



Rapid Gender Analysis, Drought in Afghanistan

Balkh, Ghazni, Herat, and Kandahar Provinces – July 2021

Afghanistan has experienced periodic drought over the past 30 years, but none occurring simultaneously with widespread insecurity and a global pandemic—until now. The combined effects of this “triple crisis” are gravely affecting people throughout the country.

Knowing that crises affect different groups of people in different ways, CARE Afghanistan conducted a Rapid Gender Analysis (RGA) from June–July 2021 to assess the gendered effects of the drought, using primary and secondary data. CARE conducted in-person surveys with 352 participants (63.5% female, 36.5% male) in Balkh, Ghazni, Herat, and Kandahar; focus group discussions with 220 women; and key informant interviews with 20 people (20% women and 80% men).

Key Findings

- **Household decision-making dynamics affect coping mechanisms.** 30% of women surveyed in Balkh, Ghazni, and Herat—and nearly 90% of women in Kandahar—cannot decide for themselves whether to engage in income-generating activities or not. 22% of the women are not involved in decisions related to buying or selling family assets. 21% of women were not involved in the decision to migrate. Nearly a quarter of women reported that they were not involved in deciding whether their children go to school.
- **Women are excluded from decision making in their communities.** 64% of women surveyed are not involved in community-level decision making. In contrast, 69% of men reported that they are.
- **Men are more consulted than women by humanitarian organizations.** Women’s exclusion from decision-making spaces extends to humanitarian assistance. While 70% of men reported that they had been consulted about their needs, nearly 70% of women had not been consulted.
- **Humanitarian assistance is irregular.** Respondents from the four provinces reported that they do not receive regular humanitarian aid, with 83% stating that no one in their household had received assistance in the past 30 days. Some participants noted that they have received food assistance in the past months, but as a one-off distribution.
- **Men reported having received more humanitarian assistance than women in Herat and Kandahar.** While women in Balkh and Ghazni were somewhat more likely to report having received assistance than men, respondents in all provinces noted that men most commonly collected aid distributions. Women identified their greatest barriers to accessing assistance as their restricted freedom of

movement (which limits their ability to go to distribution points); the limited presence of female humanitarian staff; and a lack of prioritization of their needs. All participants stated that assistance was insufficient.

- **Women have less access to food**, particularly to balanced diets, than men. Survey results indicate that men were three times more likely to report having a balanced diet than women, and that they could eat more dairy and meat than women.
- **Gender-based violence (GBV)—particularly intimate partner violence and child, early, and forced marriages (CEFM)—has increased since the drought began.** Qualitative data from key informant interviews (KIIs) and focus group discussions (FGDs) confirms that increasingly difficult and stressful living conditions have contributed to the escalation.
- **Nearly 80% of women surveyed had unmet menstrual hygiene needs.** 33% of those using reusable cloths do not have enough water to clean them. 80% of those using disposable products do not have enough money to purchase supplies. More than half of women respondents reported that adolescent girls in their households had not received any information regarding menstrual health and hygiene.
- **The majority of respondents do not have safe access to health care services.** The biggest barriers for men and women to accessing health care were a lack of nearby functioning facilities, and the cost of transportation and of medicine.
- **There are significant, gendered disparities in the ownership of productive assets.** 46 % of men are the sole owners of their land, compared to just 3% of women, and most women do not own livestock—largely due to inheritance customs and traditions. Women reported owning more non-productive assets, such as jewelry and gems, than their husbands (although 78% of the survey population reported not owning jewelry or gems). FGD participants in Balkh reported that these assets were the first to be sold to preserve land or livestock ownership as the drought continued.
- **Women identified their priority needs** as health care, food, and cash assistance, while men prioritized health care, education, and cash assistance.

The findings from this RGA align with those from CARE Afghanistan’s July 2020 COVID-19 RGA¹ and June 2021 report, “Magnifying Inequalities and Compounding Risks: The Impact of COVID-19 on the Health and Protection of Women and Girls On the Move.”² Those reports found that the pandemic had considerably worsened conditions for women and girls in Afghanistan, particularly internally displaced persons and returnees, reducing their access to health care, including sexual and reproductive health care; increasing GBV, including CEFM; decreasing access to hygiene supplies; and wiping out livelihoods, leaving women with less food to eat and less nutritious diets. Despite these needs, few women reported having received humanitarian assistance, and few reported having been involved in decision-making about it.

Collectively, CARE’s research over the past year confirms that conditions are growing worse for women and girls in Afghanistan. They are excluded from decision-making spaces in the public and private spheres, and that that exclusion is significantly, and negatively, affecting their lives. Concerningly, women and girls across all three recent CARE studies have made it clear that the humanitarian community is failing to support them: they are not consulted, their needs are not prioritized, and they struggle to access what services are available to them. Despite demonstrable need, CARE has not been able to document an increase in gender analysis or gender-inclusive humanitarian action in the past year.

1 CARE Afghanistan, “COVID-19 Rapid Gender Analysis.” July 2020. Available at: <http://careevaluations.org/evaluation/afghanistan-covid-19-rga-july-2020/>. CARE collected quantitative and qualitative data in Balkh, Ghazni, Herat, Kabul, Kandahar, Kapisa, Khost, Paktia, and Parwan provinces. Methods included quantitative surveys with 320 people and KIIs with 59 community leaders and 18 Government of Afghanistan representatives.

2 CARE Afghanistan, “Magnifying Inequalities and Compounding Risks: The Impact of COVID-19 on the Health and Protection of Women and Girls On the Move.” June 2021. Available at: <https://test-care-org.pantheonsite.io/reports-and-resources/magnifying-inequalities-and-compounding-risks-the-impact-of-covid-19-on-the-health-and-protection-of-women-and-girls-on-the-move/>. CARE collected quantitative and qualitative data in Balkh, Herat, Kabul, and Kandahar between April and May 2021. Methods included quantitative surveys with 88 women and 89 adolescent girls; 24 FGDs with 221 women/adolescent girls; and 12 KIIs with external stakeholders and 6 with CARE staff.

Recommendations

To improve responsiveness to women's needs, all development and humanitarian actors, including CARE, and the Government of Afghanistan, should:

- **Ensure that all humanitarian interventions are needs-based and adapted to meet the distinct needs of people of all ages, abilities, and genders.** Practically, this means ensuring that all projects are informed by a gender analysis and based on sex-, age-, and disability-disaggregated data to ensure that interventions are truly needs-based and equally reflect different people's priorities.
- **Increase gender analysis capacity in international and national non-governmental organizations and UN agencies.** This includes building staff capacity to collect, analyze, and use gender-disaggregated data in programming, and strengthening linkages with the Protection Cluster and GBV Sub-cluster, to ensure these concerns are mainstreamed into all humanitarian operations.
- **Promote the safe and active participation of women in humanitarian action** by ensuring gender-balanced enumerator teams for needs assessments and engaging women and girls, and women-led organizations, in the design and implementation of drought and humanitarian response strategies.
- **Track the integration of GBV mitigation and response measures in all humanitarian programs and report on challenges, lessons learned, and successes.** Integrating GBV risk mitigation into program design and implementation is a positive step, but all actors should hold themselves accountable to consistent improvements by tracking and disclosing the effects of these measures.

Relatedly, donors should:

- **Increase investments in targeted interventions for gender equality and the empowerment of women and girls.** This would help reduce women's vulnerability and address gender inequalities, ultimately reducing the costs of future interventions.
- **Urgently scale-up support for GBV response and risk mitigation programming,** including that which engages men and boys as agents of change, to respond to increased incidents of GBV. It is essential that funding for GBV risk mitigation is incorporated across all sectors' response strategies and funding requirements.