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GENDER ALERT ON COVID-19 AFGHANISTAN

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Issue VIII: Gendered Impact of COVID-19 on IDPs

Following the previous Gender Alerts,¹ UN Women issues this eighth alert to continue to highlight the gender specific impacts of COVID-19 in Afghanistan. This alert focuses on the impact of COVID-19 on internally displaced women and girls. Specifically, on how women's human rights, including safety, freedom of movement and access to essential services are affected by the pandemic. It further highlights how Internally Displaced People (IDPs) and families, especially those headed by women are affected by the socio-economic impact of COVID-19. The alert also provides recommendations to humanitarian partners on how to effectively provide life-saving assistance that is gender responsive and meets the needs of all people, including women and girls. It is essential to ensure that amidst the crisis, humanitarian partners are using a consultative approach to ensure women's engagement in the design and delivery of responses to benefit the whole community. This alert concludes with a set of preliminary recommendations for consideration by national and international stakeholders.

CONTEXT & EMERGING GENDER IMPACTS

Afghanistan continues to cope with multiple crises: the protracted armed conflict, high poverty rates, a weakened

health system and public services, and socioeconomic and political shocks. The COVID-19 outbreak has further exacerbated these challenging conditions and will continue to heavily impact the lives of Afghan people.

The economic and human impact of COVID-19 will have a disproportionate impact on vulnerable groups, including IDPs and host communities as a result of loss of income, restricted movement, reduced access to markets and soaring prices of goods and commodities. Negative coping mechanisms among IDPs were regularly reported prior to COVID-19. Negative coping mechanisms in Afghanistan include child marriage, child labor, selling children and selling assets due to lack of livelihoods. Now, as COVID-19 spreads and lockdown measures remain in place, instances of such negative coping are expected to worsen, particularly in informal settlements. There are already confirmed reports of IDP families and households resorting to negative coping mechanisms due to the impact of COVID-19, such as child labor and child marriage. In addition, reports suggest that COVID-19 has and will continue to lead to an increase in violence against women and girls, particularly domestic violence, and rising tensions between host communities and IDPs.

¹Available on UN Women's Regional Website: <https://asiapacific.unwomen.org/en/digital-library/publications>.

Approximately 4.1 million IDPs have been displaced since 2012,² forced to flee their homes due to conflict, violence or disasters. These IDPs live in densely populated areas and are unable to self-isolate during this time. Newly displaced people are particularly vulnerable. In 2020, from January to June, a total of 84,781 people was newly displaced due to the conflict in Afghanistan.³ Those new IDPs are mostly women and children. The restriction of movement, reduced access to services, disruption in public services including transportation, and overall increase in prices for food and commodities has heightened risks for new IDPs, making them more vulnerable to COVID-19 and negative health outcomes.

As highlighted in the first gender alert,⁴ for many displaced women and girls, access to basic services including healthcare is restricted predominantly due to social and cultural norms. Women and girls who lack power to take decisions and those who need to ask permission from a male family member to seek healthcare are at greater risk of not being tested for COVID-19 and receiving appropriate treatment. Women caring for others, and those who predominantly play the role of primary caregivers are particularly exposed to potential contamination.

The overarching humanitarian supply chain has also already been threatened by the outbreak. Humanitarian workers may reduce or cut contact with displaced communities to comply with quarantine measures and help prevent spread of the virus. Many humanitarian actors have also not had the capacity or resources to respond to such an unprecedented crisis. Periodic closure of the borders, gaps in transportation, or disrupted businesses all threaten to interrupt critical humanitarian delivery and supplies. Any resulting shortages of goods could have devastating consequences for the on-time provision of critical and life-saving aid supplies.⁵

SPECIFIC AREAS FOR ATTENTION

COVID-19 has affected individuals and families across the country, but the crisis is and will continue to have a disproportionate impact on IDPs due to pre-existing challenges and vulnerabilities, including inadequate and crowded accommodation, insufficient water and sanitation facilities, extreme food insecurity and lack of access to education or employment opportunities. These factors are compounded, making IDPs, and more particularly women and girls, more vulnerable in the context of COVID-19. COVID-19

generates immediate impacts on the health and psychosocial wellbeing of affected families and individuals. In the long term, the social and financial consequences will result in an unprecedented need among IDPs for multi-sectoral assistance. Findings from the ECHO-funded Emergency Response Mechanism (ERM) highlight the importance of assessing the specific needs of displaced women and girls through gender-sensitive household level assessments, provision of multi-purpose cash, access to water, sanitation and hygiene (WASH) assistance and prioritizing female-headed households for assistance. Gender-specific protection risks and barriers to access assistance must be identified and addressed.⁶

Shelter:

IDPs often live in crowded environments that lack access to adequate health, water and sanitation facilities to prevent contamination and the spread of the virus. The current quarantine measures make the situation even more challenging for IDPs. In many cases, displaced people live in overcrowded spaces with little privacy or possibility to observe social distancing and other preventive measures. Displaced communities are not only unable to practice preventative measures, but their living conditions make them more vulnerable to contracting and spreading the virus.

The majority of Afghanistan's 4.1 million IDPs live in temporary and overcrowded shelters, high density informal settlements and crowded urban spaces with lack of privacy and dignity and inadequate WASH facilities.⁷ Inside those informal settlements, families use shared latrines, which can mean one cabin for 20 people.⁸ Some are forced to share a tent. Similarly, in urban spaces multiple families are often forced to use a shared bathroom and shared cooking and bathing facilities. Due to the density and overcrowding, IDPs settlements and spaces are conducive to widespread transmission, leaving IDPs vulnerable in the context of viral outbreaks such as COVID-19.

Violence against women and girls:

Emerging evidence shows that, across Afghanistan, violence against women and girls,⁹ particularly domestic violence, has increased. Hotlines are documenting significant increases in calls related to violence against women and girls. In a survey conducted by Oxfam, 97% of female respondents said that gender-based violence has increased since the COVID-19 outbreak started.¹⁰ Similarly the Johanner Community Perception Survey – COVID 19 conducted in

²IOM (2019). Afghanistan — Baseline Mobility Assessment Summary Results (March—June 2019).

³Afghanistan: Conflict Induced Displacements (as of 7 June 2020). Actual displacements between 1 January 2020 and 28 May 2020.

⁴UN Women (2020). Gender Alert Issue I: Gender Alert on COVID 19 in Afghanistan: Ensuring a Gender Sensitive Humanitarian Response, UN Women (24 April 2020).

⁵COVID-19 Multi-Sector Country Plan -AFGHANISTAN

⁶One example of such mechanisms is the Emergency Response Mechanism.

⁷Afghanistan: COVID-19 Multi-Sectoral Response Operational Situation Report 22 April 2020

⁸Afghanistan National Guidelines for WASH in Emergency - ANGWE Final (Approved by MRRD – March 2018)

⁹UN Women (2020). Gender Alert Issue II: Ensuring Access to Services for Survivors of Violence Against Women and Girls.

¹⁰Oxfam (2020). A New Scourge to Afghan Women: COVID-19

Kabul, Kunduz and Khost provinces highlights an increase in violence against women and girls due to the lock downs and restricted movements.¹¹ The outcome of a remote assessment conducted by War Child Canada in Balkh, Badakhshan, Kunduz, Takhar and Kabul indicates a 35% increase in violence against women due to the pandemic in their communities.¹²

Prior to the pandemic, displaced women and girls were already at higher risk of experiencing violence due to displacement, breakdown of social structures, lack of law enforcement, further entrenchment of harmful gender norms, and the loss of livelihood opportunities. Each of these risk factors are further exacerbated by the current health crisis. Anecdotal reports indicate an increase in violence against women and girls among IDPs. However, considering the heavy stigmatization of survivors of violence and the lack of access to support services for survivors, most women still do not disclose their experiences of violence or seek help. This is particularly true for women and girls living in informal settlements and rural and remotes areas where services are not available or accessible. At the same time, services for survivors, including healthcare, police, justice and social services are particularly impacted by COVID-19, with resources diverted to handle the health crisis. Recently, partners have reported interruption in outreach services by both government and armed individuals/groups. Providing services for survivors of violence, including those most marginalized groups like displaced women and girls, women living in remote, rural or hard to reach areas, must be prioritized to mitigate the devastating impact of violence on women and girls.¹³

Water, sanitation and hygiene (WASH):

Lack of access to water and sanitation among IDPs further prevents these communities from following recommended COVID-19 preventive measures. The current coverage of WASH services, including water supply infrastructure, sanitation facilities, and hygiene promotion supplies (soap, sanitary pads and hygiene promotion material) was unable to adequately support existing basic WASH needs prior to COVID-19, without the added burden of a country-wide pandemic.¹⁴

Healthcare:

Displaced women and girls, including women with disabilities, or those who live in hard-to-reach areas, already lack access to healthcare. In addition to the lack of access to

critical services, malnutrition and other illnesses linked to displacement is already compromising women and girls' overall health, making them even more vulnerable to the impact of COVID-19. Displaced women and girls may be denied, unwilling or unable to access health care, or there may not be adequate health coverage where they live. As noted in the first gender alert, access to health and other services is particularly challenging for IDPs living in hard to reach areas.¹⁶

Lack of women health workers, unavailability of services and social and cultural barriers limit displaced women and girls' access to basic services, especially health care. Around 30 per cent of the population has already limited access to basic health services within a two-hour travel distance.¹⁷ In the context of Afghanistan where men hold the majority or all decision-making power in the household, women's access to health and sexual and reproductive health services can be limited, particularly if they have restricted freedom of movement or if they have no control over household finances.¹⁸ Fear of being stigmatized or further discriminated against limits their access to health care. As highlighted in the first gender alert,¹⁹ women may be less able or willing to get tested because of lack of access to health care and fear of contracting the virus. The COVID-19 crisis, with an overburdened healthcare system, ongoing restriction of movement, as well as limited transportation options, further limit displaced women and girls' access to essential health care. This ultimately worsens pre-existing challenges and leaves them particularly vulnerable to the impact of the virus. As COVID-19 continues to spread, care and support to displaced women and girls, including survivors of violence, through the provision of sexual and reproductive health services, will likely become more limited.

Impact on economic opportunities:

Most women who work in Afghanistan do so in the informal sector, with nearly three quarters working in home-based craft industries. Women remain overrepresented in the informal economy. Vulnerable groups, including IDP women, experience the highest degree of socio-economic marginalization. They have limited or no savings, therefore, cannot afford to go without employment for any significant period of time. In addition, there are limited social safety net protections. These vulnerable forms of labor can increase women's risk of poverty in times of crisis, including during COVID-19²⁰ as they may be left out of formal social

¹¹Johanniter (2020). Community Perception Survey – COVID 19 Knowledge, Attitude and Practice Survey in Kabul, Kunduz and Khost Provinces.

¹²Remote Assessment for GBV <https://twitter.com/CanEmbAFG/status/1261186018843246592?s=09>

¹³UN Women Afghanistan (2020). Gender Alert Issue II: Ensuring Access to Services for Survivors of Violence Against Women and Girls, UN Women (30 April 2020)

¹⁴COVID-19 Multi-Sector Country Plan -AFGHANISTAN

¹⁵Ibid.

¹⁶IDPs living in hard to reach areas comprise 7% of the total IDPs in Afghanistan.

¹⁷Afghanistan: Humanitarian Needs Overview (2020)

¹⁸See Internal Displacement due to Conflict, OCHA (accessed 5 June 2020) outlining that among those displaced by conflict 20 per cent men, 21 per cent adult women, 60 per cent children under the age of 18.

¹⁹UN Women (2020). Gender Alert Issue II: Ensuring Access to Services for Survivors of Violence Against Women and Girls.

²⁰World Bank, Gender Dimensions of the COVID-19 Pandemic (16 April 2020).

protection measures that directly engage with workers in the formal economy.²¹ IDP families headed by women, the elderly and children may face greater protection risks and limited ability to cope with the socio-economic impact of the COVID-19.

Burden of care:

Women are not only more likely than men to work in unstable and informal jobs, but with COVID-19, they also shoulder a greater share of unpaid domestic responsibilities and face increased care burdens due to the closure of schools and heightened healthcare needs of older and sick persons. As mentioned in the third gender alert²² women perform the vast majority of unpaid care work—more than three times as much as men.²³

Stigma and discrimination:

Displaced people are usually the first to be blamed and stigmatized for spreading viruses, especially returnees coming from Iran and Pakistan. Stigma and discrimination related to COVID-19 may make IDPs, particularly women and children, more vulnerable to violence and psychosocial distress.²⁴ Findings from the recent REACH survey shows that the majority of Afghans are now aware of COVID-19 risks. It is particularly important to reach marginalized women, especially those in remote and hard to reach areas, with information about preventive measures and the availability of services. This includes reaching the general population with messages to counter rumors and address stigmatization.

Access to reliable information:

As the COVID-19 crisis develops, access to updated and reliable information is critical. It is important that information reaches and is understood by everyone, particularly at-risk groups. Limited field presence of national and international partners due to social distancing can impact on information available for many at-risk groups, including women and girls, and hinder their access to timely and life-saving messages. Since data on gendered access to information about COVID-19 is scarce, this is an important area to explore for future analysis as the crisis unfolds, particularly in local-level responses.²⁵

Limited access to reliable information for displaced communities will complicate efforts to respond. Some IDPs do not

receive adapted/contextualized and clear information to protect themselves from infection and lack social support networks to help them face the new threat. Misinformation, stigma, discrimination and the absence of communication networks, and language barriers can prevent accurate and far-reaching messaging. Without information about COVID-19, displaced populations face high risks of contracting and spreading infection.

Women and girls in IDP settlements and spaces traditionally have less access to information due to restrictive social norms. Women and child friendly spaces have been critical to enable women and girls to access information, including on the services available to them. However, to reduce the risk of spreading the virus, activities in some of these spaces have been suspended.²⁶ Limited access to information could have serious consequences as it may prevent women and girls from getting lifesaving information and assistance. Individuals and communities who do not have information about COVID-19 or do not believe that COVID-19 exists may put women and children at risk of contamination as they are expected to continue to take care of households without any precautionary measures and without influence over the household to change this dynamic.

Food insecurity:

Even before the pandemic, Afghanistan was home to 14 million people with insufficient access to food.²⁷

The COVID-19 pandemic has exacerbated Afghanistan's food crisis, with 10 million people experiencing acute food insecurity.²⁸ The number of people suffering from malnutrition is soaring, with over 3 million women and children malnourished before the pandemic and requiring specialized nutrition supplies and medicines.²⁹ Reports from protection partners highlight that due to the economic impact of COVID-19, mainly IDPs lack employment. Some men IDPs are returning to their place of origin to collect harvest. This may put them at high risk of being killed or abused by armed individuals/groups. Increasing food insecurity as a result of the crisis will also place women and girls at higher risk of intimate partner violence and other forms of gender-based violence due to increased tensions in the household.

Displaced households headed by women are less resilient in terms of livelihood and food security due to limited or no access to stable income sources, employment, and markets.

²¹UN Secretary-General's policy brief: The impact of COVID-19 on women (9 April 2020).

²²UN Women (2020). Gender Alert Issue III: Impact of COVID on women's burden of care and unpaid domestic work.

²³International Labour Organisation (ILO). Care Work and Care Jobs for the Future of Decent Work. 2018.

²⁴COVID-19 Multi-Sector Country Plan - AFGHANISTAN

²⁵CARE + IRC Global RGA for COVID-19

²⁶Deafening silence and uncertainty in Afghanistan: UNICEF

²⁷Afghanistan Humanitarian Response Plan 2020

²⁸AFGHANISTAN: COVID-19 exacerbates Afghanistan's food crisis, 10 million acutely food insecure <http://www.ipcinfo.org/ipcinfo-website/ipc-alerts/issue-21/en/>

²⁹<https://www.unocha.org/story/afghanistan-crisis-numbers>

They have to overcome many barriers to provide for their children.³⁰ As highlighted in the first gender alert,³¹ the risk of heightened food insecurity and malnourishment during public health emergencies is particularly grave for women and girls because social norms in some contexts dictate that they eat last and least.³² Experience from past disease outbreaks indicates that women are primarily responsible for procuring and cooking food for the family³³ and in the context of COVID-19, that puts them at increased risk of contracting the virus.

RECOMMENDATIONS:

All Actors:

- Ensure that women's needs, and women's meaningful participation are put at the center of humanitarian response programming for COVID. Design humanitarian responses that utilize and integrate gender analysis.
 - Undertake joint effort among local authorities, international organizations and donors to ensure the full inclusion of displaced communities, particularly women and girls, in national response plans.
 - Continue the provision of critical services for conflict affected and internally displaced women and girls, particularly those in hard to reach areas, in line with the recommendations of the previous gender alerts.
 - Ensure that all women, including IDPs, and women with disabilities, have access to life-saving health care and sexual and reproductive health services, including the Minimum Initial Service Package.
 - Ensure provision of protection and social, psychosocial, legal and justice services for women IDPs and other vulnerable groups (e.g., survivors of gender-based violence, adolescent girls, disabled women, female headed households, etc.) at risk of discrimination and exclusion.
 - Maintain and/ or increase critical protection services, including case management, counselling, and referrals to facilitate access to health and other essential services including risk communication and community engagement.
 - Ensure gender sensitive, contextualized and accurate information about COVID-19 is provided in ways that account for differing literacy rates amongst women and men, and different levels of access to mobile phone, social media, radio and helplines.
 - Engage communities for primary prevention and stigma reduction, with special attention to the most vulnerable such as women, people with disabilities and marginalized groups including IDPs and returnees.
- Ensure IDP shelter infrastructure is improved, and standard operating procedures are in place to support density reduction and isolation efforts to help prevent the transmission of COVID-19 in displacement sites.
 - Advocate and ensure that IDP women including female headed households, disabled women and elderly women who are more vulnerable to the pandemic receive COVID-19 assistance.

³⁰HNO 2020

³¹Issue I: Gender Alert on COVID 19 in Afghanistan: Ensuring a Gender Sensitive Humanitarian Response, UN Women (24 April 2020)

³²UN World Food Program (WFP), "Women Are Hungrier," WFP, accessed March 14, 2020, <https://wfpusa.org/women-arehungrier-infographic/>

³³Gender in Humanitarian Action (GiHA) Asia and the Pacific, "The COVID-19 Outbreak And Gender: Key Advocacy Points From Asia And The Pacific," GiHA, March 2020, <https://asiapacific.unwomen.org/en/digital-library/publications/2020/03/the-covid-19-outbreak-and-gender>