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ROSHAN



UNLOCKING THE LOCKDOWN
GENDER-DIFFERENTIATED
CONSEQUENCES OF COVID-19
IN AFGHANISTAN



Important note: On 3 April 2020, UN Women, the International Rescue Committee and Roshan launched a Rapid Assessment Survey in Afghanistan, distributed via SMS and in person, to compile data on the gender-differentiated consequences of COVID-19 in the country. The window for data entry remained open for four months, closing on 3 August 2020.

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ABBREVIATION AND ACRONYMS

COVID-19	Coronavirus Disease 2019
CSO	Civil Society Organization
DoWA	Directorate of Women's Affairs
ERM	Emergency Response Mechanism
FAO	Food and Agriculture Organization (UN)
FGD	Focused Group Discussion
HEAT	Household Emergency Assessment Tool
HRW	Human Rights Watch
ICCT	Inter-Cluster Coordination Team
IDP	Internally Displaced Person
ILO	International Labour Organization
INGO	International Non-Governmental Organization
IOM	International Organization for Migration
IRC	International Rescue Committee
KI	Key Informant
MHPSS	Mental Health and Psychosocial Support
MoPH	Ministry of Public Health
NGO	Non-Governmental Organization
OCHA	Office for the Coordination of Humanitarian Affairs (UN)
SIGAR	Special Inspector General for Afghanistan Reconstruction
SDG	Sustainable Development Goal
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
WHO	World Health Organization
WOA	Whole of Afghanistan

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I. EXECUTIVE SUMMARY

The 2020 Gender-Differentiated Consequences of COVID-19 Survey, aiming toward “assessing gendered impacts of COVID-19 on the population of Afghanistan”, has been published to encourage the promotion of a gender-sensitive response to the unfolding humanitarian situation which puts the needs of women and girls at the fore.

The emergence of the novel coronavirus—or Coronavirus Disease 2019 (COVID-19)—has come as a shock not only to people with lower levels of access to basic services but anyone prone to various types of inequality, deprivation or violence. The outbreak has severely impacted the fragile accomplishments on the Sustainable Development Goals (SDGs), in a period of less than one year. With regard to the Beijing Platform for Action and other international treaties which have become a sound voice for those with no, or a lower level of, access to equal opportunities, COVID-19 has taught us that promoting agendas such as those calling for increased equity or empowerment requires a more sustainable approach in order to devote further attention to changing attitudes and social norms. Consequently, women in most countries have reported an increase in different types of violence, a higher burden of care, loss of income and employment, losing formal and informal education opportunities, and lower levels of access to health care services—such as COVID-19 prevention and testing kits as well as sexual, reproductive, and mental health services. The current situation thus provides a clear picture of where we actually are in terms of promoting gender equality and how much work is required to enhance the inclusiveness and sustainability of planned initiatives.

In order to measure the gender-specific consequences of COVID-19, UN Women have partnered with the International Rescue Committee (IRC), Civil Society Organizations (CSOs) and a mobile network operator (Roshan) to conduct a Rapid Assessment Survey across Afghanistan. This survey is also being carried out by UN Women across the Asia-Pacific Region, in countries such as Thailand, Bangladesh, Nepal, Philippines, Samoa, Pakistan, Cambodia, Indonesia and Maldives.

The overall objectives of the survey are to understand the gender-specific impacts of COVID-19 in Afghanistan; develop country-specific, sex-disaggregated data and corresponding gender analysis to inform COVID-19 policy and programming response; and build understanding on the gendered impacts of COVID-19, particularly in relation to changes in employment, access to health, and unpaid domestic and care work in the home.

The 2020 UN Women-IRC survey highlights COVID-19-related impacts on women and men in terms of their gender profiles as aligned with social and societal norms. Acknowledging existing gender stereotypes and stigmas as the main factors fueling ongoing tensions in the name of gender roles, the survey analyses data collected in Afghanistan during the first months of the COVID-19 outbreak on: people’s access to and sources of information on the pandemic; challenges in accessing health care services; loss of employment; reduction in household income; the burden of unpaid domestic care; the effects of school closures; access to water; and triggers of migration and displacement.

Methodology of the survey

The methodology for data collection included two approaches: (1) Delivering text messages to mobile phone users which included a link to the survey, and (2) Compiling data utilizing face-to-face methods which preserve the safety of respondents and enumerators, with measures in place to prevent contagion. This dual approach helped address concerns regarding demographic coverage, as the sample was unlikely to be representative of the total population in Afghanistan, due to limited access to the internet, particularly in the case of women. This dual approach helped capture data from vulnerable groups, such as migrant populations and Internally Displaced Persons (IDPs), with social media being used to promote the survey and raise response rates.

The mixed methodology approach to data collection was conducted in two phases. The first phase was administered via text message. An SMS containing a link to the survey was disseminated to 2.4 million users of Roshan Telecom internet data packages, delivered over a period of one week and covering the length and breadth of the country. The second phase involved a series of telephone and face-to-face interviews with different communities, including IDPs, returnees and host communities. Face-to-face interviews were conducted by enumerators trained in COVID-19 prevention procedures, with the online survey being rolled out in 31 of 34 provinces. In total, 8,245 responses were received through these approaches, the largest sample size in the region. Offline data was not collected in Kabul as it was felt that the first phase of data collection would largely cover this province, Ghazni or Maidan Wardak provinces.

Survey respondents were asked to provide some demographic information about themselves and on behalf of their families and respond to a host of questions on different types of strain felt during the pandemic (as compared to their pre-COVID-19 experience). The survey data collected via online and offline platforms provided space for respondents to outline the challenges they face in terms of public awareness, social norms, and access to services. Although the data collection phase encountered some limitations, the number of responses received was high, despite online platforms being beyond the reach of many and the social-distancing measures applied.

A technical statistics team in UN Women's Regional Office for Asia and the Pacific conducted the primary analysis, comparing findings across countries in the region. The Afghanistan Country Office, in collaboration with the IRC, completed the final analysis which resulted in a set of recommendations for achieving gender equality realization in the context of Afghanistan.

Key findings of the survey

- There are gender differentials regarding primary sources of information on COVID-19. Women are more likely to either not know about COVID-19 or find the provided information unclear.
- The COVID-19 pandemic is adversely affecting the mental and emotional health of people in Afghanistan. Women IDPs are particularly affected.
- Most of the population in Afghanistan face severe challenges in accessing health care. However, women are bearing the weight of these challenges.

- Informal workers are losing their jobs and formal workers are working fewer hours as a result of COVID-19.
- As a result of COVID-19, household resources are dwindling for everyone, but there are gender differentials.
- COVID-19 has increased the burden of unpaid domestic and care work for everyone. However, women noted the largest increases, especially IDP and returnee women.
- School closures are adding to the unpaid work burden of families.
- Men are helping out more, but discriminatory social norms still leave women and girls charged with most domestic chores and unpaid care work.
- COVID-19 is compromising water sources, and women IDPs and returnees are paying the price.
- COVID-19 is still driving people to migrate.

Recommendations in light of the survey

- Strengthen meaningful access to information on COVID-19 including through community mobilization and awareness raising programmes on COVID-19 prevention that target and work with women. This must include low literacy materials and modalities, and the safe mobilization of female community members to deliver impactful and gender-sensitive messages.
- Reinforce referral pathways for women and adolescent girls to access lifesaving and resilience-based services, with quality assurance for the services accessed, and access to female service providers.
- Invest in nexus programming, increasing coordination between humanitarian and development actors in COVID-19 response at the sectoral and national level. Ensure a space for discussing and strengthening nexus programming that includes UN agencies, both Non-Governmental Organizations (NGOs) from Afghanistan and International Non-Governmental Organizations (INGOs), civil society and grassroots women's rights movements, and government stakeholders.
- Increase livelihood/economic empowerment programmes that address income/earning disparities between men and women and boost female empowerment, including in terms of access to and coverage of resources.
- Integrate concrete gender analysis into the planning, development, and delivery of social protection measures, so as to ensure they extend beyond formal economy participation and are capable of reaching women in the informal sector and those engaged in unpaid care and domestic labour.
- Enhance integrated health responses, including on Mental Health and Psychosocial Support (MHPSS), reproductive and sexual health, and rights and mobile health.
- Ensure humanitarian interventions specifically address the needs of marginalized groups, including people living with disabilities and female-headed households designed with and for these groups.
- Promote decision-making led by women and girls and co-ownership of programming, including lessons learned and the development of best practices.

2. RESEARCH BACKGROUND AND PURPOSE

First detected in China's Hubei Province in late December 2019, the novel coronavirus 2019 has since spread to over 200 countries, with more than 27 million cases registered globally (as of 7 September 2020).¹ Numbers are expected to continue to rise in the coming weeks and months.

On 24 February 2020, Afghanistan's Ministry of Public Health (MoPH) reported the country's first confirmed case of COVID-19, in the western province of Herat. While the official COVID-19 figures are low (38,398 confirmed cases),² testing capacity is extremely limited and in reality the numbers are likely to be significantly higher, particularly as Afghanistan's border with Iran remains open; since 1 January 2020, a total 488,578 individuals have returned from Iran and Pakistan.³ Across the provinces, government, schools and businesses are in various states of lockdown, from partial to complete.

Development and humanitarian settings pose particular challenges for infectious disease prevention and control. Access constraints and poor health and sanitation infrastructure are obstacles to disease prevention and treatment in the best of circumstances. When coupled with gender inequality and, in some cases, insecurity, public health responses become immeasurably more complex.

¹John Hopkins University of Medicine. 2020. "Coronavirus Resource Center." <https://coronavirus.jhu.edu/map.html>.

²Ibid.

³IOM (International Organization for Migration). 2019. Return of Undocumented Afghans: Weekly Situation Report 23-29 Aug 2020. https://afghanistan.iom.int/sites/default/files/Reports/iom_afghanistan-return_of_undocumented_afghans_situation_report_23-29_aug_2020.pdf.

3. GENDERED IMPACT OF COVID-19

Data indicates that women and girls face distinct and increased risks due to COVID-19, from health to the economy and security to social protection, including increasing levels of violence. The COVID-19 pandemic is likely to roll back the gains made on women's rights, exacerbate gender inequalities, and increase violence against women and girls, while further limiting women's access to critical services and resources to respond to the crisis. The outbreak has amplified women's domestic burden, making their share of household responsibilities even greater.

In addition, at a time of national emergency and restricted movement, the gap between women's needs and their ability to seek protection and recourse for rights violations has deepened. Access to services is particularly important during times of humanitarian and health crises such as this. Indeed, even after the COVID-19 outbreak has been contained, women and girls may continue to suffer related ill-effects for years to come.⁴

As Afghanistan faces down the COVID 19 crisis, efforts to address the pandemic should not jeopardize the fragile gains that have been made on gender equality. Continued progress on women's rights and the 2030 Agenda for Sustainable Development depends on a policy response that builds more equal and resilient societies. Thus, it is crucial that both researchers and policymakers prioritize the collecting and reporting of data, disaggregated by sex and other socio-economic characteristics, so as to ensure women are not left even farther behind.

COVID-19 is an urgent health crisis, the fallout from which will have significant social and economic impacts in Afghanistan for years to come. Disaggregated data is thus critical to capturing the pandemic's full impact on individuals, communities and economies and informing policy responses. Although much new data and evidence is now being gathered globally, the differential impact public health crises have on women and men is already clear from gender research conducted as well as through lessons from previous crises. Taken together, this body of knowledge provides a guide to which data needs to be collected now if effective policy and programming responses are to be developed. What is certain at this stage is that existing research indicates that a one-size-fits-all response will not suffice.⁵

In order to measure the gender-specific consequences of COVID-19, UN Women have partnered with the IRC, CSOs and a mobile network operator (Roshan) to conduct a Rapid Assessment Survey across Afghanistan. This survey is also being carried out by UN Women across the Asia-Pacific Region, in countries such as Thailand, Bangladesh, Nepal, Philippines, Samoa, Pakistan, Cambodia, Indonesia and Maldives.

⁴Care International. 2020. Gendered Implications of COVID-19 Outbreaks in Development and Humanitarian Settings. March 2020. https://www.care-international.org/files/files/Gendered_Implications_of_COVID-19-Full_Paper.pdf.

⁵UN Women. 2020. "COVID-19: Emerging gender data and why it matters." Data Resources. 26 June 2020. <https://data.unwomen.org/resources/covid-19-emerging-gender-data-and-why-it-matters>.

The overall objectives of the survey are to:

- Understand the gender-specific impacts of COVID-19 in Afghanistan;
- Develop country-specific, sex-disaggregated data and corresponding gender analysis to inform COVID-19 policy and programming response; and
- Build understanding on the gendered impacts of COVID-19, particularly in relation to changes in employment, access to health, and unpaid domestic and care work in the home.

4. METHODOLOGY

As traditional forms of data collection (e.g. face-to-face household surveys) have become more difficult due to the lockdown measures associated with COVID-19, UN Women partnered with the private sector (Roshan) and international and national partners (IRC) for the collection of evidence to inform policy and programming responses to the pandemic, utilizing innovative methods.

The survey methodology and survey instrument were developed by UN Women's Regional Office for Asia and the Pacific. The methodology for data collection included two approaches: (1) Delivering text messages to mobile phone users which included a link to the survey, and (2) Compiling data utilizing face-to-face methods which preserve the safety of respondents and enumerators, with measures in place to prevent contagion. This dual approach helped address concerns regarding demographic coverage, as the sample was unlikely to be representative of the total population in Afghanistan, due to limited access to the internet, particularly in the case of women. This dual approach helped capture data from vulnerable groups, such as migrant populations and IDPs, with social media being used to promote the survey and raise response rates.

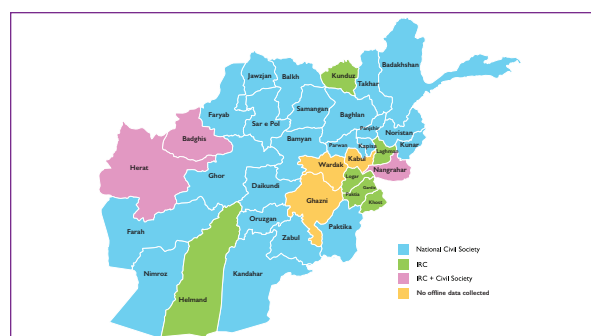
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Offline data was not collected in Kabul, Ghazni or Maidan Wardak Provinces (it was felt that the first phase of data collection would predominantly cover these provinces).

The survey investigated the following topics:

- Time allocation to unpaid domestic and care work, by sex;
- Types of childcare services provided (e.g.

Figure 1: Provinces of Afghanistan covered by the COVID-19 Rapid Assessment Survey



active vs passive), by sex;

- Work-life balance, by sex;
- Access to social security, unemployment benefits and other safety net benefits, by sex;
- Access to health care and medical supplies;
- Access to information regarding COVID-19 and the ways this information is used; and
- Major household shocks related to COVID-19.

As a disaster response tool, the aim of the survey is to provide preliminary evidence on the immediate consequences of COVID-19 in regard to the topics outlined above, with a view to informing immediate gender-sensitive policy responses to COVID-19 in Afghanistan.

5. SUMMARY OF KEY FINDINGS

The summary below provides a brief description of the general character of the face-to-face and online survey and highlights some of the main findings.

1. There are gender differentials regarding primary sources of information on COVID-19. Women are more likely to either not know about COVID-19 or find the provided information unclear.
2. The COVID-19 pandemic is adversely affecting the mental and emotional health of people in Afghanistan. Women IDPs are particularly affected.
3. Most of the population in Afghanistan face severe challenges in accessing health care, regardless of sex.
4. Informal workers are losing their jobs and formal workers are working fewer hours as a result of COVID-19.
5. As a result of COVID-19, household resources are dwindling for everyone, but there are gender differentials.
6. COVID-19 has increased the burden of unpaid domestic and care work for everyone. However, women noted the largest increases, especially IDP and returnee women.
7. School closures are adding to the unpaid work burden of families.
8. Men are helping out more, but discriminatory social norms still leave women and girls charged with most domestic chores and unpaid care work.
9. COVID-19 is compromising water sources, and women IDPs and returnees are paying the price.
10. COVID-19 is still driving people to migrate.

The survey findings indicate that women are more likely to be disproportionately affected by the impact of COVID-19. They are less informed on COVID-19 due to lack of access to, or clarity of, information, and are also more impacted by the socio-economic burden of COVID-19. The findings also show that women IDPs are more affected by the pandemic, both socially and in terms of economics. Due to COVID-19, most of the population in Afghanistan face severe challenges, including in relation to access to health care services.

Moreover, household resources are dwindling across the board, with informal workers experiencing significant job loss and formal employees working shorter hours. Meanwhile, the burden of unpaid domestic and care work has increased for all, but women have noted the largest increase. This dynamic is even more pronounced among IDP and returnee women with compromised water sources.

School closures are also adding to the burden of unpaid work within the home. Men are helping out more, but discriminatory social norms still leave women and girls charged with most domestic chores and unpaid care work.

6. RECOMMENDATIONS

Listed below are the recommendations which emerged during analysis of the data and findings emerging from the Rapid Assessment Survey.

- Strengthen meaningful access to information on COVID-19 including through community mobilization and awareness raising programmes on COVID-19 prevention that target and work with women. This must include low literacy materials and modalities, and the safe mobilization of female community members to deliver impactful and gender-sensitive messages.
- Reinforce referral pathways for women and adolescent girls to access lifesaving and resilience-based services, with quality assurance for the services accessed, and access to female service providers.
- Invest in nexus programming, increasing coordination between humanitarian and development actors in COVID-19 response at the sectoral and national level. Ensure a space for discussing and strengthening nexus programming that includes UN agencies, INGOs, NGOs, civil society and grassroots women's rights movements and government stakeholders.
- Increase livelihood/economic empowerment programmes that address income/earning disparities between men and women and boost female empowerment, including in terms of access to and coverage of resources.
- Integrate concrete gender analysis into the planning, development, and delivery of social protection measures, so as to ensure they extend beyond formal economy participation and are capable of reaching women in the informal sector and those engaged in unpaid care and domestic labour.
- Enhance integrated health responses, including on MHPSS, reproductive and sexual health, and rights and mobile health.
- Ensure humanitarian interventions specifically address the needs of marginalized groups, including people living with disabilities and female-headed households designed with and for these groups.
- Promote decision-making led by women and girls and co-ownership of programming, including lessons learned and the development of best practices.

7. KEY FINDINGS

I. There are gender differentials regarding primary sources of information on COVID-19. Women are more likely to either not know about the pandemic or find the provided information unclear.

The COVID-19 pandemic highlights the need for accurate information to prevent contagion. Results from the survey show that in Afghanistan both women and men are likely to rely on traditional means of communication, such as radio and television, to learn about COVID-19. However, in terms of the internet as an individual's main source of information on the pandemic, gender differentials emerge. An estimated 17 per cent of men identified the internet and social media as their main source of information, whereas this figure was only 7 per cent for women. In comparison, 26 per cent of women stated that the community (including family and friends) was their main source of information on COVID-19 (Figure 2). There are, however, differences when comparing the average respondent to those from IDP, returnee or host communities. IDPs and returnees, in particular, are more likely to rely on radio/television/news as sources of information.

The most recent Survey of the Afghan People conducted by the Asia Foundation indicates that 17.6 per cent of Afghanistan's population has access to the internet, of which 14.4 per cent use the internet as their main source of news and information. However, observing the internal breakdown of this 14.4 per cent figure reveals a marked gender differential, as it is composed by 23.2 per cent of men indicating the internet as their main source coupled with 5.6 per cent of women.⁶ Data from a Rapid Communication Assessment conducted by REACH—Communities Information Access, Preferences, Needs, and Habits—shows 78 per cent of Key Informants (KIs) reporting that women did not have the same level of access to telephones as men.⁷

In the same assessment, it was also found that women face additional barriers to accessing clear and timely information. For instance, 59 per cent of female-headed households reported not owning a registered sim card, while 73 per cent of female-headed households did not have any members who could read and write. The Focused Group Discussions (FGDs) held by the Directorate of Women's Affairs (DoWA), undertaken as part of the Whole of Afghanistan Assessment, found that women considered the DoWA an important communication channel for support on gender-sensitive issues, due to its direct connection with humanitarian organizations assisting women and girls.⁸

As the COVID-19 crisis continues to develop, access to updated and reliable information is critical. It is important that information reaches and is understood by everyone, especially at risk groups. The limited field presence of national and international partners due to COVID-19 can impact on

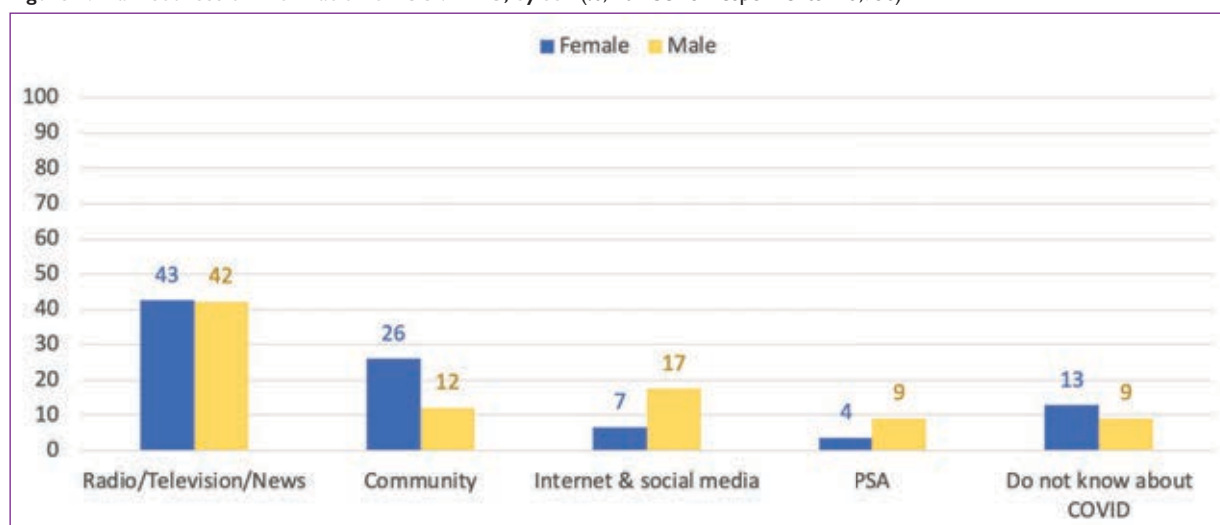
⁶The Asia Foundation. 2019. A Survey of the Afghan People. Afghanistan in 2019. https://asiafoundation.org/wp-content/uploads/2019/12/2019_Afghan_Survey_Full-Report.pdf.

⁷REACH. 2020. "Afghanistan - Rapid Communications Assessment to support COVID-19 Response: Ongoing Research Cycles." <https://www.reachresourcecentre.info/country/afghanistan/theme/rapid-assessments/cycle/28901/#cycle-28901>.

⁸OCHA (Office for the Coordination of Humanitarian Affairs), REACH. 2020. Whole of Afghanistan Multi-Sector Needs Assessment: Round II Assessment Report July-September 2019. https://reliefweb.int/sites/reliefweb.int/files/resources/AFG_REACH_WoAA_MSNI-Analysis-Report_September-2019_final-2.pdf.

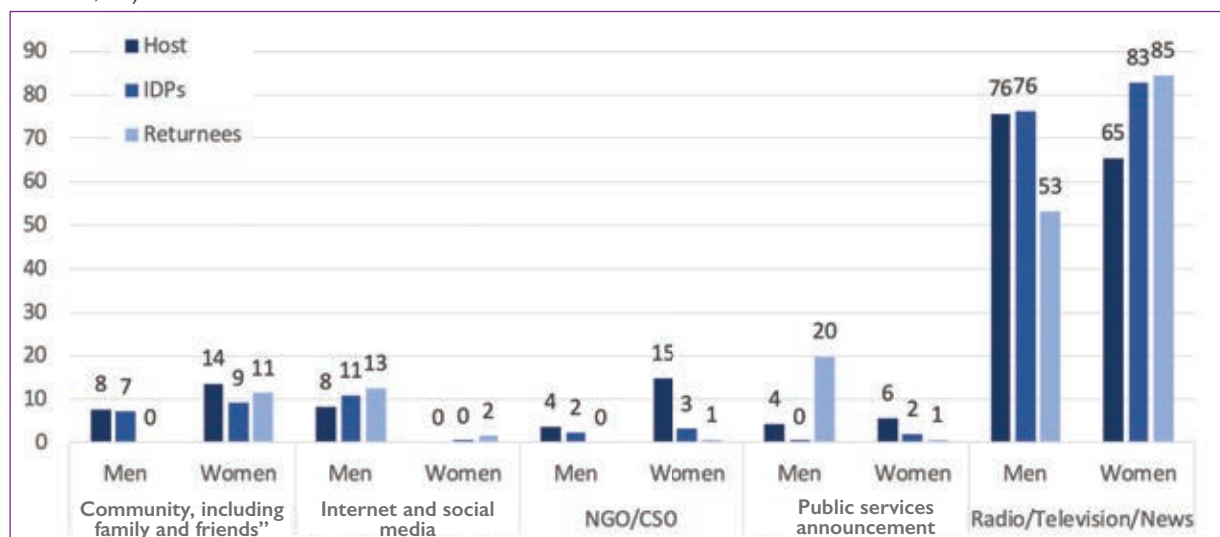
the level of information available to many at risk groups, including women and girls, thus hindering access to timely and life-saving messages. Since data on gendered access to information about COVID-19 is scarce, this is an important area to explore further in future analysis as the crisis unfolds, particularly in terms of local-level responses.⁹ It is critical to ensure gender-sensitive, contextualized and accurate information on COVID-19 is provided in ways that take into account the different literacy rates among women and men, as well as the different levels of access to mobile phones, social media, radio and helplines and the preferred means of communication within the respective communities.

Figure 2: Main sources of information on COVID-19, by sex (% , number of respondents = 6,956)



Note: For this question, respondents could choose between nine different response categories. Figure 2 reflects only those categories with the highest frequencies; the four other categories, for which the number of observations was negligible, are not represented.

Figure 3: Main sources of information on COVID-19 among IDPs, returnees and host communities, by sex (% , number of respondents = 1,289)



⁹UN Women. 2020. Gender Alert on COVID-19 in Afghanistan. Issue VIII: Gendered Impact of COVID- 19 on IDPs. 11 June 2020. <https://asiapacific.unwomen.org/en/digital-library/publications/2020/06/gender-alert-on-covid-19-in-afghanistan-issue-vii>.

As women generally carry a higher burden of care in the home, they play an important role in promoting hygiene routines within the household, and thus their access to reliable sources of COVID-19 information is essential. However, as shown in Figure 4, a higher proportion of men than women found the information they attained clear and helpful in preparing for the pandemic (58 per cent, versus 50 per cent of women). Overall, women noted that such information on COVID-19 either came too late to enable adequate preparations (24 per cent) or was confusing or contradictory (20 per cent); compared to 20 per cent and 16 per cent of men, respectively.

Analysis of responses given by IDPs, returnees and members of host communities show that most people in these groups found the information helpful to preparations. **Worryingly, 35 per cent of female IDPs, an at risk group, noted that the information came too late, showing a significant gender gap in this regard.**

Figure 4: Usefulness of information on COVID-19, by sex (% , number of respondents = 6,534)

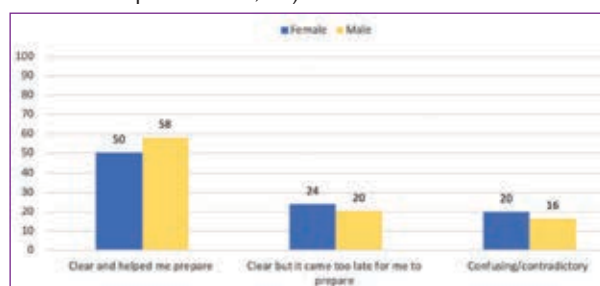
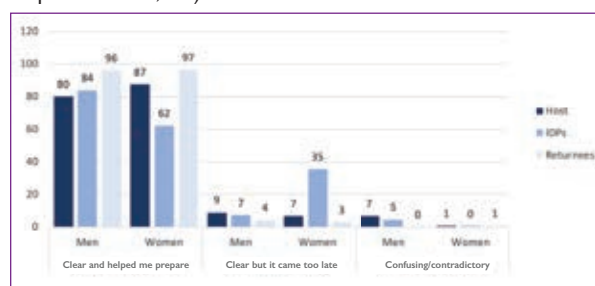


Figure 5: Usefulness of information on COVID-19 among IDPs, returnees and host communities, by sex (% , number of respondents = 1,289)



II. The COVID-19 pandemic is adversely affecting the mental and emotional health of people in Afghanistan. Women IDPs are particularly affected.

The COVID-19 pandemic is triggering a variety of shocks in the lives of both women and men. Figure 6 shows that a total of **78 per cent of women and 77 per cent of men reported that their mental and emotional health had been adversely affected since the start of the pandemic. These numbers are the highest in the region.**¹⁰ Preliminary findings from the third round of the Whole of Afghanistan Assessment show that 79 per cent of women and 63 per cent of men have observed at least one change in behaviour. The findings also show that 62 per cent of displaced households reported the head of household as being concerned that COVID-19 affected their ability to work or carry out household chores over the prior two weeks.

Female household members more frequently reported angry, aggressive, or violent behaviour (45 per cent), compared to male heads of household (39 per cent).¹¹ This is particularly concerning since, as a low-income country, Afghanistan's annual public expenditure on mental health services

¹⁰UN Women. 2020. Unlocking the lockdown: The gendered effects of COVID-19 on achieving the SDGs in Asia and the Pacific. 21 July 2020. <https://data.unwomen.org/publications/unlocking-lockdown-gendered-effects-covid-19-achieving-sdgs-asia-and-pacific>.

¹¹The Whole of Afghanistan (WOA) and Hard to Reach Assessments Preliminary Findings was presented at Afghanistan Inter-Cluster Coordination Team (ICCT) on 15 September 2020. The presented data points and percentages for WOA household interviews were NOT final (approximately 94 per cent of the data—11,545 household interviews).

is less than US\$1 per capita.¹² This is an area requiring dedicated attention from both the public health system and its partners, including humanitarian assistance providers. COVID-19 is not only impacting the physical health of women and girls' physical but also their mental well-being.

Due to various social, cultural and economic factors, women may experience increased stress at home, due to additional caregiving duties such as homeschooling and caring for elderly or sick relatives and even less freedom, space, or economic security than before. In addition, many women find themselves locked in with their abusers, without the possibility to leave or seek support. This comes in addition to any pre-existing mental health conditions or trauma Afghans are experiencing due to the ongoing conflict and humanitarian crisis.¹³

Women IDPs reported the highest rates of mounting stress and anxiety since the crisis began. Substantial gender gaps in terms of mental and emotional health also exist among returnees.

Figure 6: Proportion of people whose mental/emotional health has been adversely affected since the outbreak of COVID-19, by sex (% , number of respondents = 6,532)

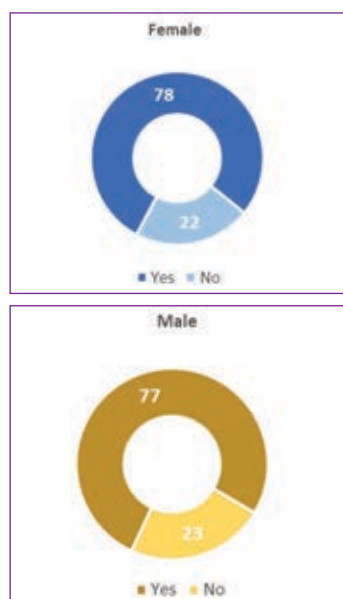
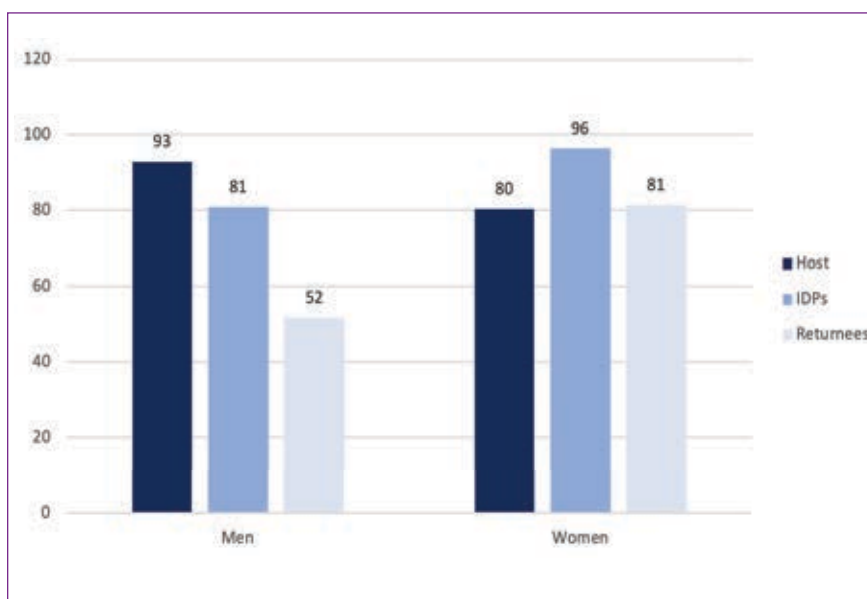


Figure 7: Proportion of IDPs, returnees and host community members whose mental health has been adversely affected since the outbreak of COVID-19, by sex (% , number of respondents = 1,289)



III. Most of the population in Afghanistan face severe challenges in accessing health care. However, women are bearing the weight of these challenges.

¹²WHO (World Health Organization). 2018. "Mental health: massive scale-up of resources needed if global targets are to be met." Mental Health Atlas. 6 June 2018. https://www.who.int/mental_health/evidence/atlas/atlas_2017_web_note/en/.

¹³UN Women (2020). Gender Alert on COVID-19 in Afghanistan. Issue IX: Women's access to health care during COVID-19 times. 18 June 2020. <https://asiapacific.unwomen.org/en/digital-library/publications/2020/06/gender-alert-on-covid-19-in-afghanistan-issue-ix-womens-access-to-health-care-during-covid-19-times>.

In 2018, 87 per cent of Afghanistan's population could access health services within a distance reachable by some means of transport in under two hours.¹⁴ **However, due to attacks on health facilities and workers** resulting in either the destruction of the facilities or their closure, **approximately 24,000 hours of health care delivery have been lost and 41,000 consultations missed.** There were 113 such attacks in the first 11 months of 2019, with an estimated 6.6 million people seeing their access to health services reduced as result.¹⁵

The survey results show that accessing health care is a challenge for the vast majority of the population, regardless of sex. However, **women face more challenges and discrimination accessing health services due to: 1) Lack of female health practitioners; 2) Long travel distances, and 3) Cultural barriers restricting women's travel,** especially in rural areas. Afghan women's health indicators, specifically on sexual and reproductive health, are among the lowest globally.¹⁶ The findings from the 2020 Whole of Afghanistan Assessment show that 43 per cent of women reported being unable to reach health centres due to lack of transportation, compared to 36 per cent of men.

While men engaged in the informal sector are slightly more likely to be covered by health insurance (Figure 8), overall access to health insurance for both men and women is extremely limited/non-existent. This is because no large-scale insurance schemes are present in the country.

A survey conducted by the Ministry of Public Health found that the proportion of COVID-19 infections was higher in urban areas compared to rural areas. However, the pandemic may still spread in rural areas, particularly in provinces where there is no, or only partial, lockdown. This is quite concerning, as access to health care services in rural areas tends to be more limited.¹⁷

The World Health Organization recommends 23 health care professionals per 10,000 people.¹⁸ With a ratio of 4.6 medical doctors, nurses, and midwives per 10,000 people, Afghanistan is considerably below the global standard. **Since the outbreak of COVID-19, less than half of the population have had the option of seeing a doctor when necessary.** Among those women and men whom have been able to attain medical attention, most reported **longer waiting times at clinics and lack of access to necessary medical services, medical supplies, hygiene products and food** (Figure 9). The situation is even more severe among IDPs. Both IDP men and women noted the highest increases in barriers to purchasing medical and hygiene products, and longer waiting times to see a doctor (Figure 10).

¹⁴WHO (World Health Organization). 2019. WHO Afghanistan Country Office Report 2019. http://www.emro.who.int/images/stories/afghanistan/who_at_a_glance_2019_feb.pdf?ua=1.

¹⁵OCHA (Office for the Coordination of Humanitarian Affairs). 2019. Humanitarian Needs Overview Afghanistan. Humanitarian Programme Cycle 2020. December 2019. https://reliefweb.int/sites/reliefweb.int/files/resources/afg_humanitarian_needs_overview_2020.pdf

¹⁶WHO (World Health Organization). 2016. The Ministry of Public Health and UN partners call for greater efforts to step up gender equality. Regional Office for the Eastern Mediterranean. Afghanistan: News. 9 March 2016. <http://www.emro.who.int/afg/afghanistan-news/moph-un-iwd.html#:~:text=Out%20of%20Afghanistan's%205858%20doctors,community%20health%20supervisors%20are%20women?>

¹⁷Ministry of Public Health, Islamic Republic of Afghanistan. 2020. Prevalence of COVID-19 and its Related Deaths in Afghanistan: A Nationwide, Population-Based Seroepidemiological Study: July 2020. <https://moph.gov.af/sites/default/files/2020-08/Final%20COVID-19%20Survey%20English%20Report.pdf>.

¹⁸Najibullah, S. et al. 2018. "Addressing health workforce shortages and maldistribution in Afghanistan." Eastern Mediterranean Health Journal, 24 (9). https://applications.emro.who.int/emhj/v24/09/EMHJ_2018_24_09_951_958.pdf?ua=1.

Findings from the Household Emergency Assessment Tool (HEAT) Afghanistan, conducted by the national Emergency Response Mechanism (ERM) for the country, on communities affected by conflict and shock reveal that 82 per cent of households reported facing at least one barrier to accessing health care. The most frequently reported barriers were the cost of medicine, health care and transport, inaccessible location, distance and travel time.¹⁹

Figure 8: Proportion of informal workers covered by health insurance, by sex (% , number of respondents = 6,400)

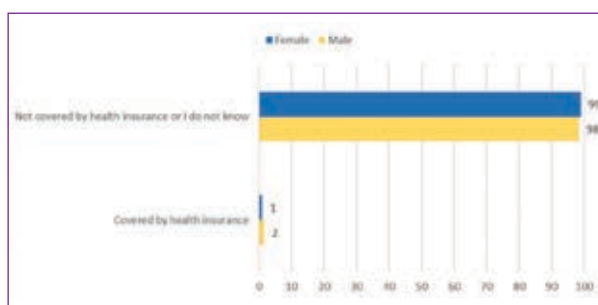


Figure 9: Proportion of people facing difficulties in accessing medical care and hygiene products (% , number of respondents = 6,532)

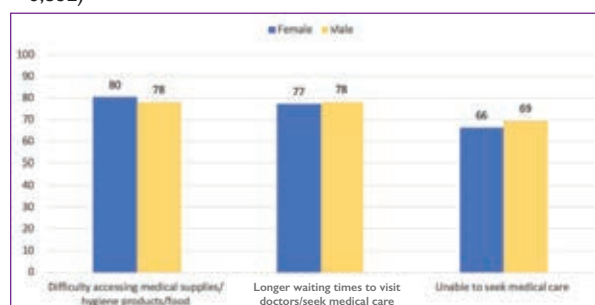


Figure 10: Proportion of IDPs, returnees and host community members experiencing difficulties in seeing a doctor and accessing medical supplies, by sex (% , number of respondents = 1,289)

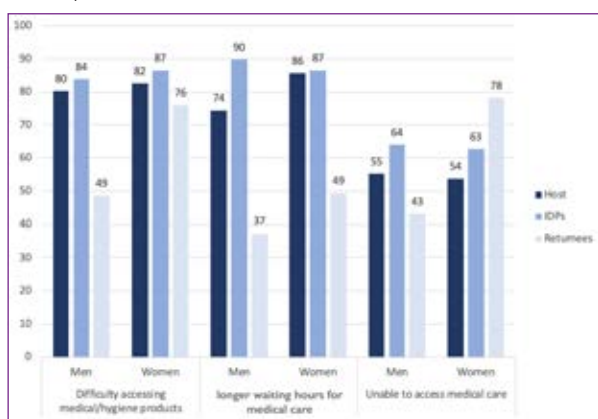
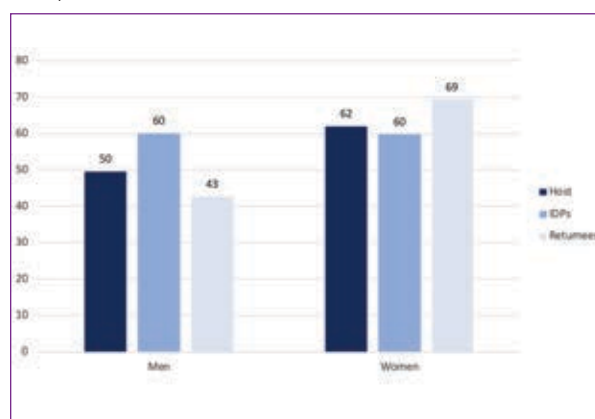


Figure 11: Proportion of IDPs, returnees and host community members whose health regimes have been affected since the outbreak of COVID-19, by sex (% , number of respondents = 1,289)



Another factor which also contributes to both mental and physical health overall is people’s ability to maintain health regimes, including exercising outdoors. Women, in particular, noted that their health regimes have been negatively affected since the outbreak of COVID-19.

IV. Informal workers are losing their jobs and formal workers are working less hours as a result of COVID-19.

With an unemployment rate in 2019 of 11.18 per cent, Afghanistan has the fifth highest unemployment rate globally²⁰ while more than 80 per cent²¹ of those employed in both the formal and in-

¹⁹ERM (Emergency Response Mechanism). 2020. Household Emergency Assessment Tool (HEAT) Afghanistan: ERM 10 - July 2020. https://reliefweb.int/sites/reliefweb.int/files/resources/afg_reach_ERM10_heat_factsheet_July2020.pdf.

²⁰International Labour Organization (ILO). 2017. “Countries: Afghanistan.” https://www.ilo.org/gateway/faces/home/ctryHome?locale=EN&countryCode=AFG&_adf.ctrl-state=m1shubz1_4.

²¹Ibid. 2014. The ILO in Afghanistan, https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---ilo-kabul/documents/publication/wcms_241087.pdf.

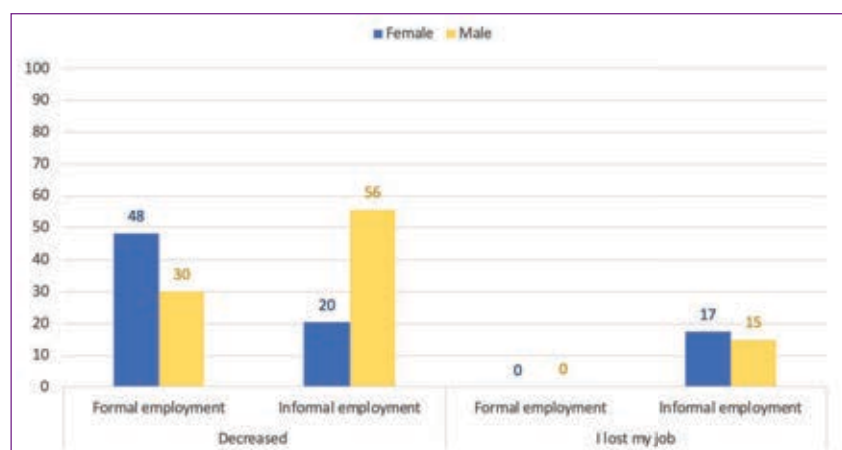
formal sector are in precarious employment. With the lockdown in effect, it is surmised that more people have lost their jobs. In the Whole of Afghanistan Assessment, unemployment is considered as the primary factor leading to recent displacement of cross-border returnee households, and the third most reported factor driving displacement for IDP households (8 per cent).²²

The spread of COVID-19 is not only a global health pandemic but is also affecting people’s livelihoods. In Asia-Pacific, where the majority of the population is engaged in informal employment, vulnerability is exacerbated by a lack of social protection, workplace rights, decent working conditions, and job security and safety. Survey results show that women in formal employment, in particular, are more likely to see their working hours reduced (48 per cent), whereas the largest share of men noting decreases in hours are informal workers (Figure 12).

Job losses are also an emerging concern among informal workers, with the phenomenon affecting both women (17 per cent) and men (15 per cent). Such changes are occurring in a labour market already segregated along gender lines, where women are more likely to earn less money than their partners, or no earnings at all (Figure 14). The sample sizes for those IDP and host community respondents employed in the formal sector are not large enough to examine these changes. However, among informal workers, a similar pattern exists, with more than half working reduced hours and an estimated 18 per cent of men losing their jobs. In the case of women, as much as 63 per cent of host community respondents working in informal employment have lost their jobs.

Most women who work in Afghanistan do so in the informal sector, with nearly three quarters working in home-based craft industries. Women thus remain overrepresented in the informal sector. Here, social and public safety protections are also fewer. These vulnerable working conditions and arrangements may increase women’s risk of falling into poverty in times of crisis, including during COVID-19, as they may be left beyond the reach of social protection measures.²³

Figure 12: Changes in number of working hours since COVID-19, by sex and employment type (% , number of respondents = 2,527)



Note: Figure 12 shows estimates for only the employed population. Formal employment includes employees who are contractually covered by pension schemes and health insurance as well as those registered as self-employed. Informal employment includes employees not covered by pension schemes or health insurance, unregistered self-employees, contributing family workers or the “Other” sub-group reporting not being covered by health insurance.

²²OCHA (Office for the Coordination of Humanitarian Affairs), REACH (2020). Whole of Afghanistan, op. cit. https://reliefweb.int/sites/reliefweb.int/files/resources/AFG_REACH_WoAA_MSNI-Analysis-Report_September-2019_final-2.pdf.

²³In the Asia Foundation’s 2019 Survey of the Afghan People, respondents identified lack of educational opportunities as the biggest problem facing women (43.2 per cent), followed by lack of rights (34.1 per cent), lack of employment opportunities (24.1 per cent), violence (18.1 per cent), lack of services (13.7 per cent), and economic concerns (9.6 per cent).

Figure 13: Proportion of IDP, returnee and host community informal sector workers noting changes in employment status, by sex (% , number of respondents = 1,289)

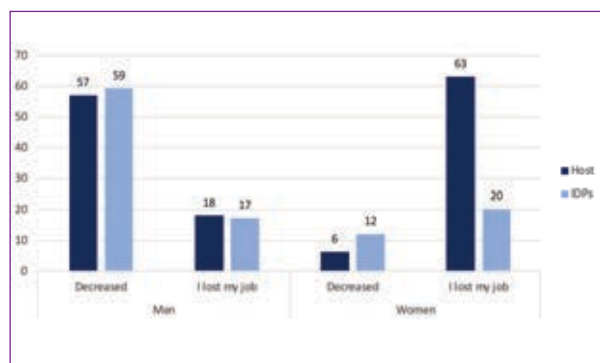
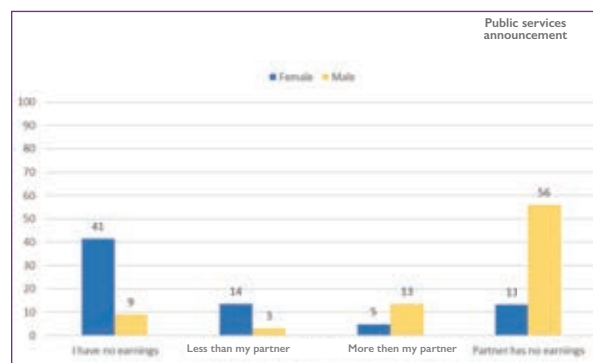


Figure 14: Self-reported wage disparity, by sex (% , number of respondents = 2,632)



Note: The category “Equal to partner” has been left out because the proportion of respondents it represented was negligible.

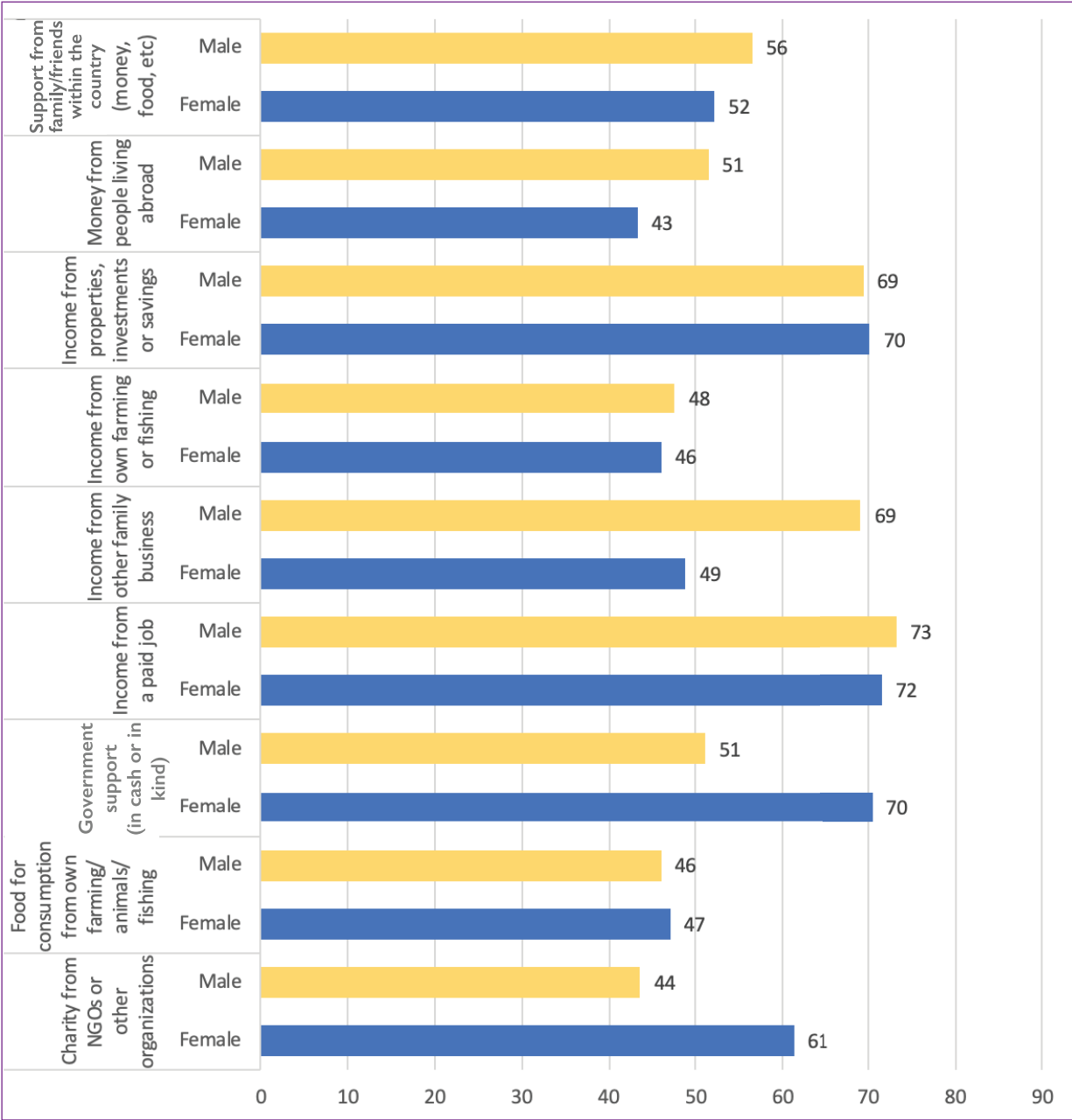
V. As a result of COVID-19, household resources are dwindling for everyone, but there are gender differentials.

The above changes in the number of working hours are occurring in a context where income from a paying job is a household resource for 66 per cent of women in Afghanistan. Since the outbreak of COVID-19, both women and men in the country have been experiencing changes in the level of household resources, but the most vulnerable are being hit the hardest. For instance, more women than men noted a drop in income from charity, government support and savings (Figure 15). In the case of IDPs, returnees and members of host communities, more women than men are noting drops in the amount of food produced for household consumption, as well as in income from paid jobs. This is a concerning development, especially as preliminary findings from the Whole of Afghanistan Assessment show that 50 per cent of those displaced households interviewed reported that at least one member was pregnant or lactating. **The poverty rate in Afghanistan has already hit 55 per cent²⁴ —and is expected to reach 80 per cent, due to declining per capita incomes, insecurity, and the COVID-19 pandemic.²⁵** Thus the impact of this increased poverty rate is affecting women, girls, and marginalized groups such as IDPs and people with disabilities more than ever. Experience shows that, in situations of decreasing household income, women and girls are more likely to lose access to core necessities such as health care services, education, nutrition, water sources, etc.

²⁴The World Bank. 2020. “The World Bank in Afghanistan. Overview.” Where We Work. <https://www.worldbank.org/en/country/afghanistan/overview>.

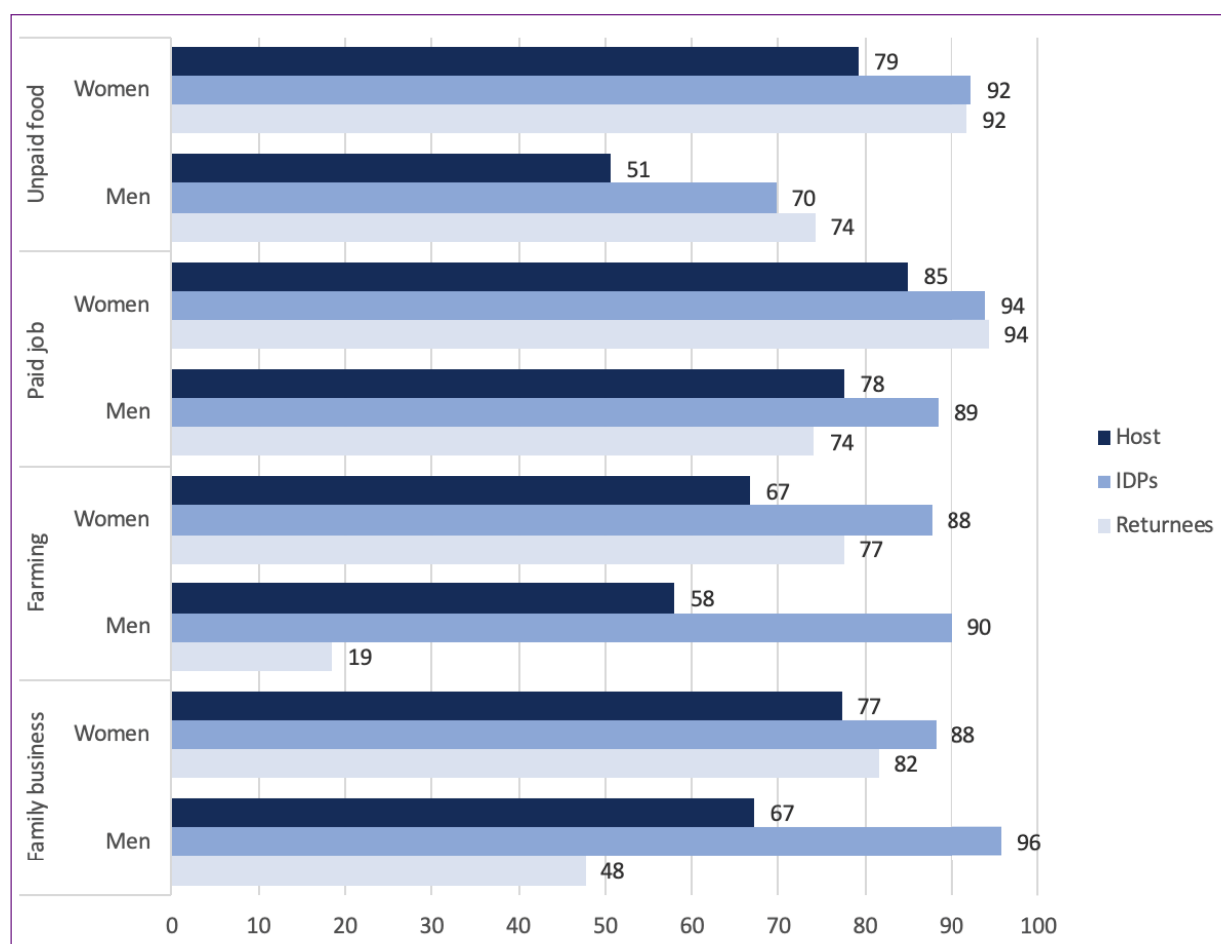
²⁵SIGAR (Special Inspector General for Afghanistan Reconstruction). 2020. Quarterly Report to the United States Congress: Jul 30 2020. <https://www.sigar.mil/pdf/quarterlyreports/2020-07-30qr.pdf>.

Figure 15: Proportion of people noting decreased levels of household resources, by sex (% , number of respondents = 6,532)



Note: This graph depicts the proportion of people that responded “Decreased” to the question as to whether their level of household resources had changed. The other three response categories (not shown) were “Remained unchanged”, “No a household resource” and “Increased”.

Figure 16: Proportion of IDPs, returnees and host community members noting decreases in the indicated household resources, by sex (% , number of respondents = 1,289)



Note: Only resources with large enough sample sizes have been included in this graph.

VI. COVID-19 has increased the burden of unpaid domestic and care work for everyone. However, women noted the largest increases, especially IDP and returnee women.

The term ‘unpaid care work’ refers to all unpaid services provided within a household for its members, including care of persons and housework. Generally, more women than men perform this form of unpaid work—and for longer hours, which mirrors disadvantages based on gender classifications.²⁶ Amid the thrust of COVID-19 and the associated lockdown regulations, participation in, and the intensity of, unpaid care have changed.²⁷

A recent Time Use Survey conducted by UN Women confirmed that women are providing the majority of unpaid care and domestic work in Afghanistan. The survey shows that, per day, women spent an average of 4.6 hours on childcare (compared to 2.3 hours for men), 3.4 hours caring for

²⁶ ILO (International Labour Organization). 2018. Care Work and Care Jobs: For the Future of Decent Work. https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms_633135.pdf.

²⁷ UN Women. 2020. Policy Brief: The Impact of COVID-19 on Women 9 April 2020, p. 9. <https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/policy-brief-the-impact-of-covid-19-on-women-en.pdf?la=en&vs=1406>.

others (1.3 hours for men), 3.6 hours preparing food (0.4 hours), and 7.3 hours on cleaning (1.6 hours). In sum total, **women spend an average of 18.7 hours on unpaid care and domestic labor as compared to 5.6 for men.**²⁸ It should be noted that all these statistics reflect the situation before COVID-19, the effects of which have increased the burden of unpaid care and domestic labour for women.

Lockdown and social distancing have resulted in sharp increases in domestic and care work needs within the household.²⁹ In Afghanistan, both women and men increased their amount of time spent in at least one activity related to unpaid domestic or care work. Figure 17 shows that a higher percentage of women than men increased the amount of time they spent on both unpaid domestic (83 per cent) and care work (80 per cent). This same holds true for women respondents within the IDP, returnee and host community categories. When looking at the intensity of the increases, measured by whether a person performs at least three such activities, the results show that women are carrying the heaviest burden (Figure 18).

Only 11 per cent of men reported increases in the amount of time spent carrying out at least three activities related to unpaid domestic work. In comparison, the percentage for women was a striking 41 per cent. Similar patterns are repeated among women IDPs, returnees and those from host communities. While the data thus points to sharp increases in this respect since the outbreak of COVID-19, it fails to account for the time differentials concerning unpaid domestic and care work prior to the crisis. Women, in most countries, were already spending more time on unpaid domestic and care work than men.

In Afghanistan, the question of women's role in the economy, whether through unpaid care and domestic work or formal/informal employment is a challenging one. It is also, however, a pressing one for the majority of Afghans who, in 2019, ranked women's lack of employment opportunities among their top concerns, just behind "lack of educational opportunities" and "lack of rights participation/justice".³⁰ Although male and female approval of women working outside the home did see a slight increase during 2019, perceptions, attitudes and expectations among Afghans toward the issue remain complex and are likely tied to both economic necessity as much as any growing support for women's rights.³¹

²⁸UN Women. 2020. The Impact of COVID-19 on Unpaid Care and Domestic Work in Afghanistan: Insights from the Afghanistan Time Use Survey. <https://asiapacific.unwomen.org/en/digital-library/publications/2020/05/the-impact-of-covid-19-on-unpaid-care-and-domestic-work-in-afghanistan>.

²⁹Ibid. 2020. Policy Brief, op. cit., p. 9.

³⁰As mentioned above, respondents in the Asia Foundation 2019 Survey of the Afghan People indicated the greatest problems facing women as educational opportunities (43.2 per cent), lack of rights (34.1 per cent), lack of employment opportunities (24.1 per cent), violence (18.1 per cent), lack of services (13.7 per cent), and economic concerns (9.6 per cent).

³¹See the Asia Foundation. 2019. A Survey of the Afghan People, op. cit.; Male approval has increased 8 percentage points (60.8 per cent in 2018 to 68.8 per cent in 2019) and female approval also rose slightly from 79.8 to 83.1 per cent. Disaggregating by income, the results also suggest that "this growing approval for women working outside the home is related to the economy as much as to women's rights".

Figure 17: Proportion of people experiencing increases in either at least one or three activities related to unpaid domestic and care work since the outbreak of COVID-19, by sex (% , number of respondents = 6,532)

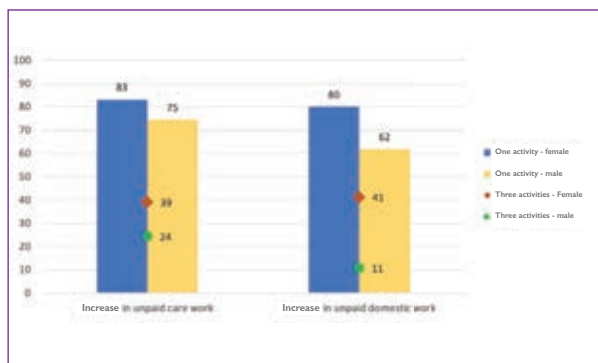
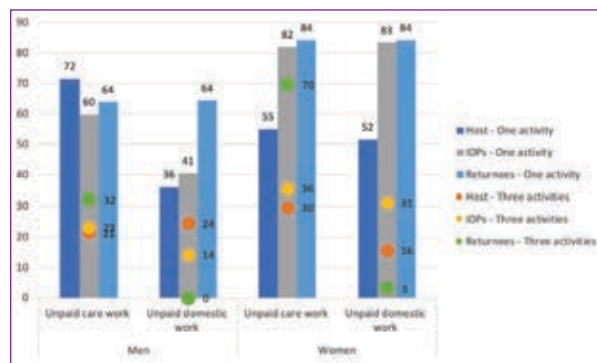
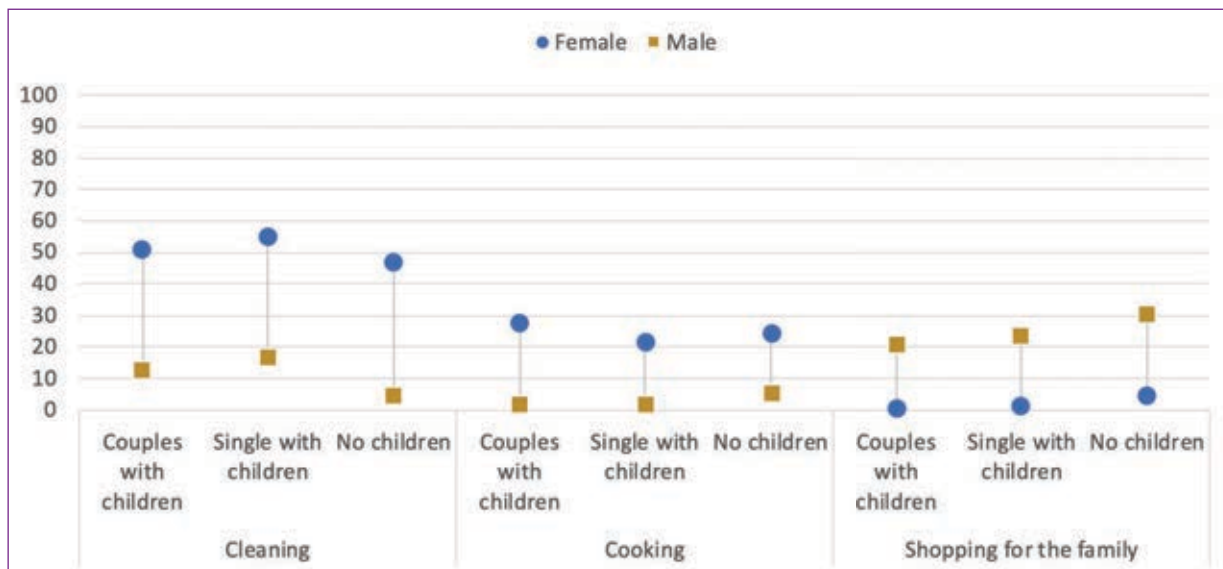


Figure 18: Proportion of IDPs, returnees and host community members noting increases in unpaid care and domestic work since the outbreak of COVID-19, by sex (% , number of respondents = 1,289)



Single mothers (identified in our analysis as unmarried/widowed/divorced females living in households with children) are particularly sensitive to the burden of unpaid domestic work. In comparison to married couple or those whom are cohabitating, a significantly higher proportion of single mothers report cleaning as the most time-consuming activity (Figure 19). Overall, the results show a gendered allocation of time and household tasks, with men identifying ‘shopping for the family’ as their most time-consuming task, regardless of marital status or presence of children, and women taking on most of the cleaning and cooking.

Figure 19: Most time-consuming tasks in unpaid domestic and care work, by type of household and sex (% , number of respondents = 6,532)



Note: Fetching water has been included among these tasks, although according to international statistical classifications it does not qualify as unpaid domestic and care work.

VII. School closures are adding to the unpaid work burden of families

There are structural and social realities in Afghanistan that impact the roles and forms of work undertaken by women both inside and outside the home. The barriers to women’s participation in the formal economy are numerous, and disproportionate involvement in unpaid care and domestic work is linked to the status of women’s human rights in the country; which, if further protected and promoted, will lead to transformative change for women’s economic empowerment and girl’s education. This includes creating pathways to improve access to education for girls, increasing the value attributed to unpaid, domestic and care work, and promoting women’s right to work through addressing structural and social barriers.

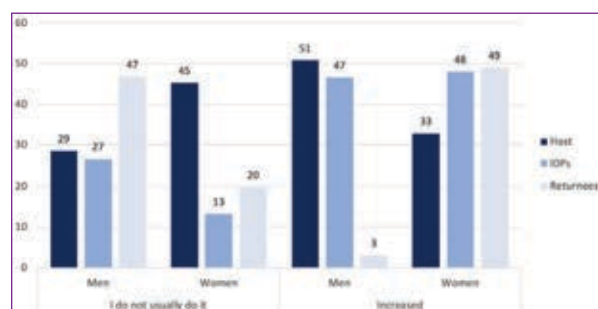
Although the rate of literacy among women is low (29.8 per cent in 2019),³² COVID-19 has seen parents more engaged with taking care of and teaching their children in the home. Since the spread of COVID-19, large swathes of the Afghan population have been affected by school closures, with almost every parent of school-age children experiencing its impact. Among refugees and IDPs, more women than men noted that the closures had affected their families. In the wake of the closures, parents have been forced to step up to provide teaching support to their children.

Among host communities, more men than women noted an increase in the amount of time spent teaching their children since the outbreak of COVID-19, while among returnees, more women than men noted increases. The gender gap in this regard was negligible among IDPs: almost half of the IDP population (both men and women) noted increases in the time spent teaching their children. It should also be highlighted that more male IDPs noted that they did not typically spend time teaching their children. The same held true for returnees, but no such difference in response according to gender was detected among host communities.

Figure 20: Proportion of IDPs, refugees and returnees affected by school closures, by sex (% , number of respondents = 1,289)



Figure 21: Proportion of IDPs, returnees host community members noting increases in the amount of time spent teaching their children, by sex (% , number of respondents = 1,289)



VIII. COVID-19 is compromising water sources, and women IDPs and returnees are paying the price

Since the outbreak of COVID-19, roughly 30 per cent of IDPs stated that their usual water source(s) had been compromised, a figure higher than that for returnees or host communities. This may have

³²UNESCO (United Nations Educational, Scientific and Cultural Organization). 2020. “Interview: “Literacy rate in Afghanistan increased to 43 per cent”.” UNESCO Institute for Lifelong Learning. 17 March 2020. <https://uil.unesco.org/interview-literacy-rate-afghanistan-increased-43-cent>.

prompted many to find new water collection points in order to avoid contagion. As a result, water collection times increased for many. Although in the case of host communities, men have predominantly taken on the added burden incurred, among IDPs and returnees, it is women who are bearing its brunt. As many as 40 per cent of female IDPs, and 45 per cent of female returnees, noted increases in the time spent on water and firewood collection since the outbreak of COVID-19. According to the HEAT assessment, some 85 per cent of households reported their main water source as being further than 500 metres from their home.³³

Even prior to the COVID-19 crisis, WASH services coverage, including water supply infrastructure, sanitation facilities, and hygiene promotion supplies (soaps, sanitary pads), was inadequate for supporting basic needs. The added burden of a countrywide epidemic has exacerbated the situation.³⁴ For IDPs living in crowded camps, complying with recommended hygiene practices presents quite a challenge in the regard, due to limited access to hygiene materials and their sharing overcrowded spaces.³⁵

Figure 22: Proportion of people noting a compromised water source since the outbreak of COVID-19, by sex (% , number of respondents = 1,289)



Figure 23: Proportion of IDPs, returnees and host community members noting increases in the amount of time spent attaining water and firewood since the outbreak of COVID-19, by sex (% , number of respondents = 1,289)



COVID-19 has also caused disruption to public transit in Afghanistan. This may have contributed to lengthened water and fuel collection times for populations who depend on this form of transit for procuring these goods. The disruptions may also have affected the possibility for people to continue commuting to work or see a doctor when necessary. Among host communities, more women than men noted being affected by disruptions to public transit, a fact that is worrisome given that women are less likely to own their own vehicles.

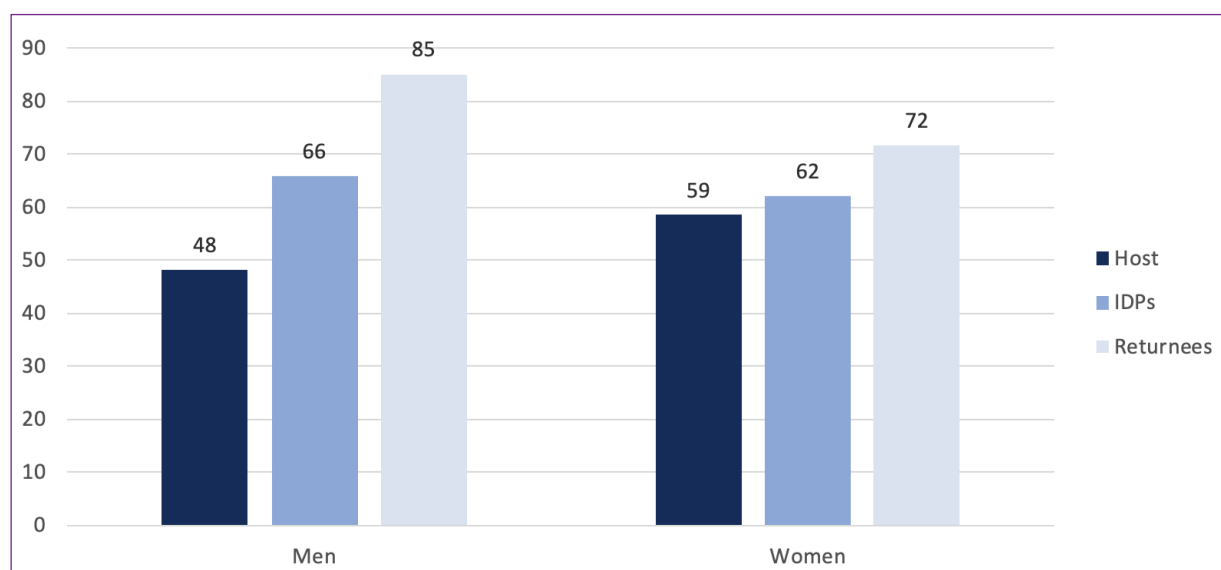
Among IDPs and returnees, however, more men noted being affected. Preliminary findings from the Whole of Afghanistan Assessment also show that lack of transportation was cited by 43 per cent of female and 36 per cent of male respondents as one of the reasons hindering their accessing health centres. In addition, 3 per cent of those surveyed mentioned high transportation costs as the main reason for being unable to access a nutrition centre facility during the prior three months.

³³ERM (Emergency Response Mechanism). 2020. HEAT Afghanistan, op. cit.

³⁴FAO (Food and Agriculture Organization) et al. 2020. COVID-19 Multi-Sector Country Plan: Afghanistan 24 March 2020. https://reliefweb.int/sites/reliefweb.int/files/resources/covid-19_multi-sector_country_plan_afghanistan_final.pdf

³⁵Cone, D. 2020. Refugees International Issue Brief. Gender Matters: COVID-19's Outsized Impact on Displaced Women and Girls. 7 May 2020. <https://www.refugeesinternational.org/reports/2020/5/4/gender-matters-covid-19s-outsized-impact-on-displaced-women-and-girls>.

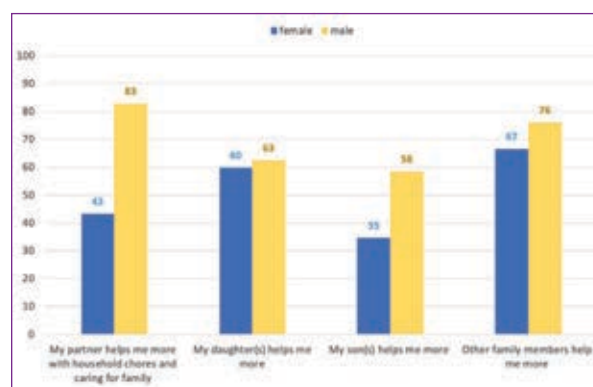
Figure 24: Proportion of IDPs, returnees and host community members affected by disruption to public transit since the outbreak of COVID-19, by sex (% , number of respondents = 1,289)



IX. Men are helping out more, but discriminatory social norms still leave women and girls charged with most domestic chores and unpaid care work.

Gendered social norms are a major source of persisting gender inequalities, including within the household, where women are expected to help more. As a result of the COVID-19 lockdown, 43 per cent of women in Afghanistan report that their partners help them more with household chores and caring for the family. However, almost 83 per cent of males reported an increase in such help from their partner(s). Men are also more likely to receive help from other family members. Furthermore, **both women and men report that daughters help more in comparison to sons** (Figure 25). In the case of IDPs, returnees and host community members, not enough data was available to generate reliable estimates on the matter, but evidence indicates that a similar pattern has emerged.³⁶

Figure 25: Proportion of people receiving help with household chores and unpaid care work since the outbreak of COVID-19, by sex (% , number of respondents = 1,289)



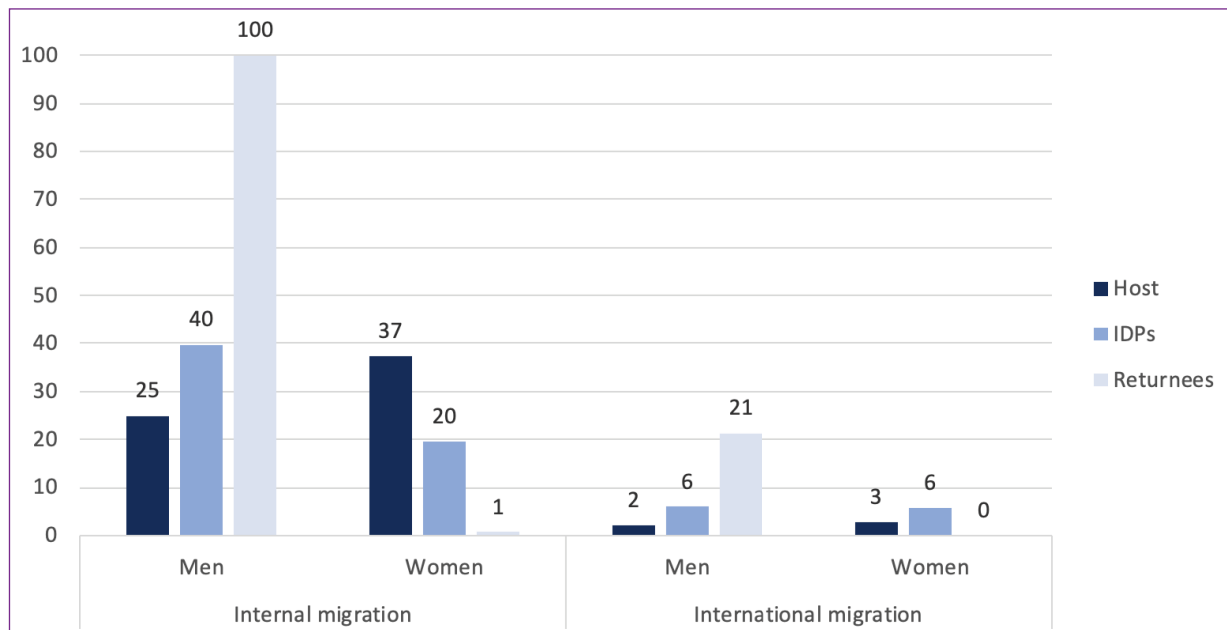
³⁶UN Women. 2020. Policy Brief, op. cit., p. 9.

X. COVID-19 is still driving people to migrate.

COVID-19 in the Afghan context does not appear to have interrupted migration and displacement figures or trends. For the period 1 January 2020 through 5 September 2020, reports indicate that 172,489 individuals fled their homes due to the ongoing conflict in the country.³⁷ This is a 44 per cent (or 393,173 individuals) decrease compared to the same period in 2019³⁸. For the period 1 January to 12 September 2020, IOM reports show an increase of 61 per cent (320,529 individuals) in undocumented returns from Iran³⁹ compared to the same period in 2019.⁴⁰ Despite the UN Secretary-General calling in March 2020 for a global humanitarian ceasefire to combat COVID-19, including in Afghanistan,⁴¹ and the continued spread of the pandemic, the conflict continues and has in fact escalated in some parts of the country.

According to the data, men are more likely than women to move, both internally and internationally (e.g. more men returned to Afghanistan). Furthermore, changes in number of working hours, food insecurity and medical emergencies may be pushing the most vulnerable population groups to move during this crisis.

Figure 26: Proportion of IDPs, returnees and host community members migrating since the outbreak of COVID-19, by sex (% , number of respondents = 1,289)



³⁷OCHA (Office for the Coordination of Humanitarian Affairs). 2020. "Humanitarian Response: Internal Displacement due to Conflict. Afghanistan Conflict Induced Displacements." Accessed 6 September 2020. <https://www.humanitarianresponse.info/en/operations/afghanistan/idps>.

³⁸Ibid.

³⁹IOM (International Organization for Migration). 2020. Return of Undocumented Afghans: Weekly Situation Report 06-12 Sep 2020. https://afghanistan.iom.int/sites/default/files/Reports/iom_afghanistan-return_of_undocumented_afghans_situation_report_06-12_sep_2020.pdf.

⁴⁰Ibid. 2019. Return of Undocumented Afghans: Weekly Situation Report 08 - 14 September 2019. https://afghanistan.iom.int/sites/default/files/Reports/iom_afghanistan-return_of_undocumented_afghans-situation_report_08_-14_september_2019.pdf

⁴¹UN News. 2020. "COVID-19: UN chief calls for global ceasefire to focus on 'the true fight of our lives'." Peace and Security. 23 March 2020. <https://news.un.org/en/story/2020/03/1059972>.

8. Increasing Barriers

The presence of a number of structural shortcomings in Afghanistan have exacerbated the impact on well-being which COVID-19 is having on women in the country.

Low literacy rate: Women in particular are experiencing a lack of access to information on COVID-19. Lack of access to education makes young girls more vulnerable to abuse, child marriage/forced marriage; a school environment can be a safe place for young girls, where they are the responsibility of teachers and other adults who can identify signs of exploitation. Recent data shows that adolescent girls spend significantly more time on chores compared to their male counterparts: “School closures do not just mean that girls are taking on more chores at home, it could also lead to millions more girls dropping out of school before they complete their education, especially girls living in poverty, [and] girls with disabilities or living in rural, isolated locations”.⁴²

Even before the current pandemic, millions of girls were contending with poor quality education—and were not on course to meet minimum proficiency in basic reading and math, nor the secondary level skills, knowledge and opportunities needed for a productive and fulfilling life. **Approximately 60 per cent of out-of-school children are girls.**⁴³ Furthermore, in 2016, UNICEF estimated that **66 per cent of Afghan girls of lower secondary school age—12 to 15 years old—were not in school.**⁴⁴ In the poorest and more remote areas of the country, enrolment levels vary widely, and can be as low as 14 per cent,⁴⁵ with girls still lacking equal access to education in virtually every part of the country. Consequently, literacy rates remain low, particularly for young women; only 37 per cent of adolescent girls are literate, compared to 66 per cent of adolescent boys.⁴⁶ The gender gap in education grows even larger at secondary and tertiary level, with only 4.9 per cent of women accessing tertiary education, compared to 14.2 per cent of men.⁴⁷ Evidence from past epidemics shows that adolescent girls are at particular risk of dropping out and not returning to school after the crisis is over.⁴⁸

Weak public health system: Afghanistan’s health system and public services were already fragile and overburdened due to decades of conflict and socio-economic and political crisis. **Prior to the COVID-19 pandemic, Afghan people faced critical challenges in accessing health care, with 20-30 per cent of the population having only limited access to basic health.** Inadequate health care facilities and resources are particularly affecting people living in hard-to-reach, remote and anti-government-controlled areas. In addition, Afghans still have to cover about three quarters of

⁴²UN Women. 2020. Policy Brief, op. cit., p. 14.

⁴³UNICEF (United Nations Children’s Fund). 2020. “Education: Providing quality education for all.” Afghanistan Country Office website. <https://www.unicef.org/afghanistan/education>.

⁴⁴Ibid. 2016. “The State of the World’s Children 2016.” <https://www.unicef.org/sowc2016/>.

⁴⁵Ministry of Education, Islamic Republic of Afghanistan. 2016. National Education Strategic Plan 2017 – 2021. <https://www.globalpartnership.org/sites/default/files/education-sector-plan-afghanistan-2017-2021.pdf>.

⁴⁶HRW (Human Rights Watch). 2017. “I Won’t Be a Doctor, and One Day You’ll Be Sick”: Girls’ Access to Education in Afghanistan. 17 October 2017. <https://www.hrw.org/report/2017/10/17/i-wont-be-doctor-and-one-day-youll-be-sick/girls-access-education-afghanistan>.

⁴⁷UNESCO (United Nations Educational, Scientific and Cultural Organization). 2020. “Data for the Sustainable Development Goals: Afghanistan.” <http://uis.unesco.org/en/country/af>.

⁴⁸UN Women. 2020. Policy Brief, op. cit.

their own health costs, despite government efforts toward providing universal health care.⁴⁹

Inadequacies in funding, medical staff, infrastructure and other resources is further hampering the provision of, and access to, vital health services.⁵⁰ In 2018, a total 3,135 health facilities were functional, allowing access for almost 87 per cent of the population (within a distance of two hours' travel time).⁵¹ However, as mentioned in Key Finding III above, **due to attacks on health facilities and workers**, approximately 24,000 hours of health care delivery was lost and 41,000 consultations were missed—due to the forced closure or destruction of facilities. **Overall, in 2019 an estimated 6.6 million people have had their access to health services reduced because of these incidents.**

Health service provision to IDPs and host communities likewise continues to be impacted by the Afghan conflict. Low routine immunization coverage and a ban on the polio programme in some areas has resulted in ongoing public health risks in various parts of the country. The increased risks incurred are anticipated to cause disease outbreaks, particularly for preventable diseases like polio, measles, and COVID-19. Naturally, the spread of COVID-19 across all 34 provinces has dominated the 2020 epidemiological map, with the number of cases expected to rise.⁵²

Lack of national social protection mechanisms: The economic crisis, exacerbated by COVID-19 has led families toward negative coping mechanisms such as forced and child marriages or selling children. Moreover, unfavourable social norms result in women and girls receiving less food than male members in households suffering food shortages.

There are high risks for the health of populations living in displacement sites. Pre-existing challenges, including inadequate and crowded accommodation, insufficient water and sanitation facilities, extreme food insecurity and lack of access to education or employment opportunities have been compounded to make IDPs, particularly women, more vulnerable in the context of COVID-19. Women and girls are differentially impacted by displacement. **The majority of women IDPs have limited or no access to basic services such as health and education, for reasons which include lack of documentation, unavailability of services, and social and cultural barriers.**⁵³ Social protection mechanisms such as providing cash packets and in-kind social assistance can be used to protect poor and vulnerable groups in order to reduce the economic strain.

⁴⁹HRW (Human Rights Watch). 2019. "Afghanistan: Little Help for Conflict-Linked Trauma. Government, Donors Should Expand Mental Health Programs." News. 7 October 2019. <https://www.hrw.org/news/2019/10/07/afghanistan-little-help-conflict-linked-trauma>.

⁵⁰Oxfam. 2020. A New Scourge to Afghan Women: COVID-19. Oxfam Briefing Note. <https://asia.oxfam.org/latest/policy-paper/new-scourge-afghan-women-covid-19>.

⁵¹WHO (World Health Organization). 2020. "Afghanistan. Programme areas." Regional Office for the Eastern Mediterranean. Health Systems. <http://www.emro.who.int/afg/programmes/health-system-strengthening.html>.

⁵²UNICEF (United Nations Children's Fund). 2020. Afghanistan Humanitarian Situation Report No. 1. <https://www.unicef.org/media/77776/file/Afghanistan-SitRep-June-2020.pdf>.

⁵³UN Women. 2020. Gender Alert on COVID-19 in Afghanistan. Issue I: Ensuring a Gender Sensitive Humanitarian Response. 24 April 2020. <https://asiapacific.unwomen.org/en/digital-library/publications/2020/04/gender-alert-on-covid-19-i-afghanistan>.

9. Technical Note

In order to ensure the estimates were nationally representative, minimum sample sizes were determined using statistical procedures. The thresholds for responses were determined based on Afghanistan's total population, and set in line with confidence levels of 99 per cent and confidence intervals of (+/-)3. Given that SMS-distributed surveys usually return low response rates (0.001 per cent), it was considered important to distribute the survey to a minimum of 1,086 respondents in order to ensure the reliability of results.

By the time all survey responses had been accounted for, 6,956 responses had been received from the overall population; 424 (240 women and 184 men) stated that they had not heard of COVID-19 and thus were not prompted to provide additional responses. There was no respondent drop-out. In addition, 1,289 responses were received from IDPs, returnees and members of host communities, all of whom had knowledge of COVID-19. Weighting was applied to correct the sample for sex, age, and educational attainment differentials. An important caveat to be noted is that SMS-distributed surveys tend to evoke greater response among educated individuals, who are more likely to own and use smartphones. In Afghanistan, this risk was mitigated by face-to-face data collection that complemented the SMS distribution.

