



Afghanistan Inter-agency Rapid Gender Analysis

November 2022

Photo: © UN Women/ Sayed Habib Bidel



GENDER
IN HUMANITARIAN ACTION
Afghanistan

©2022 Afghanistan Gender in Humanitarian Action (GiHA) Working Group. All rights reserved.

The views expressed in this publication are those of the authors and do not necessarily represent the views of the GiHA Working Group, its co-leads UN Women and IRC, or any of its affiliated organizations.

Acknowledgments

This report was prepared by the GiHA Working Group in Afghanistan, the Afghanistan Gender Capacity (GenCap) Advisers, as well as CARE International. The report was developed in coordination with the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), the World Food Programme (WFP), the United Nations' Children Fund (UNICEF), the United Nations Population Fund (UNFPA), REACH Initiative and the International Rescue Committee (IRC). The report was edited by Beatriz Belfrage de Melo and Joseph Twomey and designed by Marichu Penas.

The GiHA Working Group and its co-leads are grateful for the support of their partners including the UN Office for the Coordination of Humanitarian Affairs (OCHA) and the Inter-Cluster Coordination Team (ICCT) in Afghanistan in reviewing the findings of the study, as well as for the assistance of UN Women and CARE International field offices in Bamyan, Ghazni, Herat, Kandahar, Khost, Jalalabad and Mazar-i-Sherif for organizing and hosting focus group discussions (FGD) with humanitarian partners. Our thanks also go to all the respondents from local and international non-governmental organizations (NGOs) and UN agencies, as well as cluster leads and gender specialists, who contributed their time to respond to the queries of the study.

Table of Contents

ACRONYMS AND ABBREVIATIONS	5
EXECUTIVE SUMMARY	6
1. INTRODUCTION	9
1.1 Humanitarian situation	9
1.2 Rapid Gender Analysis Objectives and Methodology	11
2. OVERVIEW OF GENDER RELATIONS IN AFGHANISTAN RELEVANT TO THE HUMANITARIAN RESPONSE	12
2.1 Gender-related barriers in access to assistance and services	15
2.2 Participation of underrepresented groups in humanitarian response	17
2.3 Specific groups at greater risk	20
3. SECTOR-SPECIFIC ISSUES	23
3.1 Protection	23
Gender-Based Violence	24
Child Protection	24
Housing, Land and Property Rights	25
3.2 Livelihoods	25
3.3 Food Security	25
3.4 Nutrition	26
3.5 Health, including sexual and reproductive health and mental health	27
3.6 WASH	28
3.7 Emergency shelter and non-food items	28
3.8 Education	28
3.9 Rule of law and access to justice	29
3.10 Protection from sexual exploitation and abuse (PSEA)	30
4. NAVIGATING CHALLENGES TO GENDER-RESPONSIVE HUMANITARIAN RESPONSE IN AFGHANISTAN: GOOD PRACTICES	31
4.1 Background and methodology	31
4.2 Good practices by cross-cutting area	32
Assessment and registration	32
Distribution and service provision	33
Monitoring	35
Accountability to Affected People	36
Advocacy and access	37
Partnerships and collaborations	38
Women humanitarian workers' participation in the response	39
ANNEXES	40
Annex 1: Demographic Profile	40
Annex 2: HPC Gender and Inclusion Workshop, 21 September 2022	41
Annex 3: RGA Primary Data Collection Plan and Questionnaire	43

Acronyms and Abbreviations

AAP	Accountability to Affected People	MSNA	Multi-Sectoral Needs Assessment
AAWG	Afghanistan Assessments Working Group	NGO	Non-Governmental Organization
AHRC	Afghanistan Independent Human Rights Commission	NSIA	National Statistics and Information Authority
COVID-19	Coronavirus Disease 2019	OCHA	United Nations Office for the Coordination of Humanitarian Affairs
CSO	Civil Society Organization	OHCHR	Office of the United Nations High Commissioner for Human Rights
DFA	De Facto Authorities	PDM	Post Distribution Monitoring
DTM	Displacement Tracking Matrix	PSEA	Protection from Sexual Exploitation and Abuse
EASO	European Asylum Support Office	SADDD	Sex, Age, and Disability Disaggregated Data
ESNFI	Emergency Shelter and Non-Food Item	SEA	Sexual Exploitation and Abuse
FGD	Focus Group Discussion	SIGAR	Special Inspector General for Afghanistan Reconstruction
GBV	Gender-Based Violence	U5	Under-Five UN United Nations
GiHA	Gender Equality in Humanitarian Action	UNAMA	United Nations Assistance Mission in Afghanistan
HLP	Housing, Land and Property	UNFPA	United Nations Population Fund
HNO	Humanitarian Needs Overview	UNHCR	United Nations High Commissioner for Refugees
HRW	Human Rights Watch	UNICEF	United Nations Children's Fund
IASC	Inter-Agency Standing Committee	UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
IARGA	Interagency Rapid Gender Analysis	USA	United States of America
ICCT	Inter-Cluster Coordination Team IDA International Development Association	USAID	United States Agency for International Development
IDP	Internally Displaced Person	WASH	Water, Sanitation and Hygiene
ILO	International Labour Organization	WoAA	Whole of Afghanistan Assessment
IOM	International Organization for Migration	WFP	World Food Programme
IPC	Integrated Food Security Phase Classification	WHO	World Health Organization
IRC	International Rescue Commission		
KII	Key Informant Interview		
MHPSS	Mental Health and Psychosocial Support		
MMR	Maternal Mortality Ratio		



Executive Summary

The complex and protracted humanitarian crisis in Afghanistan affects persons of all genders, at-risk and marginalized groups differently. Women and girls are disproportionately affected because of gender-specific restrictions that directly impact their ability to realize their rights. Traditional gender norms and patriarchal cultures have long reinforced discrimination against women and girls in Afghanistan, increasing their vulnerability and decreasing their capacity to recover from shocks, leaving them disproportionately affected during crises. In rural areas, women also face compounded layers of challenges, due to entrenched gender norms and unavailability of services.

Based on the CARE International Rapid Gender Analysis methodology, the Interagency Rapid Gender Analysis (IRGA) for Afghanistan humanitarian response aims to better understand the gendered impact of the current humanitarian crisis.

The **main factors and findings** noted in the IRGA are:

Afghanistan's literacy rate is estimated at 23 per cent for women – with rural women being less likely to be literate. This can be compared with an average of 52 per cent literacy rate for men¹. Despite literacy rates for women more than doubling in the past 20 years, they remain some of the lowest in the world.

As a result of conflict and displacement, as well as poverty-induced migration, traditional family units have been disrupted, resulting in **an increase in the number of households headed by women**, older people and, in some cases, children.

Restrictions currently in place have impacted women's access to services across Afghanistan. Access to health services, markets and Water, Sanitation and Hygiene (WASH) resources for women and girls have long been complex, and dependent on many factors. However, since the de facto authorities (DFA) takeover of state power in 2021, women's unaccompanied access to health facilities and markets has decreased²; while the proportion of those reporting access when accompanied had increased.

Service availability and high costs were the primary barriers for women-headed households in accessing basic services, according to the *Annual Whole of Afghanistan Assessment (WoAA)* for 2022. Compared to 2021, **women-headed households face a 10 per cent increase in restrictions to their access to markets, water points and health facilities.**³ Quarterly protection analysis throughout 2022 also shows that discrimination is one of the main reasons for women being denied access to services.⁴

The absence of women staff and restrictions on women humanitarian workers was also noted as a barrier by women looking to access services. This is compounded by **difficulties faced by women Civil Society Organizations (CSOs) to continue operating**, while they often provide a key link between humanitarian actors and affected women and girls.

The near collapse of the health system, due to the freezing of International Development Association (IDA) funds, combined with reports

1 World Bank, 2021

2 From 51 to 39 per cent for health, and from 48 to 30 per cent for markets.

3 REACH. 2022. Annual Whole of Afghanistan Assessment. September 2022.

4 Afghanistan Protection Cluster. 2022. Protection Analysis Updates. Q2 and Q3 2022

from the field of rising rates of early marriage and the related likelihood of early pregnancy, risks increasing the **alarmingly high numbers of maternal deaths and infant mortality** in country.

Approximately 28 per cent of women do not have a *tazkira* (Afghan national identity card). This impacts their ability to access services where identification is required, including humanitarian assistance and education.

Women's ability to work and earn a livelihood has been disproportionately affected by a combination of pre-existing gender disparities in the labour force, the current economic crisis and new restrictions on women's employment and movement, with severer impacts for women-headed households. Women are disproportionately affected by these phenomena given their already low participation in the labour market, which hinders their ability to navigate and recover from shocks. In addition, women and girls tend to be more affected by food insecurity, often being the lowest priority in terms of access to food consumption and/or nutrition inside the household.⁵

Key sectors of the labour market were negatively impacted by the Coronavirus Disease 2019 (COVID-19) pandemic, and have been further devastated by the current food security and economic crisis. These include those sectors employing the largest percentage of women, such as agriculture, public administration and social services – including teachers and health care workers, many of whom have gone months without wages, due to the liquidity crisis.

While there is a general increase in the Afghan population's feeling of safety due to the cessation of conflict in different parts of the country,

14 per cent of women and 14 per cent of girls reported having experienced a protection incident during the previous 3 months, figures which due to the precarious social standing of many Afghan women and fear of speaking out, are likely to not reflect the full extent of this phenomenon.

The IRGA found that the abovementioned aspects have multiple impacts on the humanitarian response:

Increase of **restrictions on freedom of movement has meant a drastic reduction in access to services for women and girls**. Those from ethnic minority groups, those with mental or physical challenges, and those living in remote areas are particularly affected.

Key barriers to participation and accountability in humanitarian action include: limited consultation with women, excluded and under-represented groups in humanitarian assessments; limited awareness and/or use of feedback and complaints mechanisms (particularly among women, people with disabilities and undocumented returnees); exclusion of women and under-represented groups in decision making; lack of diversity among humanitarian staff; restrictions on women aid workers, and marginal space for women's CSOs to operate.

Vulnerable groups tend to be under-represented in assessments, and rarely benefit from targeted programming, including the elderly, persons with disabilities, rural women and girls, widows, youth, and ethnic minority groups. Country-wide assessments struggle to capture the intersectionalities of experience (e.g. an elderly rural woman with disabilities) and various vulnerabilities. Moreover, the specific situation of women and girls living in male-headed households requires additional analysis,

5 CARE. 2022. The Impact of the Food Crisis on Women and Girls in Afghanistan. November 2022.

as these women are often made invisible when assessments only consider the head of household.

Economic hardship and food insecurity affect headed households disproportionately. Negative coping strategies across households include limiting food intake (with women disproportionately affected), increases in child labour and early marriage.

Girls' access to education, already limited under Republic of Afghanistan rule, and further impacted by the COVID-19 pandemic, has been further restricted since August 2021, with schooling for girls capped at primary level in most provinces. The longstanding challenge of having an insufficient number of girls' schools and women teachers, especially in remote areas, has been exacerbated by movement restrictions and teachers' salaries going unpaid, due to the freeze on public finances.



Photo: © UN Women/Sayed Habib Bidel

1. Introduction

1.1 Humanitarian situation

The multidimensional crisis in Afghanistan involves decades of conflict; cyclical natural disasters such as flooding and drought; rising food insecurity and poverty; the impact of COVID-19,⁶ and steep economic decline. This has increased in severity following the withdrawal of foreign troops, the Taliban takeover, the freezing of international aid, and overall economic collapse.⁷ A rapid reduction in international grant support, disruption to financial linkages and the impact of the conflict in Ukraine have all contributed to a major contraction of the economy, increasing

poverty and leading to high unemployment.⁸ The crisis affects at-risk and marginalized groups differently⁹ and there are gender-specific restrictions that directly impact the ability of women and girls to realize their rights, and exacerbate the challenges facing these groups. The 2022 Whole of Afghanistan Assessment conducted by REACH indicates that households from all population groups continued to prioritize food, livelihoods, health care and debt repayment, while the Integrated Food Security Phase Classification (IPC) Afghanistan

6 The onset of the COVID-19 pandemic in 2020 and the worsening food security and economic crises have had a disproportionate impact on women and girls. The IRC and UN Women report that COVID-19 led to loss of livelihoods and a corresponding reduction in household income, pandemic-related restrictions and strains on basic services, leading to decreased freedom of movement and limited access to basic services (including health), and increasing caregiving and domestic responsibilities, leading to higher levels of stress and negative mental and emotional health consequences. IRC/UN Women. 2020. Unlocking the Lockdown. Oct 2020, pp. 14, 17. UNICEF reports that COVID-19 also brought increased food insecurity, rising food prices, loss of income and increased negative coping strategies to deal with food insecurity (including child marriage, child labour and migration). UNICEF (United Nations Children's Fund). 2021. Situation analysis of Children and Women in Afghanistan. August 2021, p. 6. Available from: <https://www.unicef.org/afghanistan/reports/situation-analysis-children-and-women-afghanistan/>.

7 OCHA (United Nations Office for the Coordination of Humanitarian Affairs). Humanitarian Needs Overview 2022, p 7.

8 IPC (Integrated Food Security Phase Classification). 2022. Afghanistan Integrated Food Security Phase Classification. IPC Acute Food Insecurity Analysis. March-November 2022. May 2022. The IPC Acute Food Insecurity scale was introduced in Afghanistan in August 2011 and led by FAO through the Food Security and Agriculture Cluster (FSAC), with financial support from ECHO. Since 2012, the country has been conducting IPC Acute Food Insecurity analyses in all 34 provinces once a year. The IPC classification system contains the following categories: Phase 1: People in Food Security Phase 2: People in Stress Phase 3: People in Crisis Phase 4: People in Emergency Phase 5: People in Catastrophe Find out more at: <https://www.ipcinfo.org/ipcinfo-website/where-what/asia/afghanistan/en/>

9 UNHCR (United Nations High Commissioner for Refugees). 2021. Multi Sectorial Rapid Assessment Analysis. April 2021.

Assessment for 2022 concludes that despite a lull in conflict, severe acute food insecurity remains unprecedented across Afghanistan, and that the provision of humanitarian assistance throughout winter 2021/22 likely prevented a human catastrophe.¹⁰ By early 2022, protein intake per household was recorded as half that consumed prior to August 2021.¹¹ Fruits, vegetables and dairies consumption has also shrunk¹², meaning that all forms of sustenance have been impacted by the humanitarian situation.

The IPC assessment for 2023 reveals concerning numbers, with 46 per cent of the population, or 19.9 million Afghans falling into the IPC3+ phase between November 2022 and March 2023 (41 per cent of the population were classified as falling into this phase between March 2022 and November 2022).¹³ The loss of livelihoods, along with recent restrictions imposed on women's mobility, increased food prices and diminished access to cash, means Afghans, especially women and girls, have less access to food than before August 2021. Women reported eating less food than other household members.¹⁴ When women live in joint families¹⁵, the newest woman in the household (generally a daughter-in-law) is likely to be the

most food insecure, as she has the sociocultural role of ensuring all other senior members of the household are cared for before she can care for herself.¹⁶

To further compound the situation, the IPC assessment for 2022 indicated a significant reduction in income for 80 per cent of households surveyed.¹⁷ As much as 97 per cent of households reported lower income than the same time the previous year, largely because of job loss, employment and fewer employment opportunities. Two-thirds of the population are resorting to extreme coping mechanisms to feed their families – such as child labour, forced marriage, selling children or vital organs, and selling productive assets; a proportion that six times higher than that recorded before August 2021.¹⁸ Debt is a significant challenge for 94 per cent of households, which slows economic recovery.¹⁹ Approximately 88 per cent of households have (further) sunk into debt to buy food. Households in rural areas were reported as having higher debt than the national average. While women-headed households have lower-than-average debt,²⁰ this could be linked to them not having access to lenders for credit, putting them further at risk of resorting to negative coping strategies.

10 IPC (Integrated Food Security Phase Classification). 2022. Afghanistan Integrated Food Security Phase Classification. IPC Acute Food Insecurity Analysis. March-November 2022. May 2022.

11 WFP (World Food Programme) 2022. Afghanistan Food Security Update. Round 5: January 2022.

12 WFP (World Food Programme) 2022 Afghanistan Food Security Update Round 11: July 2022.

13 IPC (Integrated Food Security Phase Classification). 2022. Afghanistan Integrated Food Security Phase Classification. IPC Acute Food Insecurity Analysis. March-November 2022. May 2022.

14 CARE. 2022. The Impact of the Food Crisis on Women and Girls in Afghanistan. November 2022.

15 Afghan households are generally large and multigenerational. It is customary for women to move in with their husbands' family at marriage.

16 Ibid.; OCHA (United Nations Office for the Coordination of Humanitarian Affairs). 2022. Humanitarian Needs Overview 2022, p. 43 – additional facts: Humanitarian needs: 22 per cent (5.5M) are women and 24 per cent (5.8M) are men (total 10.7M adults); 54 per cent (13.1 M) are children (up from 53 per cent in 2021), including 6.3M girls (26 per cent) and 6.8M boys (28 per cent); 0.6M elderly (over 64 years); 690,000 persons are newly displaced due to conflict, out of which 80 per cent are women and children; Shock-affected non-displaced people; Vulnerable people with humanitarian needs; Cross-border returnees; 72,000 refugees living in Afghanistan.

17 IPC (Integrated Food Security Phase Classification). 2022. Afghanistan Integrated Food Security Phase Classification. IPC Acute Food Insecurity Analysis. March-November 2022. May 2022.

18 HCT Key Messages, April 2022.

19 REACH. 2022. Annual Whole of Afghanistan Assessment. September 2022.

20 Both the proportion of households taking on debt and the average amount of debt have increased, and it now stands at US\$650. The average monthly household income is \$75, and the average expenditure is \$95 (a net negative of \$28). REACH. 2022. Mid-Year Whole of Afghanistan Assessment. July 2022.

The significant decrease in conflict since September 2021 has not necessarily translated into increased access and services for some groups who have traditionally been excluded and are now facing the impact of restrictions put in place by the DFA. A sharp increase in restrictions for women humanitarian workers is further reducing access.²¹ The participation of front-line women humanitarian workers, for example, is essential for delivering critical services to Afghan women and girls, and monitoring those services provided. The 2022 Humanitarian Response Plan specifically commits to facilitating the equitable and meaningful participation of women and girls, and other under-represented groups, across the humanitarian response.²² However, persistent gaps in available sex, age, and disability disaggregated data (SADDD) across sectors, coupled with restrictions on women's movement, impacting their access to services, present challenges to fulfilling this goal.²³

1.2 Rapid Gender Analysis Objectives and Methodology

Afghanistan Interagency Rapid Gender Analysis

This IRGA for Afghanistan humanitarian response aims to better understand the gendered impact of the current humanitarian crisis.²⁴ It is based on the CARE Rapid Gender Analysis methodology; while the primary data collection strategy and tools have been developed by the United Nations

Entity for Gender Equality and the Empowerment of Women (UN Women) and CARE specifically for the Afghanistan context, to map good practices to reach women and girls and improve the 2023 humanitarian response. Technical leads representing each of the collaborating organizations – REACH, World Food Programme (WFP), UN Women, the International Rescue Committee (IRC), CARE, the United Nations Population Fund (UNFPA), the United Nations Children's Fund (UNICEF), and the Interagency Senior Gender Advisor (GenCap) – oversaw the report, in collaboration with the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), the Inter-Cluster Coordination Team (ICCT), the Afghanistan Assessments Working Group (AAWG), and under the direction of the humanitarian leadership. This report will inform a more targeted, effective and efficient humanitarian response plan for 2022/23. The analysis will be used to inform upcoming assessments, to address gaps in the humanitarian response across clusters within the framework of the ICCT and the AAWG, and to inform relevant humanitarian advocacy efforts.

This RGA comprised two phases: (1) a comprehensive secondary data review of more than 150 documents from both before and after 15 August 2021, and (2) primary data targeting humanitarian field workers through Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs) in eight provinces, including Kabul, aimed at collecting insights on good practice on the integration of a gender lens and women and girls' participation into the humanitarian response.

21 Female Participation in the Humanitarian Response, OCHA, September 2022

22 OCHA (United Nations Office for the Coordination of Humanitarian Affairs). 2022. Humanitarian Response Plan. Humanitarian Programme Cycle 2022. January 2022. Available from: <https://reliefweb.int/sites/reliefweb.int/files/resources/afghanistan-humanitarian-response-plan-2022.pdf>; GiHA (Gender Equality in Humanitarian Action). 2022. Women's CSOs. March 2022

23 OCHA (United Nations Office for the Coordination of Humanitarian Affairs). 2022. Humanitarian Needs Overview 2022, p. 7.

24 The purpose of an RGA is to analyse disaggregated data to understand the differentiated needs, priorities, coping strategies and vulnerabilities of the crisis based on gender and intersectionality factors to inform an equitable and effective humanitarian response; determine whether more specific or additional measures are needed to ensure equitable results (including greater involvement in programmes and access to assistance) for women, men, girls, and boys of all ages, status and vulnerabilities; identify any risks from proposed interventions/approaches; and propose actions to address the underlying causes of gender inequality to inform long-term sustainable programming.



Photo: © UN Women/Sayed Habib Bidel

2. Overview of Gender Relations in Afghanistan relevant to the humanitarian response

Traditional gender norms and the patriarchal culture have long reinforced discrimination against women and girls in Afghanistan, increasing their vulnerability and decreasing their capacity to recover from shocks, and leaving them disproportionately affected during crises. In 2019, Afghanistan ranked 166 out of 167 states in the Gender Development

Index.²⁵ In addition to gender, inequities by location, wealth and legal status are acute,²⁶ as are those related to age, ability, ethnicity, civil status, and sexual orientation. Together, these intersecting identities shape people's access (or lack thereof) to basic services, decision-making, representation, information, resources and protection.

25 UNDP (United Nations Development Programme). Human Development Insights. Available from: <https://hdr.undp.org/sites/default/files/Country-Profiles/AFG.pdf>

26 UNICEF (United Nations Children's Fund). 2021. Situation analysis of Children and Women in Afghanistan. August 2021

Afghanistan has one of the highest maternal mortality rates in the world, with 638 deaths per 100,000 births.²⁷ The infant mortality rate stands at 45 per 1,000 births,²⁸ with the under-five mortality rate 58 per 1,000 live births.²⁹ Only 37 per cent of Afghan mothers receive postnatal care within two days of giving birth.³⁰ According to some estimates, the current gaps in health services will potentially increase the Afghanistan's maternal mortality ratio (MMR) from 638 deaths per 100,000 live births, to 963 deaths per 100,000 live births in the next two years – a 51 per cent increase.³¹

Afghanistan's literacy rate is estimated at 17 per cent for women, compared to 45 per cent for men.³² Prior to the Taliban takeover of August 2021, girls already faced challenges in accessing the schooling system, specifically in Taliban-held areas.³³ A 2017 Human Rights Watch Report found that an estimated two-thirds of Afghan girls did not go to school, sixteen years after the military intervention led in the country led by the United States of America (USA). The report argued that progress towards the goal of getting girls into schools had been reversed due to the worsening security situation.³⁴

Gender-Based Violence (GBV) remains widespread in Afghanistan: a World Bank health survey in 2015 found that 56 per cent of married women had experienced violence.³⁵ Cases of intimate partner violence, child and early forced marriage and 'honour' killings³⁶ were frequent but underreported prior to August 2021,³⁷ as were cases of sexual abuse and trafficking of young boys. A June 2022 report from the United Nations Assistance Mission in Afghanistan (UNAMA) mentions 87 reported cases of murder, rape, suicide, forced marriage, assault and honour killings since the Taliban takeover.³⁸ The report adds that none of these cases were processed through the formal justice system, due to the dissolution of dedicated mechanisms to deal with GBV cases. According to a May 2022 statement by the Special Rapporteur on Afghanistan of the Office of the United Nations High Commissioner for Human Rights (OHCHR),³⁹ the financial measures imposed by the United States, together with the drought and widening gender-based discrimination adopted by the DFA has exacerbated GBV.

27 Numbers as of 2017 (latest data available), down from 1,450 death per 100,000 in 2000. World Bank. Maternal mortality ratio (modeled estimate, per 1,000 live births) - Afghanistan. Data. I: WHO (World Health Organization) et al. 2019. Trends in Maternal Mortality: 2000 to 2017. Available from: <https://data.worldbank.org/indicator/SH.STA.MMRT?locations=AF>; VOA News reports that maternal mortality is expected to increase in light of the near collapse of the health system following the Taliban takeover. Dawi, A. 2022. "Afghanistan Faces Return to Highest Maternal Mortality Rates." Voice of America English News. 7 March 2022. Available from: <https://www.voanews.com/a/afghanistan-faces-return-to-highest-maternal-mortality-rates-6474248.html>.

28 Numbers as of 2020 (latest data available), down from 90.5 deaths per 1,000 in 2000. World Bank (n.d.). Mortality rate, infant (per 1,000 births). In UN Inter-Agency Group. UN Inter-agency Group for Child Mortality Estimation. Available from: <https://data.worldbank.org/indicator/SP.DYN.IMRT.IN?locations=AF>.

29 Data as of 2020. UNICEF (United Nations Children's Fund). Country profiles: Afghanistan. Data. Available from: <https://data.unicef.org/country/afg/>.

30 Data as of 2018. UNICEF (United Nations Children's Fund). Country profiles: Afghanistan. Data. Available from: <https://data.unicef.org/country/afg/>.

31 HCT Key Messages, April 2022.

32 World Bank. Literacy rate, adult female (% of females ages 15 and above) - Afghanistan. Available from: <https://data.worldbank.org/indicator/SE.ADT.LITR.FE.ZS?locations=AF>.

33 See, for instance: HRW (Human Rights Watch). "Afghanistan: Girls Struggle for an Education." News, 17 October 2017. Available from: <https://www.hrw.org/news/2017/10/17/afghanistan-girls-struggle-education>.

34 Ibid. "I won't be a Doctor and One Day You'll be Sick." Report, 17 October 2017. Available from: <https://www.hrw.org/report/2017/10/17/i-wont-be-doctor-and-one-day-youll-be-sick/girls-access-education-afghanistan>.

35 "According to the 2015 Demographic and Health Survey, 56 percent of Afghan women have experienced physical or sexual violence at least once in their lives." World Bank. 2020. A Qualitative Assessment of Pathways to Youth Inclusion, p. 26.

36 According to the Protection report "Whilst not highlighted in protection monitoring data, the use of practices such as honour killings of GBV survivors is widespread in Afghanistan, with survivors also dying due to serious injury inflicted during sexual assault or through sexually transmitted infections". Global Protection Cluster. 2021. Protection Analysis Q3. October 2021, pp. 6-7.

37 Global Protection Cluster. 2022. Protection Analysis Q4. December 2021, p. 8, footnote 11.

38 UNAMA (United Nations Assistance Mission in Afghanistan). 2022. Human Rights in Afghanistan. June 2022. Available from: https://unama.unmissions.org/sites/default/files/unama_human_rights_in_afghanistan_report_-_june_2022_english.pdf.

39 OHCHR (Office of the United Nations High Commissioner for Human Rights). 2022. Facing critical human rights challenges, Afghanistan at a crossroads, says UN expert in Kabul. Press Release. 26 May 2022. Available from: <https://www.ohchr.org/en/press-releases/2022/05/facing-critical-human-rights-challenges-afghanistan-crossroads-says-un>.

Since December 2021, the DFA have issued a series of directives affecting women's involvement in social and economic life, including:

- Requiring women to be accompanied by either their husband or a *mahram*⁴⁰ when travelling distances of over 77 km (December 2021).
- Decree in support of women's access to bride money and inheritance; prohibition of forced marriage for women and girls; and prohibition on exchange of girls between families to resolve disputes (December 2021).
- Suspension of secondary education for girls (March 2022) beyond 6th grade.
- Announcement of separate days for men and women to visit recreational parks (March 2022).
- Requirement for women to be accompanied by a *mahram* on domestic or international flights (March 2022).
- Requirement for women to wear prescribed forms of hijab and to cover their face in public (May 2022).
- Ordering Afghan women appearing on TV to cover their face when on air (May 2022).
- Banning women from public parks and gyms (November 2022)

These restrictions impact many areas of women's and girls' lives, including access to basic services and livelihoods, with negative economic, social, physical and psychological consequences.⁴¹ These strict social codes have validated already existing suppressive social norms in Afghanistan, and made it acceptable to publicly voice ultra-conservative views.⁴² They have also led to greater disrespect, violence, and abusive social practices against women and girls, as well as increased family- and community-imposed restrictions.⁴³ The application of the decrees is inconsistent and unpredictable; they are issued by different authorities, and there is no one central source through which they are communicated.

There are both short and long-term costs of restrictions on women's rights. Economic losses due to the erosion of women's employment are estimated at up to US\$1 billion (5 percent of GDP).⁴⁴ The combined effect of gender segregation requirements and a lack of educated women will be far-reaching, excluding women from public life and services.⁴⁵ The implications of the new restrictions also impact families overall, as the loss of wages and the time spent by *mahrams* escorting women to their workplace also pushes families into making a choice regarding the loss of salary by one of the earning family members.

40 Male companion related to the woman.

41 It is important to note that the Taliban are not the prime instigators of the oppression of women and girls in Afghanistan. A Special Inspector General for Afghanistan Reconstruction (SIGAR) report emphasizes this point: "Afghanistan remains a largely agrarian and impoverished country whose traditional, patriarchal society has historically accorded women subordinate status. ...A common misperception about women in Afghanistan is that the Taliban are the prime instigators of their oppression. However, as noted in a report by the International Center for Transitional Justice, portraying the Taliban as the sole agents of Afghan women's oppression "fails to confront the deeper social forces that produce and reinforce patriarchal norms that predate the Taliban movement. Alongside varying interpretations of Islam, the mores and customs of Afghanistan's dominant ethnicity, the Pashtun, have heavily influenced Afghan gender roles and relations. This tribal code values "family honor and its protection as a true measure of a man's worth and status in society." SIGAR (Special Inspector General for Afghanistan Reconstruction). 2021. Support for Gender Equality. February 2021.

42 UNCT (United Nations Country Team). 2021. Gender Conflict Analysis. December 2021, p. 40.

43 According to a recent GiHA report, this decline in respect for women and girls is not only due to stricter rules put in place by the Taliban and increased conservative behaviour by men, but also due to the cessation of advocacy and human rights activities and closure of corresponding government bodies, including the Human Rights Commission and the Ministry of Women's Affairs, which in the past resulted in successful mediation of harmful practices in light of the new political context: "Women FGD participants in Kandahar, Herat, Kunduz, Laghman, Helmand and Nangarhar suggested that religious scholars play a stronger role in condemning bad practices and raising awareness about women's rights in Islam." GiHA Working Group. 2022. Promoting the Recruitment and Retention of Women Humanitarian Workers in Afghanistan. September 2022. Available from: <https://asiapacific.unwomen.org/sites/default/files/2022-10/af-Women-Humanitarian-Workers-Study.pdf>

44 UNDP (United Nations Development Programme). 2021. Afghanistan: Socio-Economic Outlook 2021-2022.

45 UN Women. 2022. Gender alert no. 2: Women's rights in Afghanistan one year after the Taliban take-over. 15 August 2022

2.1 Gender-related barriers in access to assistance and services

Over the past year, the withdrawal of international funding has severely limited basic services across Afghanistan, leaving staff unpaid for months, and breaking supply chains for medicines and equipment.⁴⁶ The reduction of conflict since 2021 has not improved access to services such as education and health care.⁴⁷ On the contrary, the economic crisis coupled with the impact of the Taliban takeover has worsened barriers to education and healthcare across all population groups. Overall, in the WoAA 2022, in addition to progressive decline in availability of health care and education services, a higher percentage of households reported barriers to accessing services in comparison to 2021: 60 per cent of households reported experiencing barriers to accessing water (versus 48 per cent in 2021), 80 per cent to accessing health care (versus 66 per cent in 2021) and 89 per cent to accessing markets (versus 64 per cent in 2021)⁴⁸

In early 2022, only 10 per cent of women said that they could cover their basic health needs with the services available to them; as compared with 23 per cent of men.⁴⁹ UNICEF partner safety audits found that there are no women nurses in 81 per cent of district health centres, and no women doctors in 71 per cent of health centres functioning as nutrition sites.⁵⁰ During the period between August and October 2021,

women identified cost, cultural restrictions and distance as the top three barriers to accessing to services.⁵¹ Women-headed households, followed by child-headed households, persons with disabilities and elderly person-headed households were the most affected by barriers to access.⁵² In October 2022, five per cent of women headed households mentioned the lack of women humanitarian workers as a challenge in obtaining assistance.⁵³

Restrictions on freedom of movement

Mahram requirements are not the only movement restrictions women face, and it is worth noting that cultural restrictions were already limiting women's movements prior to August 2021. As of the end of 2021, 49 per cent of women said they were free to move within the community, down from 61 per cent in Q3 2021. For men and boys, 69 per cent indicated that being able to move freely, down from 78 per cent in Q3 2021.⁵⁴ Personal safety, discrimination, sociocultural and physical barriers (e.g. lack of or cost of transport) were cited as the top barriers to movement.⁵⁵ These barriers are increased for people with disabilities, due to a general lack of accessible places (e.g. ramps), and women from ethnic minority groups, those with mental or physical challenges, and those living in remote areas face additional barriers to accessing services due to long travel distances.⁵⁶ Complying with *mahram* restrictions is particularly challenging for women headed households, women and girls with no male relatives, and families with more women than men.⁵⁷

46 IOM (International Organization for Migration). 2021. Protection Monitoring Report. November 2021, p. 5 (internal report).

47 REACH. 2022. Mid-Year Whole of Afghanistan Assessment. July 2022.

48 REACH. 2022. Annual Whole of Afghanistan Assessment. September 2022.

49 Ground Truth Solutions, Protecting and Improving Healthcare: Community Insights from Afghanistan, 2022

50 UNICEF (United Nations Children's Fund), AWEC (Afghan women's Educational Center). 2022. Quarterly Safety Audit Report, January-March 2022.

51 REACH. 2021. WoAA PPT, 20 December 2021, Slide 12.

52 OCHA (United Nations Office for the Coordination of Humanitarian Affairs). 2022. Humanitarian Needs Overview 2022, p. 40; Global Protection Cluster. 2022. Protection Analysis Q3. October 2021, p. 9.

53 REACH. 2022. Annual Whole of Afghanistan Assessment. September 2022.

54 Global Protection Cluster. 2022. Protection Analysis Q4. December 2021, pp. 9-10.

55 *Ibid.*, p. 10.

56 According to an EASO report, before August 2021 single women either moved around in groups or could go outside without being harassed if accompanied by a son over the age of 7 years. The same report indicated that in 2018, Kabul, Balkh and Herat were among the few cities where women were increasingly seen driving cars. EASO (European Asylum Support Office). 2021. Country Guidance: Afghanistan, p. 70.

57 *Ibid.*

In practice, restrictions on women's freedom of movement often go beyond what is prescribed in decrees. Women report that families, communities, and employers are preemptively limiting the movement of women and girls. This demonstrates how fear of potential consequences for transgression can be enough to separate women from men, ultimately relegating women to the private sphere, and reinforcing the norms that justify this exclusion.⁵⁸

Lack of *tazkira*/civil documentation

A lack of civil documentation (e.g. *tazkira*) was cited as another barrier to access, a challenge disproportionately impacting women (22.8 per cent of women, as compared to 9.9 per cent of men), and in particular for internally displaced women and girls.⁵⁹ This impacts the ability of girls and women to access services,

including humanitarian assistance, health and education. Lack of civil documentation also limits women's ability to secure housing, land and property, attain credit from banks, obtain a SIM card, pursue employment, or obtain a pension. Not having an ID also affects women's ability to apply for a passport, and to engage politically.

Lack of women humanitarian workers

As detailed in the following section, the many restrictions imposed on women humanitarian workers have rendered women's access to services challenging, due to their inability to interact with men humanitarian workers in the cultural context of Afghanistan. Women humanitarian workers are best placed to reach women and girls, and their absence in the current response further constrains women's access to services.

Barriers in women's access to health services, access to markets, and WASH facilities

The 2022 OCHA Humanitarian Needs Overview (HNO) reports that 19% of Afghans have limited access to health centres, with people in rural areas having less access.⁶⁰ Women in Afghanistan already faced more barriers to accessing health care than men, due to limited mobility⁶¹ and lack of women health care workers. The COVID-19 pandemic further stretched health services and limited access to timely quality care.

Access to health services, markets and WASH for women and girls decreased in the past year, as shown in differences between WoAA 2021 and 2022.

- **Health services:** Women's unaccompanied access to health facilities dropped from 51% to 39%. In 2021, 47% of women did not access services because they were afraid to travel to health centres. Approximately 47% of women reported that health costs were

58 UN Women. 2022. Gender alert no. 2: Women's rights in Afghanistan one year after the Taliban take-over. 15 August 2022.

59 Global Protection Cluster. 2021. Protection Analysis Q3. October 2021, p. 9; UN Women, UNHCR (United Nations High Commissioner for Refugees). 2022. Afghans in Crisis, p. 7.

60 OCHA (United Nations Office for the Coordination of Humanitarian Affairs). 2022. Humanitarian Needs Overview 2022, p. 22-23.

61 A 2021 CARE Multi-Sectoral Needs Assessment (MSNA) report noted that requirement of a male chaperone was one of the biggest barriers to health care for women. CARE. 2021. Multi-Sectoral Needs Assessment.

too high, and 31% said the lack of women medical staff prevented them from going to health centres.⁶²

- **Markets:** Women's unaccompanied access to markets dropped from 48% to 30%. In urban areas, 15% of women reported feeling unsafe at markets in 2022, compared to 24% in 2021. Approximately 7% of urban households and 17% of rural households reported security concerns for women's access to markets.
- **Water:** 6% of women surveyed could not access water sources, while 18% could only access water sources when accompanied by a male relative.⁶³ Approximately 35% of women lack transport to the water source, 25% say it is unacceptable to go to the water source, and 25% say there are not enough water points.⁶⁴ Many women report feeling unsafe when using WASH facilities (for instance, 38% of women in Badghis province).⁶⁵

2.2 Participation of underrepresented groups in humanitarian response

Humanitarian needs assessments

Accessing the views of women and other under-represented groups has long been a challenge in Afghanistan.⁶⁶ Although geographical access has increased, challenges in reaching women and girls continue to limit humanitarian needs assessments.⁶⁷ Front-line women humanitarian staff play a key role in interfacing with women and girls, due to a combination of traditional norms and new policies that restrict interaction between men and women. This has

had an impact on assessment in all sectors, which has been restricted in scope due to the lack of women humanitarian workers in the response (who enable the participation of women in consultations and other assessment-related discussions).

Accountability to Affected People (AAP)

Different populations in Afghanistan face different sets of challenges to participating in the humanitarian response and obtaining information on humanitarian assistance. The WoAA 2022 shows that 64 per cent of women-headed households reported not knowing how to access humanitarian assistance, and 77 per cent reported not being aware of feedback mechanisms.

62 REACH. 2021. Whole of Afghanistan Assessment (WoAA) 2021: Female Voices - Afghanistan. August - September 2021, p. 2. The same 2021 WoAA report notes more broadly that the most common barriers to accessing health care facilities were: prohibitive costs (25 per cent), unavailability of medicines or treatment (23 per cent) and non-functional health facilities (19 per cent)

63 REACH. 2021. Whole of Afghanistan Assessment (WoAA) 2021: Female Voices – Afghanistan. August - September 2021, p. 3.

64 Ibid.

65 OCHA (United Nations Office for the Coordination of Humanitarian Affairs). 2022. Humanitarian Needs Overview 2022, 38.

66 For example, the CARE MSNA survey (conducted prior to August 2021) reports that women were consulted less than men, noting that 70 per cent of men reported that they had been consulted about their needs, as compared to over 30 per cent of women. CARE. 2021. Multi-Sectoral Needs Assessment, pp. 17-18.

67 These have included the Whole of Afghanistan Assessment conducted by REACH, which aimed to inform the humanitarian response, and the first perceptions survey in Afghanistan conducted by the IOM Displacement Tracking Matrix (DTM) unit, on behalf of the AAP Working Group. Both initiatives found it particularly challenging to reach women as part of the survey. UN Women. 2022. RGA Scoping Paper, p. 2. In addition, OCHA reported that Kobo-based data collection has been restricted by the de facto authorities, preventing the collection of SADDD at the community level. OCHA (United Nations Office for the Coordination of Humanitarian Affairs), RTRO. 2022. January 2022, p. 6.

The United Nations High Commissioner for Refugees (UNHCR) reported that 63 per cent of households indicated that they were unaware of complaints and feedback mechanisms related to humanitarian assistance.⁶⁸ Older people (of both genders), persons with disabilities (both physical and mental), people with chronic illnesses, and adult women were identified as experiencing the most challenges in accessing information on humanitarian assistance.

Access to information and feedback and complaints channels

The WoAA 2022 shows that a high number of households do not have access to information regarding humanitarian assistance (64 per cent in total did not know how to access assistance, with higher numbers in more rural provinces).⁶⁹ The impact of this low level of access to information is compounded among women and vulnerable populations such as older people and people with disabilities.

Moreover, an OCHA study⁷⁰ also found gaps in the dissemination among women and girls of information related to humanitarian and assistance. Indeed, such information is often disseminated through male community leaders and men heads of households, and therefore does not always reach women (particularly women within women-headed households, whose personal networks may not intermingle with male social networks). The end result of this dynamic is that women and girls are in many cases ex-

cluded from humanitarian assistance provided. Challenges with feedback and complaints channels have existed for a long time. In some provinces, over 90 per cent of people cannot access humanitarian feedback and complaints mechanisms⁷¹. Approximately 10 per cent of households mentioned not benefitting from network coverage, while 37 per cent of women members of men-headed households reported not being able to independently access a telephone, directly constraining their ability to provide feedback through existing channels⁷². In November 2022, reports also mentioned that the DFA had requested all shop owners to stop selling SIM cards to women in specific provinces⁷³.

In April 2022, UNHCR reported that 63 per cent of households indicated that they were unaware of complaints and feedback channels related to humanitarian assistance. Approximately 68 per cent of women-headed households, 88 per cent of people with disabilities, and 75 per cent of undocumented returnees surveyed were not aware of such mechanisms.⁷⁴

A UNHCR multisectoral rapid assessment conducted at the close of 2021 found a clear preference for direct communication through in-person feedback at distribution points (help desks). This was particularly the case for women-headed internally displaced persons (IDP) households who had less preference for using hotlines (including Awaaz), and communicating through community/religious leaders.⁷⁵

68 AAP (Accountability to Affected People). 2022. Afghanistan Collective Feedback Digest. April 2022.

69 REACH. 2022. Annual Whole of Afghanistan Assessment (WoAA 2022). Key Provincial Findings. September 2022. Available from: https://www.impact-repository.org/document/reach/1caad75f/REACH_AFG_Annual-WoAA-2022_Provincial-Tables.pdf

70 Davis, C. 2022. Engaging Marginalized Women in Afghanistan in Decision Making and Accountability. OCHA. April 2022.

71 REACH. 2022. Annual Whole of Afghanistan Assessment (WoAA 2022). Key Provincial Findings. September 2022. Available from: https://www.impact-repository.org/document/reach/1caad75f/REACH_AFG_Annual-WoAA-2022_Provincial-Tables.pdf

72 REACH. 2022. Annual Whole of Afghanistan Assessment (WoAA 2022). Key Provincial Findings. September 2022. Available from: https://www.impact-repository.org/document/reach/1caad75f/REACH_AFG_Annual-WoAA-2022_Provincial-Tables.pdf

73 See for instance : Women Forbidden to Buy Sim Cards in Uruzgan, 23 November 2022, available from: <https://tolonews.com/afghanistan/provincial-180872>

74 IOM. 2021. Periodic Monitoring Report. November 2021, p. 7 (internal report).

75 The least popular options were comment boxes and reporting directly to local authority representative or community/religious leader; 27 per cent of people who knew about feedback mechanisms preferred to use a hotline, 27 per cent preferred in-person communication, and 26 per cent preferred to call the organization providing services directly.

These findings were corroborated by a 2022 OCHA study which found that women discussed their problems with trusted people in their communities, and cited the same human channel for their design of a feedback-response system they would trust and could access. During the discussions conducted by OCHA in different locations, women friends, family, and health workers were widely cited as trustworthy and accessible feedback collectors for women.⁷⁶ The need to close the feedback loop, and design systems which enable responses to complaints made, was seen as critical by those women consulted by OCHA. Most women mentioned that their complaints were not responded to, leaving them without information and creating a lack of belief in feedback systems generally and potentially decreasing the provision of feedback.⁷⁷

Involvement in humanitarian decision-making

An AAP survey (December 2021) found that the following groups were least likely to be involved in decisions on humanitarian assistance: youths of both genders under the age of 18 (5 per cent); Afghans returning from Pakistan (7 per cent); illiterate respondents (8 per cent), and women and men above the age of 65 (8 per cent).⁷⁸ Approximately 64 per cent of Afghan women and 31 per cent of men were excluded from community-level decision-making. About 56 per cent of girls and women were not able to voice their critical needs, including on issues related to their safety, security and life choices.⁷⁹

Restrictions on women humanitarian workers

The limited number of women humanitarian workers undermines the humanitarian com-

munity's ability to reach women and girls.⁸⁰ According to a November 2021 protection report on women humanitarian workers, many staff were afraid to work, with unclear policies and accountability by the new DFA, particularly in remote areas, compounding this fear.⁸¹ Approximately 71 per cent of women said that they were at increased risk, including women from ethnic and religious minorities (e.g. Hazara and Shi'a communities, members of which often facing targeted killings, disappearances or severe harassment); single or divorced women (who faced greater harassment or limits on freedom of movement in the absence of a *mahram*), and staff who work on GBV, human rights or protection programming – both men and women, due to sensitivities around these topics, and lack of community acceptance.⁸²

A 2022 OCHA study on female participation in the humanitarian response shows that all aspects of women's participation have been impacted since the Taliban takeover in August 2021.⁸³ The study suggests that across 171 districts in Afghanistan surveyed, the ability of women to participate in humanitarian action was found to be low in 88 districts (51 per cent), and high in only 68 districts (40 per cent), while the greatest challenge to women's participation was widely considered to be the *mahram* requirement.⁸⁴ Coupled with harassment by the DFA at checkpoints, and negative attitudes from male colleagues, the need for women to be accompanied by a male family member when visiting the field has largely impeded their ability to contribute to the humanitarian response, and thus to ensure that women and girls can be reached by humanitarian assistance.

76 Davis, C. 2022. *Engaging Marginalized Women in Afghanistan in Decision Making and Accountability*. OCHA. April 2022.

77 *ibid.* 78 AAP (Accountability to Affected People). 2021. 4Ws Survey. December 2021.

79 UNICEF (United Nations Children's Fund). 2021. Access to Basic Services for Girls and Women. Report. November 2021.

80 *Ibid.*; CARE. 2020. Rapid Gender Analysis, Afghanistan.; as in IRC (International Rescue Commission), UN Women. 2022. Promoting Recruitment and Retention of Female Humanitarian Field Staff in Afghanistan. October 2022, p. 1.

81 The Protection report notes that urban centres were also not free from insecurity – a female respondent from a major city noted that the Taliban have yet to understand urban norms and culture, which may exacerbate tensions. OCHA (United Nations Office for the Coordination of Humanitarian Affairs). 2022. Female Participation in the Humanitarian Response in Afghanistan. September 2022, p. 3.

82 OCHA (United Nations Office for the Coordination of Humanitarian Affairs). 2022. Female Participation in the Humanitarian Response in Afghanistan. September 2022, p. 3.

83 *Ibid.* Available from: <https://reliefweb.int/report/afghanistan/female-participation-humanitarian-action-afghanistan-september-2022>.

84 Consolidated ranking scores from female and male FGDs reveal that from 171 districts across Afghanistan in which participants assigned a score, the ability of women to engage and/or participate in humanitarian action, was found to be: High in 24 districts (representing 14 per cent of all districts); Higher in 44 districts (26 per cent); Moderate in 15 districts (9 per cent); Lower in 57 districts (33 per cent); Low in 31 districts (18 per cent).

This reading of the situation was corroborated by a 2022 study from the Gender in Humanitarian Action (GiHA) Working Group on the recruitment and retention of women humanitarian workers,⁸⁵ which also found that entrenched cultural norms, negative perceptions of women's participation in the labour market, as well as families' fear for women in the current context, were other factors restricting Afghan women's contribution to the humanitarian response.

As women humanitarian workers were often the only people able to overcome barriers to accessing women and girls with assistance and services, the myriad challenges faced were seen to have a broad impact on the overall humanitarian response, and the likelihood that the response would reach women and girls.

Role of Women's CSOs

A March 2022 GiHA report on women's CSOs found that women faced multiple restrictions, including on movement, and a lack of financial liquidity and security concerns (including violence against and disrespect for women and girls, and abusive social practices).⁸⁶ Approximately 77 per cent of women's CSOs had no funding or projects in 2022.⁸⁷ The DFA was more ready to accept women's CSOs working in "socially acceptable" sectors like health, hygiene promotion and education, while women-run groups focusing on advocacy, human rights and social activities often facing comparatively more challenges.⁸⁸ Some CSOs adapted their ways of working to the new realities, such as segregated workplaces and compliance with

mahram requirements, which incur additional costs for travel often not covered by donor funding.⁸⁹ However, there are an increasing number of reports that front-line women humanitarian workers from CSOs with no mahram cannot work outside the office, and in some instances have been forced to give up their jobs.

2.3 Specific groups at greater risk

Widows and women headed households

The WoAA 2023 identified women-headed households as consistently reporting lower levels of income and expenditure, suggesting a limited ability to meet basic needs and overall higher levels of vulnerability. The assessment reported that 43 per cent of women-headed households were facing moderate or severe hunger, as compared to 34 per cent of male-headed households. The assessment further found that 29 per cent of women-headed households reported at least one child working – compared to 18 per cent in 2021,⁹⁰ and compared to 21 per cent of male-headed households or households without a member with a disability. This was similar across both urban and rural households.⁹¹ The *mahram* mobility restrictions are especially challenging for women-headed households, where often there is no man from within the household to accompany women and enable DFA-sanctioned mobility outside the household, further restricting work and access to opportunities.

85 GiHA Working Group. 2022. Promoting the Recruitment and Retention of Women Humanitarian Workers in Afghanistan. September 2022. Available from: <https://asiapacific.unwomen.org/sites/default/files/2022-10/af-Women-Humanitarian-Workers-Study.pdf>.

86 UN Women. 2022. Gender Alert No. 1 - Women's rights in Afghanistan: Where are we now? 4 January 2022, p. 4; the March 2022 GiHA survey of women's CSOs reports that the main barriers and challenges to the work of women's CSOs under the de facto authorities include: restrictions on freedom and rights (e.g. including movement restrictions and the lack of clear guidance) – 27 per cent; economic difficulties (including lack of access to funds) – 21 per cent; concerns about humanitarian aid (including inequitable distribution and aid missing out on vulnerable families) – 21 per cent, and violence against and disrespect for women and girls, and abusive social practices – 14 per cent. GiHA (Gender Equality in Humanitarian Action). 2022. Women's CSOs. March 2022, pp. 2-3, 14. Additional barriers listed included lack of access to education – 7 per cent, insecurity – 5 per cent and health concerns – 5 per cent; GiHA Working Group. 2022. Promoting the Recruitment and Retention of Women Humanitarian Workers in Afghanistan. September 2022. Available from: <https://asiapacific.unwomen.org/sites/default/files/2022-10/af-Women-Humanitarian-Workers-Study.pdf>.

87 GiHA Working Group. 2022. Women's CSOs. March 2022, pp. 3, 16.

88 According to several de facto provincial staff, there been a directive from Kabul to stop certain types of associations from continuing their work – those that worked in human rights, advocacy and social activities ("Ishtemayi"). GiHA. (Gender Equality in Humanitarian Action). 2022. Women's CSOs. March 2022, pp. 3, 16.

89 GiHA Working Group, 2022. Women's CSOs. March 2022, p. 14.

90 UNHCR (United Nations High Commissioner for Refugees). 2021. Multi Sectorial Rapid Assessment Analysis. April 2021.

91 WoAA 2023 presentation to GiHA on 17 October 2022.

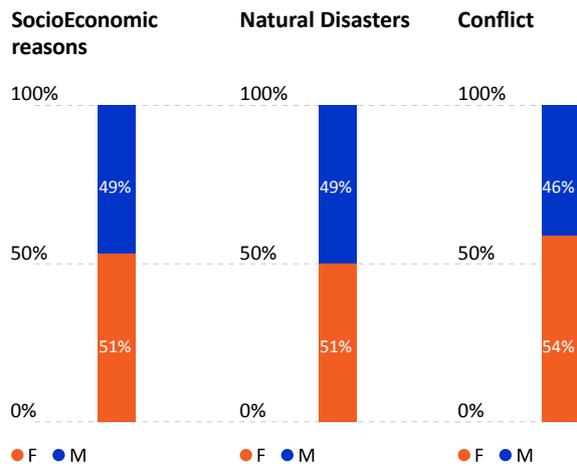
IDPs and IDP returnees

On average, 72 per cent of men-headed internally displaced person households indicated not being able to work and cover daily expenses, while among women-headed households this proportion increased to 81 per cent. Similarly, among IDP returnee households, the rates were 68 per cent and 76 per cent, respectively.⁹²

According to the IOM Displacement Tracking Matrix (DTM) projections for 2023, displaced people in Afghanistan will be more likely to be women in 2023. This projection applies to all causes of displacement, but it is foreseen to especially be the case for displacement caused by conflict, where women represent 54 per cent of the displaced population. This suggests that men may be staying behind or be involved in the conflict, while women were more likely to flee the conflict situation.

Displaced women in Afghanistan face a variety of issues linked to the DFA-imposed restrictions in place, as they are often unable to move freely due to restrictions on their mobility, in a context where they may have lost support systems and economic opportunities. The higher percentage of women also suggests that some may live on their own in women-headed households, which often face serious challenges in accessing assistance. The soaring cost of living will disproportionately affect displaced women compared to displaced men, according to recent data published by UNHCR and UN Women.⁹³

Causes of Displacement



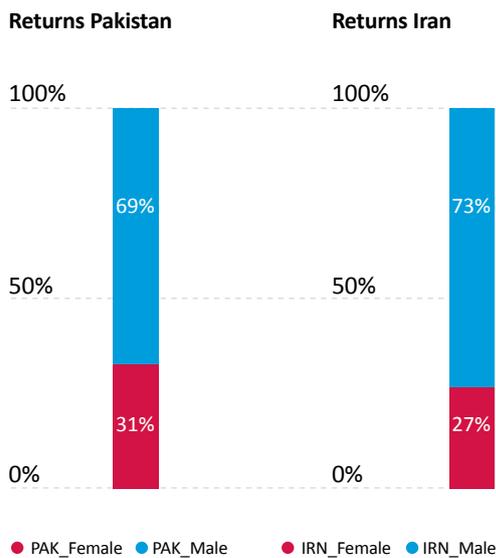
Source: IOM – DTM – Displacement Projections for 2023

Regarding returns, DTM data shows that women will represent 31 per cent of the 2023 returnee population from Pakistan and 27 per cent of the returnee population from Iran. The presence of a significant proportion of women among returnee populations highlights the need for tailored and localized programming, as the displacement needs of women and men differ. Aggregated data from UN Women and UNHCR indicated specifically that women-headed households, and households headed by a woman with disability, listed affordability of rent as a key concern, with an estimated 40 per cent of women headed households disclosing that they may be at risk of eviction, or unable to afford rent, a figure which rose to 45 per cent for households headed by a woman with disability.⁹⁴

92 UNHCR (United Nations High Commissioner for Refugees). 2021. Multi Sectorial Rapid Assessment Analysis. April 2021.

93 UNHCR (United Nations High Commissioner for Refugees), UN Women. 2022. *Afghanistan crisis update. Women and girls in displacement.* Factsheet II - September 2022. Available from: <https://reporting.unhcr.org/document/3239>.

94 Ibid.



Women and girls in rural areas

Women and girls in rural areas face greater barriers to accessing services than their urban counterparts. This is mainly related to the lack of infrastructure in rural settings, with 38 per cent of rural households reporting an inability to access markets, often stating that markets were too far removed (versus 5 per cent for the urban households surveyed).⁹⁵ Schools were also reported as being too far away, and therefore a barrier to education for children in rural areas (versus eight per cent of children from urban households). When focusing on education, households also reported a lack of women teachers (nine per cent compared, with three per cent in urban areas). These differences

have translated into lower literacy rates for girls and women in rural areas – 15.8 per cent for rural women; 40.1 per cent for urban women; and 50.4 per cent for men.⁹⁶

Other barriers also exist, such as identification documents – with 24 per cent of rural households reporting that no women household members possess civil identification documents (versus 5 per cent of urban households).⁹⁷ The WoAA 2022 demonstrates that rural households report facing with greater frequency water, sanitation and health (WASH) challenges: relying on inadequate sources of water (26 per cent, versus 1 per cent for urban households), unimproved latrines (53 per cent, versus 26 per cent), and a lack of soap (31 per cent, versus 13 per cent). These findings suggest that rural households face greater sanitation concerns, and thus greater potential health risks. Due to specific gendered needs, women may be more likely to experience the impact of these sanitation concerns and health risks in rural areas.

People living with disabilities

Information on rates of disabilities in households across Afghanistan varies, from 14 per cent on average up to 46 per cent for women-headed IDP/returnee families.⁹⁸ Some 45 per cent of households containing a person with disabilities reported needing to repay debt, compared with 37 per cent of other households. Households with a member with disabilities also reported higher rates of coping strategies such as borrowing food, selling assets or begging.

95 REACH. 2022. Annual Whole of Afghanistan Assessment. September 2022.

96 NSIA (National Statistics and Information Authority). 2021. Income and Expenditure & Labor Force Surveys Report 2020. April 2021.

97 WoAA 2023 presentation to GiHA on 17 October 2022.

98 UNHCR (United Nations High Commissioner for Refugees). 2021. Multi Sectorial Rapid Assessment Analysis. April 2021.



Photo: © UN Women / Sayed Habib Bidel

3. Sector-Specific Issues

3.1 Protection

Since the DFA takeover, there has been a marked drop in official reports of conflict-related casualties.⁹⁹ However, other security risks have increased or emerged, including criminality linked to the worsening economic situation, reprisal killings, mine contamination, and corporal punishment, among others.¹⁰⁰ While 57 per cent of household respondents reported an improved security situation, over a

third of women reported feeling unsafe in their community, double that reported by men.¹⁰¹ A GiHA report noted that lack of security continued to concern many respondents working with women's CSOs, including fear of abduction, kidnapping and disappearance.¹⁰² Both IDPs and IDP returnees are more vulnerable to risk, because they have less access to resources and social support networks.¹⁰³

-
- 99 UNAMA Human Rights recently reported that there has been a 70 per cent reduction in civilian casualties since August 2021 compared to the first half of 2021. Quoted in GiHA WG, Research on Challenges, Barriers and Opportunities for Women-led CSOs in the Afghanistan Humanitarian Crisis, March 2022, p. 19. available from: <https://asiapacific.unwomen.org/en/digital-library/publications/2022/06/women-led-csos-in-the-afghanistans-humanitarian-crisis>
- 100 IOM (International Organization for Migration). 2021. Protection Monitoring Report. November 2021, pp. 2-3 (internal report) OCHA (United Nations Office for the Coordination of Humanitarian Affairs). 2022. Humanitarian Needs Overview 2022; Global Protection Cluster. 2021. Protection Analysis Q3. October 2021, p. 5.
- 101 IOM (International Organization for Migration). 2021. Protection Monitoring Report. November 2021, pp. 3 (internal report); Global Protection Cluster. 2021. Protection Analysis Q3. October 2021, p. 6.
- 102 GiHA (Gender Equality in Humanitarian Action). 2022. Women's CSOs. March 2022, p. 19.
- 103 UNHCR (United Nations High Commissioner for Refugees). 2021. Multi Sectorial Rapid Assessment Analysis. April 2021.

Gender-Based Violence

GBV remains widespread in Afghanistan, and although there is a lack of data on prevalence, a World Bank health survey in 2015 found that 56 per cent of married women reporting having experienced violence.¹⁰⁴ Cases of intimate partner violence, child and early forced marriage and killings¹⁰⁵ were frequent and often underreported;¹⁰⁶ as were cases of sexual abuse and trafficking of young boys (see section on children below). Women and girls with disabilities disproportionately experience GBV; they suffer domestic violence twice as frequently as other groups of women and can experience unique forms of violence.¹⁰⁷

Anecdotal evidence suggests that the combination of COVID-19-related restrictions, displacement, difficult and stressful living conditions and the recent restrictions on women's movement have led to a perceived increase of intimate partner violence and child marriage.¹⁰⁸ Since August 2021, service provision has been affected by restrictions of movement put in place by the DFA, particularly legal service provision and shelter availability.¹⁰⁹ Challenges in maintaining safe and ethical information management systems for GBV

have also emerged since the Taliban seized power, and the GBV subcluster has suggested that partners not collect any data on GBV until a secure system can be established.¹¹⁰ With services being widely unavailable or unable to operate, referrals are rare and women are often unable to leave their abusers, due to the lack of infrastructures to receive them.

Child Protection

The ongoing crisis has had a severe impact on girls and boys.¹¹¹ Surveys have found that the overall rate of child marriage has increased in the face of the current economic crisis and humanitarian need,¹¹² with six per cent of households reporting the marriage of girls earlier than expected.¹¹³ There was also a dramatic upsurge in child labour¹¹⁴ over the course of 2021, corresponding to increased poverty levels and economic insecurity; 27 per cent of households surveyed in Q3 of 2021 mentioned resorting to child labour (an increase of 14 per cent compared to Q1 of 2021).¹¹⁵ The WoAA 2022 also finds that children in households led by women or individuals with disability were more likely to have to work to contribute to household needs.¹¹⁶

104 "According to the 2015 Demographic and Health Survey, 53 percent of Afghan women have experienced physical or sexual violence at least once in their lives." World Bank. 2020. A Qualitative Assessment of Pathways to Youth Inclusion, p. 26.

105 According to the Protection report "Whilst not highlighted in protection monitoring data, the use of practices such as honour killings of GBV survivors is widespread in Afghanistan, with survivors also dying due to serious injury inflicted during sexual assault or through sexually transmitted infections". Global Protection Cluster. 2021. Protection Analysis Q3. October 2021, pp. 6-7.

106 GBV in Afghanistan even prior to the Taliban takeover was influenced by a variety of factors at many levels including individual (poverty, illiteracy, unemployment), inter-personal (unequal relations due to gender inequality), community (lack of support to victims, lack of security, lack of decisive treatment to offenders, restrictive access to justice for women) and societal (weak governance, corruption, a continued culture of impunity)

107 IASC (Inter-Agency Standing Committee). 2019. Guidelines on the Inclusion of Persons with Disabilities in Humanitarian Action.

108 Global Protection Cluster. 2021. Protection Analysis Q4. December 2021, p. 8, footnote 11; CARE. 2021. Rapid Gender Analysis, Drought in Afghanistan. August 2021, p. 2.

109 A report by GiHA notes that some GBV services which had initially closed have quietly restarted. GiHA (Gender Equality in Humanitarian Action). 2022. Women's CSOs. March 2022.

110 OCHA (United Nations Office for the Coordination of Humanitarian Affairs). 2022. Humanitarian Needs Overview 2022, p. 88.

111 In 2019, Afghanistan was the world's worst affected country by grave violations against children. UNICEF (United Nations Children's Fund). 2021. Situation analysis of Children and Women in Afghanistan. August 2021, p. 25.

112 According to the Protection report, the prevalence of child marriage (as coping strategy) was the highest in Helmand Province, followed by Kandahar and Faryab provinces. Global Protection Cluster. 2021. Protection Analysis Q3. October 2021, p. 7.

113 REACH. 2021. Whole of Afghanistan Assessment (WoAA) 2021: Female Voices – Afghanistan. August - September 2021.

114 According to the ILO, an estimated 1.06 million children aged 5-17 (9 per cent of this age group) engaged in child labour as of 2019, a percentage that increases by 13 per cent when it counts children involved in carrying out household chores for 21 hours or more a week.

115 Global Protection Cluster. 2021. Protection Analysis Q3. October 2021, p. 7; Global Protection Cluster. 2021. Protection Analysis Q4. December 2021, p. 2. The highest percentage of respondents were located in rural and border provinces, relying on agricultural and informal labour.

116 REACH. 2022. Annual Whole of Afghanistan Assessment. September 2022.

Housing, Land and Property Rights

Gender inequalities in access to Housing, Land and Property (HLP) in Afghanistan leave women economically disempowered, limit their autonomy and ability to respond to economic shocks, and decrease their security and protection in the event of widowhood or divorce.¹¹⁷ This is particularly the case for women headed households, with several assessments showing that one of the highest concerns for such households is being evicted because they cannot pay rent.¹¹⁸ For IDP households, that is the greatest concern.¹¹⁹ The Afghanistan HLP taskforce estimates that less than five per cent of land and housing tenure ownership documents include the names of women family members.¹²⁰ Movement restrictions are making it more difficult for widows and other women heads of households to travel to relevant administration services to exercise their property rights. This is coupled with women's lack of access to *tazkira* or civil documentation, limiting their inheritance claims, as well as limited access to banking, loans and credit facilities – impacting their access to land.

3.2 Livelihoods

In 2020, an estimated 47.3 per cent of the population of Afghanistan lived in poverty.¹²¹ The situation has severely deteriorated since the Taliban takeover. Levels of economic insecurity among women specifically have increased

dramatically, as they are disproportionately affected by the current economic crisis given their already low participation in the labour market, hindering their ability to navigate and recover from shocks.¹²²

Low literacy rates and low levels of education completion are barriers to women's participation in the formal labour market, as are social deterrents such as disapproval within the community of women working outside the home, and restrictions put in place by the DFA.¹²³

The ILO reported that women's employment in Afghanistan decreased by 16 per cent in Q3 of 2021 (compared to 6 per cent for men).¹²⁴ By March 2022, a further 61 per cent of women had lost their jobs or income-generating activities.¹²⁵ Restrictions on women's employment and mobility may contribute to an immediate economic gross loss of between \$600 million and \$1 billion (equivalent to three to five per cent of GDP).¹²⁶

3.3 Food Security

The IPC assessment for June to November 2022 reported that 41 per cent of the population continues to face high levels of acute food insecurity (IPC 3+),¹²⁷ and projected 46 per cent of the population as falling into the IPC3+ phase (19.9 million Afghans) between November 2022 and March 2023.

117 NRC (Norwegian Refugee Council) et al. 2021. Housing, Land and Property Task Force Afghanistan: A brief guide to women's land rights in Afghanistan. September 2021, p. 4.

118 See for instance: UNHCR (United Nations High Commissioner for Refugees), UN Women. 2022. Afghanistan crisis update. Women and girls in displacement. Factsheet II - September 2022. Available from: <https://reporting.unhcr.org/document/3239>.

119 UNHCR (United Nations High Commissioner for Refugees). 2021. Multi Sectorial Rapid Assessment Analysis. April 2021.

120 NRC (Norwegian Refugee Council) et al. 2021. Housing, Land and Property Task Force Afghanistan: A brief guide to women's land rights in Afghanistan. September 2021, p. 2.

121 UNICEF (United Nations Children's Fund). 2021. Situation analysis of Children and Women in Afghanistan. August 2021, p. 3.

122 The World Bank reports that labour participation rate of youth aged 15-24 years was 38 per cent and as of 2020, 42 per cent of 15-24 year olds were not in education, employment or training, with figures higher for women (at 68 per cent). World Bank. 2020. A Qualitative Assessment of Pathways to Youth Inclusion, p. 16.

123 A 2020 assessment by the Afghanistan Research and Evaluation Unit found that from the perspective of women, community and family support, especially of male family members, was more decisive than government support for encouraging women's participation in income-generating activities, AREU (Afghanistan Research and Evaluation Unit). 2021. SWEEP Report. September 2021, pp. 8-9.

124 Women's job losses were expected to increase to 21 per cent by mid-2022 and up to 28 per cent if restrictions on women's movement intensified. ILO (International Labour Organization). 2022. Employment Prospects in Afghanistan. January 2022, p. 4.

125 FSAC Cluster, Pre-lean Season Assessment (PLSA 2022), slide 11.

126 GiHA DCO PPT, February 2022.

127 IPC (Integrated Food Security Phase Classification). 2022. Afghanistan Integrated Food Security Phase Classification. IPC Acute Food Insecurity Analysis. March-November 2022. May 2022

Rising commodities prices, reduced incomes for 97 per cent of the population, and a 35 per cent drop in wages for casual labour are all contributing to rapidly rising food insecurity.¹²⁸ More than 82 per cent of household income is currently being spent on food¹²⁹ and almost 40 per cent of the households surveyed purchased cereals on credit.¹³⁰ Food insecurity in Afghanistan has also worsened due to spillover effects from the crisis in Ukraine, including rising prices and supply chain disruptions.¹³¹

Food security is deeply gendered: Afghan women are disproportionately affected by food insecurity, and are more likely to skip meals.¹³² Women-headed households are struggling the most,¹³³ with nearly 100 per cent facing insufficient food consumption and 82 per cent turning to “drastic measures,” compared to 70 per cent of male-headed households.¹³⁴

An October 2022 CARE study found that inside the household, when food was scarce, women were consistently the ones putting their husband and children first in terms of food consumption. Women were affected by negative coping mechanisms adopted by the household, including having to sell their assets, such as their mahr (gold and jewellery received by the bride when marrying), often their sole capital, as well as more extreme coping mechanisms such as child marriage. Due to increased food insecurity, 28 per cent

of women interviewed indicated having to sell their assets, and 12 per cent of women interviewed indicated that they had had to marry off a girl under the age of 18 after August 2021.¹³⁵

3.4 Nutrition

During the first half of 2021, nutritious diets were unaffordable for over 80 per cent of households and essential systems to support children’s access to nutritious foods were fragile.¹³⁶ Average household consumption of proteins halved in 2021, and consumption of fruits and dairy more than halved.¹³⁷ The IPC assessment issued in May 2022 reported persistent high acute food insecurity across Afghanistan. The combination of a collapsing economy and drought is depriving nearly 20 million Afghans of food, between March and May 2022 (the lean season). Among these are about 6.6 million people in Emergency (IPC Phase 4), and 13 million in crisis (IPC Phase 3).

Approximately nine in ten households experiencing prevalent food insecurity reported that pregnant and lactating women as eating less than usual (92.7 per cent). A large proportion of children do not have access to nutrition services, due to barriers related to the absence of specialized services across health facilities, despite an increase in the absolute number of children treated over the past years.¹³⁸

128 Ibid.

129 OCHA (United Nations Office for the Coordination of Humanitarian Affairs). 2022. Afghanistan: ICCT Real-Time Response Overview Situation Report. 11 January 2022, p. 2.

130 Afghanistan Integrated Food Security Phase Classification, IPC Acute Food Insecurity Analysis, March–November 2022. May 2022.

131 WFP (World Food Programme) 2022. Afghanistan Food Security Update. Round 6: February 2022, p. 1.

132 A CARE survey result on gender and drought in Afghanistan indicated that men were three times more likely to report having a balanced diet than women, and that they could eat more dairy and meat than women. CARE. 2021. Rapid Gender Analysis, Drought in Afghanistan. August 2021, p. 1.

133 In 2017 OCHA reported that women-headed households were 67 per cent more food insecure than those headed by a man, particularly women headed displaced households – who earned up to 61 per cent less than male-headed households.

134 A CARE MSNA survey identifies additional coping strategies including eating less (more prevalent in women headed households (25 per cent) as compared to men (19 per cent)), stopping to seek medical care, and stopping to send children to school. CARE. 2021. Multi-Sectoral Needs Assessment, p. 25.

135 CARE. 2022. Economic and Food Crisis in Afghanistan: The Impacts on Women and Girls. August 2022. Available from: <https://reliefweb.int/report/afghanistan/economic-and-food-crisis-afghanistan-impacts-women-and-girls>.

136 UNICEF (United Nations Children’s Fund). 2021. Situation analysis of Children and Women in Afghanistan. August 2021, p. 10.

137 WFP (World Food Programme) 2022. Afghanistan Food Security Update. Round 5: January 2022.

138 OCHA (United Nations Office for the Coordination of Humanitarian Affairs). 2022. Humanitarian Needs Overview 2022, p. 37.

3.5 Health, including sexual and reproductive health and mental health

Restrictive gender norms and the protracted crisis have also impacted women and girls' access to life-saving reproductive, maternal, newborn and child health services. As of 2017, Afghanistan had one of the highest maternal mortality rates in the world, with 638 deaths per 100,000 births.¹³⁹ As of 2020, the infant mortality rate stood at 45 per 1,000 births,¹⁴⁰ and under-five (U5) mortality rate at 58 per 1,000 live births.¹⁴¹ Only 37 per cent of Afghan mothers receive postnatal care within two days of giving birth.¹⁴²

The prevalence in Afghanistan of child and early marriage, and low use of contraception, has resulted in a high number of early teenage pregnancies.¹⁴³ The adolescent birth rate is 62 per 1,000 girls aged 15-19 (2003-2018) and 20 per cent of women surveyed aged 20-42 gave birth before the age of 18.¹⁴⁴ Pregnancy and childbirth complications, combined with unsafe abortions, were the leading cause of death among girls aged 15-19 and 20-24 years, accounting for 64 per cent and 69.9 per cent of

deaths in those age groups respectively.¹⁴⁵ The predicted increase in child marriage during the current period of crisis risks increasing mortality among teenage girls and their newborns.

Mental health outcomes are low in Afghanistan due to (i.a.) exposure to conflict, social trauma, displacement, economic stressors and lack of adequate support services.¹⁴⁶ A World Health Organization (WHO) study estimates that over two million Afghans suffer from mental health problems, including stress conditions, often because of the extended conflict.¹⁴⁷ Refugees surveyed were found to have higher than average mental health stressors,¹⁴⁸ and mental health was reported as a greater challenge by those living in conflict-affected areas. Approximately 77 per cent of children who needed mental health services were unable to access them. Only six percent of adults, and three percent of child undocumented refugees were able to access mental health services.¹⁴⁹ Evidence from the field has also shown the impact of school closures on the mental health of adolescent girls. Mental health services are limited across Afghanistan, and cultural biases also impact the population's ability to access mental health and psychosocial support (MHPSS).

-
- 139 Numbers as of 2017 (latest data available), down from 1,450 death per 100,000 in 2000. World Bank. Maternal mortality ratio (modeled estimate, per 1,000 live births) – Afghanistan. Data. I: WHO (World Health Organization) et al. 2019. Trends in Maternal Mortality: 2000 to 2017. Available from: <https://data.worldbank.org/indicator/SH.STA.MMRT?locations=AF>; VOA News reports that maternal mortality is expected to increase in light of the near collapse of the health system following the Taliban takeover. Dawi, A. 2022. "Afghanistan Faces Return to Highest Maternal Mortality Rates." Voice of America English News. 7 March 2022. Available from: <https://www.voanews.com/a/afghanistan-faces-return-to-highest-maternal-mortality-rates-/6474248.html>.
- 140 Numbers as of 2020 (latest data available), down from 90.5 deaths per 1,000 in 2000. World Bank. Mortality rate, infant (per 1,000 births). In UN Inter-Agency Group. UN Inter-agency Group for Child Mortality Estimation. Available from: <https://data.worldbank.org/indicator/SP.DYN.IMRT.IN?locations=AF>.
- 141 Data as of 2020. UNICEF (United Nations Children's Fund). Country profiles: Afghanistan. Data. Available from: <https://data.unicef.org/country/afg/>.
- 142 Data as of 2018. UNICEF (United Nations Children's Fund). Country profiles: Afghanistan. Data. Available from: <https://data.unicef.org/country/afg/>.
- 143 Some 93 per cent of girls 15-19 years have been indicated as using no contraception method, leaving them at risk of early pregnancy. WHO, CARE, MATMA. 2021. Assessment of Health of Adolescents and Youth in Afghanistan, p. 5.
- 144 UNFPA (United Nations Population Fund). World Population Dashboard. Afghanistan. Available from: <https://www.unfpa.org/data/world-population/AF>.
- 145 WHO/CARE/MATMA. 2021. Assessment of Health of Adolescents and Youth in Afghanistan, p. 5.
- 146 World Bank. 2020. A Qualitative Assessment of Pathways to Youth Inclusion, p. 24.
- 147 WHO/CARE/MATMA. 2021. Assessment of Health of Adolescents and Youth in Afghanistan, p. 6.
- 148 According to the 2021 WoAA Assessment, the percentage of household members displaying behavioural changes among men, women, boys, and girls were higher than other population groups with households reporting at least one behavioural change at 125 per cent for men, 85 per cent for girls and 100 per cent for boys, compared to the average for other population groups which are 66 per cent (men), 35 per cent (girls) and 34 per cent (boys). OCHA (United Nations Office for the Coordination of Humanitarian Affairs). 2022. Humanitarian Needs Overview 2022, p. 43.
- 149 IOM (International Organization for Migration). 2021. Protection Monitoring Report. November 2021, p. 6 (internal report).

3.6 WASH

According to UNICEF, access to WASH facilities remains low and inequitable, including access to drinking water.¹⁵⁰ Severe water scarcity caused by continued drought affects women and men in Afghanistan in distinct ways. Approximately 46 per cent of rural communities are impacted by drought, compared to 28 per cent of the urban population.¹⁵¹ Reports of waterborne diseases such as cholera and acute watery diarrhoea have increased, putting children at risk, and adding greater burdens on women in their caregiving roles. Newly displaced persons were also found to be disproportionately affected by water scarcity, with 90 per cent of IDPs living in informal settlements needing WASH assistance.¹⁵² Rural households are also more likely to rely on inadequate sources of water,¹⁵³ creating issues around menstrual hygiene management for women in these areas.

3.7 Emergency shelter and non-food items

The 2022 HNO estimates that nearly 11 million people need adequate emergency shelter and non-food items (ESNFIs), such as life-saving winter support, including many families who have suffered lost or damaged shelters during the conflict in 2021. Many people living in emergency shelters in Afghanistan

face inadequate, overcrowded, substandard, insecure or unsafe housing conditions.¹⁵⁴ A protection analysis in Q3 of 2021 found that women and child-headed households more frequently reported shelter problems, due to a lack of safety, privacy and the presence of overcrowding, exposing them to increased risk.¹⁵⁵ Approximately 49 per cent of respondents sometimes or always felt unsafe in their shelter, with people with disabilities at most risk (63 per cent).¹⁵⁶

The earthquake in the provinces of Khost and Paktika in June 2022 has also exposed concerns related to shelter design, and the need to ensure that women and vulnerable groups are consulted on the type of shelter in which they are to live. This also ensures that accessibility and safety issues are addressed, including when looking at accessing WASH facilities and other services.

3.8 Education

Approximately four million children in Afghanistan were out of school in 2021, of which 60 per cent were girls.¹⁵⁷ While attendance rates across all school levels and types have decreased for both girls and boys since 2020, due to the COVID-19 pandemic, girls' attendance is reported as declining an average of three times more than boys' – at both secondary and university level¹⁵⁸ (between the Taliban takeover in August 2021 and December 2021).¹⁵⁹

150 UNICEF (United Nations Children's Fund). 2021. Situation analysis of Children and Women in Afghanistan. August 2021.

151 SIGAR (Special Inspector General for Afghanistan Reconstruction). 2021. Support for Gender Equality. February 2021, p. 69.

152 OCHA (United Nations Office for the Coordination of Humanitarian Affairs). 2022. Humanitarian Needs Overview 2022, p. 31.

153 REACH. 2022. Annual Whole of Afghanistan Assessment. September 2022.

154 OCHA (United Nations Office for the Coordination of Humanitarian Affairs). 2022. Humanitarian Needs Overview 2022, p. 39.

155 Global Protection Cluster. 2021. Protection Analysis Q3. October 2021, p. 9.

156 IOM (International Organization for Migration). 2021. Protection Monitoring Report. November 2021, p. 6 (internal report).

157 UNICEF (United Nations Children's Fund). Education. Available from: <https://www.unicef.org/afghanistan/education>.

158 High school and university level

159 "As compared to 2020 girls' and boys' attendance rates across all levels and types of school were similar, with girls' attendance only slightly lower than that of boys." USAID (United States Agency for International Development). 2021. Girls' Access to Education. December 2021, p. 2.

On 23 March 2022, contrary to earlier announcements made by the Ministry of Education, the DFA requested schoolgirls above 6th Grade to remain at home until further notice.¹⁶⁰ The ban is directly affecting 1.1 million secondary level schoolgirls.¹⁶¹ Beyond the restrictions put in place by the DFA, dropout rates for girls are often linked to their families' concerns for their safety.¹⁶²

3.9 Rule of law and access to justice

Twenty-two per cent of women surveyed (in December 2021) reported difficulties in accessing justice – twice the level reported by men. One of the major challenges since the DFA takeover has been the lack of clarity around Afghanistan's international commitments and pre-existing national legislation – including those enshrining women's rights and gender equality.¹⁶³ To date, the DFA have stated that they will govern in accordance with Sharia law, without providing details or clarity on what this entails.¹⁶⁴ On 3 December 2021, the DFA issued a special decree on women's rights which set out the rules governing

marriage and property for women, barring forced and child marriage (although this stops short of specifying the age of a child), stating that women should not be considered “property”, and that widows should be free to marry who they want and have inheritance rights and a share in their late husband's property.

Soon after the August 2021 takeover, the DFA disbanded the Afghanistan Independent Human Rights Commission (AIHRC), an institution which had played a critical role in monitoring and investigating human rights violations, including against women, and shut down the Ministry of Women's Affairs, which served as the cornerstone of gender equality policy in Afghanistan. Whereas these crucial ministries on the frontline of delivering improved access – and recourse – to justice have been disbanded, the DFA have reinstated the proclaimed Ministry for the Propagation of Virtue and Prevention of Vice, an institution mandated by the DFA to enforce rules on citizens' behaviour, including how women should dress, and when or whether women can move outside the home unaccompanied by a *mahram*.¹⁶⁵

160 UNICEF (United Nations Children's Fund). Back to School Situation Update, April 2022

161 Ibid.

162 In the uncertain security environment, 16 per cent of WoAA-assessed households reported children felt unsafe while going to school. OCHA (United Nations Office for the Coordination of Humanitarian Affairs). 2022. Humanitarian Needs Overview 2022, p. 41.

163 In 2004, Afghanistan adopted a new constitution which enshrined women's equality before the law, including the right to education and the right to work. The Islamic Republic of Afghanistan also committed to normative frameworks upholding gender equality including the ratification of CEDAW in 2003 and the ERAW Law in 2009, and established women as key actors in peace and security through the 2015 National Action Plan based on UNSCR 1325. In 2017, it set gender equality targets under the Afghanistan SDGs under health, education, livelihoods and gender equality. Countless laws and legal procedures were enacted in light of the new constitution, and thousands of young educated women and men entered the legal and judicial systems to work, including as judges, prosecutors and attorneys.

164 EASO (European Asylum Support Office). 2021. Country Guidance: Afghanistan, p. 72.

165 HRW (Human Rights Watch). 2022. “Afghanistan Events of 2021.” World Report. Available from: <https://www.hrw.org/world-report/2022/country-chapters/afghanistan>.

3.10 Protection from sexual exploitation and abuse (PSEA)

Global evidence suggests that rates of sexual exploitation and abuse (SEA) are high in conflict and other humanitarian settings, including where there is massive distribution or scale up of aid. According to the inter-agency PSEA taskforce in Afghanistan, there is insufficient data on the prevalence of SEA in the country, due in part to stigma associated with reporting such cases or having open discussions about such cases, as well as to harmful social norms.¹⁶⁶

An early 2022 IOM and AAP Working Group Survey found that 75 per cent of people

surveyed did not know how and where to report if they or a member of their family or community was exploited or abused by an employee of a humanitarian organization – or how to find the appropriate services in the case of such an event occurring. These findings show the need for initiatives by humanitarian agencies to increase the awareness of feedback-complaint channels and services for SEA survivors. Considering the current scale and context of humanitarian response across Afghanistan, where SEA risks are anticipated, robust PSEA measures are critical to ensure that United Nations (UN) and non-governmental organization (NGO) operations fully commit to zero tolerance on SEA.

166 According to the communication strategy drafted by the inter-agency PSEA task force in Afghanistan.



Photo: © UN Women/ Sayed Habib Bidel

4. Navigating Challenges to Gender-Responsive Humanitarian Response in Afghanistan: Good Practices

4.1 Background and methodology

This study was the result of a participatory process, and completes the secondary data review undertaken for the IRGA. After presenting the key findings of the Secondary Data Review, clusters highlighted the need to focus not on documenting missing information gaps, but instead on solutions, collecting and presenting good practices. To collect good practices on the integration of women and

girls in the humanitarian response, UN-Women, through the GiHA Working Group, and CARE conducted a series of FGDs with fieldworkers of UN agencies, and (international and national) NGOs in seven Afghan provinces, asking questions around assessment, distribution, monitoring, and AAP, among others areas. About 60 field workers across seven provinces participated in the assessment.

The goal of this exercise was to identify creative, concrete solutions field workers managed to implement at field level which enabled them to reach more women and girls, and which could be replicated or scaled up. These FGDs were complemented by KIIs of five co-leads of clusters and working group relevant to this study. The subsequent good practices were mapped and validated, together with cluster leads, during a workshop held on 21 September 2022 (see Annex 2). The following section presents good practices mapped by cross-cutting areas which are common to all sectors' project implementation.

4.2 Good practices by cross-cutting area

The list of good practices were collected through discussions with humanitarian actors both at the field level and in Kabul. The questionnaire attached as Annex 3 of this report was used to guide the FGDs and KIIs, and map good practices used by humanitarian actors to reach women and girls. The list describes good practices which are already are part of the delivery of humanitarian assistance in Afghanistan, throughout the project cycle.

Assessment and registration

Ensuring women are part of projects from the registration stage is critical, as it impacts women's participation in all aspects of the projects. In the current context in Afghanistan, men tend to register as the head of households for the purpose of collecting assistance for their households, and humanitarian staff involved in assessments and registrations are often men. This presents potential risks for women within menheaded households, who may not be able to disclose their needs directly to male humanitarian actors.

Similarly, due to official and sociocultural restrictions on their mobility, as well as their community, family or sometimes their own preference,

women-headed households may face additional barriers to registration or voicing their needs during needs assessments undertaken at an early stage. Women may not be able to easily attend consultations, in a context where they may need a male guardian to leave the house, or may not be able to participate in discussions with men.

The following good practices can help ensure women both within men and women-headed households are taken into account during registration and needs assessments:

1. **Ensure community structures and men's support for assessments and registration**
 - **Obtain** support from male family members and male community elders to involve women in assessments, and their help in mapping women-headed households.
 - **Involve** community structures in an inclusive manner from the assessment stage in the decision-making on beneficiaries, to ensure ownership of the community.
 - **Set** a quota of women participants in the assessment and women assessors, prior to proceeding with a project, and informing the community accordingly. This quota could be based on qualifying criteria or an agreed number/percentage of local women.

“When we run a project, we tell the community that 50 per cent of the beneficiaries should be women, we put this condition in advance to increase women presence. Then the community come to us with at least 40 percent of women beneficiaries.”

– Partner humanitarian organization, during an FGD in Mazar

2. Build women’s support, involvement, and capacity to participate in registration and assessment

- **Assign** a woman leader accepted by the community to be the representative of women, and to liaise with women to ask for their inputs into the assessments and their feedback on the aid provided.
- **Engage with women volunteers in the community to map** women-headed households and vulnerable women and help reach women and girls in that community.
- **Build social media groups**, where connectivity allows, to include women and engage them remotely in consultations and feedback mechanisms.
- **Raise** women’s awareness on the importance of their ideas and contributions to the humanitarian projects taking place in their communities. This should be done through appointing women staff to speak with women and encourage them to participate in assessments.
- **Organize** women-only FGDs and set a quota for participation based on criteria or a specific number of FGDs that should be conducted with women to enable the start of a project.
- **Identify** out-of-reach women headed households and women beneficiaries potentially not taken into consideration during assessments and consultations. This could be achieved by working with women’s CSOs.

3. Ensure that registration processes are accessible for women

- **Guarantee** separate registration points for men and women, each handled by men and women staff respectively.
- **Obtain**, as a last resort, women’s consent for their mahram or other community members to receive aid in their stead at distribution

“ We have also female staff for hygiene promotion. They give trainings for women. They encourage women to work outside, and they encourage women to participate in humanitarian needs, to participate in humanitarian actions. The women are educated, they try to use these kinds of opportunities.”

– KII

points – in cases where women’s individual registration is not possible and they are not able to come to distributions

- **Ensure** that women staff are part of all needs assessments to collect inputs from women beneficiaries.
- **Modify** the time or location of assessments to make it easier to contact women respondents, for instance by organizing women-only door-to-door assessments during the daytime when men are at work, or by organizing assessments in places frequented by women (such as health centres).
- **Undertake** door-to-door assessments and consultations to hear the voices of women, mapping and identifying more vulnerable women and women-headed households.

Distribution and service provision

When conducting distributions or providing services, humanitarian actors risk leaving out women if no specific actions are taken to encourage their access to distribution points. In many regions of Afghanistan, women cannot come in person to distributions without being accompanied by a male guardian. Furthermore, some women may not wish, or be able, to visit distribution sites (for example, due to time demands in the home, social and cultural traditions, or their own preferences).

As such, any humanitarian assistance received by a given household is typically collected by a male family member. Women who are unable to attend distribution sites themselves, and who do not have a trusted male relative who can attend on their behalf, are at risk of being completely unable to obtain help unless measures are put in place to reach them.

The following good practices can help to ensure that distributions are more inclusive and accessible for women:

1. **Achieve community engagement and support, including engagement of elderly women and community volunteers**
 - **Negotiate from the start of the project with the community for women to be part of distribution**, and request their presence at distribution points.
 - **Facilitate** younger women by connecting them with older women to collect aid for them. Some organizations have noticed that older women have more power and influence than younger women within the community, and this type of delegation is common at some distribution points.
 - **Establish** systems at distribution sites to assist women in carrying home their aid received, as appropriate. Mobilizing volunteers, neighbours or extended family members can support women in carrying heavy food items when women do not have family members who can provide support.
 - **Ensure** that unaccompanied women can still register as the primary recipients of assistance, while delegating someone else (a neighbour, volunteer, or extended family member) to obtain the assistance for them – where there are no mobile teams or other available solutions. Follow up on the distribution by telephone to ensure that the intended beneficiaries did indeed receive the assistance in full.
 - **Enable** women to nominate a man to collect the assistance on their behalf. Some organizations already permit this practice, should the intended women beneficiaries

“We have some volunteer women in communities, we pay nothing for them, only provide them a place and refreshment, they help us to reach women and girls in community and they do this job voluntary.”

– Partner

be unable to access the distribution site. This can involve the community structures as guarantors.

2. **Make distributions accessible: Segregated and women-friendly distribution points and mobile distribution teams**
 - **Allocate** separate distribution points for women or organize distributions on different days for women (this also enables the provision of more sensitive items such as dignity kits), and ensure that women distribution are handled by women staff, and men distribution by men staff.
 - **Deploy mobile teams to bring the assistance to women** who may be unable to come to distributions or service provision points, where needed. This can include service provision and present a solution specifically in the case of women-headed households, with these mobile teams in many locations being led by women staff – who can enter women’s home.
 - **Ensure** that health facilities have women staff and separate spaces and waiting areas for women and men, making use of the Women’s Community Health Workers Committee to deliver health-related assistance and services to women.
 - **Ensure** that distribution sites feature information on complaints and feedback mechanisms for women to be able to complain if they do not (fully) assistance. In cases of mobile delivery, find ways to also transmit this information to women orally (e.g. women staff mobile teams, radio spots, etc)

Monitoring

To counter and respond to the obstacles mentioned above to women obtaining aid, **monitoring is an important step** to ensure women in particular have received the humanitarian assistance provided, and are able to benefit from it, especially in cases where the assistance is provided to the male head of household. Speaking with women ensures that a number of challenges can be addressed, and interventions adjusted to better match their needs.

The following good practices have proven useful to identify women in monitoring interventions:

1. **Adapt tools to capture the specific profiles of women and girls**
 - **Ensure that Post Distribution Monitoring (PDM) contains questions which appropriately monitor women's access to and use of humanitarian assistance** intended for them, including where male family members or nominees have received the assistance on their behalf.
 - **Collect gender-disaggregated data for PDM**, as this has proven useful to ensure that women, including those living within men-headed households, are targeted by PDM.
 - **Design specific PDM mechanisms with specific questions** for women-headed households and households with persons with disabilities.
 - **Ensure that PDM does not only involve the head of household** (often a man), but also enquires about other members of the household.
 - **Design separate PDM processes for women and men**, at different times of the day or in different places, to ensure that women are free to provide their contributions and inputs, and assign women and men monitoring staff accordingly.
2. **Ensure women-inclusive monitoring practices**
 - **Ensure that PDM forms contain sections on feedback**, asking about how, where and what kind of assistance women would prefer to receive. Ensure then that this feedback and gaps highlighted are taken into account to orient the assistance accordingly.
 - **Ensure that PDM is carried out by women staff** who can better approach women and girls to understand their concerns.
 - **Hire women staff to crosscheck documents** from their office stations to provide support for women staff in the field navigating challenges in carrying out PDM. Some organizations already maintain such office support, with the staff also calling women beneficiaries to collect their feedback.
 - **Set targets for women beneficiaries to be reached through PDM**, and strive for half of all PDM exercises to be reaching women.
 - **Undertake door-to-door monitoring** to reach women and girls whose movement may be restricted.
 - **Establish an inter-agency monitoring team** to have regular onsite monitoring.
3. **Involve community and household awareness to secure their support in monitoring**
 - **Engage communities from the start of the project to build ownership**, and provide them with information both on the project and monitoring needs, while designating them a role in monitoring the aid.
 - **Raise the awareness of beneficiaries on the follow-up and PDM processes** to ensure that they are aware of the formal process in place. Male heads of households can be engaged in this way, and made aware that women in their families will be asked to provide feedback during the PDM.

- **Engage** with community members, including elder women or women volunteers, to triangulate information regarding the reception of aid – only in cases where it is not possible to engage directly with women to obtain their feedback.
- **Secure** authorization to proceed from the DFA at the beginning of projects, for PDM to be carried out by women staff, and conduct PDM without time gaps, to ensure safe passage for women staff conducting PDM.
- **Assign** other actors with access to women, such as women’s CSOs, social workers or volunteers, to monitor reception of aid by women, girls and women-headed households.
- **Collect** face-to-face feedback from women, through setting up door-to-door feedback systems led by women staff, after obtaining consent from district officials, community leaders and beneficiaries.
- **Close** the feedback loop and ensure follow-up on all complaints made.
- **Increase** women’s knowledge through Psycho-Social Support (PSS) and counselling meetings to ensure they possess all the needed information, and feel comfortable and confident using feedback mechanisms.
- **Mobilize** women *shuras* and former women Community Development Council (CDC) members to gather feedback from women and girls.

Accountability to Affected People

Linked to monitoring processes, it is key to ensure that women can provide their feedback on assistance received, and voice their needs with humanitarian actors. This can be difficult in a context where men are often the ones providing feedback on behalf of their families, while women may not be able to attend consultations and feedback discussions due to restrictions. A number of stakeholders also raised challenges linked to gender norms during the discussions, and mentioned that as women are feeling increasingly less valued in today’s society in Afghanistan, they may also feel that their feedback would not matter, and do not feel confident in voicing their concerns. Women may also fear repercussions for providing feedback, and be concerned that they may not receive any further assistance should they voice challenges or concerns on the assistance received.

The following good practices can be used to better capture women’s voices and concerns:

- **Involve** women humanitarian workers in each project activity’s AAP mechanisms, including through building their capacity on communications.

- **Set up** feedback/accountability committees, in charge of collecting feedback in all communities.
- **Update** online systems for beneficiary assessment selection, and make feedback mechanisms a compulsory question for assessment.
- **Ensure** the presence of women hotline operators to receive women’s feedback.
- **Involve** community leaders in AAP mechanisms through encouraging them to provide information feedback information to women in their community – for instance, through sharing leaflets and contact numbers with women.

“According to OCHA’s recommendation, (our) offices at Badghis were not operational for one to two days. The Department of Economy of Herat pressurized that the phone numbers, nationality, and home addresses of all the staff have to be shared with them. All the NGOs are resisting and OCHA is advocating for us in this regard. “

– Partner humanitarian organization, FGD in Herat

- **Assign** a woman leader accepted by the community to be a local women's representative, to liaise with women to ask for their inputs to the assessments and their feedback on the aid provided.
- **Advertise** AAP information in formats friendly for illiterate women (e.g. pictograms, radio messages, announcements during distributions, etc.).
- **Use** information desks at distribution sites, with separate areas for women, or women staff.

Advocacy and access

Engagement with the DFA and advocacy for women's participation in the humanitarian response, both as humanitarian actors and as beneficiaries, is critical to ensure that women are reached by assistance. Across KIs and

FGDs, successful local examples of advocacy and negotiation with the DFA on gender were highlighted, demonstrating that there is still space to negotiate local agreements and set up successful implementation of activities. Further, participants called for a switch from a reactive to a proactive gender advocacy strategy.

- **Ensure** that issues are raised in key fora for the United Nations to lead decentralized advocacy, and raise concerns and constraints with the DFA.
- **Secure** a unified position on key issues, including challenges related to women's participation, across UN agencies, national and international NGOs to enable change.
- **Bring** women to the negotiation table to find entry points for negotiations with the DFA, and promote positive change.

“According to OCHA’s recommendation, (our) offices at Badghis were not operational for one to two days. The Department of Economy of Herat pressurized that the phone numbers, nationality, and home addresses of all the staff have to be shared with them. All the NGOs are resisting and OCHA is advocating for us in this regard.”

– Partner humanitarian organization, FGD in Herat

“Believe me, after the takeover, I was the only woman who met the de facto authorities, and I was the first who did advocacy to allow women to attend to the PDC meetings. As a result, women were allowed to attend the said meeting in the last month.”

– KII

“I feel that DRC tries to reduce the gap between the women and Taliban and change the defacto’s mindset towards the women. Most of the work related to the government directorates is assigned to female staff. This was not the practice earlier. Women are assigned to go for the project registrations most of the time. They want the women to go and women and Taliban meet so that the Taliban understand the need for women’s presence. This has changed their mindset to a great extent. If we stay away from these issues, the Taliban’s mindset will not change at all.”

– Partner humanitarian organization, FDG in Herat

“Humanitarian actors (...) should declare that if you do not let us employ women, and employ according to the culturally acceptable norms, we will go out of our way to make sure that they are comfortable in the work place, they are respected and they are dignified, and we are happy to align according to the recommendations that you have. And if you don’t allow us to hire them, and we cannot reach women through women, then we have to suspend the activities.”

– KII

“The question is for (us), we are actively reaching out women’s CSOs through roster across the country, and we are increasing their capacity and we are now, and this is going to take time. We acknowledge that work needs to be done to build the capacity of these organizations to meet the requirement of humanitarian response, if they want. We cannot assume that they would want to do this. But if they do, then that could be a good solution to the gapsreaching women. In that case, we have to curve out small-scale advisory work targeting reaching out vulnerable women, needing assistance as well as some assistance for monitoring.”

– KII

“The CSOs have lost their roles, but we have contacts with them informally: this means the CSOs members coordinate and help with our teams.”

– Partner humanitarian organization, FGD in Khost

“I think the lesson here is to, as you suggest, engage thosewomen-led CSOs, and perhaps there are some capacity-building initiatives to prepare them for humanitarian work and to preparethem to take leadership roles in humanitarian work. And also, to familiarize them with the humanitarian sector.”

– KII

Partnerships and collaborations

All interviewees agreed on the need to build stronger partnerships with local organizations, and recognized the importance both of engaging with men and community structures, as well as with women’s CSOs. This was seen as a key solution to the lack of women humanitarian workers in some regions, which has impacted access to women and girls. On the other hand, participants highlighted the challenges coming with it: women’s CSOs’ capacity to operate were deeply affected after August 2021, they do not necessarily have the structure to be involved in emergency programmes, they are under more pressure from the DFA, and they struggle even more than bigger humanitarian actors to hire, retain and train women aid workers. As such, while partnering with women’s CSOs is crucial, investing in building their capacity is

as important in order to rebuild Afghan civil society in the long-term.

- **Work** with those women’s CSOs, women volunteers and ex women shura and CDC members that continue to function, to help identify women beneficiaries effectively, including women-headed households, and for sharing information on assessments and registrations with women
- **Mobilize** relevant actors to help women facing difficulty in leaving their houses and attending consultations to share women’s voices, their needs and concerns or feedback on the assistance received.
- **Deploy** women volunteers in the communities to bring the assistance to women who cannot move freely and women-headed households

Women humanitarian workers' participation in the response

For multiple reasons, ranging from sociocultural barriers to the current DFA restrictions put in place curbing women's ability to work and their freedom of movement, women humanitarian workers have been prevented from doing their work and contributing to the humanitarian response. This presents a challenge, as women beneficiaries themselves are impacted by the various restrictions and entrenched gender norms, resulting in women humanitarian workers being the only people who engage with women and girls. Through discussions, as well as FGDs conducted by GiHA and OCHA on the specific issue of women's participation, the following good practices were highlighted to retain and recruit more women humanitarian workers:

- **Adapt** recruitment policies and implement positive discrimination for hiring women.
- **Offer** flexibility for women humanitarian workers, in terms of working hours or work from home modalities.
- **Provide** child care services.
- **Segregate** women and men in the office, where needed, as per new DFA regulations.
- **Use** headhunting to identify women to work with.
- **Provide** mentoring and capacity-building for women staff.
- **Conduct** unified nationwide advocacy with the DFA to ensure women humanitarian workers' participation and ability to work.
- **Engage** recent women graduates through internship programmes to give them a first professional experience.
- **Hire** married couples, where appropriate and possible.
- **Pay** for transportation costs and per diems for *mahrms* in cases where women have to travel with them.
- **Fight** hostile working environments for women, including through providing sensitization and awareness-raising sessions to

men staff, and setting up reporting systems for women staff to share their complaints.

- **Ensure** all implementing partners also follow these rules and set up these systems.

"I am really concerned that humanitarian organizations trying to fill, raise quotas of women and having them not properly supporting them, not giving them the capacity building they need (...) That goes down to the fact that you can't have more women if you don't have more educated and trained women.(...) So, let's go back to the actual issue, partner up with universities, partner up with training facilities, partner up with the development sector and have them produce and train very well skilled women that can actually participate, and in this way you can empower them, and they can compete with their male counterparts, and they don't feel that they are less compared to their male counterparts (...)."

– KII

"The national male staff are not so respectful, and the issue has been brought up again and again. It's not just female national staff who for sure would face these issues with the male national staff disproportionately for sure, I also noticed in some organizations in some situations where and even if you have younger female international staff, you don't see male national staff speak to them in the same way and in the same calibre of respect that they speak to male international staff. So, even there, there is a difference. (...) I think there needs to be some sort of education on the side of our female national staff. Because, culturally they would not want to go and conflict with their national male staff, and they might just accept it as a cultural thing that happen with them in their daily life, and they would accept it just because they don't want to cause troubles. My Country Director wants for our national female staff to know that they can report these (...) as a humanitarian community, we have our regulations, our own culture that we work in."

– KII



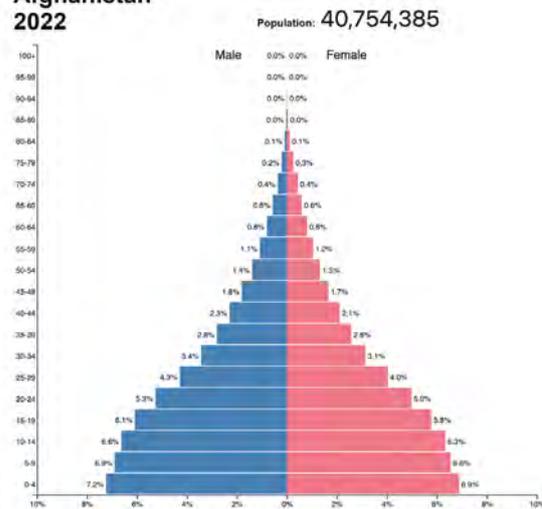
Photo: © UN Women/ Sayed Habib Bidel

Annexes

Annex 1: Demographic Profile

Afghanistan has an estimated population of 39.8 million people (expected to reach 41.7 million in 2022¹⁶⁷), comprised of 49 per cent females, and 51 per cent males. Children in Afghanistan aged 0 to 15 years represent 47 per cent of the population, and youth aged 15-24 represent 21 per cent, meaning the country has one of the world's youngest populations.¹⁶⁸ Afghanistan has a population growth rate of 2.3 per cent per year – one of the steepest in the region.¹⁶⁹ Life expectancy is 66 years for women, and 63 for men.¹⁷⁰ Persons aged 65 and older represent 2.6 per cent of the population.¹⁷¹

Afghanistan 2022



Afghanistan Population Pyramid (2022)

<https://www.populationpyramid.net/afghanistan/2022/>

167 OCHA (United Nations Office for the Coordination of Humanitarian Affairs). 2022. Humanitarian Needs Overview 2022, p. 6.

168 World Bank. 2020. A Qualitative Assessment of Pathways to Youth Inclusion, p. 16.

169 OCHA (United Nations Office for the Coordination of Humanitarian Affairs). 2022. Humanitarian Needs Overview 2022, p. 6.

170 Data as of 2018. UNICEF (United Nations Children's Fund). 2021. Situation analysis of Children and Women in Afghanistan. August 2021.

171 World Bank. 2020. Population ages 65 and above (% of population) - Afghanistan. Available from: <https://data.worldbank.org/indicator/SP.POP.65UP.TO.ZS?end=2020&locations=AF&start=2015>.

OCHA estimates that 24.4 million Afghans – over half the population – are in need of humanitarian assistance in 2022, of which 76 per cent are women and children, (22 per cent of women, 26 per cent of girls and 28 per cent of boys);¹⁷² 8.3 per cent have severe disabilities; 2.7 per cent are aged 65 years and older,¹⁷³ and 5.62 per cent are displaced, including 785,000 cross-border returnees, and 504,000 IDPs.¹⁷⁴

More than 75 per cent of Afghans have experienced displacement at one point in their lifetime.¹⁷⁵ The dramatic increase in food insecurity is estimated to leave over 2.8 million children at risk of severe or moderate malnutrition in 2022, and some 800,000 pregnant and lactating women at risk of acute malnutrition.¹⁷⁶ For 2023, 28.3 million Afghans are estimated to be in need, an increase of 16 per cent compared to 2022.¹⁷⁷

Annex 2: HPC Gender and Inclusion Workshop, 21 September 2022

On 21 September, the GiHA Working Group, together with the Accountability to Affected People (AAP) and Disability Inclusion (DI) Working Groups as well as the PSEA Taskforce, with the support of OCHA, organized a workshop on gender and inclusion in the 2023 cluster response. Participants in the workshop included ICCT members, including all clusters and working group leads and OCHA representatives as well as representatives of the Rapid Gender Analysis (RGA) technical review group, and agency gender specialists.

The workshop aimed to achieve the following goals:

1. Common challenges and good practices for Gender, AAP, DI and PSEA, including findings from the Rapid Gender Analysis, are presented to clusters.
2. Clusters reflect on good practices and HRP indicators to measure gender, age and disability inclusion in cluster work in 2023 – including common indicators where possible.
3. Entry points for GiHA, AAP, PSEA, DI WG support to the clusters in the HPC process and in next year's response are identified.

The workshop was opened by the Deputy Humanitarian Coordinator (DHC), Fran Equiza who offered background and reflections on the quality of the humanitarian response, and the objectives for the 2023 Humanitarian Needs Overview (HNO) and Humanitarian Response Plan (HRP). The DHC highlighted the opportunity to streamline thematic engagement with clusters, to agree on common indicators representing this approach in the HRP as intersectional vulnerabilities. This includes women and people with disabilities, whose needs have yet to be adequately addressed by humanitarian responses, and for which a joint vision is needed to address these gaps.

A joint presentation from GiHA, AAP and DI working groups showcased recent data collection, research and review efforts including findings from the Rapid Gender Analysis (RGA) HNO/HRP review from a disability lens as well as Collective AAP strategies. Gaps, and good practices to fill in these gaps, were presented by the different working groups, including inclusive system-wide accountability approaches.

A presentation by REACH followed, highlighting gender related data from the recently released Whole of Afghanistan Assessment (WoAA). The

¹⁷² Including 22 per cent women and 26 per cent girls, and 28 per cent boys, OCHA (United Nations Office for the Coordination of Humanitarian Affairs). 2022. Humanitarian Needs Overview 2022, p. 4; This is a 32 per cent increase from 2021 where there were 18.4M people in need.

¹⁷³ Older people comprise 3.2 per cent of the male population compared to 2.1 per cent of the female population. UNICEF (United Nations Children's Fund). 2021. Situation analysis of Children and Women in Afghanistan. August 2021, p. 4. ¹⁷⁴ Including 3.2 per cent (785,000) cross-border returnees, (504,000) 2.1 per cent IDPs, and 0.3 per cent (72,000) refugees and asylum seekers. ¹⁷⁵ World Bank. 2020. A Qualitative Assessment of Pathways to Youth Inclusion, p. 16.

¹⁷⁶ DCO PPT, GIHA slide 4, quoting WFP.

¹⁷⁷ OCHA, GHO Presentation, October 2022

presentation showed specific challenges for women in accessing services, as well as difficulties faced by women-headed households who have lower economic capacity and continue to disproportionately use negative coping mechanism.

Finally, OCHA briefly gave an overview of the Humanitarian Planning Cycle (HPC) process and facilitated a discussion around the review of current HRP indicators, and objectives for the 2023 indicators, including on cross-cutting issues and areas.

Breakout groups incorporating different clusters were then brought together, to explore multi-sectoral indicators on gender, accountability, disability and PSEA inclusion. On the basis of a list of suggested indicators, aiming to monitor the use of good practices on gender, AAP, PSEA and DI, participants reflected on good practices and common indicators as well as the manner in which these would be monitored and collected. The list below summarizes these different group recommendations:

- Include women enumerators in all assessments and ensure that women's voices are heard on issues such as SEA.
- Adapt CFM to meet the needs of women and those who do not have access to information, for example, due to low literacy and disability.
- Ensure better tracking of AAP issues through an analytical platform highlighting referrals, cases resolved and where feedback loop has been closed with specific targets set by sector and complaint type.
- Ensure better preparedness for examples through training of women enumerators ahead of assessments.
- Track the number of women staff in the response as well as women in leadership/ decision-making roles.
- Define where cross-cutting indicators would fall to ensure there is no duplication of efforts between the clusters and WGs.
- Strengthen components of REACH through disaggregation on gender and disability.
- Measure the level of engagement with organizations representing persons with disabilities or women should be, by tracking number of consultations, agreements with organizations of persons with disabilities, etc.
- Obtain more granular detail on the situation of households which have not received satisfactory humanitarian assistance, for instance through getting information on their preferred modality for humanitarian assistance.
- Ensure more dialogue and reflection on accessibility of services, in order to reflect the different issues around access.
- Ensure tracking of indicators on the number of partners involved in strategic platforms of engagement at the cluster level (e.g engagement with women's CSOs, women shuras).
- Track the number of women involved in recruitment processes.
- Develop dedicated tools and leverage regional structures to track the number of women staff in projects and field positions.
- Set up a quarterly based monitoring system through IOM DTM or Ground Truth Solutions.
- Ensure women's voices are reflected in monitoring systems.

The workshop was concluded by OCHA colleagues, which summarized the following next steps:

- Workshop organizers (GiHA, AAP, DI and OCHA) are to revise the indicators based on comments made during the workshop and recirculate the indicators for editing.
- OCHA is to establish a sub-ICCT working group to explore modalities around indicators.
- Cross-cutting working groups are to continue engaging with clusters to identify which indicators can be placed and tracked at the cluster level.
- A finalized version of indicators is to be presented at the Humanitarian Country Team (HCT) meeting.

Annex 3: RGA Primary Data Collection Plan and Questionnaire

RGA Primary Data Collection Plan

Timeline: 1 – 15 August 2022

Targets and tools:

Tools	Target clusters	Locations
Five Klls with key cluster leads	Health, ES-NFI, FSAC, CVWG, Health	Online – to be conducted by UN Women consultant
Seven FGDs with cluster members at field level	Health, ES-NFI, FSAC, CVWG	Bamyan, Balkh, Ghazni, Herat, Kandahar, Khost, Nangarhar – to be conducted by UN Women and CARE field offices

Generic Questions: for all cluster heads and field staff, RGA – Afghanistan investigating solutions and good practices for women’s and girls’ engagement in and benefit from humanitarian response.

Prompts for all: use scenarios / ask for scenarios or real-life examples from the participants: Have you come across such situations? Can you describe? What did you do? What could have you done better?

Absence of women humanitarian workers

1. New restrictions by the DFA have strongly constrained women humanitarian workers’ participation in emergency response. Which actions have you put in place in situations where you have not been able to mobilize women staff to participate in needs assessments/distributions/provision of services? Have you still been able to reach women and girls? How?
2. In the absence of women staffs, have you/would you consider partnering with women’s CSOs to provide support in assessing needs and monitoring distributions?

Women’s access to aid distribution and service provision

3. Recent emergencies in the country have shown that women tend to be absent at distribution/ services provision points in certain areas due to safety issues and cultural restrictions. Have there been any action taken by your organization/cluster to encourage and ensure women could come to the aid distribution/service provision points? What are the existing good practices and solutions to enable vulnerable women to come to aid distribution/services provision points?

4. In cases of distribution of food and non-food items, women and girls sometimes rely on male family members to collect the aid. For women who do not have this option/do not have male family members, how has your organization/cluster been able to ensure that aid reaches these women (for instance, in the case of women-headed households, households with a member with disability)?
5. Does your organization/cluster have existing monitoring mechanisms in place to ensure women get humanitarian aid in such a situation (e.g post distribution monitoring)? Are these mechanisms successful in finding any gaps relating to women's access to aid?
6. What are the existing good practices for post-distribution monitoring to make sure that the aid reaches to women and girls?
7. What would be your suggestions for other post-distribution monitoring mechanisms to ensure that the aid reaches women and girls?
8. In situations where vulnerable women do have male family members collecting aid on their behalf, what are the existing good practices to facilitate their access to humanitarian aid through their male family members? In such situations, does your cluster/organization have any strategy in place to monitor that the aid has reached women? Are these strategies successful?

Engagement and greater participation of women in humanitarian response

9. Various analyses including the WoAA mid-year review for 2022 have shown that women are often left out of consultations and needs assessments processes when emergencies occur. In such situations, what actions has your organization/cluster taken to engage women and girls in consultations and assessments? Have these actions been successful?
10. Various analyses including the WoAA mid-year review for 2022 have shown that women are unable to provide feedback on humanitarian aid (because they do not know how to provide feedback, or do not have independent access to a telephone, with male family members often providing feedback on behalf of the family). In such situations, what actions has your organization/cluster taken to obtain feedback from women? Have these actions been successful?

Scaling up

11. Could all these good practices and solutions be scaled to other (name the interviewing Cluster) members and other Clusters? Could these practices and solutions be applicable in other parts of Afghanistan?



World Food Programme

