



Female community member in Daikundi province, April 2020. Source: Oxfam

A New Scourge to Afghan Women: COVID-19

Oxfam Briefing Note

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INTRODUCTION

Women and girls worldwide are disproportionately affected by war, conflict, social issues and health crises compared to men¹. This is especially true for Afghan women who are more burdened by decades of conflict, food insecurity, and economic inequality. Patriarchal norms limit their movement, access to basic rights such as education and health, control over resources, decisions affecting their lives and the right to live free from violence. COVID-19 is proving to be no different and is exacerbating the inequalities Afghan women face.

Therefore, it is crucial to ensure that actors responding to the COVID 19 outbreak adapt their responses and policies to the various implications this outbreak has specifically for women.

To support the above, and to ensure that the voices of Afghan women are heard by decision-makers, Oxfam in Afghanistan carried out a set of structured qualitative interviews amongst female beneficiaries, women's rights activists, civil society actors and government representatives². Based on the responses, the following key concerns were identified:

- 1. COVID-19 eroding hard won rights of women**
- 2. Social norms inhibiting women's medical care at a time of increased need**
- 3. Increase in domestic violence**
- 4. Deepened economic inequality**

1. COVID-19 ERODING HARD WON RIGHTS OF WOMEN

The most striking concern that many women raised is how COVID-19 will affect women's access to their basic rights and freedoms in the immediate and long term.

Afghan women often face restrictions regarding their movement and social life due to traditional and patriarchal norms, which prevent them (particularly in rural and conservative areas) from accessing education, healthcare,

“At the community level, we have the concern that women will again have to stay at home after years of social engagement and positive changes in women's participation.”

¹ See for example, **the World Economic Forum**: <https://www.weforum.org/agenda/2018/12/why-do-humanitarian-crises-disproportionately-affect-women/>
UNDP: <https://www.undp.org/content/undp/en/home/2030-agenda-for-sustainable-development/people/gender-equality/gender-and-crisis-response-and-recovery.html>
GSDRC: <https://gsdrc.org/topic-guides/gender/gender-in-fragile-and-conflict-affected-environments/>

Social Organizer, CSO, Balkh.

² In total, 34 interviews were conducted with 13 women's rights organizations, 16 female community members and 5 stakeholders. The government institutions interviewed are the Ministry of Women's Affairs, the Directorate of Women's Affairs in the three provinces, and the Protection Cluster. The interviews were carried out by Oxfam staff between April 5 and April 9, in three provinces: Balkh, Herat and Daikundi. Efforts were made to speak with community members from both urban and rural areas.

employment and deprives them from public participation and freedom of movement. In recent years, and especially since the end of the Taliban regime³, slow changes have been made to in such restrictions, allowing women to travel within or between communities by themselves, to have jobs and take steps towards economic and social independence.

But with lockdowns and quarantine measures in place throughout Afghanistan, many wonder whether that progress will be reversed given that women are once again restricted to their homes. Respondents feared that family members will use this as an excuse to prevent women from leaving their homes, and that women will lose their newly gained public roles, freedoms and rights.

Recommendations:

- Recognise the critical impact prolonged lock down can have and work in partnership with women and women-led organisations in their role as local experts. Women’s expertise on their communities will be vital to designing tailored responses;
- Short-term emergency and lockdown measures must not become permanent, as the potential erosion of freedoms and human rights resulting from them could be difficult to undo and would have negative consequences on the health of communities;
- Information campaigns and awareness raising on the rights of women should be included in short-term and long-term responses to the COVID-19 crisis;
- The Afghan government should ensure that women are part of COVID-19 coordination and response taskforces and committees

2. SOCIAL NORMS INHIBITING WOMEN’S MEDICAL CARE AT A TIME OF INCREASED NEED

Afghanistan’s under-developed health care system is already burdened far beyond its capacity due to countless conflict casualties, lack of funding, insufficient medical staff, deteriorated infrastructure and other resources. This is aggravated by malnutrition, poor access to water, lack of sanitation and hygiene, air pollution, as well as geographic and conflict related difficulties to access health care facilities. Even without a pandemic, Afghans face massive challenges to access proper health care.

“In many families in Daikundi province women are now used to going out to work and earn income. My concern is, if this situation lasts longer than anticipated; it may change the whole concept again that women should stay at home and should be responsible for house chores like it was in the past.”

Female community member, 22, Nili, Daikundi.

“There is a possibility that opportunists may use this situation as an opportunity to limit women and girls to prevent them from going to work and/or pursuing their education in the long run.”

Female community member, 26, Mazar-I-Sharif, Balkh.

“They [women] do not have access to healthcare centres and God forbid, if a woman gets the virus no one will help her.”

Director women’s rights organization, Balkh.

³ During the Taliban regime, women were not allowed to access education, health care, participate in social and political life, and were often subject to violence such as lashings and stoning.

However, women are likely to be disproportionately affected by Afghanistan's weak health care system during the COVID 19 crisis. **Firstly, only 15 percent of nurses and 2 percent of medical doctors in Afghanistan are women⁴**, which leads to massive shortages in female health care staff⁵. The same social norms and customs preventing women from working in health care, also prevent them from *accessing* health care. Many families do not wish their wives, sisters and daughters to be treated by male doctors. This will lead to women having less access to COVID-19 testing and treatment facilities.

Secondly, the practice of a Mahram – a male family member – accompanying a woman when she goes out of the house puts an additional strain on women's ability to access healthcare. The practice creates a barrier as women are dependent on the willingness and time of their mahram to take them to the hospital. Moreover, there are obvious sensitivities when discussing health concerns with a brother or father present⁶.

Additionally, in Afghan society the duty to take care of sick family members lies with the women and girls. This duty not only places an additional burden on women, but also brings additional risk because of how COVID-19 is transmitted.

Besides physical health issues caused by COVID-19, several of the women spoken to mentioned psychological problems resulting from the crisis. This relates both to stress from a loss of livelihoods and the psychological stress due to movement restrictions and subsequent isolation women face, in a context where "it is estimated that half the population experiences depression, anxiety, or post-traumatic stress"⁷.

Recommendations:

- Female health care workers and local women leaders should be involved in decision making on emergency health responses to COVID-19 outbreaks to develop messaging and dissemination plans and logistical solutions to address the varied needs of women and girls in Afghanistan;
- Ensure that midwives and gynaecologists understand the impact of COVID-19 on pregnant women and that care facilities have access to up-to-date protocols;
- Ensure that menstrual hygiene, obstetric, reproductive, and other primary health care commodities are well-stocked and available at health care facilities as well as gloves, masks and soap.

"Afghan women have very light presence in healthcare, there are fewer women doctors and nurses. Therefore, they are more likely to not even be treated or given less attention."

Executive Director, advocacy
CSO, Herat.

"I am concerned about women because they are the care takers at home and they are vulnerable. Women cannot refuse it in Afghanistan, custom and norms define women to be the care takers at home."

Female community member, 23,
Guzara, Herat.

⁴ https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/afg_humanitarian_needs_overview_2020.pdf

⁵ Also see: <https://www.worldbank.org/en/news/feature/2017/04/10/health-education-programs-empower-women-address-capacity-shortages-afghanistan>

⁶ <https://www.premiere-urgence.org/en/women-s-health-in-afghanistan/>

⁷ <https://www.hrw.org/news/2019/10/07/afghanistans-silent-mental-health-crisis>

3. INCREASE IN DOMESTIC VIOLENCE

Sadly, it is very common for domestic and intimate partner-related violence to rise in times of crisis. The current pandemic is no different.⁸

Afghanistan already sees high levels of domestic violence – 87% of Afghan women reportedly experience at least one form of physical, sexual or psychological violence⁹. Interviewees and civil society representatives expressed their fear this will only increase due to COVID-19, especially because of economic concerns and stress related to lockdown and cramped living conditions. A separate needs assessment carried out by Oxfam confirmed those perceptions: **97% of female respondents said that gender-based violence has already increased since the COVID 19 outbreak started.**¹⁰

Women’s rights’ activists also pointed out that traditional and informal conflict resolution mechanisms such as Shuras and Jirgas are not available now due to the ban on public and social gatherings. This leads to decreased mitigation and resolution options for conflicts and disputes within a family unit and could further heighten tensions.

“As men are free at home without any source of income, violence will increase in the quarantine time. As we know, Herat province sees high levels of domestic violence and suicide under women..”

Provincial Coordinator of a CSO in Herat.

“I think Afghan women are vulnerable to domestic violence. Violence will increase in this emergency situation and quarantine time. There is much pressure on men due to not having a livelihood and losing family incomes. Another reason of violence will be that men are full time at home and will be more sensitive to women’s behaviour.”

Social Organizer, CSO, Balkh.

“My husband is a strict and rude man. These days that he is always at home, he really takes hard on me and my children. He has made our life very difficult, everyday my children are beaten by him and he has beaten me when I stopped him from beating the children.”

Source withheld.

“Violence against women is happening, especially domestic violence victimizing women. Wife, husband and children are all at home and with the poverty and economic problems, it is the women who are victimized and even physically beaten.”

Provincial Manager, CSO, Balkh.

Recommendations:

- Recognize gender base violence (GBV) responses as lifesaving and mainstream GBV programming into responses from the outset;
- Provide safe spaces for women and girls at risk of domestic and intimate partner violence, so they are able to self-isolate safely;

⁸ <https://www.theguardian.com/global-development/2020/apr/21/domestic-abuse-women-in-herat-afghanistan-may-survive-coronavirus-but-not-lockdown>

⁹ 62% experiences multiple forms of violence. <https://afghanistan.unfpa.org/en/node/15232>

¹⁰ Oxfam in Afghanistan, COVID-19 Multi-Sector Needs Assessment, conducted in Herat, Daikundi, Bamiyan, Kunduz, and Nangarhar provinces, in 20 districts, under 607 households

4. DEEPENED ECONOMIC INEQUALITY

COVID-19 has severe consequences for the financial wellbeing of many families, as quarantine measures and sporadic border closures lead to loss of income and increase in prices. Many families are dependent on daily work and are now no longer able to earn a steady livelihood. Thus, poverty and food insecurity are expected to rise quickly. All women interviewed for this assessment mentioned their fear of poverty and how prices in markets and shops have already increased,¹¹ some items have even doubled.

Such worrisome economic consequences of course affect an entire family, but again disproportionately affect women. **Women's decreased ability to earn money during COVID-19 outbreak severely limits their economic and social independence.** In areas such as Daikundi, Herat and Balkh it is quite common for women to have jobs (for example as teachers) or to participate in small income generating activities (such as dairy production, agriculture and handicrafts). Many women are no longer able to pursue these activities as schools are closed, and public gatherings and social movements are restricted. The loss of these employment opportunities is extremely worrying as bringing an extra income into the family has acted as the key justification to allow women to leave the house.

Additionally, prevailing social norms often result in women and girls receiving less food than men and boys in a household when food is running low. Other expected negative coping mechanisms include increased forced marriages and the selling of daughters.

One of the long-term risks that needs to be planned for is the fact that data from other affected countries appears to indicate that more men die due to COVID-19 than women. **This leads to the prospect of an increase in female-headed households, widows and elderly women living without men with an increased burden to care for large families.** As men tend to be the primary breadwinners, such a loss will not only affect families emotionally and mentally, but will also have immense socio-economic implications – pushing women (further) into poverty and economic hardship.

Civil society organizations from Balk also indicated that they had seen little support from donors or aid groups so far for families whose livelihoods are already or will be affected. It was added that the lack of flexibility in budgets of current programs prevents re-allocation of funds to assist communities. As a result, several representatives of organizations working on women's rights have set up their own charitable support structures and have started to provide food packages to vulnerable households.

“This virus is really dangerous. I have never seen such a disease in my lifetime, but in our community, poverty is another disease, it is as dangerous as this virus and if people continue staying home this way, a lot of families could die because of hunger.”

Female community member, 33, Sharistan, Daikundi.

“Afghan women are mentally trained to put themselves second. They sacrifice their rights intentionally to keep other family members safe and happy. In case of hunger and shortage of food women will not eat but feed others.”

Balkh, Director of a CSO.

“I myself see this virus a major risk, this virus is deadly. But as you know poverty is also one of the major issues in Afghanistan, people can die from it too. I know many people here who say, ‘we prefer to die from corona virus rather than poverty and not eating food’. So, both COVID-19 and poverty are deadly risks for people here.”

Female community member, 23, Guzara, Herat.

¹¹ According to WFP's market monitoring data, the price of wheat flour has increased by 15-18 per cent; the price of cooking oil has increased by 17 per cent. Source: https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/daily_brief_covid-19_16_april_2020.pdf

Recommendations:

- Direct funding must be accessible to subnational and local organisations, especially women's rights organisations. UN agencies 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 most suited to their communities right now. This especially concerns gender-focused funding, as less than 1% of gender-focused funding goes to women's rights organizations globally¹²

"We are facing a shortage of sanitizers, and the price of food products and hygiene materials is getting high. Me and my husband don't go to work and we don't have an income, buying food will become a challenge for us in near future."

Female community member, 24, Enjil, Herat.

CONCLUSION

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 marginalized, Oxfam calls for the following, based on lessons learned from Oxfam's approach to gender mainstreaming:

- A rapid analysis of the gendered consequences of this crisis, including mapping of stakeholders and actors, looking at both needs and identifying existing capacities;
- Immediate integration of findings on needs and vulnerabilities in (I)NGO, UN and Afghan government responses and adequate budget allocation to the COVID-19 outbreak that respond not just to health but also protection and economic consequences;
- Designated gender sensitive plans for immediate response, mitigation, longer-term response and recovery. This includes the support systems that should be put into place to protect women immediately (mitigation and response) as well as long term (recovery and resilience) from the anticipated gendered implications of the COVID-19 crisis.

"The health and wellbeing of our people against this virus should be prioritized by the government. Other issues like war and peace could be managed in an appropriate time. If we look at other countries' situation with regards to the outbreak of this virus, in many cases it's out of their control; Afghanistan might be a witness of a much worse scenario than other countries if we don't have a proper mitigation plan."

Female community member, 21, Balkh.

¹² OECD. (2019). Aid in Support of Gender Equality and Women's Empowerment: Donor charts. <https://www.oecd.org/dac/financing-sustainable-development/development-finance-topics/Aid-to-gender-equality-donor-charts-2019.pdf>



Female community member in Daikundi province, April 2020. Source: Oxfam

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Oxfam is an international confederation of 20 organizations networked together in more than 90 countries, as part of a global movement for change, to build a future free from the injustice of poverty. We believe that women taking control and taking collective action are the most important drivers of sustained improvements in women's rights, and are a powerful force to end poverty not only for women and girls, but for all.

Oxfam in Afghanistan works through stand-alone programmes as well as integrated approaches to mainstream gender. We aim to increase social acceptance of women as decision makers, promote women and girls in leadership roles, increase their economic empowerment and access to legal services. We do this by engaging with communities, collaborating with influencers, and undertaking evidence based research.

Recognising that the best solutions come from local communities, Oxfam invests in Afghan civil society organizations working to promote women's empowerment. We identify the most promising local groups – those best positioned to create lasting solutions – and provide them with the financial and technical support they need to thrive.