

Brief submitted to:
**The House of Commons' Standing Committee on Foreign Affairs and
International Development**
*For its study of vulnerabilities created and exacerbated by COVID-
19 in crisis- and conflict-affected areas*

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Submitted by:



Introduction

CW4WAfghan welcomes the opportunity to submit a brief to the House of Commons' Standing Committee on Foreign Affairs and International Development for its study of vulnerabilities created and exacerbated by COVID-19 in crisis- and conflict-affected areas. In this brief, we provide a summary of the impact of COVID-19 in Afghanistan, and focus on the impact it has had on women and children, followed by our recommendations for how Canada can most constructively respond to the situation.

Summary of the Issue

COVID-19 arrived in Afghanistan in February 2020 through a man returning to Afghanistan from Iran, where the world's second major outbreak was underway. The virus proceeded to spread rapidly, initially in western Afghanistan, and then throughout the country. The rapid spread was amplified as Afghan migrants fled the outbreak in Iran, bringing the virus with them back to their home communities in Afghanistan from where it spread quickly within the country. By March, the Afghan Government had introduced lockdown measures similar to those applied elsewhere in the world. The rate of infection appeared to peak around June 2020 before declining.

"The impacts of COVID-19 pandemic are particularly pronounced in countries affected by ongoing conflict, weak governance and government, and ill-equipped and ill-prepared public sectors including health services. Combined with widespread poverty, weak infrastructure, internal displacement and return of substantial numbers of migrants from neighboring Iran and Pakistan, these conditions place Afghanistan among the most vulnerable countries facing the threat and impact of COVID-19." (APPRO, 2020)

Officially, Afghanistan has had 55,514 confirmed positive cases, 275,559 tests¹, with 48,395 recoveries and 2,427 deaths. However, in August 2020 the Ministry of Public Health (MoPH) announced survey results that led them to believe that 10 million people -- nearly a third of the population -- had been infected with COVID-19, which also suggests the death count would be much higher than what was officially reported. This brings to light the country's limited capacity for testing,² (but also limited demand for testing due to stigma, and lack of awareness) which has implications for effective policy and planning responses to manage the epidemic. As Kabul-based think tank, APPRO, points out (2020): "The success of interventions to address the pandemic will depend on the quality of the evidence informing the responses and the extent to which the data represent differences in gender, age and vulnerability." Indeed, it is suspected that women may be grossly under-represented in testing³ (Glinksi, 2020).

¹ As of December 2020, Afghanistan had a test positivity-rate -- positive tests as a percentage of total tests -- of over 30%, suggesting overall under-testing of potential cases, as reported by OCHA's December 2020 Situation Report.

² The highest number of infections was reported in Kabul; however, Kabul also has the best access to testing facilities, therefore this

³ On average, Afghan Ministry of Public Health data show women accounting for only around 30% of COVID-19 infections.

Afghanistan responded to the pandemic, in many ways, in much the same way that other countries did: by going into a lockdown that included many businesses closing, limiting movement of people and large gatherings, and closing schools. Schools were closed March 14, 2020, and did not re-open until August 22, 2020.⁴ The Ministry of Education (MoE) released its Alternative Education Plan in March 2020. It began broadcasting lessons on TV and radio, and also built a distance education resources website, Maarif.af.

In other ways, Afghanistan's response has differed from elsewhere. The Government's capacity to enforce public health measures is more limited. There is also more limited awareness of how infectious diseases are transmitted, resulting in people taking fewer personal protection measures such as mask wearing, social distancing, limiting movement, avoiding large gatherings, and self-isolating with the onset of symptoms. At the same time, Afghans are living amidst a violent war, to which a pandemic is often of lesser concern. In December 2020, *The New York Times* reported, "In cities across the country, people go about their daily lives as if Covid-19 never existed."

Afghanistan appeared to be entering a second wave of the pandemic by late November 2020 (OCHA & WHO, 2020). This coincides with a period considered to be the peak of violence in the war to date, leading to further displacement, a factor that could accelerate infection rates.

"Hospitals and clinics continue to report challenges maintaining or expanding their facilities' capacity to treat patients with COVID-19, as well as maintaining essential health services, especially in areas of active conflict. WHO stresses the need to balance the demands of responding directly to COVID-19, with simultaneously engaging in strategic planning and coordinated action to maintain essential health service delivery, mitigating against the risk of system collapse" (OCHA & WHO, 2020).

Afghanistan received its first batch of vaccine, in 500,000 doses donated by India, in early February 2021. It is planned that health workers, security force members, teachers and government employees will be the first to receive the vaccine. Additional doses are to be donated by China and through the international COVAX program. The Government is training health personnel to administer the vaccines. Access to personal protective equipment (PPE) remains a challenge, with hospitals having insufficient supplies, despite at least 1.3 million PPE items donated to the MoPH and NGOs.

⁴ for grades 10-12 of public schools and all grades of private schools, with a full opening of all public schools in September 2020. The schools were closed again in December 2020 for winter break and planned to resume back in early March 2021, when they will have their final exam administered prior to starting of the new academic year on March 22, 2021.

COVID-19's Impact and Long Term Consequences in Afghanistan

COVID-19's direct impact on health and the loss of life it has caused, is matched only by the second order effects. Documenting the full extent of those is beyond the scope of this brief, and many of the consequences are still unfolding. However, here we call the Committee's attention to four particularly critical issues.

Setbacks for Women's Safety

Of grave concern is the impact on women, including dramatically increased incidence of violence against women at the very moment that long-awaited progress in fighting VAW was starting to take seed. Research has found that, even pre-COVID19, only 20% of women who experienced violence in Afghanistan report it (CSO, 2017). The lockdown conditions made it even more difficult to call for help, find assistance or report abuse. Nevertheless, government, NGOs, shelters, hotlines and other services on the frontline all reported an increase in VAW cases (UN Women, 2020).

"As Afghanistan experiences restrictions in movement related to COVID-19, violence worsens for many women trapped at home with an abusive partner or family members, at a moment when service providers are less available than usual. At a time when many women and girls need access to services more than ever, evidence suggests that those services are likely to decrease as resources are diverted to dealing with the health crisis" (UN Women, 2020).

Setbacks for Education

The impact of school closures is also of significant concern. By the end of March 2020, 11 million students in grades 1-12 were out of school in Afghanistan, in addition to hundreds of thousands of higher education students. Countries throughout the world struggled to plan and manage a transition to alternative learning modes in a short period of time; however, underdeveloped countries faced the additional challenges of low connectivity and difficulty accessing students when they were not physically present in schools. This was especially true in Afghanistan in the basic education system, where students had little to no access to the technology needed to access learning online (or even, in many cases, to TV or radio to access lessons that way), while many universities eventually managed to transition to online learning. "Learning loss" from school closures is complicated to assess, but can have a hysteresis impact, affecting not just performance but student engagement over the long term. The consequences of "learning loss" -- a concern everywhere -- are amplified in Afghanistan, where so many students fall into the category of "at risk."⁵ This category disproportionately includes girls, who have only just recently gained access to quality schooling in Afghanistan. Girls are also less likely to be able to access alternative learning resources due to more limited mobility and access to resources and support, and sometimes due to family resistance to female use of technology.

COVID-19 is intersecting with a campaign of violence against schools, including targeted attacks against girls' schools (HRW, 2020). Despite UN calls for a global humanitarian ceasefire during the pandemic, the violence has continued

⁵ In 2016, UNICEF estimated that 66% of Afghan girls of lower secondary school age—12 to 15 years old—were out of school.

unabated, with new waves of displaced people who are more difficult to reach with services to prevent and treat COVID-19. Children with extra challenges -- such as IDPs, children with disabilities, child labourers, and orphaned children, among others -- are particularly vulnerable to not returning to school after the pandemic. Girls are at heightened risk of child marriage, abuse and exploitation, and are more likely to be called upon to take on the burden of unpaid care and domestic labour at home as families grapple with the economic fallout of lockdowns. As Human Rights Watch (2020) reports: "The COVID-19 pandemic is likely to drive many women and girls out of education permanently." Indeed, CW4WAfghanistan conducted a Knowledge, Attitude and Practice (KAP) survey⁶ in December 2020 in five provinces of Afghanistan (respectively representing the central, north, south, east and west regions of the country) and found that existing gender disparities in access to education were amplified by the pandemic, and that characteristics of the Afghan context put girls in Afghanistan at particularly high risk of not returning to school post-pandemic.

"For internally displaced women and girls, access to education is particularly challenging. Specialized measures to ensure access to inclusive education for IDP children, particularly girls, are critical. Even before the COVID-19 crisis, evidence showed that displaced women and girls faced significant barriers to accessing education even beyond those that other Afghan girls face. IDP children, especially girls, are at particular risk of falling behind in school due to disruptions in their education and barriers to accessing education in their new locations, including stigma, restrictions on the age at which children can enroll or a requirement that older children go into advanced grades even if they have not previously studied, and requirements for identification and transfer letters that may not be available to them" (Human Rights Watch, 2020).

Setbacks for Health

COVID-19 renders people with existing health challenges more vulnerable. Notwithstanding significant improvements in health indicators over the past two decades, Afghanistan still has persistently high rates of malnutrition. A host of health conditions face children and adults who have experienced malnutrition, that make them more vulnerable to infectious diseases. The pandemic is interfering with efforts to bring under control this and other health crises. *The Lancet* (2020) reports that "following the cancellation of polio vaccination campaigns for several months, the virus has now resurfaced in areas that had not recorded a case for years. UNICEF meanwhile said that the number of children younger than 5 years with severe acute malnutrition increased from 690 000 to 780 000 between January and May." HRW (2020) has pointed out that COVID-19's strains on the public healthcare system put women at a greater disadvantage, exacerbating existing inequities in access to healthcare. Afghanistan was making gradual progress on human development indicators of critical importance for improving the status of women, such as maternal mortality, the rate of deliveries with a healthcare professional present, and prenatal and postnatal care. An overwhelmed public healthcare system is shutting women out or limiting women's access, and reversing gains made over the past two decades.

⁶ Done as part of the *Getting Girls Back to School During and After the Pandemic* campaign, supported by UNESCO Afghanistan, with the collaboration of the Ministry of Education of Afghanistan.

Further, in addition to insufficient capacity in hospitals to accommodate large numbers of COVID-19 patients in already over-stretched and under-staffed wards, the Ministry of Public Health has identified the critical need for effective risk communication, the absence of which has contributed to the rapid infection rate. OCHA and the WHO (2020) have reported that “Stigma is considered a major factor in people choosing not to get tests and risk communications work is critical to turning this around. WHO warns that widespread complacency and failure to follow public health advice is creating grave risks in the community with people generally not observing physical distancing or mask wearing protocols.”

Setbacks for Economic Development

Afghanistan experienced a dramatic spike in job loss, trade⁷, loss of business revenue and the closing of businesses of all sizes, and interruptions in aid and development programs that worked together to batter an already vulnerable economy. Without a strong social safety net system in place, the economic downturn intensified poverty. The World Bank (2020) warned, “the proportion of Afghans living in poverty may increase from 55% in 2017 to between 61% and 72% in 2020 because of declining incomes and rising prices of food and other vital household goods.” Women are also experiencing disproportionate negative economic impacts (Oxfam, 2020). For women in particular, lockdown often dealt a devastating blow to businesses that had opened only after painstakingly moving through a multitude of barriers such as a lack of access to capital or family opposition. One survey (AWCCI, 2020) found 91% of businesses run by women suspended their activities at the onset of lockdown, and 90% of women business owners said they did not know how to adapt their business model in response to the pandemic. There is also evidence that increases in widowhood and households’ loss of income is driving women to beg for their families to survive (Rahmanyar, Taseer, Sharafat & Siddique, 2021). Our own survey among high school girls in Kandahar found that over 50% of families experience food shortages daily. Finally, there is a risk that worsening poverty will lead to a rise in child marriages, child labour and child exploitation, at a time with child protection measures remain weak.

“the child laboring rate really increased during and after Coronavirus. There was nothing for children to do. Some families are now asking their children to help them in making a living. The rate of child beggars really increased in Afghanistan after the pandemic” ... “Coronavirus affected [families’] income and they are not able to afford their children's school fees and transportation. I have seen some families after the pandemic who stopped sending their children to school just because they were not able to pay for Clothes uniform which costs only 500 AFN.” CW4WAfghan Staff Member in Kabul, Feb 2021

⁷Trade with key trading partners such as neighbouring Pakistan, India and China, was stopped with border closures that lasted three months in most cases.

Recommendations

Achieve a true ceasefire: Relentless attacks from armed opposition groups, notably the Taliban and ISIS, are rendering an emergency health situation even more untenable. Canada should work with state actors -- including Afghanistan, the United States, Qatar and Pakistan -- to compel armed opposition groups to observe an unconditional ceasefire.

Ensure access to education: Canada should forcefully advocate for the right to education to be upheld. In addition, focus Canadian programming on supporting vulnerable groups of children to return to school or access education for the first time, including girls, children with disabilities, child labourers, and orphaned children; and support social mobilization to this effect. Canada should support teachers, school leaders and the Ministry of Education to continue working to improve the quality of education, to keep schools open, and to make them safe through provision of hygiene and sanitation supplies and adoption of evidence-based practice. Recognizing that schools may close again in the future, we recommend that the Government of Canada provide continued support to the MoE to expand its distance education programming options for vulnerable students. A UNESCO-led workshop with the Afghan Ministry of Education in 2021 identified three priority areas of response to strengthen education during and after the pandemic: hybrid learning; remediation; and re-enrollment.

Improve health and hygiene awareness: The urgent need to support effective health risk communications can be linked to longer-term objectives and used as an impetus to improve access to basic information on health, hygiene and sanitation practices that prevent the spread of infectious diseases generally. Improved access to information, through evidence-based key messages and delivery channels, should include information in forms and places where it is accessible to children, as well as information accessible to women, and to vulnerable groups such as IDPs.

Address malnutrition: In line with its Feminist International Assistance Policy (FIAP), Canada can support programming that recognizes the strategic role of women as a gateway to reaching families with information and support that prevents malnutrition in both children and adults. Malnutrition information can be disseminated, and interventions delivered during COVID-19 response activities, drawing from the excellent evidence base accumulated in the social and behaviour change communication research resulting from the experience of other pandemics and public health crises.

Alleviate the economic harms resulting from lockdown: Canada should support private sector efforts to re-open and increase trade with Afghanistan, foreign direct investment, and invest in infrastructure and a regulatory environment that enables economic activity. Support women's access to markets through evidence-based strategies on what works to propel female entrepreneurs, and support financial literacy education among girls and young women. Mitigate the economic fallout on women and girls through efforts aimed at stopping and preventing child marriage.

Mitigate the increased dangers to women and girls: Among UN Women's numerous recommendations to effectively address increased VAW during the pandemic, one of the simplest practical measures that can be taken is the provision of "financial and technical support for the re-activation of the VAWG hotline" (2020, p. 4).

Summary of Recommendations

There are many measures Canada can take to support Afghanistan -- a key development partner -- to recover sustainably from the impacts of COVID-19. These include financial and technical assistance in education, health, and economic development, especially interventions that can act as a safety net for those most at risk of permanent harm from the fallout of COVID-19. This includes children who may not return to school, children who are behind in learning, women recovering from and who are at risk of violence, people with disabilities, and those whose livelihoods have been affected.

Interventions for these groups that support improvements in access to education, to the quality of education, and to the resilience of the education system in an emergency are priorities. Most important of all, though, is for Canada to take every measure it can to support the achievement of a true and permanent ceasefire, to alleviate the violence that further exacerbates all of the negative consequences of COVID-19 in Afghanistan.

About Us

Canadian Women for Women in Afghanistan (CW4WAfghan) is a member-based, Canadian registered charity founded in 1998 to advance education for Afghan girls, women and their families, and to educate Canadians about human rights. We develop and deliver high quality education programs and resources in three areas: 1. Investing in Basic Education; 2. Community Literacy and Libraries; and 3. Technology for Education; and in Canada, through Public Engagement and Advocacy Programs. In Afghanistan, our programs establish school and community libraries, run literacy classes for women of all ages, undertake teacher education, refurbishing schools with science laboratory materials, operate a girls' school in Kabul, and more. In Afghanistan, our dynamic, talented team manages, implements and monitors our programs. In Canada, more than 4,000 members and a local chapter network are engaged as global citizens, raising awareness and funds to support our programs. CW4WAfghan members believe that as global citizens, working in a spirit of solidarity, each of us can affect positive change in the world through education and the promotion of human rights. The organization's mission is: *Canadians taking action, in partnership with Afghan women, towards improving conditions of human rights, ending women's oppression, and providing opportunities for Afghan women to live their lives with dignity, certainty and purpose.* To learn more about our programs, visit: www.cw4wafghan.ca

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