

# Women and Girls in Crisis: 2024 Gender Analysis of Humanitarian Sectors in Afghanistan



April 2025



**GENDER**  
IN HUMANITARIAN ACTION  
Afghanistan

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## Acronyms

AAP	Accountability to Affected Populations
CSO	Civil Society Organization
DFA	De Facto Authorities
ESNFI	Emergency Shelter and Non-Food Items
FSAC	Food Security and Agriculture Cluster
FGD	Focus Group Discussion
GBV	Gender-Based Violence
GiHA	Gender in Humanitarian Action
GiHA WG	Gender in Humanitarian Action Working Group
GTS	Ground Truth Solutions
HAWG	Humanitarian Access Working Group
HCT	Humanitarian Country Team
HLP	Housing, Land and Property
HNRP	Humanitarian Needs and Response Plan
IASC	Inter-Agency Standing Committee
IDP	Internally Displaced Person
ILO	International Labour Organization
INGO	International Non-Government Organization
IOM	International Organization for Migration
IPC	Integrated Food Security
KII	Key Informant Interview
MHH	Men-Headed Household
NFI	Non-Food Item
NGO	Non-Governmental Organization
NRC	Norwegian Refugee Council
OCHA	Office for the Coordination of Humanitarian Affairs
PSEA	Protection from Sexual Exploitation and Abuse
PVPV	Prevention of Vice and Promotion of Virtue
SADDD	Sex, Age and Disability Disaggregated Data
UN	United Nations
UNAMA	United Nations Assistance Mission in Afghanistan
UNDESA	United Nations Department of Economic and Social Affairs
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHH	Woman-Headed Household
WHO	World Health Organization
WLO	Women-Led Organization
WoAA	Whole of Afghanistan Assessment



## Executive Summary

The “Women and Girls in Crisis: 2024 Gender Analysis of Key Humanitarian Sectors in Afghanistan” report provides an in-depth examination of the multifaceted challenges facing Afghan women and girls amid an ongoing humanitarian crisis. Drawing upon extensive primary and secondary research—including the 2024 *Whole of Afghanistan Assessment (WoAA)* and *Strengthening accountability to women and girls in Afghanistan (2024)*, supported by UN Women—the report outlines how entrenched gender inequality, systemic barriers, and restrictive policies under the de facto authorities (DFA) have compounded vulnerabilities across all humanitarian sectors. It also highlights commitments clusters have made to consider these issues when drafting the Humanitarian Needs and Response Plan. Finally, it offers recommendations for a path forward. Since the DFA seizure of power in 2021, a cascade of restrictive measures has severely curtailed the rights and freedoms of women and girls. The report leverages data collected from over 20,000 interviews across Afghanistan’s 34 provinces from July–August 2024, to capture a comprehensive snapshot of these challenges. The two primary datasets that underpin this analysis provide critical insights into how gender norms, economic hardships, and policy-driven restrictions interact to marginalize Afghan women in education, health, livelihood, protection, and essential service delivery.

- **Women’s access to humanitarian assistance:**

Stringent regulations—such as mandatory accompaniment by a *mahram* and enforcement of restrictive dress codes—have drastically limited women’s ability to participate in public life. Furthermore, the ban on women working for NGOs and UN agencies has inhibited women and girls’ access to essential services including health, education, nutrition, and protection -- and undermined women’s role in shaping appropriate, just, and equitable community responses. The report reveals that **over 70% of women find it difficult to access humanitarian assistance**, with a significant portion attributing this to the absence of women humanitarian workers and culturally imposed mobility restrictions.

- **Education:**

The ban on girls’ education beyond primary levels has created an educational void, severely limiting future employment opportunities and perpetuating cycles of poverty. Despite community recognition of education as a critical need, only 43% of school-aged girls are enrolled, and virtually no girls aged 13–17 attend secondary school. This educational exclusion not only diminishes individual potential but also undermines the country’s long-term socioeconomic development.

- **Emergency Shelter and Non-Food Items:**

Woman-headed households (WHHs) are disproportionately affected by inadequate housing conditions. Data indicate that WHHs report higher incidences of inadequate shelter, occupancy issues, and insufficient access to warm clothing during winter. The inability to secure safe, stable housing exacerbates economic vulnerabilities and heightens risks during seasonal crises.

- **Food Security and Agriculture and Livelihoods:**

There is increased economic pressure on households, prompting some families to adopt difficult coping mechanisms, including forgoing meals, withdrawing children from school and

early marriage of children. These coping strategies disproportionately affect WHHs.<sup>1</sup> WHHs also face more significant financial instability and higher debt burdens compared to households headed by men<sup>2</sup>. Addressing these economic difficulties remains essential for improving the well-being and resilience of Afghan families.

- **Health:**

Systemic barriers severely restrict women's access to healthcare. The shortage of women health workers, combined with mobility constraints and financial barriers, has resulted in deteriorating maternal, reproductive, and mental health outcomes. These issues are further magnified by the long-term implications of restricting educational opportunities for women in the health sector.

- **Nutrition:**

Gendered impacts on health and the shortage of women health workers have also compromised nutritional services, particularly affecting pregnant and lactating women, who face inadequate dietary intake and higher risks of malnutrition.

- **Protection:**

Afghan women and girls are exposed to immense risks of gender-based violence, early marriage, and displacement. The erosion of civil documentation rights and limited participation in community decision-making further marginalize them.

- **WASH (Water, Sanitation, and Hygiene):**

In the WASH sector, the report underscores that restricted mobility and inadequate sanitation facilities place women at increased risk of waterborne diseases and violence while collecting or using water—compounding health risks and limiting social participation.

- **Cross-Cutting Vulnerabilities:**

The analysis reveals that the compounded impact of these sector-specific challenges is aggravated by systemic exclusion from decision-making processes and lack of adapted community feedback mechanisms due to gender related barriers. Women-led organizations play a critical role in addressing local needs, but they struggle with reduced funding, operational restrictions, and bureaucratic hurdles that stifle their ability to provide effective, localized support.

To reverse these trends and build a more inclusive humanitarian response, the report advocates for a series of targeted, gender-responsive interventions:

1. **Strengthen gender-responsive humanitarian programming:**

- Integrate robust gender considerations into all cluster responses. This includes adapting programme cycles to incorporate women's voices in decision-making, ensuring adequate representation of women humanitarian workers, and revising operational protocols to facilitate women's independent mobility and access.
- Act upon key gender components highlighted in this report as they pertain to the work of the respective cluster; inter alia, when identifying beneficiaries, exploring how to reach women and how to deliver programme (e.g., ensuring that women and girls are targeted by all interventions). Women and girls need to be reached in nuanced ways and should be included in any programme assessment that is undertaken.

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<sup>1</sup> 2024, Whole of Afghanistan Assessment (WoAA).

<sup>2</sup> Ibid.

## **2. Support Afghan women working in the humanitarian space:**

- Advocate with the DFA to ensure that all barriers to women's participation in the humanitarian response are removed in the long run, and in the short run, to ensure humanitarian organizations and cluster partners are able to avail of exemptions to the ban on Afghan women working for NGOs and the UN. Consultations with Afghan humanitarian workers should form a central component of all negotiations.
- **Establish policies to recruit, train and retain women staff**, including by complying with the *Minimum Standards for Quality Programming in Afghanistan*.<sup>3</sup>
  - **Ensure the availability of sufficient budget** to accommodate requirements to support women humanitarian workers; such as having dedicated budget lines to cover *mahram* costs in all programmes as well as gender segregated spaces where needed.
  - **Create safe working environments for women**, adapting recruitment policies and positive discrimination and providing women and girls with professional development opportunities – and for UN agencies and INGOs, ensuring that all implementing partners adhere to these recommendations.
  - **Engage women community volunteers to support, but not substitute for, women aid workers** in reaching women and girls throughout Afghanistan. Ensure organizational protocols are adapted to provide protection and support for these volunteers, including risk mitigation measures, feedback mechanisms, budgeting, compensation, and provision of technological resources. Additionally, collaborate with local communities to identify and train volunteers, as well as to map and mitigate risks they may encounter.

## **3. Support, empower and resource women-led organizations:**

- Strengthen the voice of women's-led organizations (WLOs) by advocating within humanitarian structures, as well as with the DFA and donors, ensuring they have access to flexible long-term funding tailored to their specific needs and requests. Enhance support by increasing funding opportunities, building organizational capacity through customized training, and allocating adequate resources, enabling WLOs to effectively serve their communities. Additionally, humanitarian clusters should adopt flexible membership criteria that actively includes WLOs who do not always meet strict cluster membership criteria, assists them in securing funding, and facilitates their prominent participation within cluster decision-making processes.

## **4. Improve Access to Essential Services:**

- Prioritize the removal of barriers to education, healthcare, and nutritional support. Specific measures include overturning bans that restrict girls' education, ensuring safe access to health services by increasing female healthcare staffing, and providing targeted nutritional interventions for vulnerable populations.

## **5. Prioritize Mental Health Response:**

- The widespread nature of the mental health impacts on Afghan women and girls is significant, and interventions in this area must be prioritized. The mental health crisis not only affects individual women, but also has broader implications for families and children. Research indicates a bidirectional link between poor mental health and domestic violence,

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<sup>3</sup> Humanitarian Country Team Afghanistan. 2023. [Minimum Standards for Quality Programming in Afghanistan: AAP, PSEA, Gender, and Disability Inclusion](#). 18 May 2023.

such as mothers suffering from poor mental health can display increased irritability and aggression towards children.

**6. Strengthen Community Engagement and Accountability:**

- Establish transparent, accessible feedback mechanisms that allow affected populations—especially women—to report misconduct and influence programme design. This includes exploring in person feedback channels, including women staff and aiming to reach affected women directly, as well as other channels such as the radio. Finding additional and tailored ways to share information with women will go a long way in ensuring they are aware of the humanitarian assistance available. Enhanced community engagement will ensure that humanitarian interventions are culturally sensitive and responsive to the actual needs of women and girls.

**7. Ensure intersectionality and leaving no one behind across humanitarian programming:**

- Recognize the specific needs of women, girls, men and boys based on their age, geographical location and ability status, and adapt programming accordingly. Due to the current context in Afghanistan, geographical variations and the varied interpretation of restrictions on women and girls should be factored in when designing humanitarian responses. Ensure programming also responds to the needs of women and girls, as well as men and boys, returnee and displaced populations.

The evidence presented in this analysis paints a stark picture of the compounded vulnerabilities facing Afghan women and girls. The restrictions imposed by current policies are not only a violation of human rights but also a significant impediment to the provision of humanitarian assistance. Immediate, strategic and gender-responsive actions are critical to halting the erosion of women's rights and ensuring that humanitarian response is inclusive, equitable and effective. Addressing these challenges is essential for building a meaningful future for Afghanistan—one where women and girls are not left behind but are active agents in their society's recovery, development, and are foundational agents of whole-of-society resilience. Implementing the cluster commitments listed under each cluster whilst drafting the HNRP, enables the humanitarian partners to ensure that women and girls meaningfully guide the humanitarian response of Afghanistan and that they benefit from it. Furthermore, by implementing the broader recommendations above, humanitarian actors and policymakers can begin to challenge the systemic barriers that perpetuate gender inequality and work towards a more just and inclusive society for all Afghan citizens that advances prosperity, stability, and security for the communities.



# 1. INTRODUCTION

The humanitarian crisis in Afghanistan is unfolding against a backdrop of ongoing suppression of women's rights, where the needs of Afghan women and girls frequently remain unmet due to entrenched gender inequalities, systemic barriers, and deeply embedded cultural norms restricting their rights and participation across all aspects of society. Consequently, despite considerable efforts, existing humanitarian response plans risk overlooking the specific needs and vulnerabilities of women and girls in Afghanistan.

This research brief provides a comprehensive analysis of the interplay between humanitarian efforts and the suppression of women's rights in Afghanistan. It emphasizes the critical necessity of integrating gender-responsive programming more robustly to effectively address existing gaps. Specifically designed to inform humanitarian cluster contributions to the Afghanistan Humanitarian Needs and Response Plan 2025, this brief utilizes up-to-date data to propose strategic adjustments for each cluster. These recommendations aim to ensure that humanitarian responses explicitly prioritize and adequately address the distinct needs of Afghan women and girls.

## Methodology

This research brief draws upon two primary and multiple secondary data sources. The first primary dataset comprises preliminary quantitative findings from the 2024 study *Strengthening Accountability to Women and Girls in Afghanistan*, commissioned by the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) and carried out by the Austria-based NGO Ground Truth Solutions in collaboration with the Afghanistan-based consultancy firm Salma Consulting. The second primary dataset utilized was the 2024 *Whole of Afghanistan Assessment* (WoAA). Secondary data from diverse sources was also incorporated to address gaps identified within these primary datasets.

The respective methodologies used in the two surveys used as primary datasets for this brief are summarized below.

### **Primary Dataset 1: Strengthening accountability to women and girls in Afghanistan (2024, Preliminary quantitative findings)**

- **Target Population:** General population of Afghanistan, excluding individuals under 18 years of age.
- **Geographical Scope/Coverage:** Data collected in 16 of Afghanistan's 34 provinces (35 districts), across 8 United Nations (UN) regions.<sup>4</sup>
- **Survey Tool:** Developed in collaboration with Ground Truth Solutions (Austria-based), Salma Consulting (Afghanistan-based), and UN Women, written independently in Dari and Pashto based off an English draft, back-translated between the two languages to check internal consistency, and tested in through cognitive interviews.
- **Sampling Framework:** Two-stage stratified sampling; primary units (sites) and secondary units (households) were selected randomly. Adjustments were made to accommodate access difficulties.
- **Data Collection Period:** 27 August 2024 to 19 September 2024.
- **Sample Size:** 2,086 respondents.

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<sup>4</sup> The eight regions are: Central, Central Highlands, Eastern, North, Northeastern, South, Southeastern, Western regions.

- *Variables Studied:* Gender, age, and disability status, with significant differences noted in regression analyses.

**Primary Dataset 2: Whole of Afghanistan Assessment (WoAA) (2024, Preliminary Findings)**

- *Target Population:* General population of Afghanistan, excluding individuals under 18 years of age.
- *Geographical Scope/Coverage:* Results are representative of women's views at the national level, with a 95 per cent confidence level and a 5 per cent margin of error.
- *Female Inclusion:* 29 per cent of the interviews were conducted with women by women, with additional analysis focused on the specific needs of female heads of household and female household members. 2,052 interviews were conducted with Women Headed Households (WHHs), representing 10 per cent of all heads of household interviews, in 11 provinces, while 3,850 interviews were conducted with female household members in 11 provinces in person and 15 provinces online.
- *Sampling Framework:* Stratified by population group, including urban/rural households, WHHs and displaced populations (recent returnees and internally displaced persons (IDPs) in a situation of prolonged displacement).
- *Data Collection Period:* Conducted from July 17 to 14 August 2024
- *Sample Size:* 20,601 interviews across all 34 provinces of Afghanistan.
- *Variables Studied:* Key sectoral indicators aligned with the WoAA, focusing on sub-provincial prioritization and including a sample of 12,000 key informants.

*Note: It is not permitted for women to be interviewed by men in some provinces of Afghanistan, and women are only able to be interviewed if women enumerators are also working. As women are largely unable to work outside the home in Afghanistan due to significant restrictions imposed by DFA, women enumerators are not always included in research teams. It is thus challenging to obtain data that accurately captures the experiences of Afghan women.*

## 2. ISSUES AFFECTING AFGHAN WOMEN AND GIRLS IN THE HUMANITARIAN RESPONSE

### Women's access to public life

Women's ability to participate in public life in Afghanistan has been severely restricted under the rule of the DFA, with far-reaching impacts affecting nearly every aspect of the lives of women and girls throughout the country. Since the Taliban takeover in August 2021, the DFA has introduced restrictions that institutionalize and reinforce longstanding gender norms. These include requirements for women to be accompanied by a *mahram* (male guardian) in public and mandatory adherence to strict *hijab* practices. Enforcement of these dress codes has led to the compulsory wearing of either the *niqab*, which covers the face except for the eyes, or the *burqa*, which conceals the entire body and face, leaving only a mesh screen through which to see.

These restrictions on women's movement and dress have been intensified by the Prevention of Vice and Promotion of Virtue (PVPV) Law introduced in August 2024.<sup>5</sup> This expansive 'morality law' broadens existing restrictions on women in Afghanistan, notably the concealment of women's entire bodies (including faces)<sup>6</sup> as well as voices<sup>7</sup> in public. It also prohibits transport operators from transporting women not meeting dress and *mahram* requirements. The PVPV Law reiterates existing restrictions, expands the restrictions, introduces further restrictions and confers significant power upon DFA PVPV inspectors to implement its provisions and enforce punitive measures.

Women's political participation is virtually non-existent under DFA rule. Women are barred from public office and decision-making roles, further reducing their influence on policies that directly affect them and the future of their state.<sup>8</sup>

Women's access to education, employment and other basic services such as healthcare have also been targeted for curtailment under DFA rule. Regarding education, the ban on girls' education beyond grade 6 has left millions of pupils without access to formal schooling.<sup>9</sup> This restriction perpetuates cycles of poverty, limits future employment opportunities, and helps to cement women's dependence on men.<sup>10</sup> Employment opportunities for women in the wider economy have drastically declined since the Taliban seized power of state. While 14.7 per cent of Afghan women were engaged in formal work in 2021, particularly in urban areas and certain sectors (e.g., caring professions and the media), their labour force participation dropped to 5.2 per cent in 2023.<sup>11</sup> Afghan women have become more reliant upon

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<sup>5</sup> The Law on Promotion of Virtue and Prevention of Vice was approved by DFA leadership on 9 July 2024 and made public via the de facto gazette by the DFA on 21 August 2024. The Law contains 4 chapters and 35 articles, including references derived from verses of the Quran, Hadiths and Hanafi jurisprudence, which are in Arabic, and cover the following topics: a) Description of the powers given to the de facto Ministry for the Propagation of Virtue and the Prevention of Vice for the implementation of the Law and rules and principles to be followed by the Propagation of Virtue and Prevention of Vice inspectors; b) The responsibilities of these inspectors with regards to women's hijab and men's dress code, and a range of other areas such as the transactions and operations of traders, transport and public recreation operators; c) Discretionary punishments that can be administered by inspectors.

<sup>6</sup> Article 13 of the PVPV Law.

<sup>7</sup> Article 13 of the PVPV Law states that a woman's voice is considered "awrah" (something that is intimate and should be covered) when singing songs, reciting praises, and reciting loudly in public).

<sup>8</sup> GiHA WG (Gender in Humanitarian Action Working Group) Afghanistan. 2023. [Afghanistan Rapid Gender Analysis 2023](#); Afghanistan Humanitarian Country Team. 2024. Afghanistan's Humanitarian Country Team (HCT) Humanitarian Access Strategy (2024-2025).

<sup>9</sup> Gehrig, M. and C. Willisroft. 2024. [Afghanistan Gender Country Profile 2024](#). UN Women (United Nations Entity for Gender Equality and Women's Empowerment).

<sup>10</sup> GiHA WG. 2023. [Afghanistan Rapid Gender Analysis 2023](#).

<sup>11</sup> World Bank Group. Gender Data Portal: Afghanistan. Available at: <https://genderdata.worldbank.org/en/economies/afghanistan>. Last accessed 14 April 2025.

informal work, and many families are being forced to resort to harmful coping strategies, such as child labour and early marriage, in attempt to survive the dire conditions prevailing on the ground.<sup>12</sup>

Afghan women's access to social services has also declined significantly; such as in the realm of healthcare, where lack of female practitioners and social norms that restrict the ability of women to see male practitioners has severely limited access for this population group. In some provinces, local interpretations of DFA rules require the presence of a male guardian to enter health facilities and, indeed, in some cases, also be present in the room during the appointment.<sup>13</sup>

Maternal and child healthcare services in Afghanistan are critically under resourced, with resultant impacts exacerbated by a combination of systemic issues, socioeconomic challenges, and restrictive policies, such as education limitations that, all other factors remaining unchanged, would eventually make it impossible for women to see women doctors, as no women doctors are currently being trained in country.<sup>14</sup> In the years immediately following the Taliban seizure of state power, health had been among the few remaining sectors in which women could be employed. However, a December 2024 DFA ban on women being trained in health training institutes, when combined with girls not being able to attend secondary school, is fuelling the trajectory whereby women would eventually be unable to receive care from doctors in Afghanistan.

### Women's access to humanitarian assistance

Various restrictions put in place by the DFA have also impacted broader access to humanitarian assistance. It is difficult for humanitarian actors to reach women for a variety of reasons. First, as explained above, women's access to public life, and therefore aid distribution and humanitarian activities, are severely limited by DFA edicts.<sup>15</sup>

The Promotion of Virtue and Prevention of Vice (PVPV) Law further restricts women's freedom of movement by requiring them to leave their homes only when accompanied by a *mahram*. In some provinces, women can only access aid distributions or essential services if accompanied by a male guardian. This requirement significantly limits women's attendance, as securing a *mahram*'s presence can be difficult due to issues like availability, loss of the male relative's income, and additional associated costs, including transportation and food. Consequently, accessing such services becomes practically impossible for many women.

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<sup>12</sup> GiHA WG. 2023. [Afghanistan Rapid Gender Analysis 2023](#); Humanitarian Country Team. 2024. Afghanistan's Humanitarian Country Team (HCT) Humanitarian Access Strategy (2024-2025).

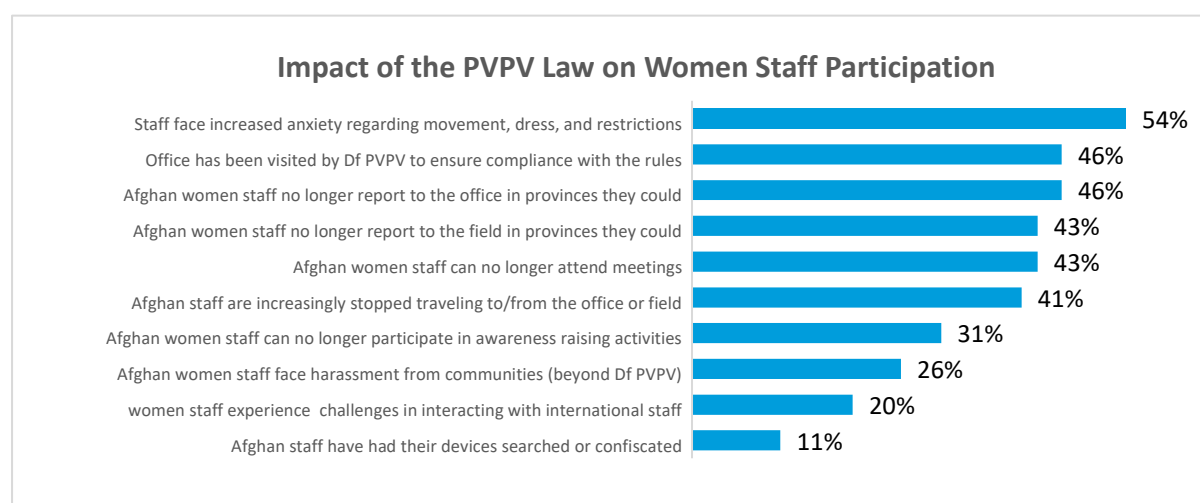
<sup>13</sup> GiHA WG. 2023. [Afghanistan Rapid Gender Analysis 2023](#).

<sup>14</sup> Human Rights Watch. 2024. ["A Disaster for the Foreseeable Future": Afghanistan's Healthcare Crisis](#).

<sup>15</sup> International Crisis Group. (2023, February 23). "Taliban Restrictions on Women's Rights Deepen Afghanistan's Crisis." Asia Report No. 329. Link Accessed 27/2/2025: <https://www.crisisgroup.org/asia/south-asia/afghanistan/taliban-restrictions-womens-rights-deepen-afghanistans-crisis>. Save the Children. (2023, February 15). "We Need Women to Help Women: Afghan Women Cut Off from Aid Following Taliban Ban on Female NGO Workers." Press Release. Link Accessed 27/2/2025: <https://resourcecentre.savethechildren.net/document/afghanistan-women-cut-off-from-aid-taliban-ban/>. UN Office for the Coordination of Humanitarian Affairs (OCHA). (2022, September). "Female Participation in the Humanitarian Response in Afghanistan: A Mapping Exercise." Link Accessed 27/2/2025: <https://reliefweb.int/report/afghanistan/female-participation-humanitarian-response-afghanistan-mapping-exercise-september-2022>. United Nations Assistance Mission in Afghanistan (UNAMA). (2023, March 8). Briefing by the Special Representative of the Secretary-General for Afghanistan, Roza Otunbayeva, to the UN Security Council. Link Accessed 27/2/2025: <https://unama.unmissions.org/srsg-otunbayevas-briefing-united-nations-security-council-8-march-2023>. Congressional Research Service. (2023, January 24). "Afghanistan: Humanitarian Crisis, Women's Rights, and U.S. Policy." (Special Focus / In-Focus Report). Link Accessed 27/2/2025: <https://crsreports.congress.gov/> (Search for Afghanistan women's rights CRS in-focus reports). Amnesty International. (2022, July 27). "Death in Slow Motion: Women and Girls Under Taliban Rule." Link Accessed 27/2/2025: <https://www.amnesty.org/en/documents/asa11/5685/2022/en/>. Human Rights Watch. (2023, March). "We are the Walking Dead: Life Under Taliban Rule." Link Accessed 27/2/2025: <https://www.hrw.org/report/2023/03/14/we-are-walking-dead/life-under-taliban-rule>. United Nations Development Programme (UNDP). (2023). "Afghanistan Socio-Economic Outlook 2023: The Impact of the Restrictions on Women's Work." Link Accessed 27/2/2025: <https://www.undp.org/afghanistan/publications>. Norwegian Refugee Council (NRC). (2023, January). "We Cannot Assist Without Female Staff: NRC Afghanistan Statement on the NGO Ban." Link Accessed 27/2/2025: <https://www.nrc.no/news/2023/january/we-cannot-assist-without-female-staff>. World Food Programme (WFP). (2023). "Afghanistan: WFP Situation Report." Link Accessed 27/2/2025: <https://www.wfp.org/publications> (Search "Afghanistan situation reports").

The refusal of transport to women not deemed appropriately dressed (and accompanied by a *mahram*) is further reducing women's access to humanitarian assistance. With women not permitted to travel to distribution sites without meeting these requirements, 70 per cent of women reported finding it difficult or very difficult to access humanitarian assistance.<sup>16</sup> In the *Whole of Afghanistan Assessment 2024*, 62 per cent of women report lack of information, 54 per cent of women report lack of women humanitarian workers, and 20 per cent of women report cultural limitations as barriers to accessing humanitarian assistance.<sup>17</sup> Second, for women beneficiaries to access assistance, it predominately needs to be provided by women;<sup>18</sup> however, the ability of women humanitarian workers to participate in the humanitarian response has also been shrinking due to DFA restrictions, with women required to be accompanied by a *mahram* while working (including in humanitarian agencies). 33 per cent of women mention the absence of women humanitarian workers as a main barrier in this regard.<sup>19</sup> Humanitarian actors have sought various workarounds and localized exemptions to the respective bans in place to ensure that women humanitarian workers can work.

However, a survey from the Gender in Humanitarian Action Working Group (GiHA WG) Afghanistan and the Humanitarian Access Working Group (HAWG) exploring the impact of the PVPV Law shows significant impact on provision of humanitarian assistance and humanitarian access: "Partners expressed concerns with regards to the Law with **56% of partners mentioning that the Law has affected their access to women and girls** (an increase from the 47% who thought their access was impacted in the last survey round)."<sup>20</sup> The data presented in the figure below highlights additional barriers faced by women humanitarian workers since the introduction of the PVPV Law.



Source: GiHA and HAWG, Survey Round 10, 2024

The low numbers of women involved in assessments means that only a small number of women are being given the opportunity to voice their needs, and 73 per cent of community members (women and men) interviewed in the context of consultations led by Ground Truth Solutions (GTS) and Salma

<sup>16</sup> Ground Truth Solutions, Salma Consulting. 2023. [Strengthening Accountability to Women and Girls in Afghanistan](#). Preliminary Quantitative Findings. UN Women.

<sup>17</sup> 2024, Whole of Afghanistan Assessment (WoAA).

<sup>18</sup> CARE, 2024, The Role of Gender in Afghanistan's Humanitarian Response

<sup>19</sup> Ground Truth Solutions, Salma Consulting. 2023. [Strengthening Accountability to Women and Girls in Afghanistan](#). Preliminary Quantitative Findings. UN Women.

<sup>20</sup> GiHA WG, HAWG (Humanitarian Access Working Group). 2024. [Tracking Report on the Ban and Other Restriction on Women for NGOs, INGOs and UN \(Sep 2024\)](#). Ninth snapshot. UN Women.



Consulting indicated feeling that women are not consulted regarding the humanitarian assistance they receive.<sup>21</sup>

Furthermore, 56 per cent of women heads of household interviewed for the WoAA reported not knowing how to access humanitarian assistance (e.g., where to go and who to contact),<sup>22</sup> with 74 per cent of women household members indicating this sentiment. Given this dynamic, women's access to humanitarian assistance and participation in the humanitarian response have both been shrinking.

### Women-led organizations

Addressing these challenges requires active engagement with women-led organizations (WLOs), to ensure that the unique needs of women and girls are prioritized in humanitarian responses. Yet, these organizations face a variety of additional restrictions, with some ceasing operations entirely. For those that remain operational, significant barriers exist, including decreased funding, increased operational costs, complex requirements related to female staff participation and beneficiary interactions, as well as varying and often arbitrary restrictions regarding community access.<sup>23</sup>

Examples of additional tasks and burdens placed on organizations due to DFA restrictions include: meeting requirements for female staff to travel accompanied by a *mahram*; arranging separate, gender-segregated office spaces; ensuring female staff can safely access distribution sites; securing one-time exemptions from DFA regulations; preparing for increased DFA oversight and site visits; submitting staff lists and payroll information to the DFA; and permitting DFA involvement in staff recruitment processes and procurement decisions for goods and services. These requirements are more difficult to meet for WLOs who may not have as much funding or access as other organizations. Despite these challenges, some WLOs continue to operate in many spaces, providing critical support to vulnerable groups through community-based protection mechanisms and delivery of humanitarian assistance.<sup>24</sup>

### Women's leadership and decision-making

Women's decision-making power, as well as ability to provide guidance and leadership within the humanitarian response, is undermined by the severe limitations placed upon their participation in the response as a whole. The current humanitarian crisis has disproportionately affected women and girls in Afghanistan. Deeply entrenched gender norms, combined with the impact of DFA policies and recent edicts, have further marginalized women and girls, limiting their access to essential services, employment, education and humanitarian assistance. Gender-responsive interventions are crucial to address these inequalities and ensure that the specific needs and capacities of women and girls are met and actualized.

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<sup>21</sup> Ibid.

<sup>22</sup> 2024, Whole of Afghanistan Assessment (WoAA).

<sup>23</sup> GiHA WG. 2023. [Afghanistan Rapid Gender Analysis 2023](#); Afghanistan Humanitarian Country Team. 2024. [Afghanistan Humanitarian Country Team Centrality of Protection Strategy: August 2024 to July 2027](#).

<sup>24</sup> GiHA WG. 2023. [Afghanistan Rapid Gender Analysis 2023](#).

### 3. SECTOR SPECIFIC CHALLENGES AND NEEDS

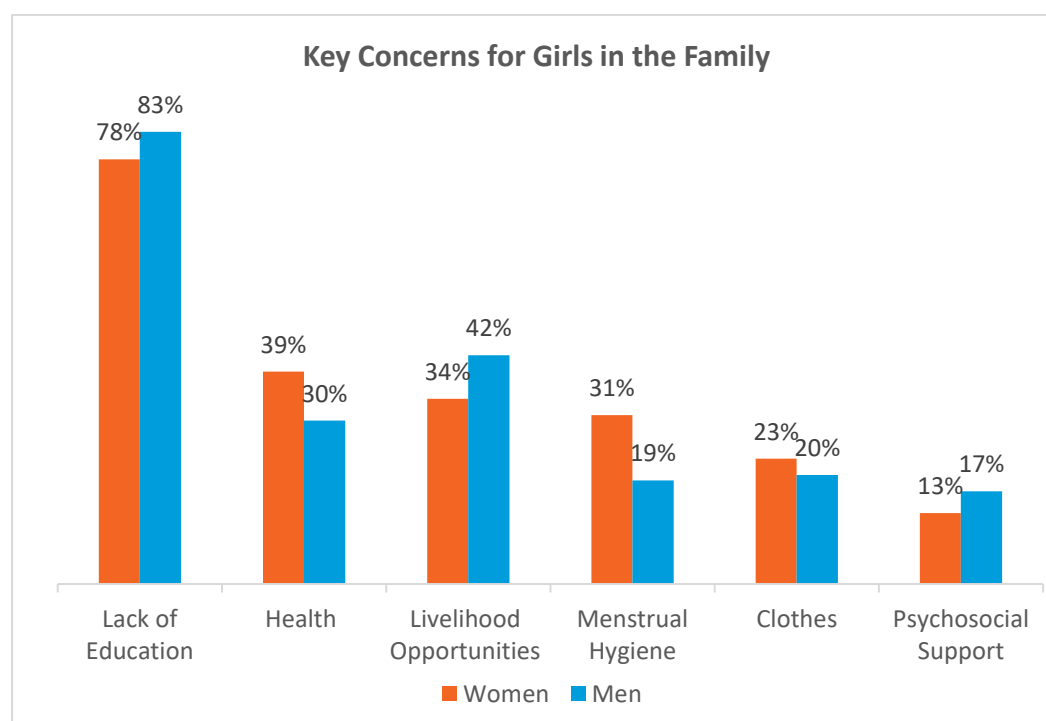
This section provides an overview of gender dynamics in each humanitarian sector, sector specific challenges and barriers to women's access. For each cluster, key commitments have been highlighted, made by respective clusters during a workshop held in September 2024<sup>25</sup>.

#### Education

##### EDUCATION CLUSTER COMMITMENTS

- Continue capacity-building of cluster partners on gender mainstreaming into Education in Emergency programming.
- Ensure that cluster partner education proposals are gender-responsive.
- Appoint and build the capacity of the gender focal point for the Education Cluster, who will work closely with the GiHA WG and other WGs to ensure gender, inclusion and disability considerations are sufficiently taken into account.

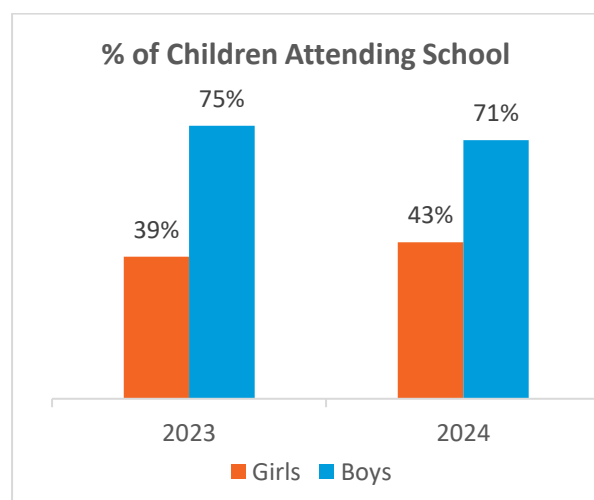
In the Ground Truth Solutions-Salma Consulting survey used as a primary dataset in development of the present research brief, respondents were asked: "What are your main concerns about girls in your family?" The answers of men and women highlighted that both were primarily most concerned about girls' education. As their prime secondary concern, women indicated being most concerned about their health, and men about their livelihood opportunities.



Source: GTS and Salma Perceptions Surveys for GiHA WG, 2024

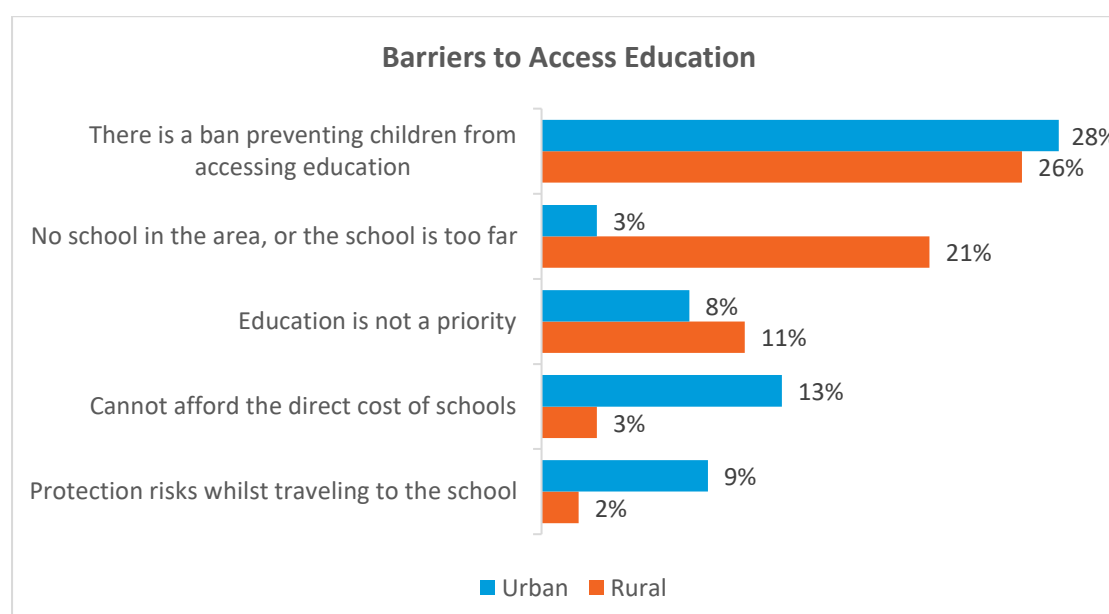
<sup>25</sup> The workshop was held by GiHA WG and GenCap together with OCHA and key clusters in the context of the 2025 HNRP process

As noted, education for girls was the primary concern among both women and men surveyed, indicating that educational needs for girls are significant and valued highly by community members.



Source: 2024, Whole of Afghanistan Assessment (WoAA)

Despite this clear need and communities' desire for girls' education in Afghanistan, girls continue to have lower levels of school attendance than boys, with 43 per cent of school-aged girls (5-17 years) in education, compared to 71 per cent of school-aged boys.<sup>26</sup> However, none of the girls aged 13-17 years attending school are enrolled in secondary school, as a result of restrictions on girls attending school above grade 6. This stands in stark contrast to the 74 per cent of boys in that age range enrolled in higher grades (if there are some girls over 13 of age attending school, they stay in lower grades).<sup>27</sup> Furthermore, according to WoAA data, none of the girls aged 13-17 who are attending school reported being in secondary school, compared to 74 per cent of boys in this age group.<sup>28</sup>



Source: 2024, Whole of Afghanistan Assessment (WoAA)

<sup>26</sup> 2024, Whole of Afghanistan Assessment (WoAA) PowerPoint.

<sup>27</sup> 2024, Whole of Afghanistan Assessment (WoAA).

<sup>28</sup> Ibid. Whole of Afghanistan Assessment 2024 PowerPoint.

WoAA explored the barriers to accessing education, finding that the greatest barrier to access is the ban preventing girls from attending secondary school above grade 6 (issued by the DFA in September 2021). The impact of this ban extends beyond secondary level, as parents are reluctant to send their girls to primary school, provided they will not be able to continue onward to attend secondary school or university and become qualified for employment purposes. Many parents thus do not deem it useful to enrol girls in school at all. For more economically privileged families, workarounds have included online education for girls, as well as sending girls to English classes, often in private institutes still operating in some provinces.

WoAA data also highlighted barriers relating to distance to the nearest school, education not being a priority, the cost of education, and protection risks associated with travelling to school.<sup>29</sup> Many families fear for their daughters' safety when travelling, especially in areas where incidences of violence are prevalent.<sup>30</sup>

There are also other significant barriers to women and girls receiving an education in Afghanistan. For example, gender norms deeply rooted in Afghan society foster negative attitudes toward girls' education. Many families, particularly in rural areas, prioritize traditional roles for women, leading in many cases to early marriage and limiting education opportunities.<sup>31</sup>

Additionally, a lack of adequate sanitation facilities in schools was found to contribute to low attendance rates among girls. Many schools across Afghanistan do not have basic hygiene facilities or separate bathrooms for girls, which discourages attendance.<sup>32</sup>

Poverty remains a critical barrier. Families struggling financially may prioritize boys' education over that of girls, viewing it as a better investment. Additionally, many girls are required to contribute to household income or care for younger siblings instead of attending school.<sup>33</sup>

### *Impact of limitations on education for women and girls*

Removal of women and girls from education is a denial of their right to education and the capacity of women and girls to contribute to their society, including financially, is undermined when their access to education is limited. Limited access also contributes to an increase in child protection issues such as child labour and forced marriage, as families seek financial security amid economic instability.<sup>34</sup>

Having women and girls in the home throughout the day can spur increased instance of domestic violence. Girls out of school are also at heightened risk of developing mental health issues, including anxiety and feelings of isolation stemming from their exclusion from educational environments.<sup>35</sup> Many in-country actors have reported an increase in psychological distress and mental health conditions among girls, with the ban on education indicated as a contributing factor.<sup>36</sup> These multiple challenges create a cycle of poverty and dependence that is difficult to break.

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<sup>29</sup> 2024, Whole of Afghanistan Assessment (WoAA).

<sup>30</sup> Ahmadzai, M. et al. 2023. [The War on Schoolgirls: Responding to the Education Crisis in Afghanistan](#). Afghanistan Policy Lab.

<sup>31</sup> Ibid.

<sup>32</sup> Ibid.

<sup>33</sup> UNESCO (United Nations Educational, Scientific and Cultural Organization). 2024. ["Let girls and women in Afghanistan learn!"](#).

<sup>34</sup> Pillai, S. 2023. ["Reaching the Dropped-Out Boys and the Pushed-Out Girls – A case for Open Schooling in Afghanistan."](#) Norrag Blog. Geneva Graduate Institute. 11 May 2023.

<sup>35</sup> Human Rights Watch. 2022. ["Four Ways to Support Girls' Access to Education in Afghanistan."](#) News. 20 March 2022; Sobhan, H. and N.

Haqpal. 2023. ["Despite enormous challenges, some girls in Afghanistan are still finding ways to learn."](#) News and Stories. 21 August 2023. CARE.

<sup>36</sup> Human Rights Watch. 2022. ["Four Ways to Support Girls' Access to Education in Afghanistan."](#)

Moreover, the ongoing denial of education to Afghan girls above grade 6 has severe implications beyond the personal development of these young women, threatening the broader socioeconomic fabric of their country. It may also lead to a decrease in women's labour participation across all sectors in the future and specifically in the formal economy and has further limited access to public life for women and girls.<sup>37</sup>

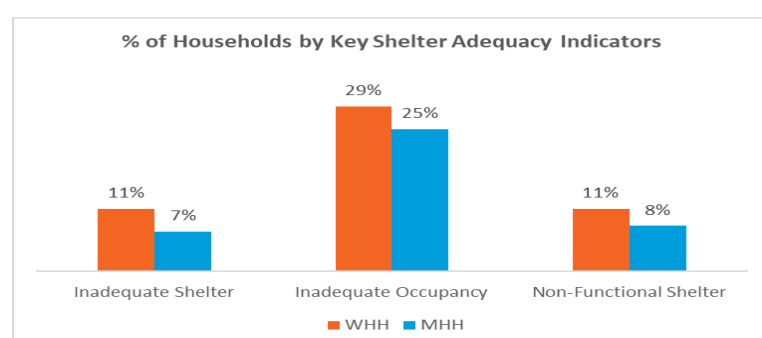
Without access to education, the flow of future female professionals – such as teachers, healthcare workers, and doctors – from the respective education pipelines will diminish significantly, with the resultant scarcity of female professionals likely to reinforce harmful gender norms and male dominance in society.<sup>38</sup> Families are deterred from investing in their daughters' education due to the bleak outlook for job prospects following completion, further entrenching gender inequality. Without significant changes in policy and societal attitudes towards education for Afghanistan's girls and women, the observed cycle of poverty and vulnerability is likely to persist.

## Emergency Shelter and Non-Food Items

### EMERGENCY SHELTER AND NON-FOOD ITEMS (ESNFI) CLUSTER COMMITMENTS

- Concrete engagement and collaboration with the GIHA WG and the Protection Cluster.
- Endorse the Humanitarian Country Team (HCT) Gender Strategy and the HCT Protection Strategy as an umbrella for the Emergency Shelter and Non-Food Items (ESNFI) Cluster Strategy and the Humanitarian Needs and Response Plan (HNRP) 2025.
- Provide gender training for partner staff and volunteers on gender sensitivity and inclusivity.
- Revise and rethink the ESNFI programme cycle through consultation of ESNFI Cluster partners to be more gender responsive.
- Train staff and volunteers on gender sensitivity and inclusivity and working on post-distribution monitoring thresholds.

In Afghanistan, women and girls and WHHs are disproportionately affected by inadequate shelter, insecure occupancy situations and winterization needs, as explored below.<sup>39</sup>



Source: 2024, Whole of Afghanistan Assessment (WoAA)

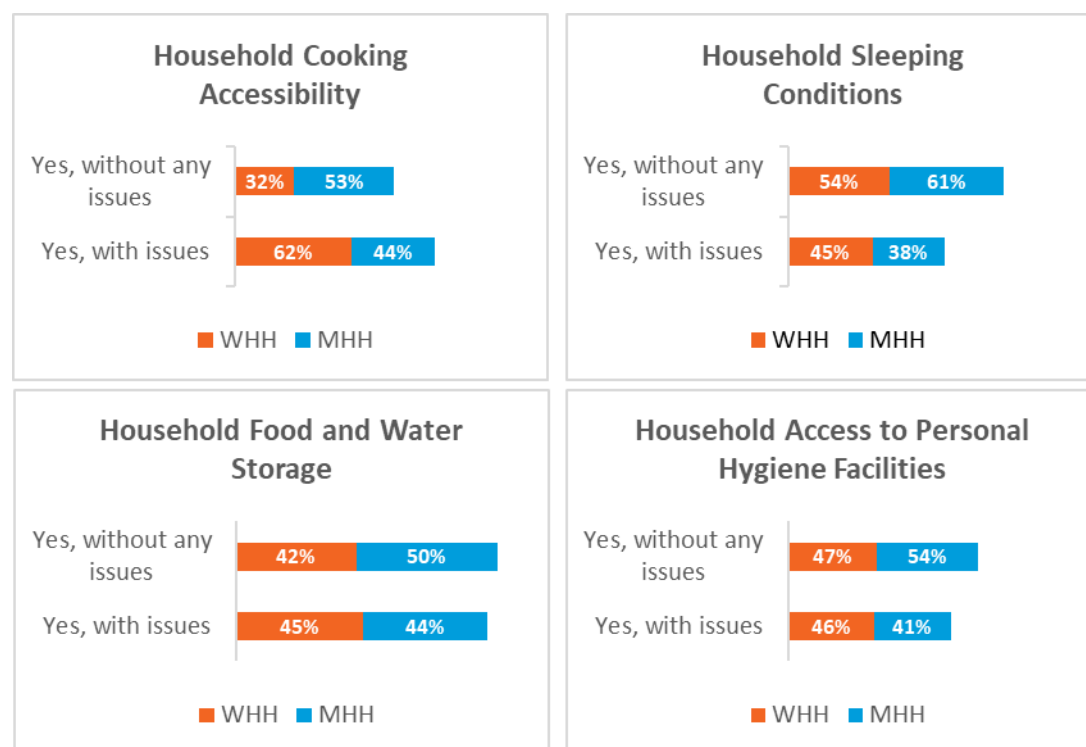
<sup>37</sup> UNICEF (United Nations Children's Fund). 2022. "[Depriving girls of secondary education translates to a loss of at least US\\$500 million for Afghan economy in last 12 months.](#)" Press release. 15 August 2022; Sobhan, H. and N. Haqpal. 2023. "[Despite enormous challenges, some girls in Afghanistan are still finding ways to learn.](#)" News and Stories. 21 August 2023. CARE.

<sup>38</sup> Human Rights Watch. 2022. "[Four Ways to Support Girls' Access to Education in Afghanistan](#)"; UNICEF. 2022. "[Depriving girls of secondary education translates to a loss of at least US\\$500 million for Afghan economy in last 12 months.](#)"

<sup>39</sup> 2024, Whole of Afghanistan Assessment (WoAA) PowerPoint.



WoAA data shows that a larger percentage of WHHs in Afghanistan report living in inadequate and non-functional shelter, compared to MHHs. This group also reports higher instance of inadequate occupancy (higher risk of evictions due to lack of occupancy agreement).<sup>40</sup> Furthermore, WHHs face challenges associated with land ownership and rental agreements. As such, it is difficult for members of this group to access secure reliable housing, as it is very difficult for women to own land directly.



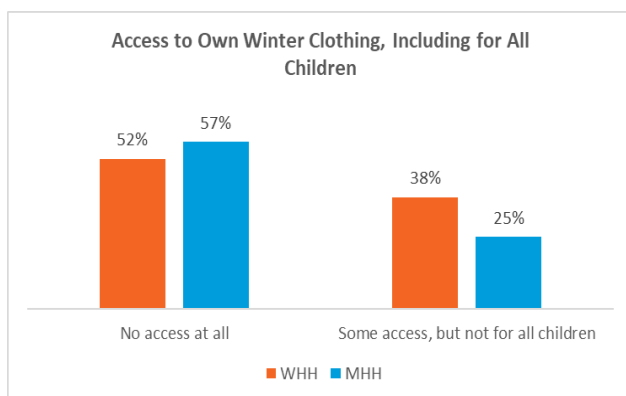
Source: 2024, Whole of Afghanistan Assessment (WoAA)

WoAA asked households about their capacity to cook, sleep, store food/water, and perform personal hygiene in their dwellings. As can be seen in the representations of the findings above, in each instance, the presence of issues/barriers was reported with higher frequency by WHHs than by Men-Headed Households (MHHs). Overall, WHHs are more likely to face issues with their dwellings than MHHs.

### Winterization

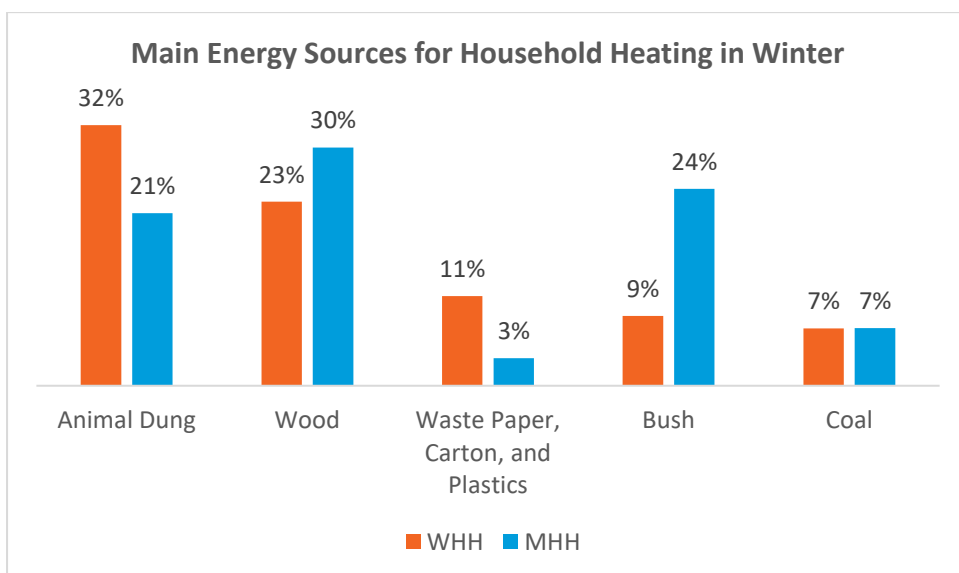
ESNFI concerns are likely to be exacerbated come winter. According to the 2024 WoAA survey, 35 per cent of WHHs indicated not having sufficient warm winter clothing to cover the needs of all of their children, compared with 25 per cent of MHHs.

<sup>40</sup> Ibid.



Source: 2024, Whole of Afghanistan Assessment (WoAA)

Access to a reliable source of heating is a significant concern, especially in rural areas where infrastructure is lacking. Many households surveyed indicated being unable to afford fuel for heating, leading them to rely upon traditional methods of heat generation, such as burning wood or dung, which poses health risks due to indoor air pollution.<sup>41</sup> The absence of sufficient heating devices heightens the risk of severe health issues during the winter months.<sup>42</sup>



Source: 2024, Whole of Afghanistan Assessment (WoAA)

he WoAA data highlights a difference in winter heating energy sources across households, with WHHs primarily using animal dung and MHHs relying on wood. This may reflect safety concerns around women and children collecting wood.

This situation exacerbates household air pollution as families resort to burning harmful materials indoors, leading to increased respiratory infection and preventable mortality.<sup>43</sup> Women and girls are particularly vulnerable during winter due to their confinement at home, rendering members of this group

<sup>41</sup> Muslim Aid. 2023. [The Silent Crisis: Winter in Afghanistan](#); Shelter Cluster Afghanistan. 2022. [Emergency Shelter and Non-Food Items Cluster Strategy \(2022 - 2023\)](#).

<sup>42</sup> Hakimi, B. A. 2024. "14 Deaths from Gas Poisoning in Kabul in Two Months." Tolo News. 20 December 2024.

<sup>43</sup> Shelter Cluster Afghanistan. 2022. [Emergency Shelter and Non-Food Items Cluster Strategy \(2022 - 2023\)](#); Humanitarian Action. 2024. [Afghanistan Humanitarian Response Plan 2024](#).

the most affected by inadequate shelter conditions – while often being excluded from decision-making processes regarding shelter design.<sup>44</sup>

## Food Security and Agriculture and Livelihoods

### FOOD SECURITY AND AGRICULTURE CLUSTER COMMITMENTS

- Ensure that gender considerations are reflected in the Seasonal Food Security Assessment, the Integrated Food Security Phase Classification, the HNRP.
- Have gender focal points both at coordination level and partner level.
- Ensure 10 per cent flexible funding when the Food Security and Agriculture Cluster (FSAC) Cluster reviews proposals under the Afghanistan Humanitarian Fund.
- Enhance the participation of women-led organizations in FSAC

Food security in Afghanistan remains a critical issue, with a significant portion of the population experiencing acute food insecurity. This is particularly true for at-risk populations such as women and girls. For the projection period November 2024 to March 2025, an estimated 14.8 million people in Afghanistan will be experiencing high levels of acute food insecurity (Integrated Food Security (IPC) Phase Classification Phase 3 or above).<sup>45</sup>

This situation has been exacerbated by ongoing economic challenges, high unemployment rates, and adverse climatic conditions, including droughts and floods.<sup>46</sup> The impact of climate variability, including a multi-year drought from 2021 through 2023, has severely affected agricultural production and food availability. Natural disasters such as earthquakes and flooding are placing further strain on an already precarious food supply.<sup>47</sup>

Women in Afghanistan are disproportionately affected by food insecurity due to mobility restrictions and societal adherence to prevailing sociocultural norms. In a 2022 study by Care International, 81 per cent of women interviewed indicated having had to skip at least one meal in the two weeks prior to interview, and many reported prioritizing their children's needs over their own.<sup>48</sup> WoAA data presented below triangulates similar trends.

Restrictions on women's mobility and participation in humanitarian efforts have compounded the crisis in this area. DFA policies have led to limited women's access to markets and employment opportunities, increasing their vulnerability to food insecurity.<sup>49</sup>

<sup>44</sup> Shelter Cluster Afghanistan. 2022. [Emergency Shelter and Non-Food Items Cluster Strategy \(2022 - 2023\)](#); IOM (International Organization for Migration). 2024. Shelter and Non-Food Items Dashboard.

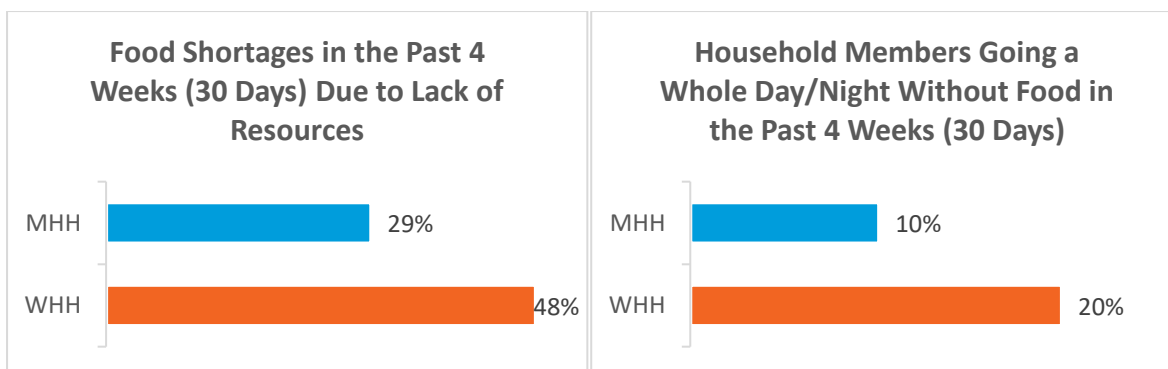
<sup>45</sup> Humanitarian Action. 2024. [Afghanistan Humanitarian Response Plan 2024](#); IPC (Integrated Food Security Phase Classification). 2024. Afghanistan Integrated Food Security Classification.

<sup>46</sup> European Commission. 2023. Afghanistan: Acute Food Insecurity Situation for October 2023 and Projection for November 2023 - March 2024; IPC. 2024. Afghanistan Integrated Food Security Classification.

<sup>47</sup> WFP (World Food Programme). 2024. Afghanistan: [Annual Country Report - Country Strategic Plan 2018-2025](#); IPC. 2024. [Afghanistan: Acute Food Insecurity Situation for March - April 2024 and Projection for May - October 2024](#).

<sup>48</sup> CARE. 2022. [The Impact of the Food Crisis on Women and Girls in Afghanistan](#); IPC. 2024. Afghanistan Integrated Food Security Classification.

<sup>49</sup> IPC. 2023. [Afghanistan Acute Food Insecurity Analysis: October 2023 – March 2024](#); WFP. 2024. [Afghanistan: Annual Country Report - Country Strategic Plan 2018-2025](#).

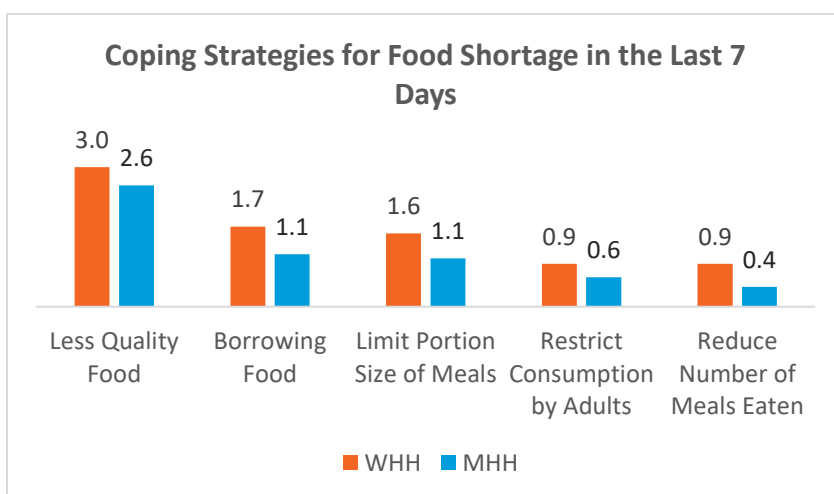


Source: 2024, Whole of Afghanistan Assessment (WoAA)

### Negative coping strategies

There is a clear disparity between the level of food scarcity being experienced by WHHs and MHHs. As presented in the figures above, a significantly larger share of WHHs report not having food to eat and going a full day without food, compared to MHHs.

The WoAA data also shows that a greater share of WHHs than MHHs were forced to adopt, in the seven days prior to consultation, various strategies in an attempt to cope with food shortage. These coping strategies include relying upon less preferred food, borrowing food/relying upon help from relatives/friends, limiting portion size of meals, restricting consumption by adults for small children to eat and reducing the number of meals eaten per day.

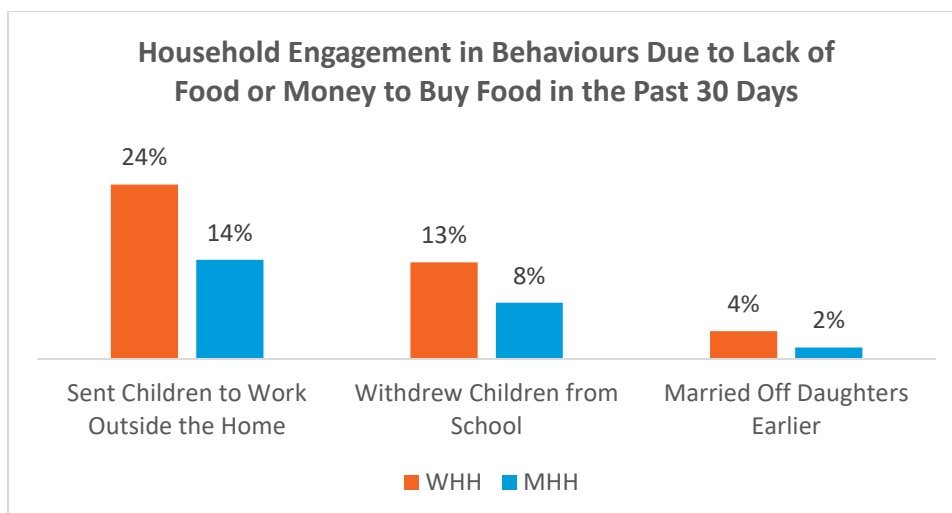


Source: 2024, Whole of Afghanistan Assessment (WoAA)

Comparing the food consumption score across households, the findings of the WoAA survey indicate that 25 per cent of WHHs have a poor food consumption score, compared to 17 per cent of Male-Headed Households (MHHs).<sup>50</sup>

WoAA data indicates that WHHs were more severely affected by negative coping strategies due to food insecurity compared to MHHs. Concerning the 30-day period prior to interview, a greater share of WHHs indicated sending children to work outside the home, withdrawing children from school, and marrying daughters earlier than planned.

<sup>50</sup> 2024, Whole of Afghanistan Assessment (WoAA) PowerPoint.



Source: 2024, *Whole of Afghanistan Assessment (WoAA)*

### *Women's access to livelihood opportunities and economic empowerment*

The economic landscape for women and girls in Afghanistan has drastically deteriorated since the Taliban takeover in August 2021. Restrictions, including those pertaining to the mandatory accompaniment of a *mahram*, are making it more difficult for women to work and generate a livelihood. Central to the economic challenges facing women in Afghanistan has been the lack of access to finance to support business formation and operation, a longstanding challenge encountered by many even before August 2021.<sup>51</sup> In this setting, women are more likely than men to receive loans from family or friends rather than from banks. A 2024 survey of women-led small and medium enterprises conducted by the United Nations Development Programme (UNDP) shows that the respondents who obtained loans most frequently did so from family (61 per cent), friends (45 per cent), and other businesses (21 per cent), with only 5 per cent of respondents indicating receiving loans from formal financial institutions.<sup>52</sup> The UNDP survey also pointed to a decrease in export businesses operated by women, with (for the year 2022) 14 of 49 women entrepreneurs reporting a reduction in exports due to restrictions on payment systems and closures of air corridors.<sup>53</sup> Licensing barriers for women's businesses were also frequently indicated by respondents, with only 28 per cent of those women-led enterprises interviewed by UNDP indicating being registered and licensed with the respective *de facto* bodies.<sup>54</sup> Further, many respondents indicated that restrictions against women continue to prevent access to suppliers and markets, with a majority (36 of 49) of those interviewed by UNDP highlighting discrimination-based operational challenges. Among the challenges faced stand prohibitions against women travelling to local markets, other provinces or abroad, and local bans on attending trade fairs or expositions without a *mahram*.<sup>55</sup> In addition to the low level of formal loans available to women, they also face significant challenges in accessing financial services generally. As of 2021, only 5 per cent of Afghan women had a bank account in their name, compared to 15 per cent of men, with this lack of financial independence further entrenching gender inequalities within households and communities.<sup>56</sup>

<sup>51</sup> Inan, F. et al. 2024. [Listening to Women Entrepreneurs in Afghanistan: Their Struggle and Resilience](#). UNDP (United Nations Development Programme).

<sup>52</sup> Ibid.

<sup>53</sup> Ibid.

<sup>54</sup> Ibid.

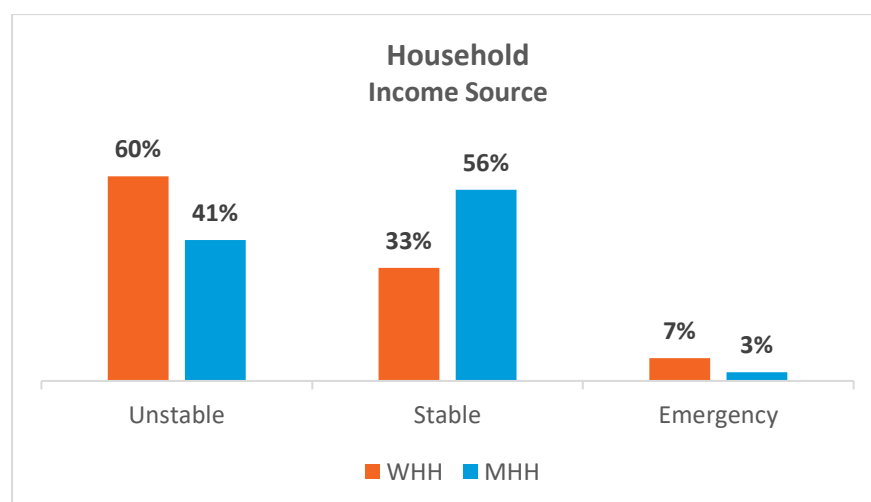
<sup>55</sup> Ibid.

<sup>56</sup> Qazizada, M. 2024. "Impacts of the Taliban's ban on women's work and education." Devpolicy Blog. 9 February 2024; Runde, D. F., Pforzheimer, A., Bryja, T. and C. Smutny, 2024. [The Future of Assistance for Afghanistan: A Dilemma](#). Center for Strategic & International Studies.



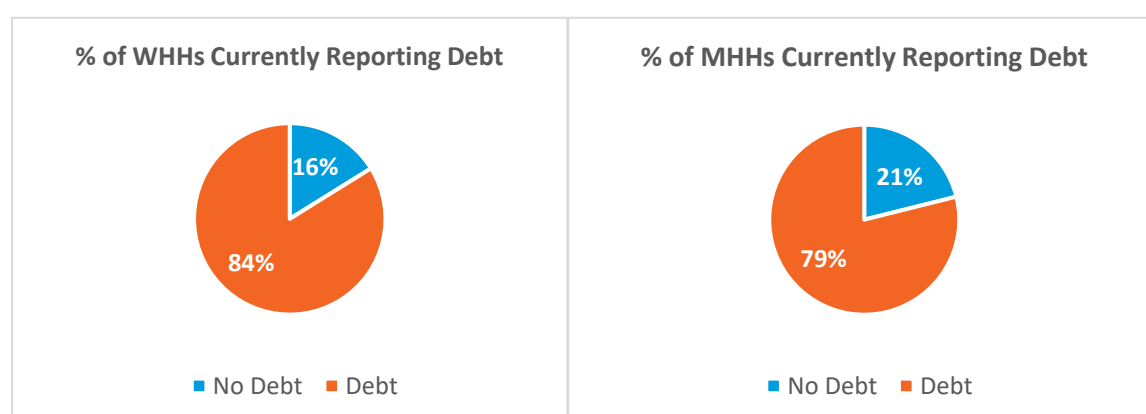
At household level, data has also shown that WHHs have lower levels of income per household member and livelihood stability, as well as higher household debt, compared to MHHs. One way to explore the extent of this dynamic is to examine the income of WHHs compared to that of MHHs. WoAA data showed a substantial decrease in WHH income per household member per annum compared to the previous year (from AFN1,781 to AFN1,062, a reduction of approx. 40 per cent), and a more moderate decrease among MHHs (from AFN1,683 to ANF1,403, a reduction of approx. 16 per cent).<sup>57</sup> It was further indicated that WHH net income decreased by an average of AFN2,980 compared to the previous year – driven largely by a (approx. 43 per cent) reduction in salaried work, while this figure rose, by AFN78, for MHHs.<sup>58</sup>

According to WoAA data, 60 per cent of WHHs rely upon an unstable income source, compared with 41 per cent of MHHs.<sup>59</sup>



Source: 2024, Whole of Afghanistan Assessment (WoAA)

Furthermore, a greater percentage of WHHs report household debt than MHHs; 84 per cent of WHHs report having debt, compared with 79 per cent of MHHs.<sup>60</sup>



Source: 2024, Whole of Afghanistan Assessment (WoAA)

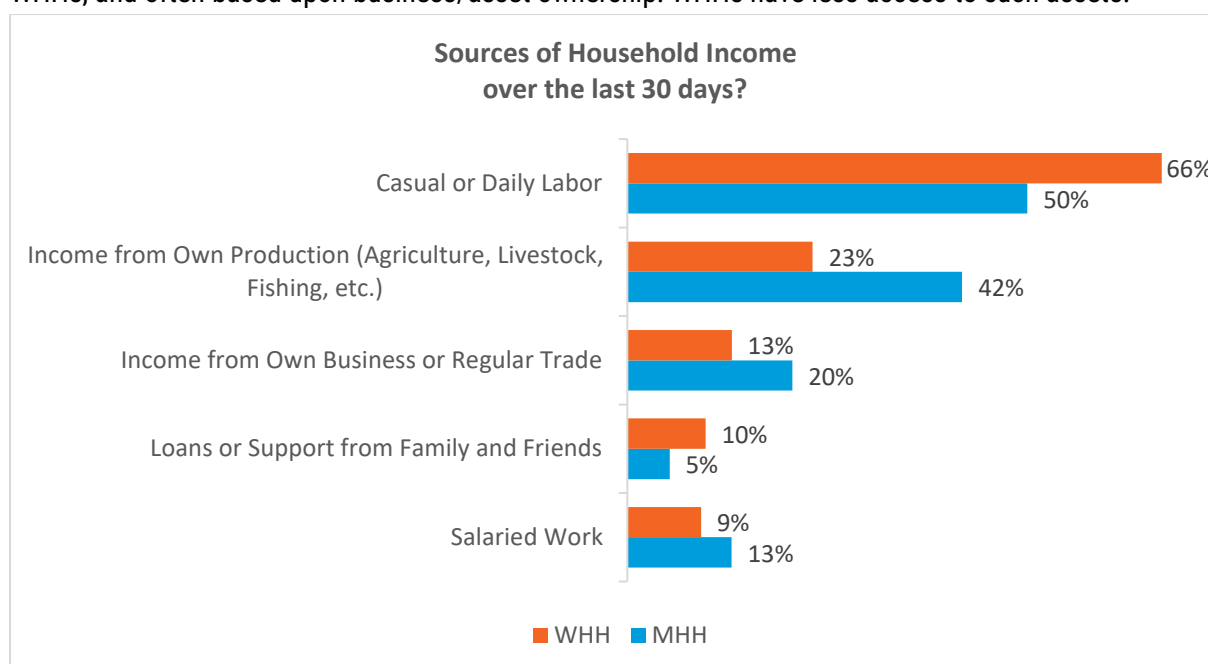
<sup>57</sup> 2024, Whole of Afghanistan Assessment (WoAA).

<sup>58</sup> Ibid.

<sup>59</sup> Ibid.

<sup>60</sup> Ibid.

Findings captured in the WoAA data also point to MHH income streams as being more reliable than WHHs, and often based upon business/asset ownership. WHHs have less access to such assets.



Source: 2024, *Whole of Afghanistan Assessment (WoAA)*

From the evidence available, it must be concluded that WHHs are in an overall weaker position than MHHs in terms of income per household member, livelihood stability, and household debt. When asked who was working within the household for WoAA, 73 per cent of WHHs reported having at least one man working, while 59 per cent reported having at least one woman working.<sup>61</sup> In MHHs, 97 per cent had at least one man working and only 9 per cent had at least one woman working. As can be seen from the data, men are slightly more likely to do paid work than women, while within MHHs, a low share of women members have a paid occupation of some kind.<sup>62</sup> However, both female and male members are more likely to work within WHHs than MHHs, with a higher frequency of male members working, a dynamic likely driven by cultural norms, gender restrictive laws and disparities in access to education and employment.

A similar situation was observed among female members of MHHs, with 18 per cent of respondents reporting having worked in the past 30 days, decreasing from 24 per cent in 2023. Over half of respondents (54 per cent) indicated engaging in informal work (casual/daily labour), citing a lack of job opportunities (57 per cent) and insufficient education (43 per cent) as primary barriers to (formal) employment.<sup>63</sup>

Multiple barriers are combining to limit women's capacity to generate their own livelihoods. Over 70 per cent of women in WHHs cite social and cultural barriers as significant impediments to employment. The impacts of restrictions imposed by the DFA have further constrained women's ability to work in various sectors, including NGOs and even beauty salons, which had been a vital source of income for many (and, indeed, local social spaces conducive to spurring commercial interaction among women).<sup>64</sup>

<sup>61</sup> Ibid.

<sup>62</sup> Ibid.

<sup>63</sup> Barriers related to bans were removed from the 2024 WoAA assessment. However, in 2023, 34 per cent of female household members reported "social restriction (including new bans/policies)" as a barrier.

<sup>64</sup> UN Women. 2024. [FAQs: Afghan women three years after the Taliban takeover](#). FAQs. 12 August 2024; Qazizada, M. 2024. ["Impacts of the Taliban's ban on women's work and education."](#) Devpolicy Blog. 9 February 2024.

The limitations of women's livelihood generation capacity can negatively influence household dynamics. The economic disenfranchisement of women correlates with increased domestic violence. The absence of income-generating opportunities can also exacerbate existing power (im)balances, making it difficult for women to advocate for their rights or support other women.

### Home-based income generation

A high number of women and girls in Afghanistan have transitioned to home-based self-employment as a primary means of income. This shift seems to be the results of existing traditional norms as well as due to the impact of DFA imposed restrictions on women's participation in the formal labour market. Ventures being undertaken by women and girls across the country include small-scale activities such as sewing, handicrafts and caring for animals.<sup>65</sup> However, the ability to maintain such roles often depends upon the approval of male relatives – and numerous other challenges may arise, including limited access to necessary materials and registration processes for formal businesses.<sup>66</sup> Furthermore, many women in Afghanistan lack access to information on how to register their business and typically have lower levels of education compared to men, while they are also less likely to own a telephone, be literate, or to have access the internet.<sup>67</sup> They face barriers in accessing markets to purchase supplies due to, among other factors, *mahram* requirements. All of these barriers (combine to) impede women's capacity to work efficiently from home.

## Health

### HEALTH CLUSTER COMMITMENTS

- Provide training and capacity-building for cluster partners on gender-responsive programming and build the capacity of WLOs on health within the humanitarian response.
- Ensure that gender is integrated into the Health Cluster programme cycle, and assessments are based upon sex, age and disability disaggregated data (SADDD) and evaluation findings are integrated into planning.
- Review and revise the cluster membership criteria to allow greater flexibility for the inclusion of WLOs.

Women and girls face significant barriers to accessing essential health services in Afghanistan, due to restrictive gender norms and systemic inequalities. Traditional gender norms significantly restrict women's autonomy in making health-related decisions for themselves or their children.<sup>68</sup> This lack of power leads to delays in seeking care and contributes to poorer health outcomes for women.<sup>69</sup> Furthermore, the requirement for a *mahram* to accompany women patients to health facilities in some provinces adds additional barriers for women while women without a *mahram* available to them struggle to access healthcare services.

Various financial constraints limit women's access to healthcare. Indirect costs related to transport and accommodation are particularly burdensome for women, who often must cover expenses for male

<sup>65</sup> World Bank. 2022. [Afghanistan Welfare Monitoring Survey \(AWMS\): Round 2 \(November 2022\)](#).

<sup>66</sup> UN Women. 2024. [FAQs: Afghan women three years after the Taliban takeover](#). FAQs. 12 August 2024; Runde, D. F., Pforzheimer, A., Bryja, T. and C. Smutny, 2024. [The Future of Assistance for Afghanistan: A Dilemma](#). Center for Strategic & International Studies.

<sup>67</sup> GiHA WG. 2023. [Afghanistan Rapid Gender Analysis 2023](#).

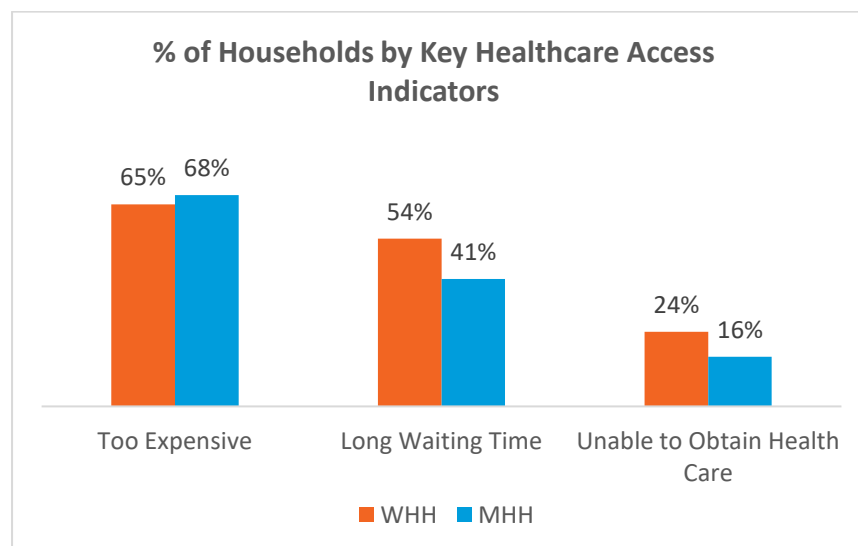
<sup>68</sup> Ibid.

<sup>69</sup> Human Rights Watch. 2024. ["A Disaster for the Foreseeable Future": Afghanistan's Healthcare Crisis](#).

relatives accompanying them to appointments,<sup>70</sup> with transport, accommodation, and food costs associated with attending health clinics often doubling.<sup>71</sup>

These barriers are heightened for women living in rural areas, who typically must travel longer distances than those living in urban areas if they are to receive care. In surveying charting this phenomenon, women respondents living in rural areas were three times more likely than their urban-dwelling counterparts to cite distance as a primary barrier to accessing health services.<sup>72</sup> Additionally, over twice as many women living in rural areas reported lack of transport as a significant barrier to obtaining healthcare.<sup>73</sup>

Financial difficulties have forced many families in Afghanistan to borrow money or sell possessions to afford healthcare, with 97.5 per cent of respondents surveyed by Médecins Sans Frontières reporting such struggles.<sup>74</sup> Women's healthcare needs appear, in many cases, to be deprioritized among households and only 10 per cent of women can meet their basic health needs, compared to 23 per cent of men.<sup>75</sup> Furthermore, WHHs indicate postponing health treatment in response to financial pressure with higher frequency (28 per cent), compared to MHHs (23 per cent).<sup>76</sup>



Source: 2024, *Whole of Afghanistan Assessment (WoAA)*

WoAA data highlights some of the barriers facing women and girls in accessing healthcare by comparing the barriers faced by WHHs and MHHs, with the findings showing that a greater share of WHHs are unable to obtain healthcare, compared with MHHs. Both WHHs and MHHs indicate a high

<sup>70</sup> Médecins Sans Frontières. 2023. [Persistent barriers to access healthcare in Afghanistan: The ripple effects of a protracted crisis and a staggering economic situation](#); "Afghanistan: Deprived of healthcare by poverty, restrictions and a dysfunctional system." Press release. 6 February 2023.

<sup>71</sup> GiHA WG. 2023. [Afghanistan Rapid Gender Analysis 2023](#).

<sup>72</sup> Malik, S., Khan, Z., & Rahimi, A. (2024). "Barriers to Healthcare Access for Afghan Women: A Rural-Urban Analysis". BMC Public Health.

<sup>73</sup> Médecins Sans Frontières. 2023. [Persistent barriers to access healthcare in Afghanistan: The ripple effects of a protracted crisis and a staggering economic situation](#); "Afghanistan: Deprived of healthcare by poverty, restrictions and a dysfunctional system." Press release. 6 February 2023; Ground Truth Solutions, Salma Consulting. 2023. [Strengthening Accountability to Women and Girls in Afghanistan](#). Preliminary Quantitative Findings. UN Women.

<sup>74</sup> Médecins Sans Frontières. 2023. [Afghanistan: Deprived of healthcare by poverty, restrictions and a dysfunctional system](#). Press release. 6 February 2023.

<sup>75</sup> Médecins Sans Frontières. 2023. [Persistent barriers to access healthcare in Afghanistan: The ripple effects of a protracted crisis and a staggering economic situation](#) Human Rights Watch. 2024. [HYPERLINK "https://www.hrw.org/report/2024/02/12/disaster-foreseeable-future/afghanistans-healthcare-crisis"](https://www.hrw.org/report/2024/02/12/disaster-foreseeable-future/afghanistans-healthcare-crisis) "A Disaster for the Foreseeable Future": Afghanistan's Healthcare Crisis.

<sup>76</sup> Ground Truth Solutions, Salma Consulting. 2023. [Strengthening Accountability to Women and Girls in Afghanistan](#). Preliminary Quantitative Findings. UN Women; GiHA WG. 2023. [Afghanistan Rapid Gender Analysis 2023](#).

level of concern with the expense of healthcare, though WHHs spend a greater proportion of household income on healthcare than MHHs: 19 per cent, compared to 14 per cent among MHHs.<sup>77</sup>

Furthermore, women from MHH surveyed for the WoAA reported restricted access to health centres, with 60 per cent indicating access only when accompanied by a *mahram*. Among those women who could access healthcare, many indicated facing significant further challenges, including receiving incorrect medication (34 per cent), long waiting times (33 per cent), and unavailability of treatment (26 per cent).<sup>78</sup>

Among WHH respondents, 24 per cent reported having at least one member of their household with an unmet healthcare need in the 3 months prior to interview, compared with 16 per cent of MHHs.<sup>79</sup>

### *Mental health*

In a 2024 study on the mental health of women across Afghanistan, the United Nations Population Fund (UNFPA), provides a telling snapshot of the dynamic prevailing in country:

Afghan women are constrained by socially imposed feminine roles that limit their autonomy, mobility, and access to resources like finances and social spaces. Even when women are employed, they remain responsible for household duties, childcare, and elder care. Many women report that these expectations are restrictive and negatively impact their mental health.<sup>80</sup>

This dynamic has been further exacerbated by DFA-imposed restrictions, and a sense of lost hope appears to be prevailing among many women, who view their diminished role in Afghan life as becoming further entrenched as a fixture of their state.

; as one woman quoted in the UNFPA study put it: “The country just wants us to stay home and take care of everyone. It’s like a black hole; we have no other choices and no escape. I don’t want this life. But this is my job as a woman in Afghanistan.”<sup>81</sup>

The extensive DFA edicts limiting women’s access to public spaces, education, and employment have also contributed to feelings of isolation and helplessness, further spurred by DFA tightening of restrictions.<sup>82</sup> In the 2024 UNFPA study, many respondents highlighted that DFA restrictions had become more stringent, leading to a heightened sense of confinement and loss of autonomy.<sup>83</sup> Within this context, the UNFPA study surmises, the awareness of being confined, coupled with the loss of professional identity and social status, is significantly contributing to the prevalence of mental strain and disorders such as depression and anxiety among women in Afghanistan.<sup>84</sup>

The diminished conditions under which Afghan women participate in their society are further exacerbated by economic hardship, domestic violence, and a lack of access to mental health services. Following the ban on Afghan women working for NGOs in Afghanistan, access to mental health and psychosocial services drastically decreased and many women cannot afford the costs associated with available services, while informal support networks are shrinking.<sup>85</sup>

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<sup>77</sup> 2024, Whole of Afghanistan Assessment (WoAA) PowerPoint.

<sup>78</sup> 2024, Whole of Afghanistan Assessment (WoAA).

<sup>79</sup> Ibid.

<sup>80</sup> UNFPA (United Nations Population Fund), Salma Consulting. 2024. [Mental Health Assessment: Improve UNFPA’s Psychosocial Response and Increase Access to Services in Afghanistan](#). UNFPA.

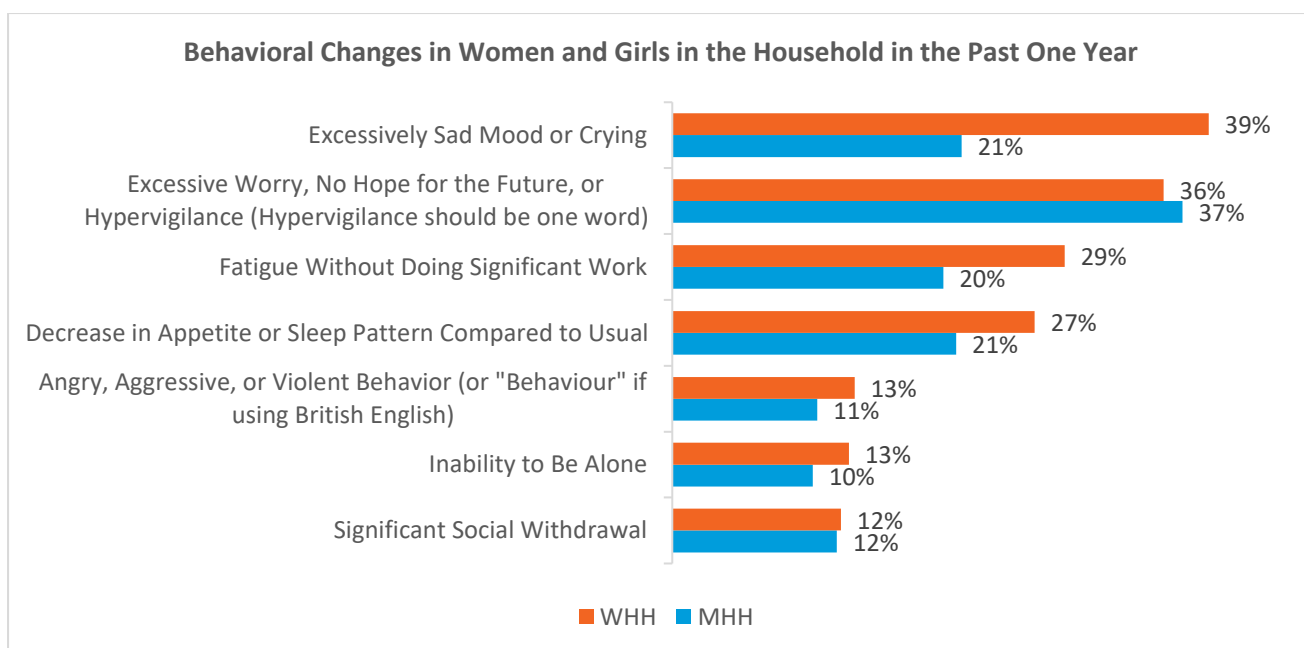
<sup>81</sup> Ibid.

<sup>82</sup> Protection Cluster Afghanistan. 2023. [Afghanistan Protection Analysis Update: Update on the protection environment following the ban on female aid workers](#). July 2023; UN Women, UNAMA (United Nations Assistance Mission in Afghanistan), IOM. 2024. [Summary report of country-wide women’s consultations](#). February 2024.

<sup>83</sup> UNFPA, Salma Consulting. 2024. [Mental Health Assessment: Improve UNFPA’s Psychosocial Response and Increase Access to Services in Afghanistan](#). UNFPA.

<sup>84</sup> Ibid.

<sup>85</sup> Protection Cluster Afghanistan. 2023. [Afghanistan Protection Analysis Update: Update on the protection environment following the ban on female aid workers](#). July 2023.



Source: 2024, *Whole of Afghanistan Assessment (WoAA)*

WoAA data highlights the impact of the current situation on the mental health of women and girls. Both WHHs and MHHs reported female members experiencing potential signs of poor mental health listed in the figure above. Only 24 per cent of WHHs and 33 per cent of MHHs reported that women/girls in their household had experienced none of the potential signs listed.

The mental health impacts of the conditions prevailing in Afghanistan on women and girls have been explored in several UN Women studies. A March 2023 survey indicated that 48 per cent of respondents knew at least one woman or girl who had suffered from anxiety or depression since August 2021,<sup>86</sup> with 8 per cent indicating knowing someone who attempted suicide.<sup>87</sup> Historically, women account for 80 per cent of suicide cases in Afghanistan, highlighting a troubling trend.<sup>88</sup> The widespread nature of the mental health impacts on Afghan women and girls is significant, and intervention in this area must be prioritized.

The mental health crisis not only affects individual women, it also has broader implications for families and children. Research indicates a bidirectional link between poor mental health and domestic violence,<sup>89</sup> while mothers suffering from poor mental health can display increased irritability and aggression towards children.<sup>90</sup>

Despite the stigma surrounding mental health issues in Afghanistan, recent studies and experiences of service providers<sup>91</sup> show that formal mental health services are highly sought after. However, these services remain largely inaccessible due to financial constraints and restrictive policies.<sup>92</sup>

<sup>86</sup> UN Women. 2024. [Resolve of Afghan Women in the Face of Erasure: Three Years Since the Taliban Takeover](#). Policy Paper. August 2024; Protection Cluster Afghanistan. 2023. [Afghanistan Protection Analysis Update: Update on the protection environment following the ban on female aid workers](#). July 2023.

<sup>87</sup> Bishnaw. 2023. [Women's Peace Brief – March 2023: Impact of Taliban Restrictions on Afghan Women's Economic Conditions and Mental Health](#), cited in UN Women. 2024. [Resolve of Afghan Women in the Face of Erasure: Three Years Since the Taliban Takeover](#). Policy Paper. August 2024, p. 5.

<sup>88</sup> UN Women. 2024. [Resolve of Afghan Women in the Face of Erasure: Three Years Since the Taliban Takeover](#). Policy Paper. August 2024.

<sup>89</sup> Devries KM, Mak JY, Bacchus LJ, Child JC, Falder G, et al. (2013) Intimate Partner Violence and Incident Depressive Symptoms and Suicide Attempts: A Systematic Review of Longitudinal Studies. *PLOS Medicine* 10(5): e1001439. <https://doi.org/10.1371/journal.pmed.1001439>.

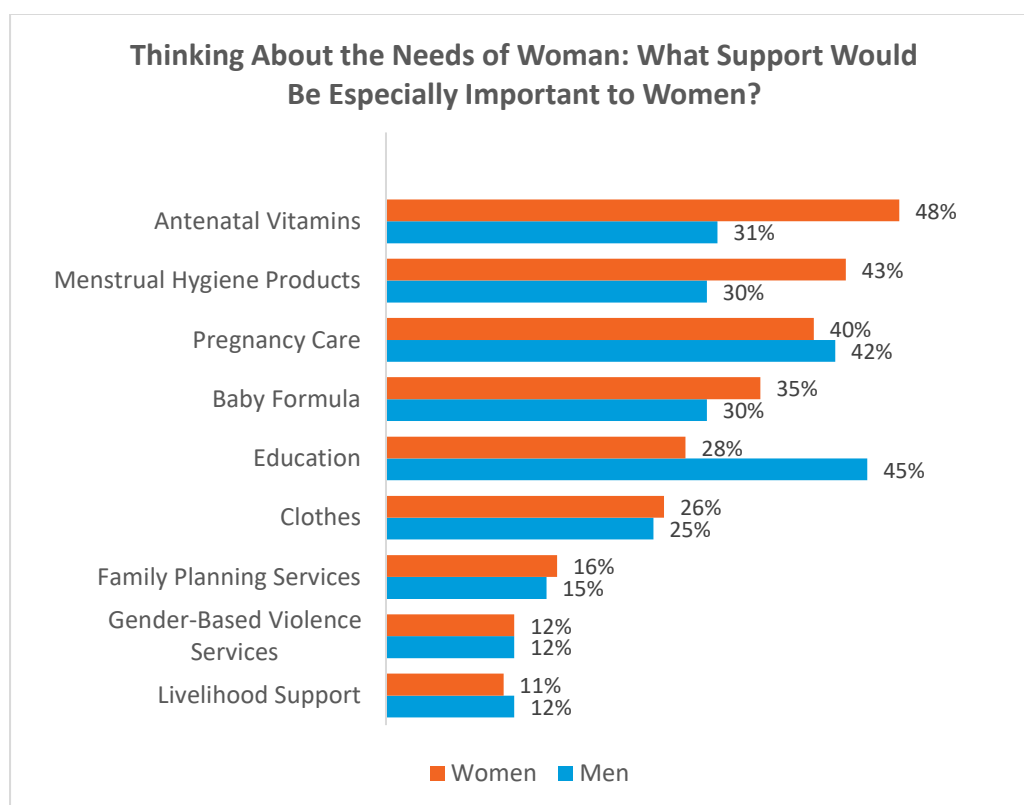
<sup>90</sup> Ibid.; UN Women, UNAMA, IOM. 2024. [Summary report of country-wide women's consultations](#). February 2024.

<sup>91</sup> See for instance: <https://www.unhcr.org/news/stories/counselling-offers-afghan-women-safe-space-share-their-mental-health-struggles>

<sup>92</sup> Protection Cluster Afghanistan. 2023. [Afghanistan Protection Analysis Update: Update on the protection environment following the ban on female aid workers](#). July 2023; Gehrig, M. and C. Willisroft. 2024. [Afghanistan Gender Country Profile 2024: Executive Summary](#).

## Maternal health

The Ground Truth Solutions-Salma Consulting perception survey highlights that the desire for support related to pregnancy, motherhood and menstrual hygiene was most frequently indicated among communities. It is clear that community members (both women and men) value support for women's maternal care, such as antenatal vitamins, pregnancy care and baby formula.



Source: GTS and Salma Perceptions Surveys for GiHA WG, 2024

Afghanistan faces a severe maternal and child health crisis, characterized by extremely high maternal mortality rates and significant challenges in accessing healthcare services. Afghanistan has one of the highest maternal mortality ratios of any state, recorded as 620 deaths per 100,000 live births.<sup>93</sup> The gravity of this situation is compounded by factors such as limited access to antenatal care; particularly in hard-to-reach areas, where approximately 24,000 women give birth each month.<sup>94</sup>

Education levels are an indicator of maternal and child mortality rates in Afghanistan. Among mothers with only primary education, the under-5 mortality rate is recorded as 61 deaths per 1,000 live births, compared to 35 deaths per 1,000 among children of mothers with higher education.<sup>95</sup> The *Afghanistan Multiple Indicator Cluster Survey 2022-2023* produced by the United Nations Children's Fund indicates an under-5 mortality rate of 55 deaths per 1,000 live births, with rural areas experiencing even higher rates. Level of maternal education and geographical location are strong indicators of child mortality levels.<sup>96</sup>

<sup>93</sup> WHO, UNICEF, UNFPA, World Bank Group, and UNDESA/Population Division. Trends in Maternal Mortality 2000 to 2020. Geneva, World Health Organization, 2023.

<sup>94</sup> WHO (World Health Organization). 2018. "[Promoting maternal and child health care in Afghanistan](#)." Afghanistan. News. October 2018; Glass, N., Jalalzai, R., Spiegel, P. and L. Rubenstein. 2023. "[The crisis of maternal and child health in Afghanistan](#)." Conflict and Health 17 (18). 12 June 2023.

<sup>95</sup> WHO. 2018. "[Promoting maternal and child health care in Afghanistan](#)." Afghanistan. News. October 2018; UNICEF. [Maternal health: Recommended Reading](#). UNICEF Afghanistan.

<sup>96</sup> Glass, N., Jalalzai, R., Spiegel, P. and L. Rubenstein. 2023. "[The crisis of maternal and child health in Afghanistan](#)." Conflict and Health 17 (18). 12 June 2023; Glass, N., Jalalzai, R. and L. Rubenstein. 2023. [The crisis of maternal and child health in Afghanistan](#). John Hopkins University.



In a 2023 study of Afghan health workers, 43 per cent reported decreased availability of antenatal care since the Taliban seized power in August 2021, while 57 per cent reported an increase in child malnutrition and 26 per cent reported an increase in obstetric complications.<sup>97</sup>

### *Sexual and reproductive health*

Prevailing societal norms in Afghanistan often prevent women from seeking necessary medical advice related to sexual and reproductive health.<sup>98</sup> *Mahram* requirements in some cases mean that women cannot seek advice on sexual and reproductive health, contraception, or domestic violence-related support.<sup>99</sup>

It is also difficult to access contraception at health clinics and pharmacies; as contraception access is limited and many pharmacies do not sell contraceptives.<sup>100</sup> There are reports of contraceptives being removed from pharmacy shelves and women being denied entry to pharmacies without a male escort.<sup>101</sup>

### *Women health workers*

Cultural norms requiring women to be treated by female staff are leading to significant barriers in healthcare access for women and girls in Afghanistan.<sup>102</sup> With less than 30 per cent of the country's health workers being women, and primarily concentrated in urban areas, access to women healthcare providers remains severely limited, especially in rural regions.<sup>103</sup> Women healthcare staff are still required to travel with *mahram*,<sup>104</sup> and in some locations, their *mahram* is required to accompany them while they work,<sup>105</sup> impacting whether they can attend their work, when their shift can occur and how long they can be. There are also safety concerns associated with travelling to work; 57.7 per cent of female health workers interviewed reported increased risks while commuting to work, including harassment on occasions where they did so without the accompaniment of a *mahram*. The implementation of further restrictions on women's rights has led to poorer security outcomes for women and instances of harassment and being stopped, both by their communities and the authorities.<sup>106</sup>

As noted, limiting women and girls' access to education means that in the mid to long term, the number of women doctors available to treat women patients will further decrease,<sup>107</sup> with the funnel for Afghan women doctors further narrowed by the December 2024 ban on women receiving education at medical training facilities.

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<sup>97</sup> Ibid.

<sup>98</sup> <https://www.unhcr.org/news/midwifery-programme-tackles-afghanistan-s-high-maternal-and-infant-mortality-rates>; <https://www.unicef.org/afghanistan/topics/maternal-health>

<sup>99</sup> GiHA WG. 2023. [Afghanistan Rapid Gender Analysis 2023](#).

<sup>100</sup> Ibid.

<sup>101</sup> Glass, N., Jalalzai, R., Spiegel, P. and L. Rubenstein. 2023. "[The crisis of maternal and child health in Afghanistan](#)." Conflict and Health 17 (18). 12 June 2023; Glass, N., Jalalzai, R. and L. Rubenstein. 2023. [The crisis of maternal and child health in Afghanistan](#). John Hopkins University.

<sup>102</sup> OCHA (United Nations Office for the Coordination of Humanitarian Affairs). 2023. [Afghanistan Humanitarian Needs Overview 2023](#).

<sup>103</sup> Ibid.

<sup>104</sup> Restrictions on women's movement and employment have resulted in a shortage of female healthcare workers, which is critical for providing care that respects cultural sensitivities: Human Rights Watch. 2024. "[A Disaster for the Foreseeable Future](#)": Afghanistan's Healthcare Crisis; Médecins Sans Frontières. 2023. "[Afghanistan: Deprived of healthcare by poverty, restrictions and a dysfunctional system](#)." Press release. 6 February 2023.

<sup>105</sup> Reports indicate that women working must often be accompanied by a mahram even during their shifts, which limits their ability to work and can create familial tensions as families must choose between a woman's income and the responsibilities of her mahram: Médecins Sans Frontières. 2023. "[Female Afghan healthcare workers hold fears for future following NGO ban](#)." Voices from the field. 19 January 2023; Barati, H. et al. 2023. "[Health Challenges After a Ban on Women Working in Non-governmental Organizations in Afghanistan](#)." Cureus 15 (6).

<sup>106</sup> Médecins Sans Frontières. 2023. "[Female Afghan healthcare workers hold fears for future following NGO ban](#)." Voices from the field. 19 January 2023; Dawi, A. 2023. "[Donors Pay Afghan Health Workers While Number of Female Doctors Shrinks](#)." Voice of America English News. South & Central Asia. 12 December 2023.

<sup>107</sup> The ban on education for women has stifled the training of future female healthcare professionals, compounding existing shortages: Human Rights Watch. 2024. "[A Disaster for the Foreseeable Future](#)": Afghanistan's Healthcare Crisis; Médecins Sans Frontières. 2023. [Persistent barriers to access healthcare in Afghanistan: The ripple effects of a protracted crisis and a staggering economic situation](#).

The ongoing restrictions have led to a significant decline in the number of female health workers available to treat women and children, lowering health outcomes for these groups. Approximately 10 per cent of households report that the absence of female health workers restricts their access to healthcare facilities.<sup>108</sup> This figure rises to 12 per cent in rural households, compared to just 5 per cent in urban settings.<sup>109</sup> In the South East region, this barrier affects 22 per cent of households, highlighting regional disparities in healthcare access.<sup>110</sup>

It is clear that restrictions on women's education, employment and mobility are having both short- and long-term impacts on women's and girls' access to healthcare. The current landscape for women health workers in Afghanistan is fraught with challenges that significantly affect women's access to healthcare. The combination of restrictive policies, cultural barriers, and safety concerns is fostering a dire situation that threatens the health of women and children. Making matters still more challenging is the reduction in women's participation as part of the healthcare workforce. Before 2021, women constituted a significant portion of Afghanistan's healthcare workforce. A 2023 analysis of human resources for health in Afghanistan reported that, among 25,168 health workers employed by NGOs implementing the Basic Package of Health Services and Essential Package of Hospital Services, 35% were women, resulting in a men-to-women ratio of 1.9. This gender distribution was consistent across various provinces, indicating a nationwide trend.<sup>111</sup> Immediate international attention and support are crucial to address these issues and ensure that Afghan women can access essential health services without fear or restriction.

## Nutrition

### NUTRITION CLUSTER COMMITMENTS

- Provide training and capacity-building for Nutrition Cluster partners on gender-responsive programming and building the capacity of WLOs in nutrition within the humanitarian response.
- Ensure that gender is integrated into the Nutrition Cluster programme cycle, assessments are based upon Sex and Age Disaggregated Data (SADD), and evaluation findings are integrated into response planning.
- Review and revise the Nutrition Cluster membership criteria to allow greater flexibility for the inclusion of more WLOs.

Women in Afghanistan face significant barriers to accessing nutrition services, due to societal expectations and limitations imposed by various DFA edicts – including those restricting women's movement and their ability to seek necessary nutritional medical care, including maternal nutrition support.<sup>112</sup> Food insecurity and lack of autonomy in making dietary choices can lead to severe consequences for both maternal and child health.

WHHs in Afghanistan appear to be finding it more difficult to access nutrition services than MHHs – in the *Whole of Afghanistan Assessment 2024*, 30 per cent of WHHs indicated being unable to access

<sup>108</sup> Médecins Sans Frontières. 2023. "[Female Afghan healthcare workers hold fears for future following NGO ban](#)." Voices from the field. 19 January 2023; Dawi, A. 2023. "[Donors Pay Afghan Health Workers While Number of Female Doctors Shrinks](#)." Voice of America English News. South & Central Asia. 12 December 2023.

<sup>109</sup> Ibid.

<sup>110</sup> Ibid.

<sup>111</sup> Naseri S (WHO), et al. Analysis of human resources for health in Afghanistan. *East Mediterranean Health J.* 2023; 29(3):177-185.

<sup>112</sup> FHI360. 2022. "[Afghanistan's food crisis through the eyes of a mother](#)." 30 August 2022.

required nutrition services in the 3 months prior to the study interview. In comparison, this figure was 20 per cent for MHHs. This dataset also shows a larger percentage of WHHs as living farther away from nutrition facilities than MHHs: 21 per cent of WHHs live one or more hours away from a nutrition facility, compared with 17 per cent of MHHs.<sup>113</sup> 25 per cent of women living in MHHs reported being unable to access nutrition services, with the primary reason cited being lack of available facilities (22 per cent).<sup>114</sup>

### *Pregnant and lactating women*

In Afghanistan, prevailing gender norms and DFA-imposed restrictions pertaining to women are leading to serious difficulties among pregnant and lactating women in meeting their nutritional needs<sup>115</sup>—a dynamic which significantly elevates the health risks faced by pregnant and lactating women. A complex interplay of factors, including economic collapse, climate change, and political instability, have further complicated an already dire food crisis in the country, especially for women and girls. The following three points exemplify the case:

1. Economic collapse following the withdrawal of large-scale development assistance resulted in widespread unemployment, loss of income, and inability to purchase food;
2. Climate change and environmental degradation leads to frequent droughts and floods, disrupting agricultural cycles.
3. Political instability and sanctions, coupled with continued drastic restrictions imposed by the DFA have led to the suspension of governmental support to Afghanistan by Western nations and the freezing of Afghanistan's assets which have also impacted DFA's capacity to address food insecurity.

These interconnected factors have created a severe food crisis, leaving millions of Afghans facing severe hunger and malnutrition.<sup>116</sup>

Pregnant and lactating women have heightened nutritional requirements to support their health and that of their infants. These needs include increased intake of proteins, vitamins, and minerals, which often go unmet due to cultural practices that limit women's dietary choices, including the fact that women tend to eat least and last in situations of lack of food. Many Afghan women consume fewer than three meals a day, and report feeling uncomfortable eating more when other family members are not eating.<sup>117</sup>

Responses to questions asked of WHHs and female members of MHHs for the *WoAA* indicate reduced food intake among pregnant and lactating women. Indeed, 77 per cent of women surveyed indicated that pregnant or lactating women in their households were eating less food than usual, citing the following key reasons: lack of food, lack of money for food, and consuming less food to ensure younger members of the household can eat.<sup>118</sup> Inadequate dietary intake can lead to malnutrition, resulting in complications such as low birth weight, premature births, and developmental delays in infants.

## Protection

### PROTECTION CLUSTER AND AREAS OF RESPONSIBILITY COMMITMENTS

- Train Protection Cluster partners on protection mainstreaming to build capacity on safe, dignified, and inclusive programming for women and girls.
- Develop and roll out a Protection Cluster Protection Advocacy Strategy in coordination with the GiHA WG to ensure a gender lens is included in Protection Cluster advocacy initiatives.
- Ensure regular sharing of inter-agency Protection Monitoring Reports, which highlight the needs of women and girls, to monitor, evaluate, and inform programming and coordination across clusters.
- Advocate with partners, donors, and authorities for hiring and retaining female staff.

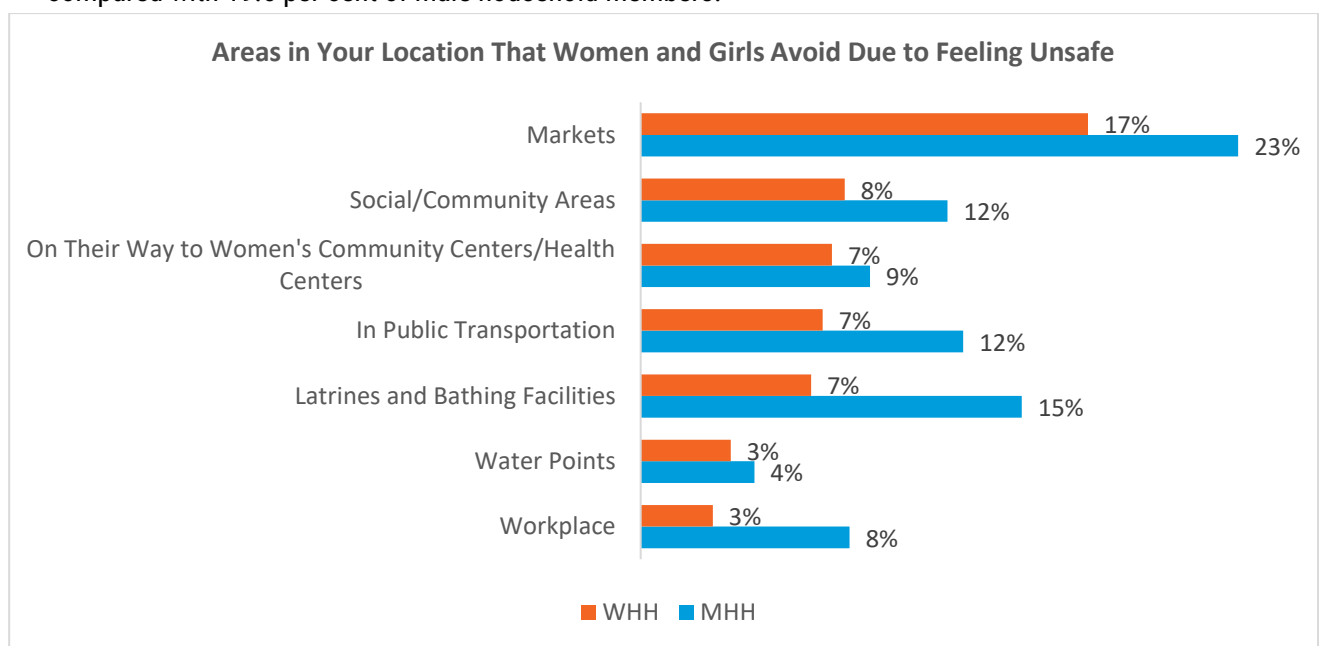
The population of Afghanistan faces key protection concerns, such as safety risks, lack of access to civil documentation, early marriage, child labour and gender-based violence (GBV) – all of which are affected by gender-related considerations. For example, early marriage and GBV disproportionately affect women and girls, whereas child labour disproportionately affects boys.

The sub-sections below explore several of the most prominent protection risks prevailing in Afghanistan.

## General protection

### Safety

Women, girls, men and boys face a multitude of safety concerns in Afghanistan. In the consultations undertaken for the *Whole of Afghanistan Assessment 2024*, 17.5 per cent of female household member respondents indicated experiencing a protection-related incident in the 3 months prior to interview; compared with 19.5 per cent of male household members.<sup>119</sup>



Source: 2024, *Whole of Afghanistan Assessment (WoAA)*

Asked whether there were any local areas that women and girls avoided due to perceived lack of safety, the majority of respondents did not indicate such areas (71 per cent of WHHs and 55 percent of MHHs).<sup>120</sup> However, among those respondents who did indicate the existence of such areas, markets, latrines and bathing facilities, and social/community areas, and public transportation were indicated with highest frequency.<sup>121</sup>

<sup>119</sup> Ibid. There are several reasons for likely discrepancy in the WoAA data on female household members experiencing a protection-related incident. The vast majority of the data was collected from male respondents; as noted, it is increasingly difficult for humanitarian actors to undertake interviews with women in Afghanistan. Women also tend to leave the house less compared to male household members, due to restrictions targeting this group, and are often only able to be interviewed in the presence of a mahram – a situation in which, due to prevailing cultural norms, it is difficult for females to raise protection incidents, especially those pertaining to GBV, particularly as the perpetrator of these acts may be present.

<sup>120</sup> 2024, *Whole of Afghanistan Assessment (WoAA)*.

<sup>121</sup> Ibid.

An upward trend is perceptible in the number of households that perceive certain public areas as unsafe for women. The proportion of households reporting markets as an unsafe area for women rose from 15 per cent in 2022 to 23 per cent in 2024; concerns over public transportation as an unsafe place for women increased from 6 per cent to 12 per cent over the same period; and the perception that latrines are unsafe increased from 6 per cent to 15 per cent.<sup>122</sup>

As can be seen in the data, heads of MHHs reported greater shares of women/girls avoiding locations due to safety concerns than heads of WHHs. This may be because heads of WHHs tend to circulate in community on their own more often due to necessity and therefore have a different perception of the risk than their male counterparts.

However, other data sources paint a different picture. Observations based upon the findings of April 2024 countrywide consultations (jointly conducted by UN Women, the United Nations Assistance Mission in Afghanistan (UNAMA), and the International Organization for Migration (IOM)) indicate an increase compared to the previous quarter (January 2024) in the share of women reporting that they feel “not at all” safe leaving home by themselves (to 64 per cent), compared to 2 per cent of men.<sup>123</sup> Men also indicated that their feeling of safety drops markedly when in public with a female family member, aligning with women’s comments that they are targeted by DFA authorities and community members for being out in public.<sup>124</sup>

Answers to questions exploring the level of safety Afghans feel are heavily dependent upon the context in which the questions are asked, meaning that responses can vary significantly based on several factors. Here’s a breakdown of why this phenomenon occurs:<sup>125</sup>

- **Geographical and Regional Variations**
  - \*\*Urban vs. Rural Areas: People in urban areas may have a different perception of safety compared to those in rural areas.
  - \*\*Provincial Differences: Some provinces, such as Panjshir and certain areas in the north, have experienced continued resistance and conflict, leading to heightened insecurity, while others have been relatively stable.
- **Personal and Social Factors**
  - \*\*Gender and Social Status: Women and ethnic minorities (e.g., Hazaras, Tajiks, Sikhs) may report a much lower sense of safety than men from ethnic majorities. Additionally, women might feel safe at home but unsafe in public spaces, especially due to restrictions on movement and access to services.
- **Influence of Interviewers and Fear of Repercussions**
  - \*\*Interviews conducted in the presence of the authorities.
  - \*\*Anonymous Surveys vs. Public Polling: In an anonymous survey, Afghans might be more candid about the threats they face, while in face-to-face interviews people may self-censor their responses.
- **Timing and Recent Events**
  - \*\*After a Security Incident: people might express a heightened sense of fear, while if a period of relative calm has persisted, respondents may report feeling safer.

<sup>122</sup> WoAA 2022. <https://data.humdata.org/dataset/mid-year-whole-of-afghanistan-assessment-2022-mid-year-woaa-2022-household-dataset>

<sup>123</sup> UN Women, UNAMA, IOM. 2024. [Summary Report of Countrywide Women’s Consultations](https://reliefweb.int/report/afghanistan/situation-afghan-women-summary-report-country-wide-womens-consultations-april-2024-endarips). April 2024.

<https://reliefweb.int/report/afghanistan/situation-afghan-women-summary-report-country-wide-womens-consultations-april-2024-endarips>In response to the question “Do you feel safe leaving home by yourself?”, men responded “totally” (75 per cent), “somewhat” (23 per cent), and “not at all” (2 per cent). In comparison, to the question “Do you feel safe leaving home with a female family member?”, men responded “totally” (31 per cent), “somewhat” (63 per cent), and “not at all” (6 per cent).

<sup>124</sup> Ibid.

<sup>125</sup> UN-Habitat (2019). *Safety in Afghan Cities*.

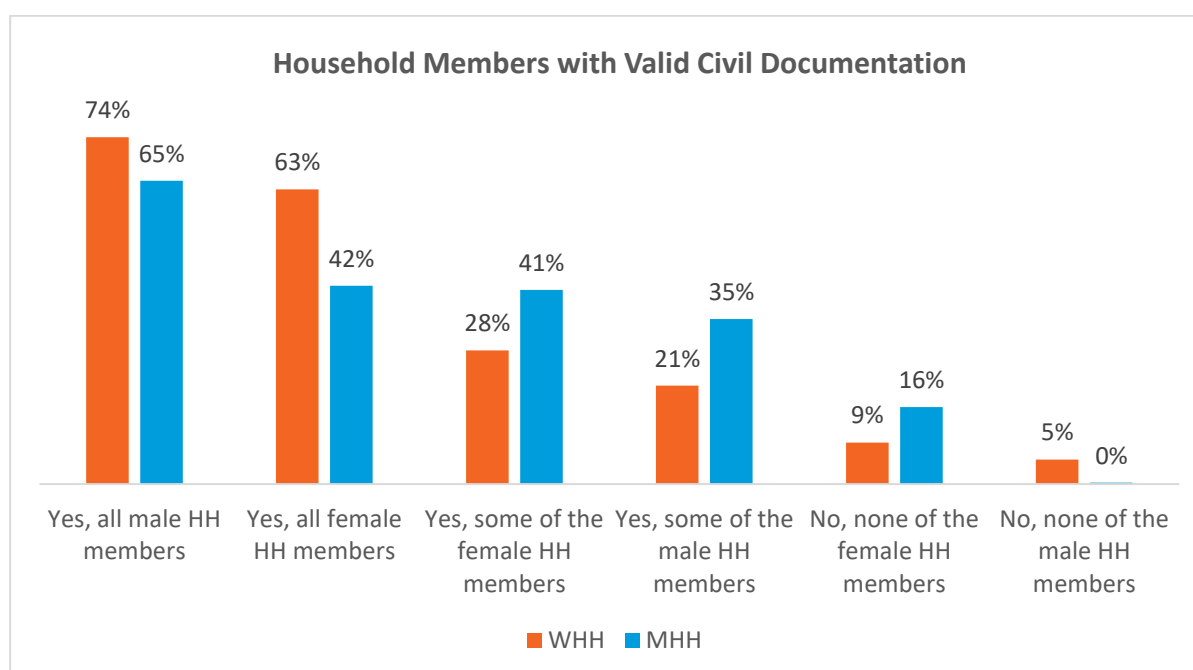
**\*\*Before vs. After 2021: concerns differ and are currently more focused on the economy and the current DFA implemented restrictions**

As illustrated above, the way in which Afghans perceive their safety is deeply contextual, influenced by their location, identity, political realities, and the conditions under which they are asked. This does, indeed, highlight the importance of carefully interpreting survey results, as answers may not always reflect the full extent of insecurity due to self-censorship, fear, or situational differences.

### Civil documentation

Women in Afghanistan disproportionately lack access to civil documentation, compared to men. This limits women's access to basic services (humanitarian assistance, health, education), formal financial institutions, housing, and employment.<sup>126</sup> It also limits the possibility to undertake travel, as documents need to be shown at checkpoints.

Obstacles to obtaining civil documentation include the closures of some offices delivering the documentation, an increase in the cost of documents, issues with online application systems, long waiting times, and lack of clarity regarding application processes.<sup>127</sup>



Source: 2024, *Whole of Afghanistan Assessment (WoAA)*

The 2024 WoAA data indicates that women in Afghanistan indeed have lower access to civil documentation than men, in both WHHs and MHHs. Some 74 per cent of WHHs and 65 per cent of MHHs report that all male household members have access to civil documentation.<sup>128</sup> In comparison, 63 per cent of WHHs and 42 per cent of MHHs report that all female household members have access to civil documentation.<sup>129</sup>

<sup>126</sup> IOM. 2023. [Documentation and Legal Identification in Afghanistan](#). Research Report. Samuel Hall, WFP, UNHCR, UNICEF.

<sup>127</sup> Ibid.

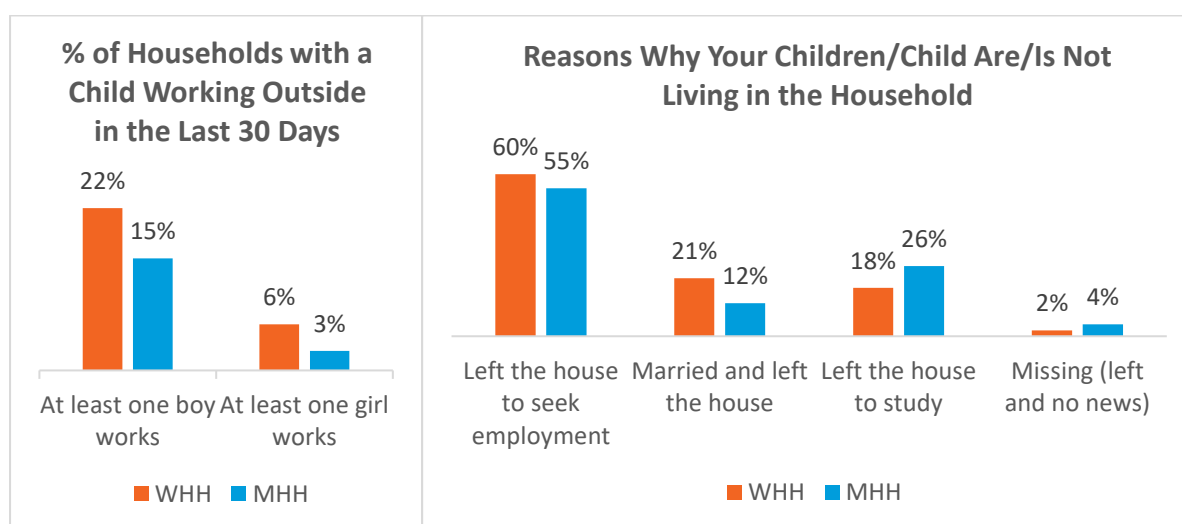
<sup>128</sup> 2024, *Whole of Afghanistan Assessment (WoAA)*.

<sup>129</sup> Ibid. It should be noted that some households may perceive that women do not need a tazkera if male family members can access various services on their behalf (for instance food distributions). The tazkera process can be lengthy and costly for families who then are likely to prefer investing in men's tazkera and de-prioritize women's tazkera access. Cases have also been seen of women using their husband's tazkera to access certain services or humanitarian assistance

## Child protection

Early marriage is prominent in Afghanistan: 28.7 per cent of girls (females under 18 years of age) are married (9.6 per cent of girls under 15 years of age are married).<sup>130</sup> Early marriage is associated with a higher risk of domestic violence, limited access to reproductive healthcare and lower levels of education.<sup>131</sup>

Child labour is also increasing in Afghanistan, particularly among boys.<sup>132</sup> On average, more households have boys working than women working.<sup>133</sup>



Source: 2024, Whole of Afghanistan Assessment (WoAA)

WoAA data shows that boys are sent to work outside of the home more often than girls, in both WHHs and MHHs.<sup>134</sup> Furthermore, WHHs report higher rates of sending children (female and male) to work outside of the home than MHHs.<sup>135</sup> This is likely due to WHHs having, compared to MHHs, lower overall household income (as shown by WoAA data, presented above) and greater levels of economic distress. WoAA data also indicates that children in WHHs are experiencing higher instance of child labour and early marriage. When household heads were asked why their child/children were not living in the household, 60 per cent of WHHs indicated that they left the house to seek employment (compared with 55 per cent among MHHs), while 21 per cent of WHHs indicated that their child/children left the house to get married (compared with 12 per cent in MHHs).<sup>136</sup> This would appear to indicate that children in WHHs are more likely to be married underage or to work outside the house than children in MHHs. The likely reasons for this, listed below, are due to a combination of economic, social, and cultural factors:

- **Economic Hardship**
  - \*\*Financial Constraints: WHHs often face greater financial difficulties because women have limited access to employment, inheritance rights, and financial support. Child marriage can be seen as a survival strategy to reduce the financial burden on the household.

<sup>130</sup> UNICEF. 2023. [Afghanistan Multiple Indicator Cluster Survey \(MICS\), 2022-23: Summary Findings Report for the Afghanistan MICS 2022-23](#). May 2023

<sup>131</sup> Spotlight Initiative, Protection Mechanisms. Technical Guidance Note on the Six Pillars of Spotlight Theory of Change. 2017.

<sup>132</sup> GiHA WG. 2023. [Afghanistan Rapid Gender Analysis 2023](#).

<sup>133</sup> Ibid.

<sup>134</sup> 2024, Whole of Afghanistan Assessment (WoAA).

<sup>135</sup> Ibid.

<sup>136</sup> Ibid.



- \*\*Bride Price (*Mahr*):** In some cases, families in WHHs may arrange early marriages for daughters in exchange for a bride price, which provides much-needed financial relief.
- **Male Protection norms and Social Stigma**

**\*\*Cultural Norms on Male Guardianship:** Afghan society and the current DFA restrictions place a strong emphasis on male protection. In WHHs, the absence of a male guardian can make girls more vulnerable to social pressures and insecurity, leading families to marry them off for their "protection" and social standing.

**\*\*Stigma Against WHHs:** Women without male support often face discrimination, making it harder for them to provide for and protect their children. Marriage is sometimes seen as a security guarantee to their daughters' futures
- **Security and Safety Concerns**

**\*\*Gender-Based Violence:** WHHs are more vulnerable to harassment, forced marriages, and violence.

**\*\*Forced Displacement:** Many WHHs are internally displaced or refugees due to past conflict, and in unstable environments, families see marriage to ensure their daughters' safety.
- **Limited Educational and Economic Opportunities**

**\*\*Lack of Access to Education:** Girls in WHHs are often the first to be pulled out of school due to financial constraints. Girls above grade 6 also have no access to formal education due to DFA restrictions. With fewer prospects for education or employment, early marriage becomes more likely.

**\*\*Restricted Employment Options:** Afghan women face legal and social restrictions on working, making marriage a more viable option for economic security.
- **Cultural and Religious Beliefs**

**\*\*Traditional Gender Roles:** Afghan society emphasizes that a woman's primary role is as a wife and mother. In WHHs, where mothers struggle to meet societal expectations stability without adult men in the household, they may push for earlier marriages.

**\*\*Honor and Family Reputation:** Concerns over family honor can lead to early marriages in WHHs, especially if daughters are seen as more vulnerable without a male guardian.

As such, the intersection of poverty, gender inequality, social norms, and insecurity are likely the principal drivers of the higher rates of child marriage in Afghanistan, with WHH being particularly affected. Without strong economic support, legal protections, and societal changes, WHHs will continue to see child marriage as one of the few survival options available to them.

Children in MHHs are more likely to be living away from the household for education purposes, with 18 per cent of MHHs stating that their child/children left to study (compared with 16 per cent of WHHs).<sup>137</sup> This disparity is, indeed, consistent that WHHs are experiencing greater levels of economic hardship and perhaps have fewer support structures to lean upon than MHHs. WHHs are resorting to negative coping strategies in the form of child labour and early marriage with higher incidence compared to MHHs. However, MHHs are also experiencing very high rates of prevalence in regard to these concerns. Unfortunately, *WoAA* data does not indicate the gender of

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<sup>137</sup> This also appears to indicate that children in MHHs are likely to have greater access to education opportunities than children in WHHs; likely due to gender restrictions placed upon mothers and increased economic hardship for WHHs.

children engaged in child labour and/or early marriage. However, pre-existing trends suggest that boys are more likely to be engaged in child labour and girls are more likely to be married while underage.<sup>138</sup>

## Gender-based violence

Based upon figures from 2017, an estimated 50.8 per cent of women (between the ages of 15 and 49 years in Afghanistan experience intimate partner physical and/or sexual violence at least once in their lifetime.<sup>139</sup> This is nearly double the global average (of 26 per cent).<sup>140</sup>

In the tumultuous Afghan context that has emerged since the publication of the above figure, GBV needs in Afghanistan have risen – and continue to rise, from affecting a projected 13.3 million people in 2024 to 14.2 million people in 2025.<sup>141</sup> Fuelled by the multiple overlapping crises affecting their society, among them the continuing severe economic crisis, GBV-related needs among Afghans are further spurred by the impact of (intensified) DFA restrictions, with women and girls disproportionately affected.

Incidents of GBV among women and girls is likely to have increased substantially as a result of restrictions imposed on this group by the DFA. Restrictions on movement, women's reliance upon a *mahram* (who may be the perpetrator of GBV against the woman they are accompanying), denial of access to public spaces and confinement to the home, the deterioration (and systematic dismantlement) of legal and protection infrastructure, economic pressures, and natural disasters (such as droughts, floods and earthquakes) have all likely contributed to increased rates of GBV prevalence.<sup>142</sup>

## Housing, land and property

Women and women-headed households are disproportionately affected by displacement and eviction. Low home and land ownership among women in Afghanistan also exacerbates their vulnerability during time of conflict or natural disaster, as they are more likely to be displaced and often take their families with them when fleeing.<sup>143</sup>

Furthermore, women in Afghanistan in many cases face a range of gender-specific risks regarding housing, land and property. WHHs are often in a more precarious economic position than MHHs and their income is typically lower, with restrictions on women's participation in the labour market exacerbating this situation.

Specifically in regard to eviction, the Housing Land and Property Taskforce Afghanistan found that the more precarious economic situation faced by women-headed households renders them more vulnerable to the impacts of such an event – including being far less likely to be able to meet associated costs (such as returning to their place of origin or finding alternative accommodation).<sup>144</sup> Furthermore,

<sup>138</sup> US Department of Labor, "Child Labor and Forced Labor Reports" <https://www.dol.gov/agencies/ilab/resources/reports/child-labor/afghanistan>; UNICEF. 2021. "Girls increasingly at risk of child marriage in Afghanistan." Statement. 12 November 2021.

<sup>139</sup> Estimates made in 2017 by the Central Statistics Organization in Kabul can be accessed via the Global Database on Violence against Women. Accessed 28 February 2025. Available from: [data.unwomen.org/global-database-on-violence-against-women/country-profile/Afghanistan/country-snapshot](https://data.unwomen.org/global-database-on-violence-against-women/country-profile/Afghanistan/country-snapshot)

<sup>140</sup> UN-Women (2024). Facts and figures: Ending violence against women. Link accessed 28 February 2025: <https://www.unwomen.org/en/articles/facts-and-figures/facts-and-figures-ending-violence-against-women#:~:text=Prevalence%20of%20violence%20against%20women%20and%20girls,-Global%20scale%20of&text=Violence%20by%20intimate%20partners%3A%20Most,subjected%20to%20intimate%20partner%20violence>

<sup>141</sup> Integrated Food Security Phase Classification. Afghanistan: Acute Insecurity Situation for September – October 2024 and Projection for November 2024 – March 2025. Link accessed 28 February 2025: [ipcinfo.org/ipc-country-analysis/details-map/ed/c/1159434/](https://ipcinfo.org/ipc-country-analysis/details-map/ed/c/1159434/)

<sup>142</sup> However, as GBV is deemed a sensitive topic in Afghan society, and many women's refugees/women's NGOs providing protection services have been closed down due to restrictions from the DFA, up-to-date data on the evolution of GBV incidence rates in Afghanistan is not readily available. Neither the WoAA data nor the Ground Truth Solutions-Salma Consulting perception survey used as a primary dataset for the present brief directly address GBV.

<sup>143</sup> Protection Cluster Afghanistan. 2023. [Afghanistan Protection Analysis Update: Update on the protection environment following the ban on female aid workers](#).

<sup>144</sup> Housing Land and Property Taskforce Afghanistan, GiHA WG. [Gender Based Vulnerability to Evictions in Kabul Informal Settlements](#).

evictions and rapid relocation disrupt social bonds and networks between women, increasing their risk of social isolation and GBV, and lowering access to information on humanitarian assistance.<sup>145</sup>

Evictions have been triggered by the DFA over the past few years, with the DFA evacuating entire communities. If women are relocated to communities/locations with which they are not familiar, this increases their exposure to a variety of risks.

Recent studies also indicate that Afghan women are twice as likely as men to be displaced due to eviction.<sup>146</sup> This situation is compounded by restrictive gender norms and legal barriers, such as difficulties in obtaining civil documentation and limited access to economic opportunities.<sup>147</sup> If an Afghan citizen cannot obtain civil documentation, they cannot own property in Afghanistan. If they are experiencing economic hardship, they are unlikely to be able to maintain property payments. Within this context, eviction tends to be a disproportionately common occurrence among vulnerable groups such as women and WHHs.

Eviction in Afghanistan may also lead to various knock-on effects that can further exacerbate the burden of hardship disproportionately born by women and WHHs; for example:

- a) Evicted women often face barriers in accessing humanitarian aid due to bureaucratic challenges and lack of recognition as IDPs, while the ban on female NGO workers has further complicated the ability of women to receive assistance, leaving many without necessary support during crises.<sup>148</sup>
- b) The psychological toll of displacement and eviction is significant, with many women experiencing feelings of despair and hopelessness. Community support structures are vital for emotional resilience; however, the increasing restrictions on women's roles in society limit their ability to participate in community decision-making processes.<sup>149</sup>
- c) Evictions can also lead to increased employment of negative coping strategies. As economic conditions worsen, WHHs may resort to high-risk coping mechanisms, including child labour and early or forced marriages. Reports indicate that many families feel compelled to marry off daughters at a young age due to financial desperation, further entrenching cycles of poverty and vulnerability.<sup>150</sup>

WoAA data for 2024 shows that 25 per cent of households hold inadequate occupancy agreements, indicated by 29 per cent of WHHs and 25 per cent of MHHs – WHHs thus face proportionally greater risk of eviction.

The WoAA data also did not show significant numbers related to displacement: 89 per cent of WHHs and 85 per cent of MHHs surveyed reported continuing to live in their long-term residence (from which they were at no point displaced, evicted or moved). Of those households that had changed residence, the main reasons cited for this movement were: unemployment/poverty (57 per cent for WHHs and 38 per cent for MHHs) and being forced to leave (17 per cent for WHHs and 28 per cent for MHHs).

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<sup>145</sup> Ibid.

<sup>146</sup> Protection Cluster Afghanistan. 2023. [Afghanistan Protection Analysis Update: Update on the protection environment following the ban on female aid workers](#); UNHCR (United Nations High Commissioner for Refugees). 2023. [Afghanistan Protection Monitoring Analysis Report: Access to Basic Services/Vulnerabilities. Summary](#).

<sup>147</sup> Protection Cluster Afghanistan. 2023. [Afghanistan Protection Analysis Update: Update on the protection environment following the ban on female aid workers](#). July 2023; ACAPS. 2024. [Afghanistan Spotlight on social impact \(October 2023 to February 2024\)](#).

<sup>148</sup> Protection Cluster Afghanistan. 2023. [Afghanistan Protection Analysis Update: Update on the protection environment following the ban on female aid workers](#). July 2023

<sup>149</sup> Ibid.

<sup>150</sup> Ibid.; ACAPS. 2024. [Afghanistan Spotlight on social impact \(October 2023 to February 2024\)](#).

## WASH

### WASH CLUSTER COMMITMENTS

- Reach out to the Global WASH Cluster and GiHA WG for support in training cluster coordinators and partners on accountability to affected populations (AAP) and gender-responsive programming.
- Develop a WASH-specific women engagement strategy.
- Map WLOs attending regional level meetings and yet to be WASH Cluster members and support them with obtaining funding for WASH projects.
- Reactivate/follow up on the process to recruit a Gender Focal Point at national level. This person will also support regional sub-clusters.

Water, sanitation and hygiene (WASH) are particularly critical components of humanitarian response in Afghanistan, as the country grapples with severe water scarcity, insufficient and non-functional infrastructure, and deteriorating water quality.<sup>151</sup> The impacts of the WASH challenges faced by Afghan households, especially among women and girl members, are exacerbated by socioeconomic barriers and restrictions imposed upon this group; 17 per cent of women interviewed for the WoAA report only being able to access a primary drinking water source if accompanied by a *mahram*.<sup>152</sup>

Access to water is limited across Afghanistan. Women and girls are disproportionately affected by water shortages. According to 2024 WoAA data, 18 per cent of WHHs reported insufficient access to drinking water (compared to 11 per cent of MHHs) as they are increasingly reliant upon public water sources (at 34 per cent, compared to 23 per cent in 2023), likely due to financial struggles. Restrictions on women's access to public spaces is also a likely driver of this increase.<sup>153</sup> Similarly, 34 per cent of WHHs report using an unimproved sanitation facility, compared with 28 per cent of MHHs, indicating that MHHs have greater access to improvements for sanitation facilities than WHHs.<sup>154</sup>

WoAA data also indicates that more WHHs are sharing their sanitation facilities with others than MHHs; 9 per cent of WHHs surveyed report that they share their sanitation facilities with people who are not member of their households, compared with 5 per cent of MHHs. Although these overall numbers are low, sharing WASH facilities can place women and girls at risk of GBV.<sup>155</sup>

Within the typical household in Afghanistan, girls and women bear the primary responsibility for water collection, which is time-consuming, physically demanding and further complicated by mobility restrictions, safety concerns, and a lack of accessible clean water sources.<sup>156</sup> Limited water access affects the capacity of women and girl to meet their menstrual hygiene needs. Poor menstrual hygiene can result in serious health complications, such as reproductive infections and long-term fertility issues.<sup>157</sup> Psychological impacts of low capacity to meet menstrual hygiene needs include stress and

<sup>151</sup> Malistani, H. A. et al. 2022. [Water Resources and Water Quality Assessment, Central Bamyan, Afghanistan](#). University of Central Asia; Società Italiana Di Monitoraggio. 2012. [Afghanistan Rural Water Sector: Developing Sector Strategies and Options to Support the Sector](#). World Bank. Government of Australia.

<sup>152</sup> 2024, Whole of Afghanistan Assessment (WoAA).

<sup>153</sup> Ibid.

<sup>154</sup> Ibid.

<sup>155</sup> Ibid.

<sup>156</sup> EMRO/WHO (2016). Afghanistan: Environmental Health. Link accessed 28 February 2025: [emro.who.int/afg/programmes/eh.html](http://emro.who.int/afg/programmes/eh.html)

<sup>157</sup> Ibid.; World Bank. 2022. [Menstrual Health and Hygiene](#). Brief. Topics. Water. 12 May 2022.

shame related to inadequate menstrual hygiene, which can limit women's mobility and participation in social activities and education.<sup>158</sup>

Furthermore, limited access to safe drinking water increases the risk of waterborne diseases. Many households rely upon unprotected sources; approx. 20 per cent of households interviewed for the WoAA reported using such sources.<sup>159</sup> Women's limited access to information on managing waterborne diseases, due to low literacy rates and impediments placed on awareness raising activities, further exacerbates health risks within these communities.<sup>160</sup> Women's access to information has been further restricted due to the recent ban on awareness-raising activities by projects in the field, which comes in addition to hampering factors such as *mahram* requirements, and the presence of less women aid workers on the ground.

Within Afghanistan's schools, WASH concerns also persist. A lack of adequate sanitation facilities in schools contributes to low attendance rates among girls. Many schools do not have basic hygiene kits or separate bathrooms for girls, which discourages attendance, particularly during menstruation.<sup>161</sup>

The WASH situation in Afghanistan remains critical, with increasing challenges faced by vulnerable populations. Addressing these issues will require a multifaceted approach that targets infrastructural improvements and the specific needs of women and girls within the context of the prevailing cultural and socioeconomic barriers.

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<sup>158</sup> UNICEF. 2022. [Afghanistan: WASH on the Brink](#).

<sup>159</sup> Saboor, A. et al. 2021. "[Inclusion of water quality testing in the Afghanistan Living Conditions Survey and status of bacteriological contamination of drinking water in 10 provinces of Afghanistan](#)." *Journal of Water, Sanitation and Hygiene for Development* 11 (4), pp. 600–611.

<sup>160</sup> UNICEF. 2022. [Afghanistan: WASH on the Brink](#).

<sup>161</sup> Ahmadzai, M. et al. 2023. [The War on Schoolgirls: Responding to the Education Crisis in Afghanistan](#).

## 4. CROSS CUTTING CONTENT

There are a variety of issues that are cross cutting across clusters. Key examples include: being accountable to the populations served, participation of community members in guiding humanitarian response, communicating effectively with community members, receiving feedback from community members on how the humanitarian response is going, having active reporting mechanisms for humanitarian misconduct, and ensuring the inclusion of all groups such as persons with disabilities. The Ground Truth Solutions-Salma Consulting perception survey and the WoAA involved consultations with community members on these key topics.

### Accountability and reporting misconduct

Accountability to affected populations is a core component of the work of all clusters. Each cluster must foreground in their conceptualization and planning community participation in decision-making; how to communicate effectively with affected persons; and how to implement functional feedback mechanisms. Women are rarely consulted when organizations are making decisions about aid and services. The Ground Truth Solutions-Salma Consulting perception surveys conducted in 2024 found that 78% of participants across Afghanistan answered “not at all, not really or don’t want to answer” when asked: Do humanitarian organisations consult women directly in your community when making decisions about how humanitarian aid/services is provided?<sup>162</sup>

Regarding participation, the Ground Truth Solutions-Salma Consulting perception survey showed that 71 per cent of respondents believe that it is important for humanitarian organizations to consult women directly in their community when making decisions about aid/services provided. However, 73 per cent of respondents reported that humanitarian organizations do not/do not really consult women directly about these decisions.<sup>163</sup>

### Communications and information sharing

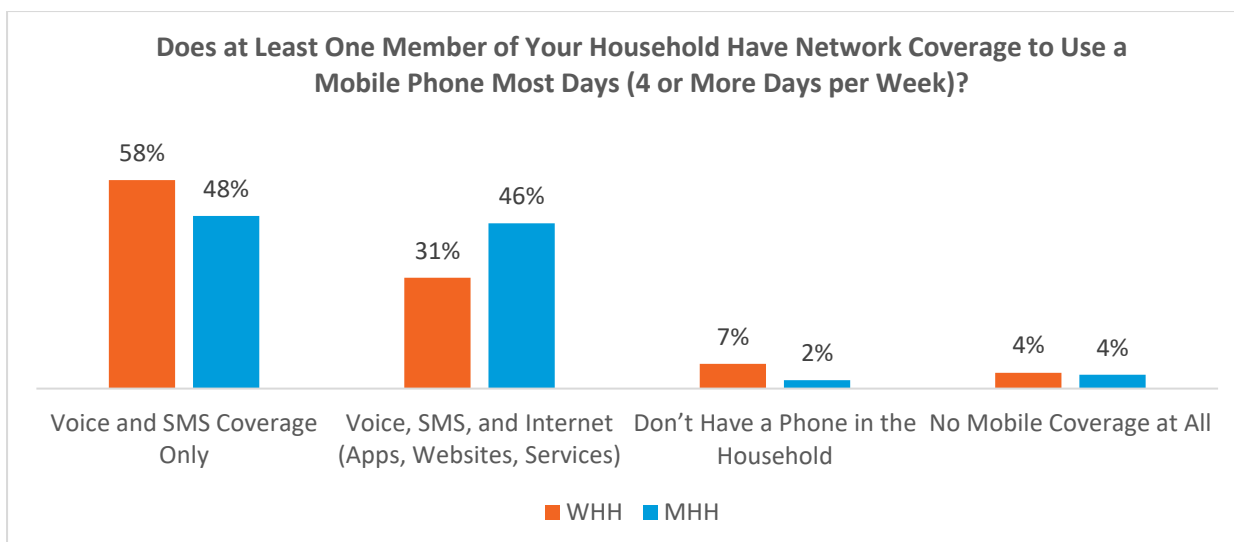
Lack of information remains an impediment for Afghan communities to access humanitarian assistance. This is notably the case for women who face challenges in accessing information shared by community leaders and humanitarian workers due to restrictions placed on them. Almost 75% of women surveyed did not feel informed about how and where to register for humanitarian assistance in 2023.<sup>164</sup> To enable effective delivery upon the AAP commitment, actors must understand how best to communicate with the target community. WoAA data had some useful findings on community communications access, which could assist with AAP-related activity planning.

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<sup>163</sup> An additional 5 per cent of respondents indicated “don’t want to answer”, which may imply that (some or all of) these respondents also feel that humanitarian aid organizations do not directly consult women (but did not wish to indicate as such). For various reasons apparent, respondents in Afghanistan may be unwilling to provide negative feedback to assistance-providing agencies on the actions of such agencies.

<sup>164</sup> GTS and Salma, “We as women’s groups can find women in need when organisations can’t.” [Engaging women in the humanitarian response in Afghanistan](#), 2023



Source: 2024, *Whole of Afghanistan Assessment (WoAA)*

WoAA data shows that in most cases at least one household member has access to a mobile phone four or more days per week; 31 per cent of WHHs and 46 per cent of MHHs reported access to voice calls, SMS and internet (apps, websites, etc.). However, WHHs are disproportionately affected by the lack of access to communications technology – 58 per cent of WHHs and 48 per cent of MHHs reported having only voice and SMS coverage. As such, to reach over half of WHHs and almost half of MHHs, a focus should be placed on messaging via SMS and voice calls.

Among WHHs, 7 per cent do not have a household phone (compared to 2 per cent among MHHs), so word of mouth within the community remains an important way of conveying messages. In addition to WHHs who experience specific vulnerabilities, other groups such as the elderly, people living with disabilities and those living in hard-to-reach areas are also often left behind as internet penetration is low across the country and physical access to community decision makers and humanitarian actors can be limited. Many humanitarian actors have thus also invested in sharing information via traditional media including print, radio and television.

It is also important to note that if only one household member in a MHH has access to telecommunications, this is likely to be a male household member – and does not imply independent access for women within the household.

### *Beneficiary feedback on the humanitarian response*

Regarding community's ability to provide feedback to humanitarian workers, WoAA data also showed that 71 per cent of WHHs and 59 per cent of MHHs are not aware of any method/mechanism to contact aid providers about community needs, assistance reviewed, problems with humanitarian assistance received, misconduct by aid workers. While these figures for both WHHs and MHHs are high, WHH are disproportionately affected. This is consistent with data collected by UN Women and GiHA WG, including data from the Ground Truth Solutions-Salma Consulting perceptions surveys which shows that a high number of respondents do not know how to provide feedback or report issues occurring within the delivery of humanitarian assistance in their community<sup>165</sup>.

<sup>165</sup> See for instance: GTS and Salma, ["We as women's groups can find women in need when organisations can't." Engaging women in the humanitarian response in Afghanistan](#), 2023

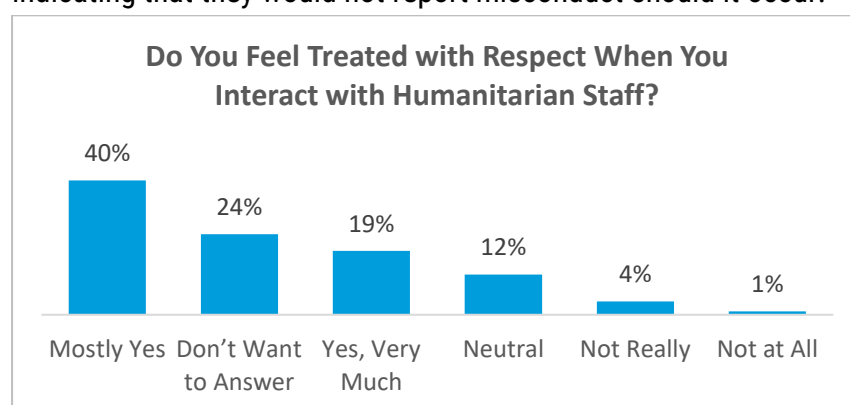


### Reporting humanitarian workers' misconduct

The humanitarian community should make strong advances in ensuring community members know how to report misconduct by aid workers. As depicted in the figure below, the data shows that there are currently concerns around community perceptions of respect shown by aid workers; not knowing how to report misconduct; not knowing what is expected of humanitarian workers; and not feeling comfortable reporting incidents of this nature. Many of these concerns disproportionately affect women.

Even among those aware of mechanisms to report misconduct, 3 per cent of MHHs indicated they would not report it, but this figure is higher among WHHs (10 per cent).<sup>166</sup>

The disparity is even more pronounced among women living in MHHs, with 13 per cent indicating that they would not report misconduct should it occur.<sup>167</sup>



Source: GTS and Salma Consulting Perceptions Surveys for GiHA WG, 2024

Within the perceptions surveys conducted by Ground Truth Solutions and Salma Consulting, when asked whether they feel treated with respect when they interact with humanitarian staff, 41 per cent of respondents either chose not to answer or responded in the negative.<sup>168</sup> This survey also shows that 65 per cent of respondents report not having received information about what behaviour is expected of humanitarian workers. Whether the respondent was a woman or a man, there was no significant difference in the responses provided to these questions.

However, when asked if there is a way to report mistreatment or abuse by an aid worker in their community, 74 per cent of women either chose not to answer or respond in the negative compared with 69 per cent of men. While both figures are high, the gendered discrepancy may indicate that messaging reaches more men than women, and that men have greater access to these mechanisms than women. Both men and women responded that if they did report misconduct, they would be most likely to report the incident to a community committee (44 per cent), the Awaaz hotline<sup>169</sup> (38 per cent), or a religious leader (37 per cent).

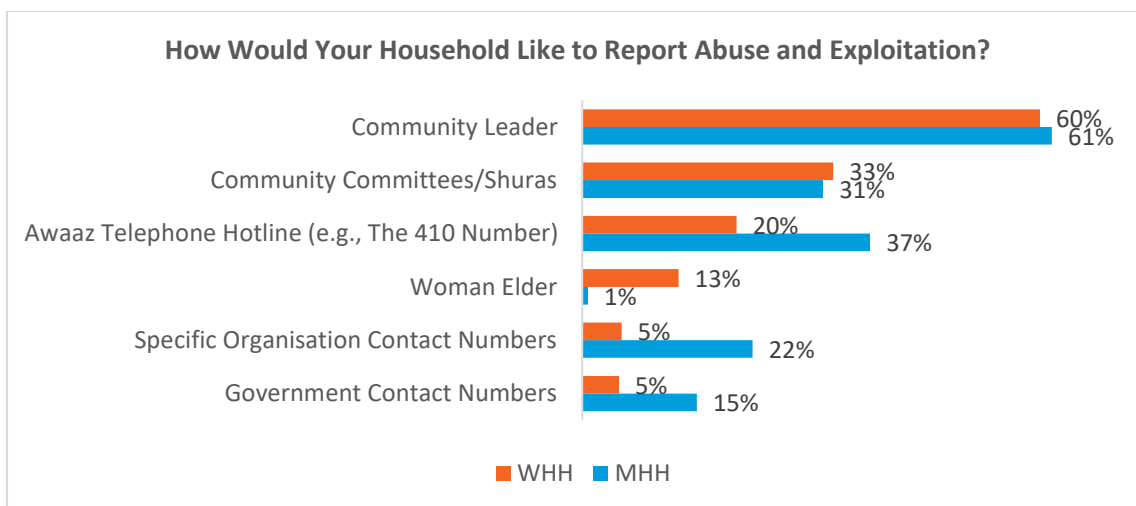
<sup>166</sup> 2024, Whole of Afghanistan Assessment (WoAA).

<sup>167</sup> 2024, Whole of Afghanistan Assessment (WoAA).

<sup>168</sup> GTS and Salma Consulting Perceptions Surveys for GiHA WG, 2024, publication forthcoming

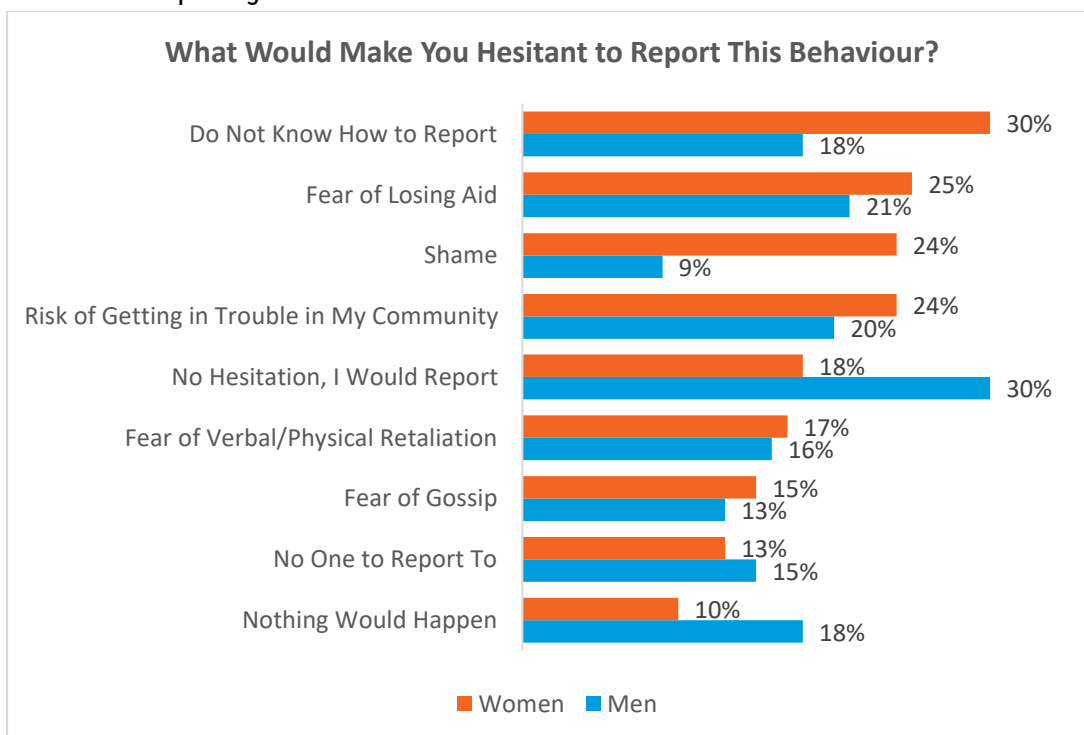
<sup>169</sup> Awaaz Afghanistan is a humanitarian helpline connecting Afghans (IDPs, returnees) and refugees affected by conflict and natural disaster with information on assistance. Awaaz provides a toll-free, confidential hotline that anyone with access to a mobile phone in Afghanistan can call for free to access information on and register feedback about the humanitarian response. More information can be found here:

<https://awaazaf.org/>



Source: 2024, Whole of Afghanistan Assessment (WoAA)

The Ground Truth Solutions-Salma Consulting findings are triangulated by WoAA data which suggests that both WHHs and MHHs would report to a community leader, the Awaaz hotline or community committees/shuras. Viewing these findings, it appears that WHHs are most comfortable reporting in person to community leaders/committees. As depicted in the figure below, men were found to be more comfortable reporting incidents overall.

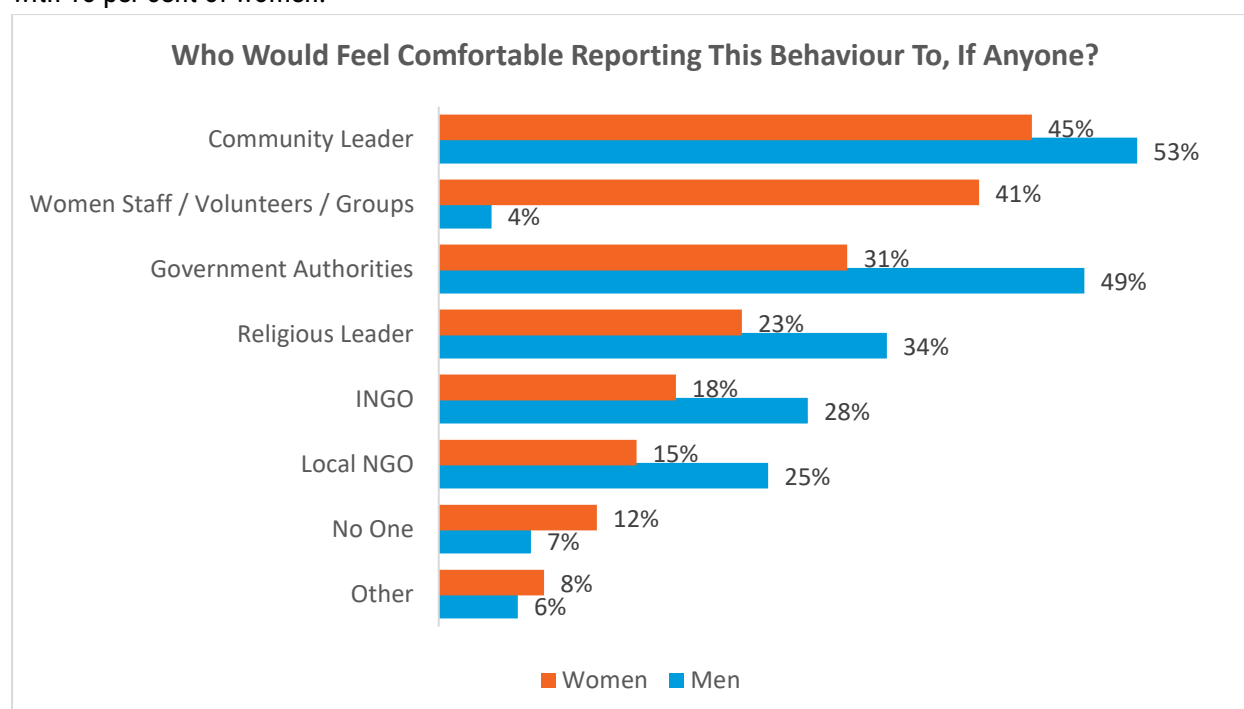


Source: GTS and Salma Consulting Perceptions Surveys for GiHA WG, 2024

Respondents were asked about how they would feel about reporting a hypothetical case where an aid worker yelled at a beneficiary in frustration and threw their distribution allocation on the floor. The resultant data indicates that women have less knowledge of how to report aid worker misconduct: 30 per cent state “I do not know how to report”, compared with 18 per cent of men.

Both women and men fear losing aid and risk getting in trouble in their community. However, women are more concerned about this than men. As captured in the figure below, men are also more comfortable

than women in reporting: 30 per cent of men chose the answer “No hesitation I would report”, compared with 18 per cent of women.



Source: GTS and Salma Consulting Perceptions Surveys for GiHA WG, 2024

In relation to the aforementioned hypothetical incident of misconduct put forward, respondents were asked: “Who would you feel comfortable reporting this behaviour to?” Men and women both indicated feeling most comfortable reporting such an incident to a community leader. 41 per cent of women indicated feeling comfortable reporting such an incident to women staff/volunteers/groups, compared with 4 per cent of men.

More efforts are needed by humanitarian organizations to ensure sharing of information on assistance in an accessible manner, that reaches the most affected and at risk, including women, children, people living with disabilities and in hard-to-reach area, and the elderly. Accessible feedback mechanisms for affected communities to share their needs are also needed, as well as to share any feedback on the assistance provided and misconduct by humanitarian workers. Only through transparent communication and inclusive and accessible channels will the people of Afghanistan be able to contribute and participate in the response.

### Inclusion of people living with disabilities

The situation for persons living with disabilities in Afghanistan is dire, characterized by high prevalence rates and significant gender disparities. The *Model Disability Survey of Afghanistan 2019* highlighted that women are disproportionately affected by disability in Afghanistan, with 25.7 per cent of men reported having no disability, compared to 17.3 per cent of women.<sup>170</sup>

Furthermore, a higher percentage of women experience moderate (43.9 per cent) and severe disabilities (14.9 per cent) compared to men (36.2 per cent and 12.6 per cent, respectively).<sup>171</sup> This disparity may

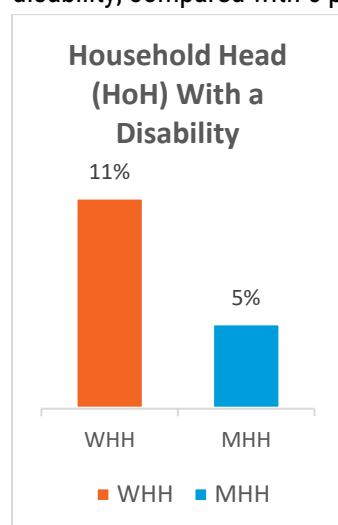
<sup>170</sup> Shinwari, N. A., Akseer, T. and M. Kamali. 2020. [The Model Disability Survey of Afghanistan 2019](#). The Asia Foundation.

It is important to note here that this could be due to potential underreporting due to cultural norms in Afghan society. The share of men whom have engaged in combat is high, and they may be living with physical or psychological disabilities as a result, while not feeling comfortable reporting it through surveys.

<sup>171</sup> Ibid.

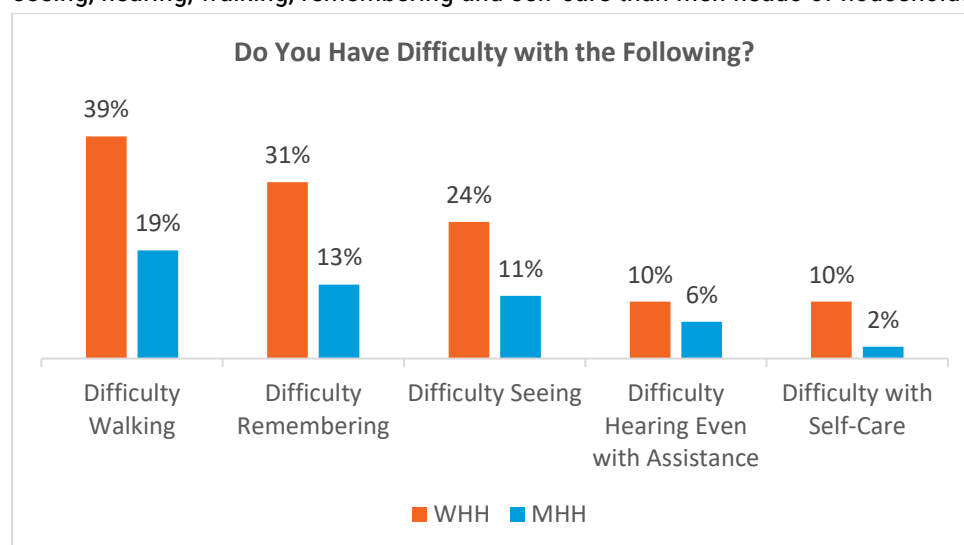
stem from systemic gender inequality, affecting resource allocation and access to services, and increasing vulnerability to GBV.<sup>172</sup>

In 2024, the WoAA showed that 11 per cent of WHHs report that their head identifies as living with a disability, compared with 5 per cent of MHHs, highlighting intersectional needs.



Source: 2024, Whole of Afghanistan Assessment (WoAA)

The WoAA data explores the types of disabilities faced by the heads of household interviewed. As depicted in the figure below, women heads of households reported more difficulties associated with seeing, hearing, walking, remembering and self-care than men heads of households.



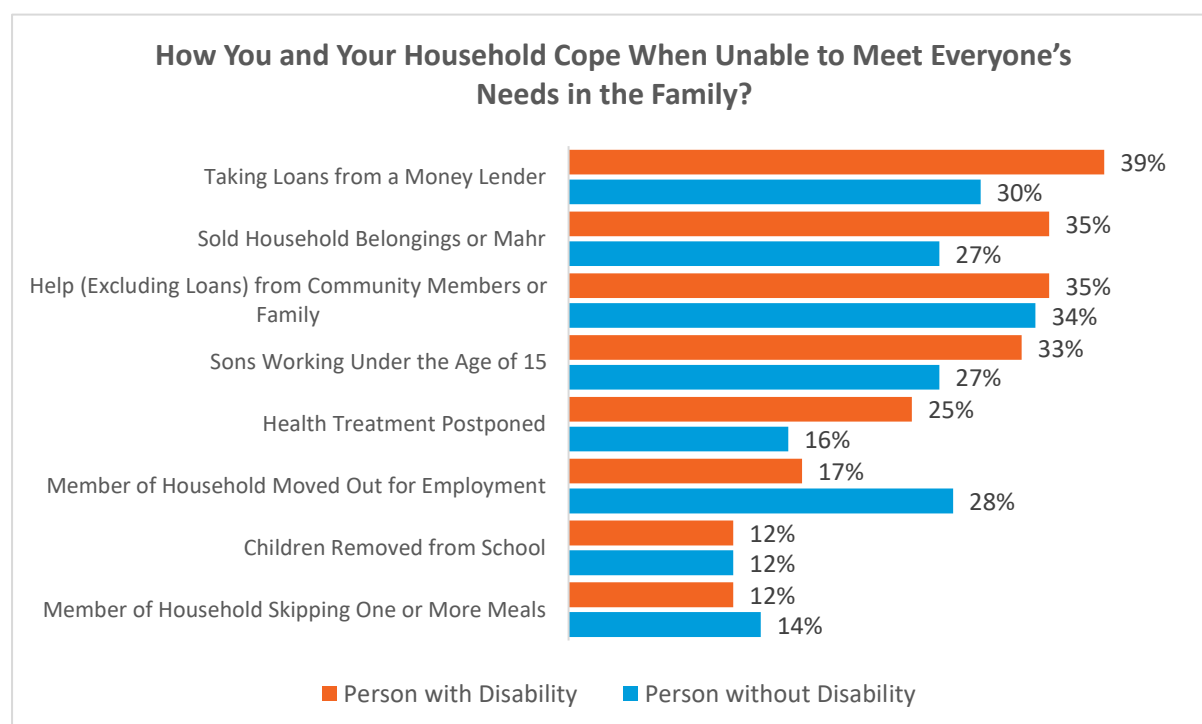
Source: 2024, Whole of Afghanistan Assessment (WoAA)

Women and girls living with disabilities encounter compounded barriers due to gender discrimination and disability stigma. They often face challenges in accessing education, healthcare, employment, and are at a higher risk of social isolation.<sup>173</sup> The intersectional challenges associated with being a woman and a person living with disability intensify humanitarian needs and limits the affected person's capacity

<sup>172</sup> Ibid.

<sup>173</sup> Ahmadi, B. 2024. [The Challenges Facing Afghans with Disabilities](#). United States Institute of Peace; Shinwari, N. A., Akseer, T. and M. Kamali. 2020. [The Model Disability Survey of Afghanistan 2019](#). The Asia Foundation; Nasiri, K. et al. 2023. ["Disability types, determinants and healthcare utilisation amongst Afghan adults: a secondary analysis of the Model Disability Survey of Afghanistan."](#) BMJ Open 13 (1).

to access humanitarian assistance. Women tend to typically be the primary caregivers for persons living with disabilities, thus their lack of access to resources directly impacts those for whom they care.<sup>174</sup> Households with at least one member with a disability face higher costs and increased vulnerability. Indeed, the WoAA showed that the average debt for households headed by a person living disability was AFN52,498, compared to AFN37,433 for households headed by a person not living with disability; and, as noted, WHHs report higher levels of debt than MHHs.<sup>175</sup> These compounding vulnerabilities could lead to negative coping strategies. In a 2023 survey, early marriage of daughters was cited as a coping mechanism by 32 per cent of women living with disability, compared to 18 per cent among women not living with a disability.<sup>176</sup>



Source: 2024, Whole of Afghanistan Assessment (WoAA)

Responses from the Ground Truth Solutions-Salma Consulting perception surveys show that persons living with disabilities report coping with household economic distress predominantly by taking loans from money lenders, help (excluding loans) from community members or family, and selling household belongings or *mahr* (bride wealth obligation).<sup>177</sup> The survey found that persons living with disabilities resort with higher frequency to these coping strategies, compared to persons not living with disabilities.<sup>178</sup>

25 per cent of persons living with disabilities also reported forgoing medical treatment, compared with 16 per cent of persons not living with disabilities.<sup>179</sup> This is significant, as the former group tends to have ongoing medical needs associated with their condition. This data suggests that persons living with

<sup>174</sup> Ahmadi, B. 2024. [The Challenges Facing Afghans with Disabilities](#). United States Institute of Peace; Shinwari, N. A., Akseer, T. and M. Kamali. 2020. [The Model Disability Survey of Afghanistan 2019](#). The Asia Foundation; UK Aid. 2022. [Disability Inclusion Helpdesk Report No: 71](#). Inclusive Futures.

<sup>175</sup> 2024, Whole of Afghanistan Assessment (WoAA).

<sup>176</sup> Nasiri, K. et al. 2023. ["Disability types, determinants and healthcare utilisation amongst Afghan adults: a secondary analysis of the Model Disability Survey of Afghanistan."](#) BMJ Open 13 (1).

<sup>177</sup> Ground Truth Solutions, Salma Consulting. 2023. [Strengthening Accountability to Women and Girls in Afghanistan](#). Preliminary Quantitative Findings. UN Women.

<sup>178</sup> Ibid.

<sup>179</sup> Ibid.

disabilities may be forgoing treatment (or other health-related needs) in an attempt to mitigate the impact of economic distress affecting their household.<sup>180</sup>

The challenges faced by persons living with disabilities in Afghanistan are multifaceted, deeply intertwined with issues of gender inequality, economic hardship, and systemic barriers to healthcare and education. Addressing these challenges requires targeted interventions that consider the unique vulnerabilities of women and girls within this population.

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<sup>180</sup> Other coping strategies are highlighted in various studies; For example, a 2023 survey indicated that early marriage of daughters was cited as a coping mechanism by 32 per cent of women living with disabilities, compared to 18 per cent of women not living with disabilities: Nasiri, K. et al. 2023. "[Disability types, determinants and healthcare utilisation amongst Afghan adults: a secondary analysis of the Model Disability Survey of Afghanistan](#)." BMJ Open 13 (1).

## 5. RECOMMENDATIONS

### 1. **Strengthen gender-responsive humanitarian programming:**

- Integrate robust gender considerations into all cluster responses. This includes adapting programme cycles to incorporate women's voices in decision-making, ensuring adequate representation of women humanitarian workers, and revising operational protocols to facilitate women's independent mobility and access.
- Act upon key gender components highlighted in this report as they pertain to the work of the respective cluster; inter alia, when identifying beneficiaries, exploring how to reach women and how to deliver programming (e.g., ensuring that women and girls are targeted by all interventions). Women and girls need to be reached in nuanced ways and should be included in any programme assessment that is undertaken.

### 2. **Support women working in the humanitarian space:**

- **Advocate with the DFA to ensure that all barriers to women's participation in the humanitarian response are removed in the long run, and in the short run, to ensure humanitarian organizations and cluster partners are able to avail of exemptions** to the ban on Afghan women working for NGOs and the UN. Consultations with Afghan humanitarian workers should form a central component of all negotiations
- **Establish policies to recruit, train and retain women staff**, including by complying with the *Minimum Standards for Quality Programming in Afghanistan*.<sup>181</sup>
  - **Ensure the availability of sufficient budget** to accommodate requirements to support women humanitarian workers; such as having dedicated budget lines to cover *mahram* costs in all programmes as well as gender segregated spaces where needed
  - **Create safe working environments for women**, adapting recruitment policies and adopt positive discrimination and providing women and girls with professional development opportunities – and for UN agencies and INGOs, ensuring that all implementing partners adhere to these recommendations.
  - **Engage women community volunteers to support, but not substitute for, women aid workers** in reaching women and girls throughout Afghanistan. Ensure organizational protocols are adapted to provide protection and support for these volunteers, including risk mitigation measures, feedback mechanisms, budgeting, compensation, and provision of technological resources. Additionally, collaborate with local communities to identify and train volunteers, as well as to map and mitigate risks they may encounter.

### 3. **Support, empower and resource women-led organizations:**

- Strengthen the voice of women's-led organizations (WLOs) by advocating within humanitarian structures, as well as with the DFA and donors, ensuring they have access to long term flexible funding tailored to their specific needs and requests. Enhance support by increasing funding opportunities, building organizational capacity through customized training, and allocating adequate resources, enabling WLOs to effectively serve their communities. Additionally, humanitarian clusters should adopt flexible membership criteria

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<sup>181</sup> Humanitarian Country Team Afghanistan. 2023. [Minimum Standards for Quality Programming in Afghanistan: AAP, PSEA, Gender, and Disability Inclusion](#). 18 May 2023.



to actively include WLOs who tend to not always meet strict cluster requirements, assist them in securing funding, and facilitate their prominent participation within cluster decision-making processes.

**4. Improve Access to Essential Services:**

- Prioritize the removal of barriers to education, healthcare, and nutritional support. Specific measures include overturning bans that restrict girls' education, ensuring safe access to health services by increasing female healthcare staffing, and providing targeted nutritional interventions for vulnerable populations.

**5. Prioritize Mental Health Response:**

- The widespread nature of the mental health impacts on Afghan women and girls is significant, and intervention in this area must be prioritized. The mental health crisis not only affects individual women, but also has broader implications for families and children. Research indicates a bidirectional link between poor mental health and domestic violence, such as mothers suffering from poor mental health can display increased irritability and aggression towards children.

**6. Strengthen Community Engagement and Accountability:**

- Establish transparent, accessible feedback mechanisms that allow affected populations—especially women—to report misconduct and influence programme design. This includes exploring in person feedback channels, including women staff and aiming to reach affected women directly, as well as other channels such as the radio. Finding additional and tailored ways to share information with women will go a long way in ensuring they are aware of the humanitarian assistance available. Enhanced community engagement will ensure that humanitarian interventions are culturally sensitive and responsive to the actual needs of women and girls.

**7. Ensure intersectionality and leaving no one behind across humanitarian programming:**

- Recognize the specific needs of women, girls, men and boys based on their age, geographical location and ability status, and adapt programming accordingly. Due to the current context in Afghanistan, geographical variations and the varied interpretation of restrictions on women and girls should be factored in when designing humanitarian responses. Ensure programming also responds to the needs of women and girls, as well as men and boys, returnee and displaced populations.

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