Now and the Future

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

Afghanistan Briefing

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 on the impacts of COVID-19 and responses to the pandemic on gender equality, peace and security. 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 (conducted in October to November 2020) on COVID-19, gender, peace and security impacts 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 healthcare, livelihoods and women's economic rights. 20 Key Informant Interviews (KIIs) were also conducted across 13 provinces of Afghanistan.

A further desk review and KIIs with five participants were conducted in February 2021 to assess potential changes to the fast-moving COVID-19 situation in Afghanistan. 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 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 the COVID-19 pandemic has had a profound impact on peace and security in Afghanistan, a context with protracted and entrenched instability.

2. Changes in the COVID-19, peace, security and gender equality situation

In November 2020, Afghanistan entered a second wave of the COVID-19 pandemic. Following months of consistently lower confirmed COVID-19 cases, tracking data indicated an upturn in cases. The World Health Organization (WHO) - Afghanistan remains concerned about mutations of the virus. It sent COVID-19 samples for genomic sequencing to track and confirm whether new variants are currently present in Afghanistan. WHO suspects this to be the case and has reiterated that vigilance should be maintained. Since then, infection rates appear to have reduced. The secondary impacts of COVID-19 have not.

Women's livelihoods and economic rights: Research participants reported a deteriorating economic outlook. Overall, job insecurity has increased. Everything in Afghanistan seems to be on standby. Women who lost their jobs when the pandemic hit have not been re-employed.

(In)security: The security situation has worsened. There has been an increase in targeted killings and attacks of civil society and media representatives. This is problematic in itself but it also means that civil society groups and networks are less able to function. This seems to have been exacerbated by high levels of unemployment and the economic crisis. Despite this, civil society organisations and women's rights organisations (WROs) have worked to step up their COVID-19 related programmes (including awareness-raising work).

Violence against women and girls (VAWG): Instances of VAWG continue to rise. This is reported by research participants as being partly due to household pressure and tensions exacerbated by the increased economic uncertainty.

Healthcare: While the challenges in healthcare provision and access outlined in the full country report have not been resolved, there is now the added complication of COVID-19 vaccine rollout. The process of delivering the vaccine has already exacerbated inequalities. Research participants noted that in Afghanistan the vaccine rollout has started with high officials of the government, rather than those on the frontlines of response, such as nurses and doctors who are more at risk.

3. Summary of findings

Holistic, gendered approach: Participants highlighted that pandemic outbreaks impact different groups of people in different ways, but that the most marginalised are women and girls who 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. 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 that they are more at risk of contracting and transmitting COVID-19 due to a lack of information on how to keep themselves safe.

Women's livelihoods and economic rights: COVID-19 has had severe consequences on the financial wellbeing of many families in Afghanistan, as quarantine measures and irregular border closures have led to a loss of income and increase in prices of the 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. 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.

Participation and decision-making: Evidence from this research shows that, despite that fact that women's and girls' meaningful participation would lead to more responsive and effective solutions to the pandemic, they 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. Family members are also said to be 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.

Healthcare and GBV: 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 have been unable to leave their homes to travel a significant distance to access medical and healthcare services. 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. Many families do not allow their female family members to be treated by male doctors (who are the majority of healthcare workers), leading women to have less access to COVID-19 testing and treatment facilities. What is more, evidence shows that GBV in Afghanistan is increasing, as the pandemic further compounds existing economic and social stressors with a lack of freedom of movement. This corresponds with a reduction in the availability of vital services needed to respond to this increased prevalence of violence.

Funding for women's rights organisations, networks and movements: 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. Research participants referred to shrinking funds for

WROs, networks and groups and outlined that the Government of Afghanistan and the international community should identify local organisations that already have good influence within communities to support and bring about community peace.

Conflict and displacement: 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 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. 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. Additionally, ongoing, long-term efforts to achieve meaningful peace in Afghanistan were postponed due to COVID-19 prevention measures. Where peace talks and activities resumed, many were virtual, which meant that the majority of women and girls were deprived of the opportunity to engage and contribute.

Accountability: COVID-19 response required extensive funding for programmes of varying scale to ensure that people, communities and the country could respond to the pandemic. 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 province 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.

4. Recommendations

Recommendation 1: Holistic, gendered approach: Acknowledge the gendered impacts of COVID-19 and commit to taking a gender-sensitive approach. (Full evidence for this recommendation can be found on pages 4-5 in the country report.)

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). (Full evidence for this recommendation can be found on pages 5-6 in the country report.)

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. (Full evidence for this recommendation can be found on pages 6-7 in the country report.)

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. (Full evidence for this recommendation can be found on pages 8-9 in the country report.)

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. (Full evidence for this recommendation can be found on pages 9-10 in the country report.)

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. (Full evidence for this recommendation can be found on pages 10-11 in the country report.)

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. (Full evidence for this recommendation can be found on pages 11-12 in the country report.)

5. Partners

Afghan Women's Resource Center (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 Uruzgan. 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.

Gender Action for Peace and Security (GAPS) is the UK's women, peace and security (WPS) civil society network. It is a membership organisation of NGOs in the fields of development, human rights, humanitarian assistance and peacebuilding. It was 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.

Women for Women International (WfWI) supports individual women living with the daily realities of poverty and violence with skills, knowledge and resources to build livelihoods and savings, awareness of their rights, family wellbeing, and support networks. We also contribute to a more supportive environment for women's rights, by working with male leaders and community members, promoting women's leadership and community advocacy, and amplifying the voices of marginalised women in national and global decision-making spaces. Since 1993, Women for Women International has reached more than 500,000 marginalised women across countries affected by war and conflict in Afghanistan, Bosnia and Herzegovina, the Democratic Republic of Congo, Iraq, Kosovo, Nigeria, Rwanda and South Sudan.

This report is funded by:

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