



GENDER ALERT ON COVID-19 | AFGHANISTAN

April 24, 2020

Issue I: Ensuring a Gender Sensitive Humanitarian Response

UN Women Afghanistan issues this alert, as a preliminary outline of gender specific considerations of the rapidly evolving situation in Afghanistan of the impact of COVID-19. This first alert focuses on promoting a gender sensitive response to the humanitarian situation, which puts the needs of women and girls at the centre. Future alerts will analyze gender specific impacts of COVID-19 in other areas including Violence Against Women and Girls and Women, Peace and Security.

This alert concludes with a set of preliminary recommendations for consideration by national and international stakeholders. UN Women Afghanistan is committed to advancing the rights of, and meeting the needs of women and girls, including through the COVID-19 crisis. This alert serves to advance this aim, by providing a basis for an informed discussion on the gender-specific impacts of COVID-19 in the humanitarian sector. Assessing, coordinating, and responding to the trends identified and discussed throughout this alert and future alerts provides an opportunity for stakeholders to come together and integrate gender considerations across the humanitarian response, for the benefit of women and girls in humanitarian need, and entire communities.

CONTEXT & EMERGING GENDER IMPACTS

Afghanistan is contending with a pandemic that compounds and exacerbates the impact of all other crises. COVID-19 comes at a time when the intersection of ongoing armed conflict, lack of access to services, poor labor demand, limited infrastructure, increased unemployment and high gender inequality are already negatively impacting Afghanistan's economic and social stability. Gender inequities exacerbate outbreaks, and responses that do not incorporate gender analysis exacerbate inequities.¹ Humanitarian actors are contending with delivering responses to COVID-19 in addition to delivery on existing humanitarian needs against the backdrop of continued high levels of conflict and insecurity.

Decades of economic and political crises have disproportionately affected women in Afghanistan. In 2019, Afghanistan ranked 170 out of 189 on the Gender Development Index, an index designed to measure gender equality.² Women have limited access to education, financial independence, and political participation, all of which heavily constrain the lives of Afghan women. Violence³ against women and girls is widespread with reports indicating 87%

¹Think Global Health. Julia Smith. Gender and the Coronavirus Outbreak. 4 February 2020. <https://www.thinkglobalhealth.org/article/gender-and-coronavirus-outbreak>

²UNDP (2019).

³Global Rights (2008). Living with violence: A national report on domestic abuse in Afghanistan.

of women have experienced intimate partner violence. Women and girls in Afghanistan continue to face persistent discrimination, violence, street harassment, forced and child marriage, severe restrictions on working and studying outside the home, and limited access to justice.

Conflict and humanitarian and health crises impact women and girls differently, and the COVID-19 pandemic is no exception. Early data indicates that women and girls face distinct and increased risks due to COVID-19 from health to the economy, security to social protection, including increasing levels of violence. The COVID-19 pandemic is likely to roll back the gains made on women's rights, to exacerbate gender inequalities and increase violence against women and girls and further limit women's access to critical services and resources to respond to the crisis. The outbreak amplifies women's domestic burden and makes their share of household responsibilities even heavier. In addition, in a time of national emergency and restricted movement, the schism between women's needs and ability to seek protection and recourse for rights violations are deepened. Access to services is particularly important during times of humanitarian and health crises such as this. Women are leaders at home and in society. Women are well placed to identify trends at a local level, including signals of outbreaks and general health conditions, and hold significant expertise across a range of issues pertinent to the COVID-19 response. Women and men are differentially impacted and often highlight different concerns and bring different perspectives, experiences and solutions to issues. They also have differing perceptions and concerns regarding culturally acceptable practices. As such, women must be consulted directly and not through men who are seen to speak on their behalf. It is critical that women and girls are fully engaged in the design, implementation and monitoring of humanitarian responses.

Ensuring women's full involvement in humanitarian response planning, leadership and delivery is essential in shaping and delivering a response which meets the humanitarian needs of both women, and men. Without adequate levels of women's representation in pandemic planning and response, and consultation with women themselves, women's specific needs will largely go unmet. Gender equality and the empowerment of women and girls is a critical component of achieving inclusive, effective and life-saving humanitarian action. However, humanitarian responses often miss opportunities to transform gender relations through the leadership and empowerment of women and girls in their role as decision makers, first responders and economic actors — notwithstanding that these are key to respond effectively and to building longer-term resilience and social cohesion of communities..

SPECIFIC AREAS FOR ATTENTION

Violence against women and girls:

A comprehensive response to COVID-19 must include interventions to prevent and respond to violence against women and girls. During the COVID-19 pandemic, the existing crisis of violence against women and girls in Afghanistan is very likely to worsen. Where movement is restricted, people are confined, poverty and unemployment are increasing, and protection and health systems are weak, women and girls are at greater risk of experiencing violence in their homes. At the same time, life-saving care and support to women is very likely to be compromised.⁴ As Afghanistan experiences restrictions in movement related to COVID-19, violence worsens for many women trapped at home with an abusive partner or family members, at a moment when service providers are less available than usual. UN Women Afghanistan's next COVID-19 Gender Alert will focus specifically on Violence Against Women and Girls.

Internal displacement:

There are high risks for the health of the populations living in displacement sites. Pre-existing challenges, including inadequate and crowded accommodation, insufficient water and sanitation facilities, extreme food insecurity and lack of access to education or employment opportunities,⁵ compound to make internally displaced people (IDP), particularly women, more vulnerable in the context of COVID-19. Women and girls are differentially impacted by displacement. The majority of women IDPs have limited or no access to basic services such as health and education, for reasons including lack of documentation, unavailability of services, and social and cultural barriers. Use of negative coping mechanisms among the IDPs such as child marriage, child labor, and unsafe work has been widely reported by humanitarian partners.

Despite the clear gender impacts of humanitarian crises, internally displaced women are routinely not consulted in humanitarian programming. When they are consulted, issues such as budget and logistics are often prioritized over the recommendations made by IDP women. In order to increase the effectiveness of the humanitarian response, it is critical to use participatory approaches and involve women in planning of activities so that the responses are better suited to their needs. When displaced women participate in activities that affect them, they are less likely to suffer from isolation, depression, and are more likely to have better self-esteem and self-confidence. Participation will increase the probability of successful outcomes of interventions because programs will be more suitable to the needs and wants of the beneficiaries. The higher the level of involvement of internally displaced women in programs, the greater the chances of them receiving the equal entitlements, especially for female-headed households.

⁴COVID-19 and ending violence against women and girls, UN Women (2020).

⁵Listening to Women and Girls Displaced to Urban Afghanistan, Norwegian Refugee Council and The Liaison Office (2015).

Healthcare:

Unlike many other parts of the world where women compromise the majority of health care professionals, in Afghanistan, due to cultural norms around women's roles outside the home, the number of women healthcare workers is limited. Social norms may dictate that women and girls are the last to receive medical attention when they become ill, which could hinder their ability to receive timely care for COVID-19.⁶ As such, women's ability to access healthcare remains seriously weakened due to limited availability of female health workers. This may mean women themselves or their families are less willing or able to get tested if they have symptoms.⁷ The disproportionate number of women who work in the health and social system may face stigma by communities due to the exposure they face. This will add extra burden to the challenge of already protecting the health of themselves and their families

Burden of care:

Women perform the vast majority of unpaid care work—more than three times as much as men.⁸ During public health crises such as COVID-19, this labor will often involve taking care of sick family members, and in the case of school closures, looking after children. Social norms, including those around expectations that women and girls are responsible for doing domestic work and taking care of sick family members—can expose women and girls to a greater risk of COVID-19. The current lockdown may also place new pressures on women as primary caregivers to children, the elderly, and sick family members. For instance, with the temporary closure of schools, women may take on additional caregiving. This added care burden adds stress and may affect the mental well-being of women and girls.⁹

Food insecurity:

Crises pose a serious threat to women's engagement in economic activities, especially in the informal sector, and may increase gender gaps in economic engagement.¹⁰ Women are often engaged in informal employment that is prone to disruption during public health emergencies such as COVID-19.

The risk of heightened food insecurity and malnourishment during public health emergencies is particularly grave for women and girls because social norms in some contexts dictate that they eat last and least.¹¹ Experience from past disease outbreaks indicates that women are primarily

responsible for procuring and cooking food for the family.¹² Increasing food insecurity as a result of a crisis may place women and girls at higher risk of intimate partner and other forms of domestic violence due to increased tensions in the household. Displaced households headed by women are less resilient in terms of livelihood and food security due to limited or no access to stable income sources, employment, and access to markets. They have to overcome many barriers to provide for their children.¹³ Additionally, the current situation increases the risk for the estimated 2 million children under the age of five and 485,000 pregnant and lactating women (PLW) who are already suffering from acute malnutrition.¹⁴

Intersectionality and Engaging Marginalized Groups in Pandemic Responses:

Intersectional approaches to analyzing and assessing the needs of women, and engaging them directly, requires acknowledging and addressing the distinct situation of different groups of women in Afghanistan. For example, women with physical and intellectual disabilities, women of particular ethnicities, women in prison, refugees and migrants and IDP women experience the highest degree of socio-economic marginalization.¹⁵ Marginalized women and girls can be at risk of being exposed to violence, and become even more vulnerable in emergencies particularly for those heavily dependent on the informal economy; living in high density informal settlements; with inadequate access to social and health services; limited capacities and opportunities to cope and adapt and/or limited or no access to technologies. To understand the marginalized groups concerns, fears and needs and to be able to provide them with immediate referral and assistance they have to be consulted.

One of the unique challenges raised by COVID-19 is the impact on women in prisons. Despite the presence of laws aimed at ending violence against women, women already experience extra-judicial punishment for culturally prohibited actions, such as running away from home or being a victim of the crime of rape. This means there are particular health and vulnerability questions, in addition to access to justice concerns, around those women who remain in Afghan prisons where risk of infection is high. As part of the COVID-19 mitigation plan, imprisoned women with their children have started to be released. However, gaps in social protection means that there are no places to welcome them safely, while providing support tailored to

⁶Peter Sands, "COVID-19 Threatens The Poor And Marginalized More Than Anyone," The Global Fund to Fight AIDS, Tuberculosis and Malaria, March 5, 2020 <https://reliefweb.int/report/world/covid-19-threatens-poor-and-marginalized-more-anyone>

⁷COVID-19 Multi-Sector Humanitarian Country Plan AFGHANISTAN (24 March 2020), page 10.

⁸International Labour Organisation (ILO). Care Work and Care Jobs for the Future of Decent Work. 2018. https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcom-m/---publ/documents/publication/wcms_633166.pdf

⁹Women's Needs & Gender Equality in Egypt's COVID-19 Response, UN WOMEN (2020).

¹⁰European Parliament A8-0281/2015. Report on the Ebola Crisis: The long-term lessons and how to strengthen health systems in development countries to prevent future crises.

¹¹UN World Food Program (WFP), "Women Are Hungrier," WFP, accessed March 14, 2020, <https://wfpusa.org/women-arehungrier-infographic/>

¹²Gender in Humanitarian Action (GiHA) Asia and the Pacific, "The COVID-19 Outbreak And Gender: Key Advocacy Points From Asia And The Pacific," GiHA, March 2020, <https://asiapacific.unwomen.org/en/digital-library/publications/2020/03/the-covid-19-outbreak-and-gender>

¹³HNO 2020

¹⁴<https://www.unicef.org/afghanistan/media/3911/file>

¹⁵Universal Values: Leave No One Behind (LNOB) <https://unsdg.un.org/2030-agenda/universal-values/leave-no-one-behind>.

their needs. Approximately 700 more imprisoned women and their children will be released. When this takes place, service providers must be prepared and able to find appropriate spaces to host them.

RECOMMENDATIONS

All Actors:

- Directly engage women and women's civil society in design and delivery of COVID-19 response.
- Where collecting data, include equal numbers of women as men, collecting information from women directly on their situation, needs and opinions, rather than through male family-members.
- Provide information about COVID-19 in ways that account for differing literacy rates amongst women and men, and different levels of access to mobile phones.
- Disaggregate data on the basis of age, sex, and disability.
- Pursue gender-balanced humanitarian planning, response and community engagement staffing and teams.

Health actors:

- Ensure that all women, including IDPs, and women with disabilities, have access to health care services.
- Provide gender-segregated isolation and quarantine centers, including with provisions for women isolating or quarantined with children.
- Train health care workers to identify women and girls experiencing violence; to handle disclosures in a compassionate, non-judgmental way; and know to whom they can refer patients for additional care.
- Involve existing female health care workers and local women leaders in decision making to ensure that responses to COVID-19 adequately address the needs of women and girls in each community.
- Disaggregate outbreak-related data by sex, age, and disability to understand differences in exposure and treatment.

