

## COVID-19 and Gender in Afghanistan: Reflections of a Development Practitioner

Lailuma Nasiri

### Abstract

Women and girls are the most affected by crises anywhere in the world. In the past couple of years, even as the conflict continued in Afghanistan, the social, economic, and security situation that had already enormously impacted women's mobility and access to basic rights such as education, health, food, and resources was exacerbated further due to the COVID-19 pandemic. The pandemic on the one hand and the collapse of the Afghan government on the other, aggravated pre-existing inequalities for Afghan women, particularly in the areas of food security, public health services, and employment. This reflective article focuses on the crises that Afghan women face as conflict, disaster, and the pandemic combined with the collapse of governance to create a humanitarian catastrophe.

**Keywords:** Gender, women and girls, Afghanistan, conflict, COVID-19, public health, food security

### Author Profile

**Lailuma Nasiri** is President of the Afghanistan Justice Organization (AJO), a Kabul-based research organization that she co-founded in 2011. AJO works on legal reform, capacity building, legal awareness, and advocacy for free markets and individual liberty through rule of law. Ms. Nasiri has worked with national and international organizations for over two decades on gender justice, women's rights, human rights, governance, countering corruption, and countering and preventing violent extremism. She is an active member of the Afghan civil society and has chaired and co-chaired multiple working groups including those on countering and preventing violent extremism and on Women, Peace, and Security. She has also served as the chairperson of the Steering Committee of the Afghanistan Mechanism for Inclusive Peace (AMIP), an Afghan civil society network.

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### **Introduction**

The first COVID-19 case in Afghanistan was identified and confirmed on 24 February 2020. Between 3 January 2020 and August 2022, there were 189,710 confirmed cases of COVID-19 with 7,759 deaths in Afghanistan as reported by the World Health Organization.

Afghanistan faced many challenges in coping with the COVID-19 pandemic, including a sustained armed conflict, lack of social protection systems, limited healthcare capacity, insufficient preparedness and coordination mechanisms, and corruption which further complicated the situation. Decades of conflict had already wrecked the Afghan health system and successive governments lacked or had restricted access to a few geographical areas, when the pandemic hit. During the pandemic, key challenges for Afghanistan were controlling border crossing areas, low testing capacity, lack of protective equipment for frontline workers, high product prices, plans for quarantine, communication, rumors management, and enforcing lockdowns that restricted movement.

The pandemic's grave consequences for people were evident in health and income. The cost of basic essentials increased drastically leaving half of the population with severe food shortages and an increase in cases of malnutrition. Simultaneously, conflict and natural disasters continued to affect and displace thousands across the country, compounding pre-existing issues faced by these families and the communities they settled in, and leaving them even more vulnerable to serious consequences from the pandemic. Harsh winter conditions continued to beleaguer families in inadequate shelters amid soaring poverty as the economy was battered by the pandemic.

COVID-19 also triggered serious socio-economic hardships in Afghanistan as the government had weak health and social protection systems in place and an even weaker capacity to effectively manage the health crisis. Social distancing, self-isolation, travel restrictions, reduced workforce across all economic sectors, job loss, school closure, disruption of the normal life of children, decreased demand for commodities and manufactured products, increased need for medical supplies, and increased demand for food all placed a double burden on health, healthcare, and nutrition of the people.

Notably, the pandemic exacerbated poverty and inequality, and the Taliban added massive pressure to the already overwhelmed social and health systems, resulting in a humanitarian and health disaster (Martellucci 2021). The humanitarian crisis, limited or conditional aid as a result of the government's collapse and Taliban's takeover, lack of employment opportunities, and shrinking income sources made the situation worse.

War, conflicts, and any crisis affect women and girls the most. Though the pandemic took a toll on all Afghans, it severely aggravated pre-existing inequalities, particularly in food security, public health, and employment for women. Social, economic, and security situations contributed to women's limited access to basic rights such as education, health, food security, and access to resources. Every decision taken during the pandemic had an impact on women's lives. In addition to existing challenges as a result of COVID-19, the Taliban's control and the collapse of the elected Afghan government aggravated the situation for Afghan women and girls.

A study by UN Women and the IRC revealed that various aspects of women's lives from employment to health care were disproportionately impacted by COVID-19. This was equally true of women in urban and rural areas and settings. The average number of women reported to have tested positive for the virus has been far below the male average in Afghanistan which is an indication of the gender inequalities that shut women out of the healthcare system. The study revealed that the impact of COVID-19 on women and girls had worsened existing social, economic, and political vulnerabilities of women across multiple spaces from homes to camps for internally displaced persons.

The findings of the UN survey also indicated that 77 percent of Afghans think that the pandemic has negatively affected their emotional and mental health, accessing health care was a challenge for the vast majority of the population including longer waiting times at the doctor and inability to seek medical care when needed, and reduced access to medical supplies, hygiene products, and food. However, women faced additional challenges and discrimination in accessing these services due to the "lack of female health practitioners and cultural barriers restricting women's travel, especially in rural areas" (UN Women 2020). More people at home also means that the burden of unpaid care and domestic work increased for women and girls. For example, only 11 percent of men "reported an increase in the amount of time spent carrying out at least three activities related to unpaid domestic work" (UN Women 2020), while the percentage of women reporting a similar increase was 41 percent. Besides, the survey findings indicate that 63 percent of women lost their jobs since the beginning of the pandemic and women-headed households bore the burden of COVID-19 as livelihood gaps increased.

The pandemic had a massive impact on health and healthcare with multiplier effects across the sectors, especially on women and girls. For example, social distancing, self-isolation, and travel restrictions led to a reduced workforce across all economic sectors and the loss of jobs for men and women. Schools closed due to COVID-19 but never reopened for girls once the Taliban took control.

Big cities including Kabul remained the most affected in terms of confirmed cases, however, due to the limited public health resources and testing capacity, as well as the absence of a national death register, confirmed cases and deaths from COVID-19 are likely to be under-reported in the country. Hospitals and clinics continue to report challenges maintaining or

expanding their facilities' capacity to treat patients with COVID-19, while also maintaining essential health services.

### **Gender Realities following the COVID-19 Pandemic**

This article provides an overview of the COVID-19 impact on women in Afghanistan, particularly in four areas – employment, education, socio-political representation, and gender-based violence. In addition, context-specific challenges that emanate from the conflict have been discussed.

#### ***Employment***

In 2020, COVID-19 disrupted lives across the world and transformed social, economic, and political conditions. In Afghanistan, the challenges imposed by the pandemic were acutely felt in people's immediate physical health and threatened their incomes, education, and ability to meet the fundamental needs of themselves and their families (Martin 2020). "Local communities, governments, and international actors pursued a range of strategies to cope with and mitigate the overwhelming number of parallel crises" (Martin 2020). The pandemic affected employment, productivity, supply chains, imports, exports, and other trading activities at domestic and international levels resulting in massive unemployment, a rise in the prices of commodities, a rise in poverty, and malnutrition, for an already weak Afghan economy. The economic suffering also spilled over to other areas of human existence to trigger political, social, and cultural hardships.

The International Finance Corporation (IFC) and the World Bank in partnership with USAID, conducted "The COVID-19 Business Pulse Survey of over 380 businesses with five or more employees in the agriculture, manufacturing, and services sectors" (IFC 2020) to help policymakers monitor the effects of the pandemic. The Report based on the Survey noted that at least 64 percent of workers in businesses faced a high level of vulnerability and were more likely to run into liquidity problems and potential closures (IFC 2020). Within just 60 days of the first COVID-19-positive case, 23 percent of workers had lost their jobs, and 37 percent of firms reported laying off at least one employee.

The Survey report stated that an 88 percent collapse in sales led to "job losses or employers sending workers on leave without pay or reducing work hours" (IFC 2020). The survey further indicated that the vulnerability of women (business owners/shareholders and workers) has been considerably high – 72 percent in firms with at least one female shareholder and 70 percent with a higher share of female workers. (IFC 2020).

Another study conducted by the Afghanistan Women's Chamber of Commerce and Industry found that the outcomes of the COVID-19 outbreak on Afghan women's economic activities indicated a decrease and collapse of women's businesses in Afghanistan. The study revealed that the spread of the virus led to negative impacts on businesses and women-owned enterprises and their employees which included the following: suspension of the economic activities of

women; expense burden during business shut down; lack of infrastructure/facilities to run the business while following COVID-protocols; and lack of innovation and creativity to cope with the pandemic fallout due to a variety of reasons.

Along with the already troubled economy, Afghans are currently living under the Taliban government that was established in August 2021, following the collapse of the Islamic Republic. The country is suffering from a severe brain drain as a result of an exodus of the educated population from the country, and a huge displacement crisis that continues to trigger a widespread flight of citizens across international borders. Disruption in the revenue collection and aid challenges the newly established government in meeting basic expenses such as salaries of government employees including teachers, most of whom are women (Byrd 2021). The dissolution of the Afghan national security forces imposed a significant economic shock since hundreds of thousands of army and police personnel, including women, lost their incomes; the dissolution also had an indirect effect on the families of the security forces (Byrd 2021).

By the end of 2021, the Taliban's restrictions on women workers had already harmed livelihoods and increased poverty. Massive changes in the administration structure similarly disrupted and destabilized the situation. Basic social services, already weak due to a lack of funding, were shattered by the Taliban's actions including formal or informal restrictions on girls' education. In the absence of macroeconomic management, the economy saw an exponential rise in poverty, leading to a humanitarian crisis.

The decision of the US government, other donor countries, and international agencies to freeze the Afghan foreign exchange reserves of more than \$9 billion, freeze \$49 million share from the global IMF quota, and suspend disbursement of Afghanistan Remonstrations Trust Fund (ARTF) money to Afghanistan, dealt a severe blow to an economy already on the verge of a collapse. Almost half of the population of Afghanistan by August 2022 was on the brink of starvation. These decisions by the international community have rendered the country unable to pay civil servants their salaries, damaged the banking system, and could even result in future withholding of electricity supply by neighboring countries due to non-payment.

### ***Education***

As the pandemic spread in countries across the globe, most governments closed their public and private educational institutions, including schools in an attempt to contain the spread of the virus. Likewise, in Afghanistan, the relevant ministries closed schools and universities (public and private), and educational centers, mostly run by the private sector, were also closed.

The Ministry of Education and a few private schools announced resumption of classes in online mode during the first and second waves of the pandemic in 2020 and during the third wave, but very few private schools replaced in-class time with online learning and homeschooling. Lack of electricity, poor quality of internet, limited or no access to the internet, dearth of computers and mobile phones for online study, lack of interest among students to attend online classes, lack of interest among parents to pursue the online process with children were among

the challenges that disrupted the academic cycle. Although the absence of in-person lessons could be somewhat compensated using online platforms and other technology-driven activities, access to the necessary digital devices was not equally available across the population. In particular, students from socio-economically disadvantaged backgrounds who lacked the means to access these devices were severely affected by the COVID-19 crisis. These insufficiencies increased learning inequalities and girl students were most affected.

Additionally, it was not just the pandemic that disrupted education but decades of violence and deterioration in security are also to be blamed for the current state of education in the country. For instance, acknowledging the continued conflict in Afghanistan, the UN recognized the country as the world's deadliest for children. Schools, teachers, and students have been under direct attack. A 2018 joint report by the Afghanistan Ministry of Education and UNICEF estimated that as many as 3.7 million children in Afghanistan were out of school, of which 60 percent were girls.

With the government's order to close schools all over the country in March 2020 and again later in 2021, children faced increased vulnerability and were at risk of being recruited by parties to the conflict, particularly boys. The collapse of the government added to the existing challenges. After months of school and university closure, the Taliban government ordered their reopening but under the new conditions that girls above grade six would not be allowed to attend schools. Higher education institutions have been mandated to separate male and female students in classrooms. Many families, fearing the Taliban, decided not to send their daughters to school or universities. These adverse developments have worsened the existing risk of girls to child marriages and teenage pregnancies.

Meanwhile, the impact of the pandemic on access to education poses one of the biggest threats not only to achieving Sustainable Development Goal (SDG) 4 on quality education for all globally by 2030 but also to the realization of all other human rights and all 17 SDGs in Afghanistan (Human Rights Watch 2020).

These harms excessively affect girls, especially girls who are marginalized in other ways, including due to disability, being IDPs or returnees, or because they are among the three-quarters of the population living in rural areas. "COVID-19 will have long-lasting effects on the realization of women's right to equal opportunities to thrive in public life in Afghanistan, and on gender equality, development, and peace in the country as a whole" (Human Rights Watch 2020).

### ***Socio-Political Representation***

The pandemic triggered wide and deep shocks to societies and economies, while at the same time it has also accentuated society's reliance on women both on the front lines of public healthcare and unpaid care and work at home. Pre-existing structural inequalities across every domain including health, economy, security, and social protection have deepened in countries such as Afghanistan. The ongoing conflict as well as the pandemic-related emergencies along

with the already strained resources and limited institutional capacity, has impacted women and girls with far-reaching consequences. But more importantly, the hard-fought gains for women's rights in Afghanistan have been threatened by the Taliban government.

The varied impacts of COVID-19 on women in Afghanistan include an increase in violence against women, a rise in domestic violence, risks to women's health, economic shocks, unpaid work, increased financial stress in households, and lack of access to support due to social distancing, lockdowns, conflict environment, and migration. The economic crisis resulting from the pandemic and the collapse of the Afghan government has hit women hard. Women who used to work and earn are no longer working and earning. Women have fewer savings, have less or no access to social protections, are more burdened with unpaid care and domestic work, and are dropped out of the labor force and public spaces.

The UNDP-Afghanistan launched its latest COVID-19 Socioeconomic Impact Assessment Notes on Afghanistan titled "*Fiscal Options in Response to Coronavirus Crisis*" in November 2020. In its Third Country Note, the potential impact of the pandemic on SDG accomplishments has been discussed. In the previous two country notes, the socio-economic impact of COVID-19 on the Afghan economy and its impact on the SDGs were assessed. The note aimed to provide the Government of Afghanistan and its development partners with informed policy options to address the immediate impact of the pandemic on SDGs and potential funding options to make SDGs attainable. The publication of the notes has been important since, during the pandemic, all focus was on how to deal with the security situation and the pandemic, and less or no attention was given to any other issue including the SDGs.

The pandemic exposed structural and resource gaps in response to unforeseen events. The country had to reallocate resources from long-term development priorities to fighting the health crisis. While the pandemic set back Afghanistan's economic growth by several years, the collapse of the Afghan government seems to have set the country back by several decades.

An effective response to the COVID-19 pandemic demands diversity and representation in decision-making and policy development, therefore women's representation matters. One of the reasons women were hit hard by the pandemic in Afghanistan, notwithstanding exact data being unavailable, has been that all decisions were made by men. There continues to be a critical gap vis a vis women in policy-making roles. The security situation in the country and the ban on travel due to the pandemic convinced those at the decision-making levels that women's inclusion in crisis response is not possible. Women's absence in decision-making at the policy level prevented the development of informed policies in response to the pandemic in Afghanistan, although this is a problem rooted in history as well as Afghan social formation.

### ***Gender-based Violence (GBV)***

“Women and girls are among the most vulnerable during the pandemic. While restrictions on women’s access to rights and participation in society go well beyond the implications of the pandemic, there are worrying signs that the sense of emergency for dealing with COVID-19 overlooks women’s specific needs and the pursuit of gender equality, more broadly” (Martin 2020).

Afghan women and girls had less access to health care and information, limiting the detection and treatment of coronavirus cases. “As primary caregivers to dependents in the household, women, and girls are among the most vulnerable to coronavirus infection and any other health-related issues” (Martin 2020). Gender and institutionalized discrimination translate into “high risks of gender-based violence and abuse in a context in which access to protection services for survivors is limited. Many women’s organizations with mandates to provide social support to women and children report having to interrupt their activities because of the pandemic” (Martin 2020) ahead of the government collapse and entirely closed due to imposed restrictions by the Taliban and suspension of funding by the donors.

A survey carried out by Oxfam in Afghanistan identified key concerns over the impact of the pandemic on women including COVID-19 eroding hard-won rights of women, social norms inhibiting women’s medical care at a time of increased need, increasing domestic violence, and deepening economic inequality. Many of the pre-existing inequalities that women faced in Afghanistan are emphasized by a weak healthcare system and the severity of the pandemic. As such, women in Afghanistan faced significant health and socio-economic disparities when it comes to COVID-19 testing, treatment, and access to basic health care services. According to the Afghanistan health ministry data, women made up about 27 percent of the country’s approximate 30,000 COVID-19 cases in June 2020.

The healthcare system in Afghanistan, which was already unstable due to years of social and political conflict, is struggling due to the pandemic’s socio-economic impacts. Before COVID-19, Afghans were already facing an inaccessible and unaffordable healthcare system. According to a report by UN Women, the World Health Organization (WHO), and the UN Population Fund (UNFPA), “20% to 30% of the population already had limited access to basic health services within a two-hour travel distance.” Additionally, “Afghans still have to pay about three-quarters of their health cost, despite previous government’s efforts to provide universal health care.”

Additionally, quarantine and isolation centers lacked security and adequate gender-responsive measures that put women and girls at risk of experiencing harassment and violence. This significantly impacted women’s willingness to enter these spaces in the first place out of fear for their safety. The long-standing gender inequalities and subsequent impact of COVID-19 not only had an enormous effect on women’s physical health but their mental health and stress levels as well.



In the wake of COVID-19 with the restriction on movement and economic downturn, with multidimensional poverty head-count ratio of 51.7 percent, GBV cases have increased. Because most Afghan households were already deprived of food security with no clear borderline or acceptable food consumption sources, and where most men who relied on daily wages were out of work, families struggled as quarantines had longer-term economic implications. The stress of finding food for the family coupled with the tension of contracting COVID-19 and its expenses increased domestic abuse.

Although GBV survivors were not limited only to women, within the Afghan context the overwhelming number of reported GBV survivors were Afghan women and girls. This trend continued to be evident as shown in data gathered from the 27 Family Protection Centers (FPCs) in 22 provinces by the surveyors.

COVID-19 in Afghanistan disrupted the informal labor sector, which makes up the largest percentage of employment in Afghanistan, particularly day laborers, and has impacted Afghan's unemployment rate and purchasing power with increases in basic commodities such as flour, oil, and eggs, to name a few. This has undoubtedly led to an increase in all forms of GBV (economic deprivation, physical, emotional, and psychological abuses) by means of adding stress and tension at the community and household levels. Data being gathered from UNFPA's FPCs highlights that the COVID-19 pandemic is exacerbating the situation of GBV throughout Afghanistan. As social distancing measures were put in place and people were encouraged to stay at home, the space for Afghan women and girls particularly shrunk, limiting their contact with family and friends who may have provided emotional, psychosocial, and tangible support and/or protection from violence. This created an environment ripe for perpetrators of GBV to exercise power and control with impunity.

Violence against women and girls was already a pervasive problem in Afghanistan before the pandemic. Almost 90 percent of Afghan women based on reports have experienced at least one form of physical, sexual, or psychological violence in their lifetime. In a hospital in Kandahar, a southern province of Afghanistan, the doctors said during the COVID-19 pandemic, the number of cases of women poisoning increased in an attempt to end their life and escape violence.

COVID-19 has taken a shocking toll on Afghanistan's economy, triggering mass job losses, shrinking household incomes, and spiraling food prices. Experts say the effects of the pandemic are increasing gender-based violence and pushing more women like the ones in Kandahar hospital to attempt suicide. The pandemic has also exposed the shortcomings of efforts to prevent and respond to gender-based violence, which in turn can lead to suicide when women feel they have no options left when the fundamental driver is deep-rooted gender inequality.

Exact statistics aren't available but at the Kandahar hospital alone, doctors estimate there was one attempted suicide case every other day as coronavirus infections escalated in May and June 2020. The real figure is likely to be far higher, as many women do not make it to the hospitals. According to the Afghanistan Human Rights Commission, 80 percent of suicide attempts were

by women. Doctors in this hospital stated that suicide cases increased due to COVID-19 because jobless husbands are always at home, fighting with their wives, children not going to school, and the physical and psychological pressure on women push them toward suicide.

With the recent developments in the country, with almost no efforts to address the existing problems, the situation for women and girls has deteriorated further.

## **Conclusion**

On 15 August 2021, after weeks of intense fighting, the Taliban entered the capital city of Kabul following the collapse of the Afghan government. The Taliban declared war and assumed control of the country. Many people and organizations fled Afghanistan. The provision of essential services by the government stopped, provision of aid and healthcare assistance by NGOs and other stakeholders including the international community also halted. A humanitarian crisis ensued as a combined outcome of instability, freezing of accounts by the international community, displacement, and acute health needs.

In September 2021, the Taliban established a caretaker government, (which is yet to be recognized by the international community as of August 2022), that focused more on obtaining political recognition rather than providing basic services. Currently, there is no information on the status of the pandemic in Afghanistan by the MoPH. The WHO, UN, and other international organizations have announced the risk of a humanitarian crisis in Afghanistan where half of the population will face a harsh winter with no access to food. To control such a large-scale crisis, the government, civil society, healthcare workers, and other stakeholders including the international community should streamline the infection prevention/control strategies as well as the humanitarian crisis that threatens the lives of around 18 million humans in Afghanistan.

There are gender differentials regarding information access on COVID-19, mental and emotional health as well as access to basic healthcare. Women are more likely to either not know about COVID-19 or are unclear about the information available. The pandemic adversely affected the mental and emotional health of people in Afghanistan, women particularly. Most of the population in Afghanistan faces severe challenges in accessing health care, however, women are bearing the weight of these challenges more.

COVID-19 increased the burden of unpaid domestic and care work for everyone; however, women noted the largest increases, especially IDPs and returnee women. School closures added to the unpaid work burden of families, especially women and girls. Discriminatory social norms left women and girls loaded with most domestic chores and unpaid care and work (UN Women, 2020). Gender inequality, discrimination, violence, limited access to education, and a lack of tailored services inhibit women's and girls' access to health care.

Going beyond the responses to the pandemic, it is important to reinforce referral pathways for women and girls to access lifesaving and resilience-based services, with quality assurance

for the services accessed, and access to female service providers. Donors should specifically focus on increasing livelihood/economic empowerment programs that address income/earning disparities between men and women and boost female empowerment, including in terms of access to and coverage of resources. Civil society should lead these efforts with support from international partners. There is an urgent need to integrate concrete gender analysis into the planning, development, and delivery of social protection measures, so as to ensure they extend beyond formal economy participation and are capable of reaching women in the informal sector and those engaged in unpaid care and domestic labor.

Given that COVID-19 exacerbated pre-existing inequalities and challenges, it is critical that humanitarian interventions specifically address the structural issues including the needs of marginalized groups, people living with disabilities, and female-headed households.

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