



Rapid Gender Analysis, Afghanistan

Introduction

Afghanistan's COVID-19 crisis is compounding an already fragile situation. Before COVID-19 struck, 14 million Afghani's did not have enough food, and 3.5 million Afghani's were displaced because of crisis. Since COVID-19 started, there has been a 44% increase in the number of people dependent on aid to survive.

Between May 17 and June 30, 2020, this [Rapid Gender Analysis](#) collected surveys from 320 people and interviewed 78 leaders and public officials to better understand COVID-19's impact on women so far, and how humanitarian responses can better meet people's needs as the crisis evolves.

Key Findings

- **Women's access to health services has been decimated.** In Afghanistan, 67% of women cannot go to health services without a male escort. The COVID-19 movement restrictions mean that women now cannot go to health centers at all. This means women are not getting COVID-19 testing. 73% of women say they now have no access to family planning.
- **Women cannot access information.** While 80% of women have access to a mobile phone in Afghanistan—primarily through a male family member—45% of women say they cannot get enough information about COVID-19, and 15% they cannot get any information. Women are generally not allowed to use a phone without men's permission.
- **Gender Based Violence is a serious concern.** Gender Based Violence was already high—with 87% of women in Afghanistan experiencing some form of GBV. While only 9% of people are reporting increases in household conflicts,

“The number of female visitors for health check-ups reduced significantly. ... their male [family] members are at home due to the COVID outbreak who are reluctant to allow women to receive health support in health centers.”

- Doctor in Balkh Province

may women are reporting increased GBV and criminality in public spaces as anxiety rises and people lose jobs.

- **Food is people's primary concern, and women are eating least.** 62% of people (and 58% of women) say their highest need is food. Men and women eating fewer meals at least 3 days a week, and less nutritious diets 5 days a week. On average, women losing one more day of meals a week than men are.
- **Income and job loss are high, and women are getting pushed out of the labor market.** 55% of women prioritized cash to make up for income losses. 300,000 Afghan migrant workers returned home because of the crisis and lost all income. 40% of people have lost access to daily labor as a source of income, and 13% of people say they have lost their income completely. As men lose jobs, they displace women in ways women traditionally earn money.
- **Humanitarian assistance has not been enough, and is excluding women.** Only 8% of the people CARE interviewed have gotten humanitarian aid in the last 30 days. Women are especially excluded. 37% of respondents say humanitarian assistance is prioritized for men, 15% say that the lack of female humanitarian staff makes it impossible for women to access aid, and 14% of people say that women's families will not allow them to access aid.
- **Safety nets are running out.** 25% of people have already sold or consumed assets in order to eat, 40% have spent down savings. Local leaders have mobilized what resources they could to help the poorest people in their communities, but this is ad hoc and there are few resources available.
- **People cannot access hygiene supplies.** 88% of people have said they cannot access hygiene kits and health supplies they would need to prevent the spread of COVID-19.
- **Child marriage is rising.** Girls are at higher risk of child marriage. As one woman said, "The number of child marriage in this Corona situation has been increased; small aged girls are married to older men as a third or second wife for money. I have 14 old daughters, whom I fear that my husband would marry her to head of our IDP camp; I have heard that some negotiations already ongoing between my husband, his family, and the IPD camp head. I am not going to allow this even if it costs my life; this will be a tough issue for me."

"With the COVID-19 outbreak, [home-based jobs are] no longer available for us. Market demand reduced, and men started doing these works when available".

- *Woman, Herat Province*

Recommendations

To humanitarian leadership and donors: Request the clusters to integrate the recommendations from the Rapid Gender Analysis in their response plans and to implement subsequent actions. This is essential to ensure that humanitarian assistance reaches women, girls and most at-risk population groups. The ICCT should develop a matrix to track the key actions to be taken by the clusters.

To the World Bank and development donors: Ensure that a gender-responsive and transformative social safety net response is implemented - in coordination with humanitarian actors. In particular, the World Bank should ensure that the newly released "Afghanistan COVID-19 Response Development Policy Grant"¹ benefits women, girls, and marginalized population groups. This entails tracking the gendered impact of the grant and making sure that robust gender indicators are used to inform funding allocation and monitor projects implementation.

To the Health Cluster, OCHA, and donors: Ensure that there is continued and flexible funding for the provision of essential and lifesaving Sexual and Reproductive Health services throughout the COVID-19 response, in line with the Minimum Initial Service Package (MISP). SRH should be duly considered in pooled funding allocation.

The full Rapid Gender Analysis is available online: <http://www.careevaluations.org/evaluation/afghanistan-covid-19-rga-july-2020/>

¹ <https://reliefweb.int/report/afghanistan/world-bank-200-million-afghanistan-protect-people-support-businesses-amid-covid>