

AFGHANISTAN NOW

PRIORITIZING GBV TO LEAVE NO WOMAN OR GIRL BEHIND

In the first and second quarter of 2021, Afghanistan has experienced a spike in insecurity with significant gender dimensions. Attacks on health facilities have targeted female workers; in May there was an attack on a girls' school, and in the first quarter UNAMA Protection of Civilians report identified a "worrying trend" of targeted killings of civilian women. The uncertainty around the peace agreement; the intensified fighting and escalation of conflict following the decision on withdrawal of international forces in September; heightened food insecurity; natural disasters and the additional threat of COVID-19 have heightened the GBV risks and need for humanitarian assistance.

ESTIMATED 7.4 MILLION WOMEN AND GIRLS IN NEED OF LIFE-SAVING GBV SERVICES.

With overall, 56% of ever-married women reporting ever having experienced violence⁽¹⁾, women suffer an increased risk of sexual and gender-based violence with the breakdown of social structures, reduced security and significantly reduced access to specialized services in the increasingly fragile conflict and socio-economic environment. Domestic violence, early marriage, forced marriage and the sale of girls to ease families' economic strains are all likely to rise, keeping Afghanistan high in the ranks as one of the most dangerous places to be a woman ⁽²⁾.



GBV IN EMERGENCY INTERVENTIONS CONTINUE TO BE SEVERELY UNDERFUNDED (3)

Consequently, GBV service providers now face the prospects of closing or minimizing their services, just at the time when women and girls need them the most.

"Specialized GBV programming is needed from the outset to provide targeted structures, staffing and programs that offer counseling, connect survivors to assistance and provide safety amidst chaos. These programs also ensure that GBV experts are on the ground to inform the way that prevention and response are integrated across sectors and ensure accountability to GBV standards within the humanitarian community"⁽⁴⁾.

HUMANITARIANS PROJECT 500,000 PEOPLE TO BECOME DISPLACED IN CASE OF ESCALATION OF CONFLICT

The majority being women and children and in need of GBV prevention, risk mitigation and response services in the next three months.

In such circumstances, GBV coordination becomes paramount to ensure that lifesaving services reach the persons at highest risk in a timely and effective way.



IMMEDIATE SOLUTIONS MUST BE CONSIDERED TO ADDRESS THE INCREASING NEEDS OF AFGHANISTAN'S WOMEN AND GIRLS.

All actors should commit to addressing the violence against women and girls. This should include:

- Ensuring immediate funding for GBV life-saving programming - such as clinical care for sexual assault survivors, case management and psychosocial support, and reproductive health and rights services - which is adequate to respond to the compounding needs of women and girls.
- Ensuring funding to strengthen coordination of GBV programming throughout Afghanistan, by, inter alia, supporting regional and national level coordination, as well as safe and ethical information management.

There is no time to waste to take action for the safety, dignity and lives of Afghan women and girls.

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¹Afghanistan Demographic and Health Survey 2015, p.276 <https://dhsprogram.com/pubs/pdf/FR323/FR323.pdf>

²Georgetown Institute for Women, Peace and Security. 2019. "Women, Peace and Security Index 2019/20" <https://giwps.georgetown.edu/wp-content/uploads/2019/12/WPS-Index-2019-20-Report.pdf>

³<https://fts.unocha.org/countries/1/flows/2021?f%5B10%5D=destinationPlanIdName%3A929%3AAfghanistan%202020&f%5B11%5D=destinationGlobalClusterIdName%3A13%3AGender%20Based%20Violence>

⁴The GBV Sub Cluster is conducting regular mappings of humanitarian funding for GBV programming and working closely with partners to improve accuracy and precision of reporting on funding gaps.

⁴The International Rescue Committee, "Lifesaving not optional", February 2013, https://themimu.info/sites/themimu.info/files/documents/Ref_Doc_Lifesaving_Not_Optional_-_Discussion_Paper_Feb2013.pdf