherings, forces aid workers to deliver aid to individual homes, slowing distribution (Islamic Help 2019).

Since August 2019, the United Nations High Commissioner for Human Rights and the International Commission of Jurists have called for access to Kashmir; as of March 2020, they have been unsuccessful (ICJ 11/02/2020).

Information gaps and needs

The long-term effects of the lockdown remain unclear due to information gaps regarding the number of people affected and the severity of needs. This is particularly true since additional restrictions have been placed on the region to prevent the spread of the COVID-19 outbreak, further limiting access to the region.

International agencies working in Kashmir often focus activities in the cities of Jammu or Srinagar, posing a challenge for gathering information on affected rural areas.

Contextual Information

Escalating Tensions: Early 2019

On 14 February 2019, 40 security personnel were killed in an explosion near Pulwama district in Indian-administered Kashmir, the deadliest attack in Indian Kashmir in 30 years (Nuclear Crisis Group 06/2019). The attack was claimed by Jaish-e-Mohammad (JEM), a Pakistani militant group (ICG 22/02/2019). Conflict between India and Pakistan quickly escalated: India conducted airstrikes in Pakistan’s Khyber Pakhtunkhwa province and Pakistan retaliated (BBC 27/02/2019). By 1 March, the aerial campaign saw the capture, and release, of an Indian pilot by the Pakistan Air Force, though it did not escalate further (NYT 01/03/2019). Nonetheless, the decision to launch attacks on Pakistani soil set the tone for Indian politics in 2019 by strengthening Hindu nationalism and worsening the political and humanitarian situation in Kashmir.

Indian Election: April-May 2019

When Narendra Modi and the Bharatiya Janata Party (BJP) came to power in 2014, it was on a campaign of Hindu-centric policies, including a harder stance on Pakistan and Kashmir (NPR 14/04/2019). The past five years have seen an increasingly assertive BJP and a prioritisation of Hinduism in India’s policy, laws, and daily life (Vox 08/08/2019).

A growing Hindu nationalism among India’s population coupled with the escalation with Pakistan just weeks prior, the Kashmir issue was front and centre at the April 2019 election. Modi and the BJP won in a landslide, and the promise to revoke Kashmir’s autonomy likely contributed to that victory (India Today 08/04/2019, The Guardian 23/05/2019).

Revocation of Articles 370 and 35A: August 2019

On 5 August 2019, India’s Home Minister, Amit Shah, announced a presidential decree revoking Articles 370 and 35A of the Indian constitution, the most far-reaching political move against in recent history (Economic Times 05/08/2019).

Article 370 outlined Kashmir’s autonomous status, granting jurisdiction over all matters not relating to finance, defense, foreign affairs, and communication (Govt of India 1954). Article 35A granted the local legislature the ability to define residency: such as forbidding land purchases or government employment for non-Kashmiris (Govt of India 1954). At the same time, Parliament passed the Jammu and Kashmir Reorganisation Bill 2019, which divided the state into two union territories: Jammu and Kashmir, and Ladakh, a small area of Kashmir which hosts a large Buddhist population and is disputed between Pakistan, India, and China (The Diplomat 01/08/2019, Economic Times India 06/08/2019). The result was that Jammu and Kashmir no longer had its own constitution, laws, or flag, but was under the complete jurisdiction of India’s central government (Al Jazeera 30/10/2019).