GENDER ALERT ON COVID-19 AFGHANISTAN

June 18, 2020

Issue IX: Women's access to health care during COVID-19 times

UN Women, WHO and UNFPA jointly issues this ninth alert to continue to highlight the gender specific impacts of COVID-19 in Afghanistan. This alert focuses on women's access to health care during the COVID-19 pandemic in Afghanistan. It shows how COVID-19 is negatively impacting women's health and access to healthcare due to the disproportionate role of women and girls in responding to the crisis and pre-existing gender inequalities and rigid gender roles, in addition to already limited access to health care for women and girls in Afghanistan and fear of contracting the virus.

This alert concludes with a set of recommendations for consideration by national and international stakeholders. UN Women Afghanistan is committed to advancing the rights of, and meeting the needs, of women and girls, including through the COVID-19 crisis. This alert serves to advance this aim, by providing a basis for an informed discussion on the gender-specific impacts of COVID-19 on women's health and access to health care. It highlights that only gender-responsive services to the health crisis, taking into account women and girls' specific vulnerabilities and needs, will be an effective response and reduce COVID-19's impact on women and girls' health.

CONTEXT & EMERGING GENDER IMPACTS

With a weak health system, underlying vulnerabilities and a developing economy, Afghan people face grave consequences from the COVID-19 pandemic.[1] The COVID-19 crisis is causing a rise in poverty and unemployment as well as deepening inequalities, which is creating high stress within households and communities. Before the crisis, 54% of Afghans were living below the poverty line, a rise from 38% in 2011-2012. Numbers are likely to continue to increase due to the economic impact of the health crisis.[2] Where movement is restricted, people are confined, poverty and unemployment are increasing, women and girls are at greater risk of experiencing violence in their homes.[3]

Afghanistan's health care system and public services were already fragile and burdened due to decades of conflict and socio-economic and political crisis. Even prior to the COVID-19 pandemic, Afghan people faced critical challenges in accessing health care, with between 20 to 30% of the population who already had limited access to basic health services within a two-hour travel distance.[4] Inadequate health care facilities and resources are particularly affecting

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[1] OCHA (2020). Afghanistan: COVID-19 Multi-Sectoral Response Operational Situation Report 10 June 2020.
[2] Islamic Republic of Afghanistan Central Statistics Organization (2019). Afghanistan Living Conditions Survey 2016-17.
[3] UN Women (2020). Issue II: Ensuring Access to Services for Survivors of Violence Against Women and Girls.
[4] OCHA (2019). Afghanistan: Humanitarian Needs Overview (2020)

people living in hard to reach, remote and anti-government element controlled areas. In addition, Afghan people still have to pay about three-quarters of their health cost, despite government efforts to provide universal health care.[5] Inadequate funding, medical staff, infrastructure and other resources is further hampering the provision of, and access to, vital health services.[6]

The conflict continues to deny people access to vital health care by interrupting services where they exist and preventing the expansion of services in new areas, with an increasing frequency of closure and destruction of health facilities and attacks against health workers.[7] Since the start of the COVID-19 pandemic, attacks have continued to have a devastating impact on a strained health system.[8] This is illustrated by the recent attack on the maternity ward of Dasht-e-Barchi Hospital in Kabul. In addition, lack of local transport, privacy and confidentiality, at the health facility, and low trust in the capacity to provide care further discourages people from accessing health services. In Afghanistan, people are particularly vulnerable to COVID-19 as lack of health care facilities and resources is aggravated by pre-existing vulnerabilities including malnutrition, limited access to water, lack of sanitation and hygiene, and air pollution.[9]

Women and girls already had limited access to critical health care, including maternal and child health care, particularly in rural areas where 75% of the population live. Afghanistan is one of the countries where mortality rates among mothers and children are among the highest in the world.[10] As mentioned in the first Gender Alert,[11] unlike many other parts of the world where women form the majority of health care professionals, in Afghanistan, due to rigid gender norms limiting women's role outside the home and hence employment, Afghanistan is facing a massive shortage in female health care staff. This is critically limiting women and girls' access to health care. In Afghanistan, only 15% of nurses and 2% of medical doctors are women.[12]

The same gender norms preventing women from working in health care are also preventing them from accessing health care. Their access to health services is often determined by male members of their family and may be conditioned on the availability of female staff and segregated infrastructure, such as separate gates and waiting areas.[13] These norms often prevent women from seeing male doctors. Indeed, it is common for women to go untreated unless they can see a female doctor.[14] Given patriarchal norms favoring men over women, with girls being seen as commodities to be handed over through marriage, women and girls' health remains a low priority. Social norms and limited economic means may dictate that women and girls are the last to receive medical attention, if at all, when they become ill, with funds prioritized for male family members to receive health care.[15] In addition, the practice of a mahram (having a male family member to accompany a woman when leaving the house) creates additional barriers to women's ability to access healthcare.

SPECIFIC AREAS FOR ATTENTION

COVID-19 has further exacerbated challenges for women and girls to access health care and Afghan women and girls' health will be disproportionately affected by the impact of the virus.

Discriminatory gender and cultural norms are making women more vulnerable to COVID-19

In the context of COVID-19, the restrictive gender norms and gender roles mentioned above are putting women and girls at more risk of contracting the virus and falling ill from it. They create major barriers for women and girls to access critical health services. The impact is exacerbated during a health crisis, making women particularly vulnerable. The increased home and care burden of women is likely to expose them to increased risk for contracting COVID-19. Due to gender norms dictating that they should take care of the home and of people, including to take care of sick family members, women are more likely to be exposed to the virus.[16] Women need to continue with their domestic responsibilities even if they fall ill.

Given women and girls' limited access to information, women are less aware about COVID-19 risks, symptoms and preventive measures.[17] Women and girls are less able to access information through preferred means of communications for COVID-19.[18] A community perception survey

[5]Human Rights Watch (2019). Afghanistan: Little Help for Conflict-Linked Trauma.
[6]Oxfam (2020). A New Scourge to Afghan Women: COVID-19.
[7]OCHA (2019). Afghanistan: Humanitarian Needs Overview (2020).
[8]OCHA (2020). Afghanistan: COVID-19 Multi-Sectoral Response Operational Situation Report 10 June 2020.
[9]Oxfam (2020). A New Scourge to Afghan Women: COVID-19.
[10]https://www.unicef.org/afghanistan/health
[11]UN Women (2020). Gender Alert on COVID-19 in Afghanistan | Issue I: Ensuring a Gender Sensitive Humanitarian Response.
[12]OCHA (2019). Afghanistan: Humanitarian Needs Overview (2020).
[13]Human Rights Watch (2019). Afghanistan: Little Help for Conflict-Linked Trauma.
[14]Fistula Foundation (2018). Out of the Margins #4 – Afghanistan's fierce, female fistula surgeons.
[15]UN Women (2020). Gender Alert on COVID-19 in Afghanistan | Issue I: Ensuring a Gender Sensitive Humanitarian Response.
[16]Oxfam (2020). A New Scourge to Afghan Women: COVID-19.
[17]Johanniter; Afghan Capacity and Knowledge (JACK), Organisation for Human Welfare (OHW) and Afghanistan Centre for Training and Development (ACTD) (2020). Community Perception Survey – COVID 19 Knowledge, Attitude and Practice Survey in Kabul, Kunduz and Khost Provinces.
[18]WHO, REACH, NRC, RCCE (2020). Communities' Information Access, Preferences, Needs, and Habits.

conducted in Kabul, Kunduz and Khost Provinces showed that only 30% of women were aware of COVID-19 compared to 48% of men. Only 58% of women compared to 79% of men were aware of COVID-19 symptoms, and only 36% of women versus 45 % of men were aware of protective measures.

Cultural limits on their movement and women's limited decision-making, including on access to health care, limit their access to critical care during the pandemic, both COVID-19-related and non-COVID-19- related. The social norms saying that they should receive medical care last further hinder their ability to receive timely care for COVID-19.[19] In Afghanistan, COVID-19 screening facilities are not widely available, and in addition to an acute lack of female staff, separate waiting areas for women are often missing.[20] Quarantine centers and isolation spaces, when there are no security and gender-responsive measures in place, put women and girls at risk of experiencing harassment and violence. These gendered barriers impact women and girls' willingness to go to these spaces, thus hampering their access to healthcare. Because of all the gender, cultural and structural barriers women face, they may be less willing or able to get tested for COVID-19 if they have symptoms. As a result, women face added barriers in accessing COVID-19 testing and treatment facilities. Reports indicate that if most of the positive cases are men, this is because women are not getting tested. Reports also indicate that women are being blamed by their families and communities for bringing home the virus based on suspicions that they would have "misbehaved". This may lead to an increase in experience of violence.

Women's reduced access to health care

While the struggle for adequate healthcare affects everyone in Afghanistan, it hits women the hardest. Disruptions to health services due to COVID-19 could endanger the lives of mothers, children and survivors of violence long after the COVID-19 pandemic. Women and girls have unique health needs, but they are less likely to have access to quality health services and treatment, maternal and reproductive health care, especially in rural and marginalized communities.[21] Afghanistan is expected to have one of the highest number of births (around 1 million) in South Asia in the nine months following the COVID-19 pandemic declaration.[22] With a young population, young girls are particularly vulnerable because of higher risks of complications during pregnancy and childbirth.[23] With the impact on livelihoods, the reported increase in child marriage, as a negative coping mechanism, is likely to result in more young girls becoming pregnant.

Women and girls' access to critical and life-saving health care was already limited and the COVID-19 crisis is impacting both the availability of and access to sexual and reproductive health care and services for survivors of violence.[24] With overburdened and overcrowded health facilities, the COVID-19 pandemic is making it more difficult for women and girls to receive adequate treatment and health services. The diversion of attention and resources exacerbates the lack of access to sexual and reproductive health services as well as services for survivors of violence in Afghanistan. Resources are being diverted to deal with the COVID-19 crisis, at the expense of maternal and child health care, family planning, contraceptives, abortions and routine services, as they are deemed "non-essential" and therefore unavailable during the COVID-19 crisis.[25] The country is facing supply and equipment shortages as well as a lack of skilled birth attendants as they are redeployed to treat COVID-19 patients. Some clinics have shut down entirely, with women being told to seek at-home midwife support instead of coming to clinics.[26]

As mentioned in the second and fifth gender alert, this is also true for life-saving services for survivors of violence.[27] With violence against women increasing across the country, women and girls who have experienced gender based violence need access to health services more than ever, to mitigate the devastating impact of violence and possibly prevent its re-occurrence. However, reports indicate a decrease in the number of survivors of violence accessing health services because of the COVID-19 crisis. This means that where services are available, many women and girls are currently unable to seek support due to the movement restrictions, disruptions of services, and lack of opportunities to find privacy away from their abusers and seek support from the health care system.

In addition to lack and closure of health care facilities, limited availability of services and limited resources and supply, with health facilities becoming the epicenter of the COVID-19 response, fear of contracting the virus and overcrowding are further discouraging women from accessing critical health services. Women and girls are also struggling to buy personal hygiene products due to their limited access to markets.[28] All of this is especially problematic for women and girls in disadvantaged and hard-to-reach

[19]UN Women (2020). Gender Alert on COVID-19 in Afghanistan | Issue I: Ensuring a Gender Sensitive Humanitarian Response.
[20]Johanniter (2020). Health Worker's Perception Survey on COVID19: Knowledge, attitude and practice assessment in eight provinces of Afghanistan.
[21]UN Secretary-General and UN Women (2020). Policy Brief: The Impact of COVID-19 on Women.
[22]UNICEF (2020). Millions of pregnant mothers and babies born during COVID-19 pandemic threatened by strained health systems and disruptions in services.
[23]Emma Smith (2020). Maternal health and COVID-19: The race to avert a long-term crisis. Devex.
[24]International Planned Parenthood Federation South Asia (2020). Safe abortion services amid COVID19 - Agile, adaptive & innovative response from South Asia.
[25]Smith, Julia (2019). Overcoming the 'tyranny of the urgent': integrating gender into disease outbreak preparedness and response. Gender and Development.
[26]Time (2020). 'They Came to Kill the Mothers.' After a Devastating Attack on a Kabul Maternity Ward, Afghan Women Face Increased Dangers. 19 May 2020.
[27]UN Women (2020). Issue II: Ensuring Access to Services for Survivors of Violence Against Women and Girls and Issue V: Maintaining services for survivors of violence against women and girls during COVID-19
[28]OCHA (2020). Afghanistan: COVID-19 Multi-Sectoral Response Operational Situation Report 10 June 2020

areas.[29] In addition, the May attack on Dasht-e-Barchi Hospital maternity ward has instilled fear in both the medical community and the women it serves.[30] The maternity ward has closed because of the deliberate attack on pregnant women and newborns, depriving nearly 1.5 million women and children of the western area of Kabul, plus women coming from other provinces, of a fundamental and comprehensive maternal and child care service.[31] A sharp drop in the number of treatments for mother-child care, prenatal and postnatal care, and vaccinations has been reported in the last few weeks in Afghanistan.[32] Data from the International Planned Parenthood Federation Afghanistan shows a reduction of 80% in post-abortion care clients and a dip of 58% in uptake of contraceptive services in Afghanistan.[33] The disruption of life-saving health services such as maternal and child care is putting many pregnant women and newborns at risk. This increases the risk of unsafe and unskilled birthing practices that may lead to a rise in maternal and infant deaths. In addition to exacerbated maternal mortality, this may lead to increased rates of adolescent and/ or unwanted pregnancies, HIV and sexually transmitted diseases.[34]

The health system, including the development and humanitarian community should ensure that all women and girls have access to information and health care services, including most marginalized groups such as displaced women and girls and women living in remote and hard to reach areas. Services like maternal and child care as well as health care for survivors of violence are life-saving and critical, and are needed more than ever during the COVID-19 pandemic. In order to ensure a gender-sensitive health response that meets the needs of all women and girls, female health workers and local women leaders should be meaningfully engaged in decision making at the national, provincial and local levels.

Women's lack of access to mental health care

COVID-19 is not only impacting women and girls' physical health but also their mental health. Besides physical health issues related to COVID-19, women have been reporting an increase in psychological problems resulting from the crisis, including among older women. This comes from grief at the loss of loves ones, uncertainty and fear, loss of livelihoods, movement restrictions and subsequent isolation women face, in a context where depression, anxiety as well as violence against women is increasing due to the pandemic.[35] Women may experience increased stress at home due to additional duties of caregiving such as homeschooling and taking care of older relatives. In addition, many women are locked with their abusers without a possibility to leave or seek support without increasing their risk to be exposed to the virus. This adds to the pre-existing mental health conditions and trauma that Afghans endure linked to ongoing conflict and crisis. Mental health remains taboo, and people with mental health issues stigmatized. According to the 2018 Afghanistan National Mental Health Survey, 85% of Afghan people either personally experienced or witnessed a traumatic event and one out of two Afghans is suffering from psychological distress but fewer than 10% receive adequate psychosocial support. Most people do not know about existing mental health resources. Training and lack of space were identified as main gaps for the provision of mental health services.[36]

Even when the pandemic is brought under control, grief, anxiety and depression will continue to affect women, girls and communities. The inclusion of mental health and psychosocial support should be considered in COVID-19 national response plans to mitigate the psychological impact of the crisis, enhance coping skills and resilience, and reducing suffering, which will support the recovery and rebuilding of communities. Health professionals should be trained to identify and respond to mental health conditions and to refer patients to community-based programs, social services, and psychosocial counselors.[37]

Both the physical and mental health of women and girls should be prioritized in responding to the crisis, for the response to be effective in mitigating the devastating impact of the health crisis for women and girls. This needs to take into account women's specific barriers to accessing health care, as well as their specific needs. As part of COVID-19 awareness raising and communications efforts, information about how and where to access mental health services and services for women and girl survivors of violence should be widely disseminated and particularly target those living in hard to reach, remote and anti-government element controlled areas.

Further limited access to health care for most marginalized groups

Gender inequality is compounding other forms of discrimination women and girls from marginalized groups experience including internally displaced women, women living in conflict-affected areas, women of ethnic minorities, older women, women living with disabilities or those living in

[29]UN Women (2020). The First 100 Days of the COVID-19 Outbreak in Asia and the Pacific: A Gender Lens.
[30]Time (2020). 'They Came to Kill the Mothers.' After a Devastating Attack on a Kabul Maternity Ward, Afghan Women Face Increased Dangers. 19 May 2020.
[31]Médecins Sans Frontières (2020). As midwives in Afghanistan, we are the silent leaders of our country. 10 June 2020.
[32]Johanniter (2020). Health Worker's Perception Survey on COVID19: Knowledge, attitude and practice assessment in eight provinces of Afghanistan.
[33]International Planned Parenthood Federation South Asia (2020). Safe abortion services amid COVID19 - Agile, adaptive & innovative response from South Asia.
[34]UN Secretary-General and UN Women (2020). Policy Brief: The Impact of COVID-19 on Women.
[35]Oxfam (2020). A New Scourge to Afghan Women: COVID-19.
[36]Islamic Republic of Afghanistan (2018). 2018 Afghanistan National Mental Health Survey.
[37]Human Rights Watch (2019). Afghanistan: Little Help for Conflict-Linked Trauma.

rural and remote areas. Most marginalized groups have further limited access to vital health services and information about COVID-19.[38] With increased restrictions on movement, humanitarian organizations' access to vulnerable populations becomes significantly harder. Humanitarian partners are facing added difficulties to access people in need, especially women and girls, Internally Displaced People, returnees and people with disabilities.

RECOMMENDATIONS:

1. All public health emergency and recovery plans related to COVID-19 need to consider both the direct and indirect health impacts on women and girls, barriers to access health care and specific needs, offering targeted interventions to meet their unaddressed needs, and ensuring adequate budget.
2. Integrate measures for women and girls' mental health in all preparedness and response plans to COVID-19.
3. Ensure that public health messages and communications efforts target all women and girls, particularly those living in remote and hard to reach areas, with information about COVID-19 and services available, including for mental health and violence against women, in ways they can understand.
4. Prioritize and make provisions to continue essential health services for women and girls, including sexual and reproductive health services and services for survivors of violence.
5. Ensure that all COVID-19 health frontline responders, including civil society organizations, have the necessary personal protective equipment and training to prevent and respond to COVID-19, and are supported with the provision of all basic necessities and access to mental health services.
6. Support and promote training of female health workers and ensure their safety as frontline responders.
7. Ensure that gender-responsive measures are in place in all health facilities (hospitals, clinics, quarantine centers), including separate rooms for women and girls.
8. Ensure that quality mental health and psychosocial support services are context appropriate, effective, available, accessible, and affordable for all women and girls, particularly those most at risk of violence.
9. Ensure that distribution of personal hygiene products and dignity kits reach all women and girls, particularly from marginalized groups and who are most vulnerable to COVID-19, including IDPs, pregnant women and older women.
10. Train frontline health care workers on how to recognize, respond, protect and refer survivors of violence to appropriate services, as well as basic psychosocial counselling and safety planning. Update violence against women referral pathways to reflect COVID-19 healthcare facilities.
11. Follow Afghanistan Gender-Based Violence Sub-Cluster "GBV Guidance Note for COVID-19 Response" for the health sector and support and ensure the strict implementation of the COVID-19 guidelines for Women Protection Centers, Family Protection Centers, Family Guidance Centers, and Women and Girls Safe Spaces to continue to operate safely.

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[38] UN Secretary-General and UN Women (2020). Policy Brief: The Impact of COVID-19 on Women.