

# Now and the Future

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## Gender Equality, Peace and Security in a COVID-19 World

Afghanistan



# 1. Introduction

Women for Women International (WfWI) and Afghan Women's Resource Center (AWRC), with the support of Gender Action for Peace and Security (GAPS), undertook research in Afghanistan. The research enables the international community (governments, INGOs and multilateral agencies) to better understand the context-specific and global gender, peace and security impacts of COVID-19 and develop policy and programming responses which account for the impact of COVID-19 and future pandemics.

The research methodology involved a desk literature review on COVID-19, gender, peace and security impact in Afghanistan across different regions and sectors, including looking at key themes such as displacement, women's and girls' participation in decision-making, gender based violence (GBV), sexual and reproductive health and rights (SRHR), access to health care, livelihood and women's economic rights.

Twenty key informant interviews (KIIs) were conducted with organisations working specifically on issues of women, peace and security (WPS). The KIIs encompassed an intersection of participants: women's rights organisations (WROs)/networks, girls' organisations/groups, disability rights organisations/groups, refugee and IDP rights organisations/groups and groups representing religious and ethnic minorities. These were conducted across 13 provinces of Afghanistan including Kabul, Parwan, Kapisa, Nangarhar, Kunar, Laghman, Herat, Balkh, Qandahar, Paktia, Helmand, Bamyan and Kunduz.

The findings indicate the gendered effects of COVID-19, particularly on marginalised groups in the urban, rural and refugee settlement contexts. The findings highlight the impact of the pandemic on women's and girls' roles and their responsibilities, their needs, livelihoods and GBV, as well as how these different groups of women and girls are experiencing the crisis. They also show how COVID-19 has had a profound impact on peace and security in Afghanistan, a context with protracted and entrenched instability.

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# 2. Recommendations

- 2.1. Recommendation 1: Holistic, gendered approach:** Acknowledge the gendered impacts of COVID-19 and commit to taking a gender-sensitive approach.
- 2.2. Recommendation 2: Women's livelihoods and economic rights:** Recognise COVID-19 as an economic crisis, as well as a health and humanitarian one. Do this by investing in economic models and mechanisms that provide for, and support, the livelihoods of the poorest and most marginalised – with special attention given to helping women reestablish pre-pandemic sources of income, including employment, self-employment and Village Savings and Loan Associations (VSLAs).
- 2.3. Recommendation 3: Participation and decision-making:** Increase representation and decision-making power for women, adolescent girls and WROs within formal COVID-19 response and recovery mechanisms at the global, national and community levels. This should be accompanied by a long-term commitment to strengthening women's leadership and protecting the needs and priorities of women and girls.
- 2.4. Recommendation 4: Healthcare and GBV:** Urgent efforts must be made to minimise delays on women and girls accessing and receiving care, despite limited healthcare resources being directed elsewhere to respond to the pandemic. This includes maintaining safe, effective and sufficient sexual, reproductive and maternal healthcare, as well as GBV services, as **essential** throughout and beyond COVID-19. It also includes ensuring that mental health and psychosocial support, including trauma services, are resourced as part of the public health response to COVID-19 – with specific consideration given to marginalised women and girls.
- 2.5. Recommendation 5: Funding for women's rights organisations (WROs), networks and movements:** Funding for WROs, networks and movements should be a priority, in recognition of the fact that they are best informed to respond to the specific needs, realities and challenges faced in their contexts – including in response to COVID-19. This should be part of a broader commitment to increase funding for gender equality, peace and security, and providing core, flexible and long-term funding for WROs, networks and movements.
- 2.6. Recommendation 6: Conflict and displacement:** COVID-19 response and recovery in Afghanistan must explicitly recognise the specific experiences and needs of women and girls who are conflict-affected, marginalised and displaced. This should be accompanied by ongoing efforts to stop all violence and armed conflict and reach an inclusive peace in Afghanistan.
- 2.7. Recommendation 7: Accountability:** Emergency response programmes, both from the government and those supported by the international community, must be effectively monitored to ensure accountability and transparency.

# 3. Recommendations and Evidence

## 3.1. Recommendation 1:

**Holistic, gendered approach:** Acknowledge the gendered impacts of COVID-19 and commit to taking a gender-sensitive approach.

COVID-19 has exacerbated existing inequalities – with the most marginalised women and girls affected by conflict being the most disproportionately impacted. The Government of Afghanistan and the wider international community must acknowledge the deeply gendered impacts of COVID-19, as highlighted by this research, and commit to taking a truly gender-sensitive approach to COVID-19 and to COVID-19 prevention, response and recovery.

This includes:

- Taking a gendered approach in the long-term to build resilience based on participatory needs-assessments informed by disaggregated data collection and analysis, meeting the needs of the worse affected groups.
- Considering the specific needs of the most marginalised women and girls when deciding how to disseminate vital, life-saving information regarding COVID-19.
- Ensuring accountability for any funds received and distributed to address both issues of gender equality, peace and security as well as the COVID-19 pandemic.

## Evidence:

Participants highlighted that pandemic outbreaks impact different groups of people in different ways, but that the most marginalised women and girls are disproportionately affected – this includes women with low or no income, women and girls living with a disability, women and girls based in rural areas and women and girls with experience of displacement:

***“Generally women and girls are more affected by war, conflict, social issues and health crises compared to men...COVID-19 is proving to be no different and is intensifying the inequalities Afghan women face.”***

To ensure the national response takes this into account, decision-makers should regularly conduct a gender analysis and collect disaggregated data throughout the evolution of the crisis to understand the varying dimensions and their impacts on different people and communities based on their intersecting identities (including: gender, race, ethnicity, disability, class, age, location and socio-economic status), in order to ensure representation of marginalised groups and, importantly, to use this insight to guide any interventions to ensure they are appropriate.

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Participants highlighted that information surrounding COVID-19 and the associated prevention measures has largely been disseminated through radio, television, social media and mobile phones – but that the most marginalised and rural communities in Afghanistan can struggle to access these communication channels due to cost, location and literacy. Women and girls often face particular barriers to accessing information due to patriarchal norms. This can therefore mean they are more at risk of contracting and transmitting COVID-19. One interviewee noted that: ‘maybe 20 per cent of women may have access to technology’, while another said that:

*“[In] Afghanistan, access to technology is very limited compared with other countries. Women and girls who are living in the big cities and [are] educated, [and] also have good economic situation, have access to internet and social media, voice media, visual media and print media. Poor families and women and girls who are living in the remote, urban area and do not have access to electricity, do not have access to technology. Illiteracy is a big obstacle for women and girls to use technology. And receive update information or build their knowledge. That has positive impact on their good future.”*

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### 3.2. Recommendation 2:

**Women’s livelihoods and economic rights:** Recognise COVID-19 as an economic crisis, as well as a health and humanitarian one. Do this by investing in economic models and mechanisms that provide for, and support, the livelihoods of the poorest and most marginalised – with special attention given to helping women reestablish pre-pandemic sources of income, including employment, self-employment and Village Savings and Loan Associations (VSLAs).

The international community should invest in wider economic models and mechanisms that are people-centered and gender responsive in order to support people’s livelihoods that have been devastated by the pandemic and associated prevention measures. It is important to ensure that the economic recovery packages are designed appropriately for those whose livelihoods have been most impacted. As a result, these models and mechanisms need to be gendered to ensure that they effectively meets the rights, needs and experiences of women and girls.

That includes maintaining existing economic support (through grants, cash transfers and stipends) and considering providing supplementary emergency funding to mitigate the immediate impact on livelihoods where possible. Longer-term economic interventions should also be considered, with special attention given to women who are self-employed and work in the informal sector – for example through start-up capital to re-launch their businesses post lockdown or to revive VSLAs.

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## Evidence:

COVID-19 has had severe consequences on the financial wellbeing of many families in Afghanistan, as quarantine measures and irregular border closures led to loss of income and the increase in prices of most basic needed items (especially food). Some of this vulnerability is due to the fact that four out of five Afghan workers are engaged in informal work – for example as taxi drivers, shopkeepers and domestic workers. They have been among the hardest hit and are currently unable to earn a steady livelihood. This is on top of what is, for many, an already precarious financial situation which leaves families and households with a lack of resilience to deal with economic shocks. As a result of COVID-19, poverty and food insecurity is expected to rise quickly, particularly impacting women and girls.

As schools and workplaces closed in lockdown, many women in Afghanistan were forced to give up the limited paid income-generating opportunities available to them for unpaid care. What is more, women's decreased ability to earn money during the COVID-19 outbreak severely limits their economic and social independence, in a patriarchal context which already sees major barriers to women's and girls' freedom of movement.

This gendered impact was not considered as part of the COVID-19 response packages, but will have a long-term impact on women's economic and social empowerment and gender equality in Afghanistan, particularly among the poorest and most marginalised. This recommendation emerged clearly from the interviews:

*“In order to ensure that the short-term and long-term needs of Afghan women are taken into account during and after the COVID-19 crisis, and that women are not further marginalised, the international donors, UN and the government should respond and put adequate budget allocation to the COVID-19 outbreak to respond not just to health but also to protection and economic consequences.”*

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### 3.3. Recommendation 3:

**Participation and decision-making:** Increase representation and decision-making power for women, adolescent girls and WROs within formal COVID-19 response and recovery mechanisms at the global, national and community levels. This should be accompanied by a long-term commitment to strengthening women's and girls' leadership and protecting the rights, needs and priorities of women and girls.

This includes:

- Increasing the representation of a diverse range of women, adolescent girls and WROs in the national COVID-19 response mechanisms and infrastructure.
- Strengthening opportunities for meaningful engagement in wider civic and political life, for example peace dialogues and negotiations.
- Investing in grassroots-level COVID-19 response that is already being taken forward by women's rights and women led community organisations.

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In Afghanistan, women's and girls' exclusion from decision-making at household, community and national level is not new. COVID-19 has exacerbated this, with women, adolescent girls and WROs being excluded from formal decision-making around the pandemic response and recovery, despite the active role they play on the frontlines of the response itself.

This must be addressed as an urgent priority. Women's and adolescent girls' inclusion in decision-making structures – both around COVID-19 but also wider recovery and resource allocation – will result in much more effective and responsive solutions that actually meet the needs of the most marginalised women and girls. It will also lead to a more peaceful, sustainable and equal society post-COVID-19.

### **Evidence:**

Promoting women's and adolescent girls' participation and leadership leads to increased opportunities for women's and girls' rights, needs and experiences to be delivered. In the context of COVID-19, women are at the forefront of emergency response, including in providing frontline services as well as unpaid care in the home, but are unrepresented in formal decision-making spaces. Evidence from this research shows that: 'there has been no care for the women; they were on the frontline of the disease, as they were to serve all in the family, but their services are never counted'. Their effective and meaningful participation will lead to more responsive and effective solutions to the pandemic. As one participant put it: 'women's expertise on their communities is vital to designing tailored responses'.

However, research participants highlighted how women and girls in Afghanistan have been consistently excluded from formal governing and decision-making structures at the global, national and local levels. Women and girls face restrictions regarding their movement and ability to participate in public life due to social norms, which prevent them from accessing and participating in decision-making processes. For example, women's and girls' needs and priorities have been underrepresented within the Afghanistan peace process. This is the same for COVID-19. Family members are also using the COVID-19 crisis as an excuse to prevent women and girls from leaving their homes – this may result in women and girls losing any newly-gained public roles, and having restricted access to safe spaces, freedoms and rights in the long-term. One interviewee reported that: 'unfortunately, the voices of Afghan women have not yet been heard properly by decision-makers' and called for the government and international community to: 'ensure that women are part of COVID-19 coordination and response taskforces and committees'.

### 3.4. Recommendation 4:

**Healthcare and GBV:** Urgent efforts must be made to minimise delays on women and girls accessing and receiving care, despite limited healthcare resources being directed elsewhere to respond to the pandemic.

This includes:

- Maintaining safe, effective and sufficient sexual, reproductive and maternal healthcare, as well as GBV services, as **essential** throughout and beyond COVID-19.
- Ensuring that mental health and psychosocial support, including trauma services, are resourced as part of the public health response to COVID-19 – with specific consideration given to marginalised women and girls.
- Making immediate efforts to minimise the delays for women and girls accessing and receiving healthcare – this must be supported by the wider international community.
- Ensuring fair and equal access to healthcare to respond to instances of COVID-19.
- Maintaining safe, effective and sufficient sexual, reproductive and maternal healthcare, including by engaging different government mechanisms such as the health, justice and security sectors, as well as local government.
- Deeming GBV services as essential throughout and beyond COVID-19, including by engaging with the complementary services provided through referrals from WROs and specialists, as well as the provision of shelters and access to justice for victims and survivors of GBV. Invest in these approaches at the community level.
- Funding and delivering sensitisation campaigns across Afghanistan – including in the more rural areas – advising women and girls on the services available to them and providing additional healthcare advice.

### Evidence:

Even prior to the COVID-19 outbreak, healthcare provision in Afghanistan was extremely fragile. This has been particularly highlighted by the lack of health infrastructure and human resources. Women and girls have unique and specific healthcare needs – and, pandemic aside, have historically been unable to access the services they require, especially in the most rural and marginalised communities. This has been further compounded by COVID-19 and the strict measures put in place to restrict virus transmission, meaning that women and girls were unable to leave their homes to travel a significant distance to access medical and healthcare services. A number of participants made reference to these restrictive ‘social norms preventing women’s medical care at a time of increased need’. For example, one participant reported that only 15 per cent of nurses and two per cent of medical doctors in Afghanistan are women, which leads to extensive shortages in female healthcare. The same social norms that prevent women from working in healthcare, also prevent them from accessing it. Many families do not allow their female family members to be treated by male doctors, leading women to have less access to COVID-19 testing and treatment facilities.

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In addition to this, it is widely acknowledged that crises can exacerbate existing and long-standing gender inequalities and therefore the prevalence of GBV. COVID-19 is no exception. Evidence shows that GBV is increasing globally, as the pandemic further compounds existing economic and social stressors with a lack of freedom of movement. Afghanistan already sees incredibly high levels of domestic violence. There were concerns raised by research participants that, in Afghanistan, the measures that have been taken to contain the outbreak, along with economic concerns, stress, and cramped living conditions, are contributing to a further spike in violence. Furthermore, isolation caused by lockdown measures, not only increases the risk of experiencing violence, but makes it more difficult and dangerous to seek help.

It is also evident from the KII participants that COVID-19 is leading to a reduction in the availability of vital services needed to respond to this increased prevalence of violence. As limited resources have been diverted to address COVID-19, little or no attention has been paid to other health needs. This includes vital sexual and reproductive health services. In light of this, it is important that national response plans acknowledge this increased prevalence and ensure it is proactively included in national response plans. This includes designating domestic violence and sexual and reproductive health services (including emergency shelters) as essential and funding WROs who are responding on the frontlines.

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### 3.5. Recommendation 5:

**Funding for women’s rights organisations, networks and movements:** Funding for WROs, networks and movements should be a priority, in recognition of the fact that they are best informed to respond to the specific needs, realities and challenges faced in their contexts – including in response to COVID-19. This should be part of a broader commitment to increase funding for gender equality, peace and security and providing core, flexible and long-term funding for WROs, networks and movements.

This should include:

- Ensuring that a gender focus is mainstreamed throughout COVID-19 responses by having dedicated financing committed to meeting the needs of women and girls. This should include targets to ensure that gender responsive approaches are adopted by all implementing partners and build on existing and ongoing interventions.
- Enabling flexible funding models for WROs to provide core, long-term and sustainable funding to support them as they adapt their work in both the short- and long-term to respond to the primary and secondary gendered impacts of COVID-19.
- Where possible, work in partnership and collaboration with national and local organisations to ensure that any interventions are led by their own self-determined priorities and are grounded in the needs and realities of local communities.

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- Funding for WROs, networks and movements should be a priority throughout and beyond the COVID-19 pandemic as they are the best placed to respond to the context-specific needs and realities of communities. This should be situated within a broader commitment to increase funding for gender equality, peace and security – and providing core, flexible and long-term funding to WROs.

## Evidence:

WROs are at the frontline of responding to COVID-19. Civil society and women's rights networks have stayed active and found alternative ways to coordinate, collaborate and reach their constituencies. However, these organisations are not formally recognised for this essential work through support and funding. Participants referred to shrinking funds for WROs, networks and groups.

However, at the local, national and international levels, the COVID-19 response will fail if it does not meet the needs of the most marginalised. Women's organisations and movements lead transformational change and are best placed to know and understand those needs. They are closest to the communities they serve and therefore better able to adapt to the challenges they face as a crisis unfolds.

Participants outlined that the Government of Afghanistan and the international community should identify local organisations that already had good influence in communities to support and bring about community peace. This will elevate the voices of the most marginalised and ensure that their needs are at the centre of the global COVID-19 response and recovery process. One key informant interviewee said that: 'the international community must recognise women and women-led organisations in their role as local experts. Women's expertise on their communities is vital to designing tailored responses'. Another participant called for:

***“Direct funding to be made accessible to national and local organisations, especially WROs. UN agencies, governments and INGOs should use existing mechanisms that reach local and national partners to flexibly channel international funding, ensuring that local partners are designing and delivering assistance and support that is more suited to their communities right now.”***

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### 3.6. Recommendation 6:

**Conflict and displacement:** COVID-19 and crisis response and recovery in Afghanistan must explicitly recognise increases in insecurity and the specific experiences and needs of women and girls who are or have been displaced, are living with disabilities, of 'low' socio-economic class, have low or limited formal education, are from marginalised ethnic groups, are in female-headed households, or are widows. This should be accompanied by ongoing efforts to stop all violence and armed conflict and reach an inclusive peace in Afghanistan.

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In Afghanistan, COVID-19 is unfolding against a backdrop of entrenched patriarchal norms, complex conflict dynamics and chronic poverty. This must be recognised in the design and delivery of COVID-19 response to ensure it is tailored and contextualised. This should be alongside efforts to reach an inclusive peace in Afghanistan.

### Evidence:

Most interviewees referred specifically to the decades of conflict, food insecurity and economic inequality in Afghanistan as a key factor that should be considered in designing and delivering a COVID-19 response and recovery. This has a specific impact on women and girls, including women and girls of diverse groups, which results in further marginalisation and exclusion from programmes and service provision.

Research participants reported both a direct and indirect impact of COVID-19 on stability and security. As outlined in this report, the pandemic has caused an economic, health and humanitarian crisis – as well as dissatisfaction with the government – leading to increased levels of crime and violence. One expert noted that: ‘COVID-19 affected all groups – during the five to six months where people were quarantined, there was lots of insecurity as there were lots of robberies mostly due to no work and no income’, while another claimed that: ‘just as peace appears to be within the nation’s grasp, COVID-19 has imposed a cruel twist of fate, ripping its way through communities that have withstood brutal wars, harsh weather and withering poverty’.

Additionally, the pandemic meant that ongoing, long-term efforts to achieve meaningful peace were postponed: ‘COVID-19 meant that peace dialogues stopped, women advocates could not participate at international level advocacy, and national lobby meetings could not regularly be conducted’.

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### 3.7. Recommendation 7:

**Accountability:** Emergency response programmes, both from the government and those supported by the international community, must be effectively monitored to ensure accountability and transparency.

### Evidence:

COVID-19 response required extensive funding for programmes of varying scale to ensure that people, communities and the country could respond to the pandemic. This included programmes in Kabul as well as across provinces. Such programmes included health kits, medical equipment and supplies to hospitals, food distribution and support to small-scale community groups and businesses such as bakeries for food provision.

The receipt and distribution of the funding for these programmes should have included effective monitoring and accountability. Such accountability mechanisms should have been put in place by both the implementing organisations and the funding institutions.

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One participant noted that: ‘The international community should take into account the accountability and put good milestones on funds provided’. Another participant noted that:

***“There should [be] the international community support on increasing the community skills how to dealt with harms of COVID-19, have more humanitarian programmes to most vulnerable community members, but closely monitor their support to create more accountability if they provide any financial support.”***

In addition, interview participants noted that where the gendered impacts of COVID-19 have been raised – and safe, inclusive and quality services have been invested in, there are concerns about accountability and transparency, particularly where external financial support has been offered. A wide range of COVID-19 related projects and programmes both at capital and provinces levels were designed and funded including health kits, food distributions and medical equipment for hospitals. However, there was a lack of proper monitoring in order to guarantee accountability. One participant noted that *“there has not been proper monitoring mechanisms to monitor the effectiveness of funding.”*

There was a clear call to create more accountability where financial support was provided by the international community.

# 4. Partners

**Afghan Women's Resource Center (AWRC):** AWRC was established in August 1989 as a women-led organisation. It started functioning in Afghanistan in July 2002. Currently it works in seven provinces of Afghanistan: Kabul, Parwan, Kapisa, Laghman, Kunar, Nangarhar and Urezgan. AWRC, through its 31 years of successful operation, responds to the pressing needs of the communities, especially women, and supports them to become empowered, turn into active agents for positive changes in their communities and nation, and to take effective roles in promoting gender equity, good governance and democracy. AWRC strongly believes in the active participation of women in all areas of a society to reach success. Since its inception, AWRC has worked with thousands of Afghan women and Afghan men by providing agriculture trainings and practices, livelihood opportunities through vocational skills trainings and zero interest micro-credit provision, educational activities, preventive health education, professional/management capacity building programmes, advocating and lobbying for and/or on behalf of the plight of Afghan women, and sensitising the masses towards admitting and accepting the role and contribution of their female counterparts.

**Women for Women International (WfWI):** Since 1993, WfWI has worked with more than 500,000 marginalised women survivors of war in Afghanistan, Bosnia and Herzegovina, the Democratic Republic of Congo, Kosovo, Iraq, Nigeria, Rwanda and South Sudan. WfWI's core work is centred on a holistic, rights-based year-long programme to address the needs of marginalised women in conflict-affected countries.

**Gender Action for Peace and Security (GAPS):** GAPS is the UK's Women, Peace and Security (WPS) civil society network. We are a membership organisation of NGOs in the fields of development, human rights, humanitarian assistance and peacebuilding. We were founded to promote WPS, including United Nations Security Council Resolution (UNSCR) 1325. GAPS promotes and holds the UK government to account on its international commitments to women and girls in conflict areas worldwide.

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