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RURAL WOMEN'S ACCESS TO HEALTH IN AFGHANISTAN: "Most of the time, we just don't go"

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The national picture of Afghanistan's healthcare system is grim. Since the re-establishment of the Islamic Emirate in August 2021, funding for healthcare has plummeted and the number of health facilities and medical staff has shrunk. There have also always been inequalities in healthcare, with the cities better served than the countryside. However, the Emirate's increasing prohibitions targeting women have exacerbated these inequalities: in rural areas, its restrictions on women's independent travel have made it more difficult than ever for them to get to clinics. The impact of all this on the overall health and well-being of the population has been profound, contributing to deteriorating circumstances for many individuals and families. With the population's health hanging in a precarious balance, Jelena Bjelica and the AAN team reached out to women in 19 provinces to gain their insights on the healthcare services available in their area and their ability to access them. The women highlighted numerous difficulties, including having to make arduous journeys to often distant district or provincial centres to get treatment and, if they can get there, often finding a scarcity of medicines, staff and facilities, both private, but especially public. Poverty hung like a pall over all their answers. The high cost of healthcare often leads to difficult decisions, such as women postponing visits to health centres, having to endure pain in order to pay for a child's treatment or placing their trust in traditional, cheaper cures, including herbal remedies and amulets provided by local mullahs.

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INTRODUCTION

Following the Taliban takeover of Afghanistan in August 2021, the country's healthcare system shrank in terms of both the number of functioning health facilities and medical personnel. At its peak in the late 2010s, the system had comprised more than 3,000 health facilities. By 2024, this number had halved, with just over 1,500 still functioning. Since US President Donald Trump's sudden order to stop US foreign aid on 20 January 2025, as of 18 March, an additional 206 health facilities have suspended their operations.[1] (ReliefWeb) Since 2021, the healthcare workforce also shrank as some medical professionals left as part of the 2021 exodus of better qualified or better connected Afghans, and as donors halted their on-budget support for the new authorities in Kabul. An order issued by Amir Hibatullah Akhundzada in December 2024, banning private institutions from training female doctors, midwives and nurses, means that, because girls are already barred from universities, there will be no new female health professionals coming on stream. (Amu)

The limited availability of health facilities across the country, coupled with staff shortages – particularly specialist doctors and female health workers – forces women to travel long distances in search of basic health services. In the midst of the ongoing economic crisis, families also have to find the financial resources to journey to distant provincial centres or even the capital to seek medical treatment.

In this context, a series of prohibitions targeting women promulgated by the Islamic Emirate of Afghanistan (IEA) since it resumed power in August 2021 has made independent travel to get health care difficult, and in some areas, impossible.[2] A ban was instituted in December 2021 on women and girls travelling "long distances" without a *mahram* (a close male relative). However, the ban is often interpreted as women always needing a mahram when outside the home. This, along with several related restrictions that followed in 2022, has rendered easy access to healthcare for

[1] The UN's sexual and reproductive health agency (UNFPA) warned in February 2025 that cuts will mean maternal mortality rates will increase in years to come. (Reuters)

[2] For a detailed list of all restrictions imposed on Afghan women by the IEA to date, see Tracking the Taliban's (Mis)Treatment of Women, published by the United States Institute of Peace (USIP).

women nearly impossible.[3] These systematic prohibitions, coupled with traditional social barriers, have fostered a climate of fear and oppression, severely restricting women's ability to access healthcare.

Women sit with their newborns at the Médecins Sans Frontières (MSF) maternity hospital in Khost. Nearly half the babies born in Khost province (20,000) per year are delivered here.
Photo: Kobra Akbari/AFP, 8 December 2023

A headcount of how many Afghans accessed healthcare services in 2024 suggests that a deteriorating public health system, coupled with severe restrictions and an ongoing economic crisis, has resulted in only 4.1 million out of approximately 15 million Afghan women – less than a third – being able to access healthcare and that of those, most were accessing reproductive and maternal health-related services.

[3] On 26 December 2021, the IEA issued a directive stating that women and girls travelling "long distances" should not be allowed in taxis or public transport unless accompanied by mahram. However, reports suggest that Emirate officials in some provinces have interpreted this to mean that women should always be accompanied by a mahram when outside, something also testified to by many of our interviewees. On 7 May 2022, the Supreme Leader issued another directive stating that women and adolescent girls should cover themselves completely, including their faces, and avoid leaving their homes, if at all possible. See Human Rights Watch, A Disaster for the Foreseeable Future: Afghanistan's Healthcare Crisis, January 2024.

(ReliefWeb) That represented a decline: in 2023, about 4.55 million Afghan women accessed health services. (UNOCHA)

The life expectancy for Afghan women has decreased in recent years. Not only are they living shorter lives, but they are spending fewer years in good health, according to World Health Organisation (WHO) data. In 2021, life expectancy at birth for women fell to 61 years, down from 63.2 in 2019, (WHO) while the healthy life expectancy for women dropped to 51.3 years in 2021, down from 52.8 years in 2019.[4] (WHO)

The available data paints a grim picture concerning Afghan women's well-being, yet rarely do we hear from women, especially those living in the Afghan countryside, directly on this issue. Recognising this gap, our research aims to shed light on the situation by amplifying their voices. We interviewed 22 women living in rural areas across 19 provinces to gather their perspectives on the healthcare services available in their regions and their ability to access them.

This report offers first-hand accounts of what it means to be a woman seeking healthcare in rural Afghanistan today. It opens with two brief overviews based on desk research: the first is of the healthcare system in Afghanistan until August 2021 and the second is about the state of the healthcare system since the re-establishment of the Emirate. The findings from our research, which include extensive quotes from the interviewees, constitute the central and main part of the report. They serve as a window into the experiences of our interviewees as they navigate the complexities of obtaining – or not obtaining – healthcare.

The questionnaire can be found in the Annex at the end of the report.

[4] Men's live expectancy also fell, from 60 years in 2019 to 57.4; their 'healthy life expectancy', ie the average number of years a person could expect to live in 'full health', also fell from 51.9 years to 49.6. WHO data currently ends at 2021.

SUMMARY OF FINDINGS

Our interviewees described varying levels of healthcare in their areas. While most say there are both private and public health facilities locally, they mainly rely on public services due to financial constraints. However, some interviewees who live in remote areas have no clinic or hospital in the vicinity and must travel to the district centre for even basic health check-ups or interventions. All interviewees said they had travelled to the district centre, the provincial capital or all the way to Kabul to get more serious health issues treated.

Financial hardship was a constant anxiety for all our interviewees, regardless of where they lived. One woman said that deepening poverty – due to "the suspension of development projects, lack of employment, rising food and fuel prices, inadequate market control by the current rulers and unfair aid distribution" – had made day-to-day life gruelling for women.

Several women highlighted the IEA's restrictions on their freedom of movement, which made for a constant uneasiness when they were in public spaces. It was hard, they said, for women to relax or feel safe on the road, even in relatively secure areas. Some women also expressed fear of Emirate checkpoints and now prefer to travel only with their husbands.

The various obstacles to getting medical care have compelled some women to seek alternatives, like traditional herbal remedies or spiritual practices, such as the use of written verses of the Quran provided by local mullahs (*tawiz*), worn in amulets or mixed with water and drunk, in the belief this will offer healing or protection. This can lead to ailments going untreated, or mistreated and to a condition becoming more serious or even to death.

One recurring issue described by our interviewees as a hurdle to accessing healthcare facilities was poor infrastructure, damaged or non-existent roads and insufficient means of transport. Journeys were long and arduous, and even if they could reach a health centre, they found a lack of adequate facilities, insufficient medical supplies and a scarcity of trained professionals. The shortage of doctors, including specialists, was highlighted by many, as was doctors' often disrespectful behaviour towards them. One interviewee pointed out that actually getting free

medical treatment in public hospitals (a right under the constitution) had become increasingly rare as more and more patients were referred by staff to private clinics. As one interviewee said, "This practice raises suspicions about the potential connections between public and private healthcare providers, suggesting there may be an underlying system benefiting those within the private sector at the expense of patients who rely on public services."

Of the 22 women in our sample, only one did not have children. Nineteen of the women had more than one child. Most had delivered their children at a hospital, a local clinic, or a combination of both. However, some had given birth to some of their children at home and others at a hospital or local clinic. Three women had delivered all of their children at home. As the births had occurred over a long period, it was difficult to draw many conclusions about this. During one of the more recent births, however, a woman had been turned away from a clinic because there was no midwife present. She was lucky to find a local woman who helped with her birth at home. With fewer midwives and other obstacles described in this report to women accessing professional health care, her story will not be uncommon.

All of our participants had had their children vaccinated except one who believed it was risky. Most noted that their own education, even if it was only at the primary school level, helped them keep track of their children's vaccinations and health. They saw the follow-up on vaccinations as their own responsibility and took great pride in getting their children vaccinated according to the schedule.

AFGHANISTAN'S HEALTH SYSTEM UNTIL AUGUST 2021

By the time the Islamic Republic of Afghanistan fell in 2021, the country's health system had significantly improved both in capacity and the quality of the services it offered Afghan citizens. This marked a dramatic change from what the Afghanistan Research and Evaluation Unit (AREU) had described in 2002 as a healthcare system "in a state of near-total disrepair," that ranked among the worst in the world.[5]

A year before the 2004 Constitution codified the right of all Afghan citizens to "free preventative healthcare and treatment of diseases as well as medical facilities," the Ministry of Public Health (MoPH) launched the Afghanistan Basic Package of Health Services (BPHS).[6] It established a free national health system aimed at creating a standardised package of basic services that would serve as the core service delivery in all primary healthcare facilities. A complementary programme called the Essential Package of Hospital Services (EPHS) was launched in 2005 to deliver a standardised package of hospital services and create an integrated health referral system. Initially, the BPHS was implemented by non-governmental organisations in 31 out of 34 provinces; they were contracted by the MoPH with donor support – the World Bank, the European Community and the US Agency for International Development (USAID). The ministry itself delivered the BPHS in the remaining three provinces using national funds.

The programme operated under the stewardship of the Ministry of Public Health through performance-based partnership grants and other donor financing. In 2013, as more donors started supporting Afghanistan's health sector, the Afghanistan Reconstruction Trust Fund's Sehatmandi Project was established to facilitate the

[5] A UK Home Office's report from December 2020 citing several external sources, said:

In 2002, Afghanistan's health system ranked among the worst in the world. … The average life expectancy was only 43 and the majority of the population was undernourished or had no access to clean water. People distrusted visits to health centres because of the lack of resources and medical staff, corruption and the great distances to health services.

[6] For a detailed examination of BPHS, see William Newbrander, Paul Ickx, Ferozuddin Feroz and Hedayatullah Stanekzai, Afghanistan's Basic Package of Health Services: Its Development and Effects on Rebuilding the Health System in *Global Public Health* 9, (sup1), 28 May 2014, doi.org/10.1080/17441692.2014.916735.

BPHS facilities at various levels: health posts, health sub centres, mobile health teams, basic health centres, comprehensive health centres and district hospitals.

Between 2001 and 2021, the system significantly improved the delivery of healthcare, improving access to functioning health facilities for large segments of the Afghan population. This is demonstrated by a nearly 50 per cent decrease in child mortality, from an estimated 127.37 out of every 1,000 children born alive dying before their fifth birthday in 2001 to 59.61 in 2021. (UN Inter-agency Group for Child Mortality Estimation)

The National Statistics and Information Authority (NSIA's) Afghanistan Statistical Yearbook offered a comprehensive picture of the state of the country's healthcare system in 2020, the last full year of the Republic. It put the number of hospitals in the country at 668 (188 public and 480 private), with 455 comprehensive health centers, 1,005 basic health centres and 1,276 sub-health centers. In addition, it reported the number of laboratories at 1,463 public and 1,349 private.[7] Nationwide, in 2020, according to the WHO, there were 2.5 physicians per 10,000 people – by way of comparison, the global average in 2022 was 17.2 physicians per 10,000.[8] 52 per cent of Afghans reported that they could access a district or provincial hospital within two hours' travel and 66 per cent could reach a private doctor or clinic within the same timeframe; a further 81.6 per cent indicated that they could reach a pharmacy within two hours. (NISA's 2020 Income and Expenditure and Labor Force Surveys Report) The Afghanistan Independent Human Rights Commission (AIHRC) said in its 2020 report on access to health and education in 32 provinces (Uruzgan and Ghor were not included) that 53.7 per cent of their interviewees lived more than two kilometres from health centres (the average walking distance per hour is about four kilometres, varying with terrain, fitness and the health of the individual).[9]

Yet, despite making significant headway in delivering health services to the population, Afghanistan's public health system exhibited significant flaws, which

[7] The 2019 WHO Afghanistan Country Profile found that 3,135 health facilities were functioning in 2018, with nearly 87 per cent of the population living within two hours' (walking) distance from a health centre. Afghanistan's Ministry of Public Health (MoPH) reported in 2018 that "60 per cent of people had access to health services [within] one-hour walking distance to the nearest clinic" (quoted by the European Asylum Support Office (EASO) 2020).

[8] Regional comparisons include: 10.8 physicians per 10,000 people in Pakistan (2019); 15.1 in Iran (2018); 7.3 in India (2020); and 6.7 in Bangladesh (2021). All data from the WHO website.

[9] The link for this report is not available. The data is quoted from a copy of the report in the personal archive of the author.

were highlighted in a comprehensive study in 2017 by Integrity Watch Afghanistan (IWA). It focused on the state of public healthcare and involved thorough inspections of 184 public health centres of various sizes, including two provincial hospitals and seven district hospitals, located across eight different provinces. One of the study's most concerning findings was that 69 per cent of the health facilities surveyed were not located within a two-kilometre radius of the MoPH's officially recorded geospatial coordinates provided to donors. This is an obstacle to regular oversight and monitoring visits, the study found, and "also raises concerns about non-existing or ghost clinics for operation of which funds are allocated and disbursed, promoting corruption."

The study found that just over half (53 per cent) of the buildings surveyed had structural and maintenance problems, with a third needing urgent repair: problems included "defective foundations; failing and cracked walls; leaking roofs; lack of repair and building safety issues." Poor hygiene and sanitation conditions were found in 45 per cent of the facilities, with no toilets or running water supply in a quarter, and no drinkable water in 40 per cent, all problems that "breed poor health, hygiene and sanitary conditions." A fifth had no electricity supply. Even so, the study said, despite these and other problems, "99% of the facilities are active, with presence of patients and medical professionals, during operating hours; and the clientele or users of the facilities, confirm the usefulness of the health facilities, with all the imperfections." In other words, whatever problems there were, these facilities were still valued.

The COVID-19 pandemic provided a stark indication of the healthcare system's vulnerabilities. As the crisis unfolded, it became obvious that the country was ill-prepared to respond swiftly and effectively, with the World Health Organisation reporting that Afghanistan's healthcare infrastructure was not equipped to handle such a significant health emergency. Compounding this was the severe shortage of healthcare professionals in 2020, with just 9.4 skilled health workers (including nurses, midwives and paramedics), alongside only 2.5 physicians per 10,000 people. This critical lack of personnel only deepened the crisis, emphasising the urgent need for systemwide reforms and additional healthcare resources.

Poverty, however, was then as now, a major impediment to accessing healthcare because public health services have never been adequate nor, in reality, free. For countless individuals, the burden of poverty makes it nearly impossible to meet direct medical costs – such as purchasing medications and medical equipment,

paying for diagnostic tests, or other formal fees – and indirect costs, such as paying for the transport to visit health facilities. This financial strain is compounded by additional expenses often associated with receiving medical care, such as informal monetary gifts and bribes that healthcare workers may expect in some facilities. These costs create a significant barrier to essential services, preventing many Afghans from even seeking desperately needed treatment. A March 2020 Médecins Sans Frontières (MSF) report highlighted these struggles, shedding light on the profound impact that poverty has on healthcare accessibility and the urgent need for systemic change in the provision of healthcare in Afghanistan. The report, which was based on semi-structured interviews and questionnaires conducted with patients, caretakers (carers) and staff in MSF-supported facilities in Helmand and Herat provinces between November 2018 and May 2019, stated:

> *Widespread poverty … puts care out of reach for many Afghan people, as witnessed daily through the stories our patients tell us and in the cases that we treat. Patients describe delaying or avoiding care, or selling essential household goods to cover health-related expenses. … In Herat regional hospital, 41 per cent of caretakers and patients surveyed in November 2018 stated that a family member, friend or neighbour had died over the past two years due to lack of access to medical care. Cost was cited as a barrier to accessing healthcare by 81 per cent of respondents.*

Women and children stand outside a Première Urgence Aide Médicale Internationale (PUI) primary healthcare centre in Waghaz district, Ghazni province.
Photo: Mohammad Faisal Naweed/AFP, 2 February 2025

Summary of AAN's 2021 findings on rural women's access to health

AAN published an earlier report on rural women's access to health in April 2021, just four months before what turned out to be the fall of the Islamic Republic. The report was based on nineteen semi-structured interviews with women from rural districts who were selected to represent the country's geographical, ethnic and socio-economic diversity. It shed light on what women in rural Afghanistan thought about health services in their areas and recounted their day-to-day experiences of accessing these services.

The information gathered in the 2021 report suggested that, although conflict-related violence was one reason for rural women being unable to access healthcare, it was by no means the only reason. Our small, but diverse, sample of rural women were well aware of the problems facing them and spoke about poverty, insecurity, conservative traditions and inadequate health facilities as blocking them getting healthcare. More than half the women we interviewed spoke either about insecurity or traditions, or both, in the same breath, as the most important factor preventing them getting the healthcare they needed.

More than half of the women described having to travel by car or on the back of a motorbike, walk a long way or use a combination of these means of transport, on unpaved roads to reach the nearest health facility. One-third of our sample singled out transport-related problems, including the cost, the unavailability of transport and insecure roads, as key impediments to accessing healthcare. Many could not afford to get to the nearest clinic in their district, let alone pay the costs to travel to a provincial centre or city for more specialist treatment. Others described the additional costs of seeking medical treatment, with corruption or the need to buy medicines in the market adding to the burden of healthcare.

Almost half of the interviewees said the health facility in their area was not properly staffed. For some, this meant that there were no female doctors, for others, that there were no doctors or midwives at all, while others reported that staff were present, but were inadequate. This confirmed that, despite

relatively high public expenditure on health by the standards of developing countries, healthcare provision across the country generally remained poor in rural areas, whether controlled by the Taliban or the then government.

The women had a clear idea of what they wanted to see improved in their health service. They wanted better equipment, educated doctors, nurses and midwives, better-quality medicine and more modern facilities with greater bed capacity. Most importantly, they wanted to be treated respectfully and civilly. They also wanted to be treated without discrimination

Many issues related to maternal and children's health showed up in our 2021 research. While most of the interviewees had sought professional advice and care during pregnancy and delivery, there were still a number who had not, sometimes with bad consequences. This may have been because of a lack of adequate healthcare services in their area, traditional views held by their in-laws or insecurity. Interestingly, all but one of the women from our 2021 sample had got her children vaccinated. This, however, may not have been representative of the situation on the ground. According to a report published by the Afghanistan Independent Human Rights Commission (AIHRC) in May 2020, almost half (46.2 per cent) of the women in their sample had not visited a hospital or health centre during their pregnancies, nor had they seen a specialist doctor, while 15.6 per cent of women and children had not been vaccinated.

Our 2021 report on access to health concluded that although Afghanistan's health service had improved since 2001, women's access to health in rural areas was still hindered by insecurity, poverty, conservative traditions, lack of adequate facilities and staff and corruption.

THE STATE OF HEALTHCARE AFTER AUGUST 2021

After the fall of the Islamic Republic and re-establishment of the Islamic Emirate of Afghanistan, Afghan hospitals saw a sharp decline in donor funding, coupled with a significant loss of qualified medical staff who either fled or stopped working due to fear of the Taliban or because of pay cuts made across the public sector, including for health workers.

On 20 September 2021, just a month after the Taliban takeover, the international financing and partnership organisation, the Global Fund, stepped in to sustain the delivery of essential health services across 2,200 facilities in 31 provinces.[10] It provided an initial interim bridge fund of USD 15 million through the United Nations Development Programme (UNDP). Subsequently, the UN Emergency Fund allocated an additional USD 45 million. As a lifesaving measure, the International Committee of the Red Cross (ICRC) also offered, in September 2021, to fill the gap in hospital funding, assisting 33 provincial public hospitals previously supported by the Republic's Ministry of Public Health, which had received on-budget support. The ICRC paid the salaries of 10,900 doctors, nurses and other staff and gave funding for medications, medical supplies, electricity, ambulance services, lab tests and food for patients. (ICRC)

A month after the ICRC ended this emergency programme, in August 2023, WHO took over support to hospitals by supplying essential medicine and supplies, while UNICEF assumed responsibility for NGO contracts until the end of 2025 when the arrangement between the World Bank and UNICEF concludes. While healthcare facilities still operating with WHO and UNICEF support are not new – they are the same ones that existed during the Republic – some mobile clinics have now become fixed. This means they work either in a village's government compound (if available) or in a rented house. As the number of primary health facilities has shrunk due to loss of staff and funding, secondary and tertiary health facilities have been overwhelmed by an influx of patients who would otherwise have been seen by primary care workers. (HRW)

[10] M Basij-Rasikh, ES Dickey, A Sharkey, Primary healthcare system and provider responses to the Taliban takeover in Afghanistan, BMJ Glob Health, February 2024, doi: 10.1136/bmjgh-2023-013760, PMID: 38382976.

While Afghanistan has historically ranked among the countries with the lowest percentage of its Gross Domestic Product (GDP) allocated to public health services, the IEA's investment in this critical sector since it assumed power has been alarmingly minimal.[11] As AAN reported in November 2023, citing World Bank data, the IEA allocated just one per cent of total operational spending to health in 2022-23. By way of contrast, it spends about half of its budget on the security forces (largely on pay), which it has expanded since taking power. As a sector of the economy, in 2023-24, healthcare (private and public) contracted by 3.1 per cent, the World Bank reported, adding that the sector had "managed to stay afloat due to international support." (AAN; World Bank)

The healthcare system in 2024-25

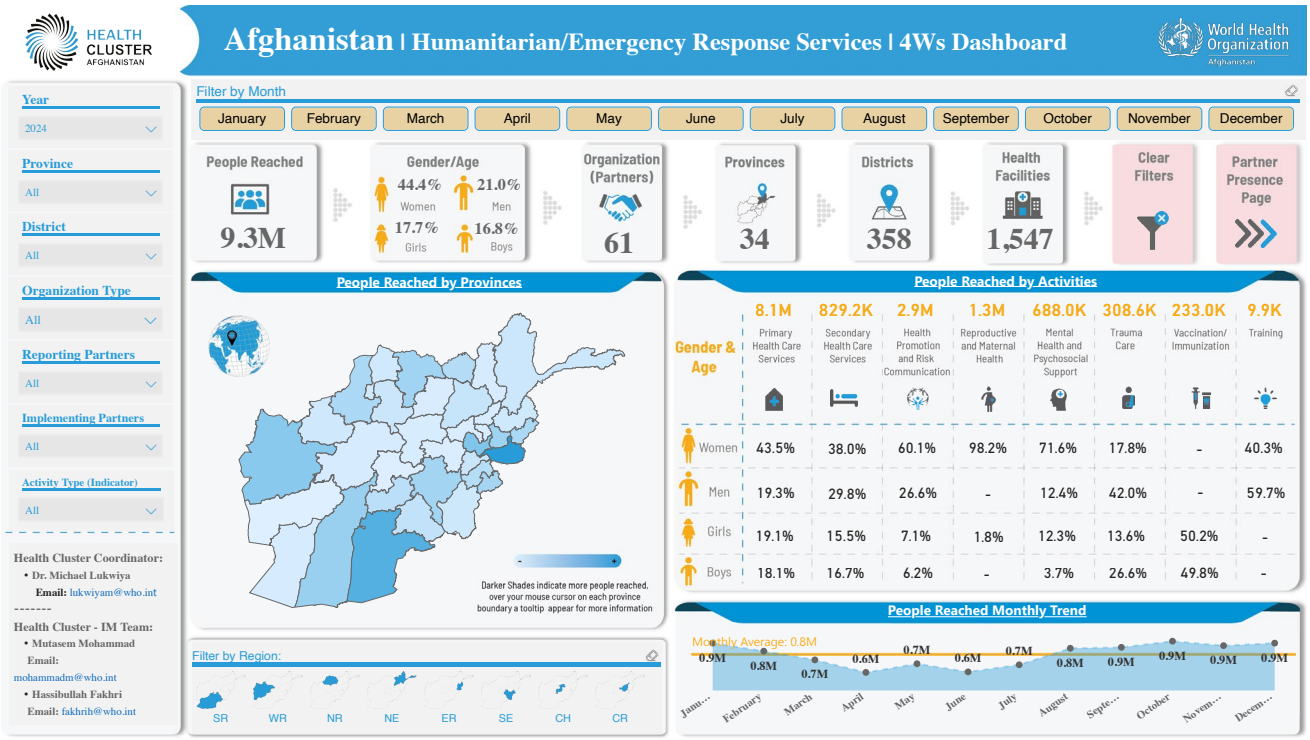
In 2024, 1,547 public health facilities funded by WHO and UNICEF were operational in 358 districts (out of 387 or 421, depending on the source), with services provided by 61 partner organisations.[12] (Relief Web) These 61 health providers, which include 4 UN agencies, 24 international NGOs and 33 national NGOs, provided varying levels of healthcare for less than a third of the population, or 9.3 million Afghans; women accounted for 44 per cent of beneficiaries, men for 21 per cent, girls for 18 per cent and boys for 17 per cent. In 2024, according to WHO, there were 10.3 health workers per 10,000 Afghans, including 3.9 doctors,[13] 4 nurses and 2.4 midwives.

[11] While the IEA allocates a minimal budget to health, it often asks for support from its allies. For example, acting Public Health Minister Noor Jalal Jalali, during a meeting held on 17 January 2025 with Iranian ambassador to Afghanistan Ali Raza Baigdali, stressed the need for quality medicines and modern equipment to strengthen the health system in Afghanistan. (Pajhwok) The same acting minister, during a meeting held on 12 January 2025 with the Deputy Public Health Minister of Belarus, Alexander Starovoytov, emphasised the importance of acquiring quality medicine and medical equipment to ensure standard health services for the Afghan population. (Pajhwok)

[12] The Emirate's own statistics look questionable, showing a range of improvements in the country's healthcare system. NSIA's Statistical Yearbook for the year 1402 (2023-24) puts the number of hospitals operating in Afghanistan at 768 (204 public and 564 private), representing an increase of 0.5 per cent and 6.6 per cent, respectively, compared to the previous year. It states that there are 455 comprehensive health centres, 1,199 basic health centres and 1,585 sub-health centres, and notes that the number of comprehensive health centres decreased by 0.2 per cent while basic and sub-health centres increased by 12.1 and 20.2 respectively. Furthermore, it counts 1,269 public and 2,148 private laboratories, showing a 4.4 and 39.1 per cent increase compared to the previous year, as well as 351 public and 14,881 private pharmacies, representing an increase of 19 and 0.6 per cent, respectively.

[13] This is a higher figure than the 2.5 physicians per 10,000 people, given by WHO in 2020. It may be that the average number of doctors in WHO and UNICEF-funded facilities is higher than the average.

Figure 1: Health sector coverage in 2024

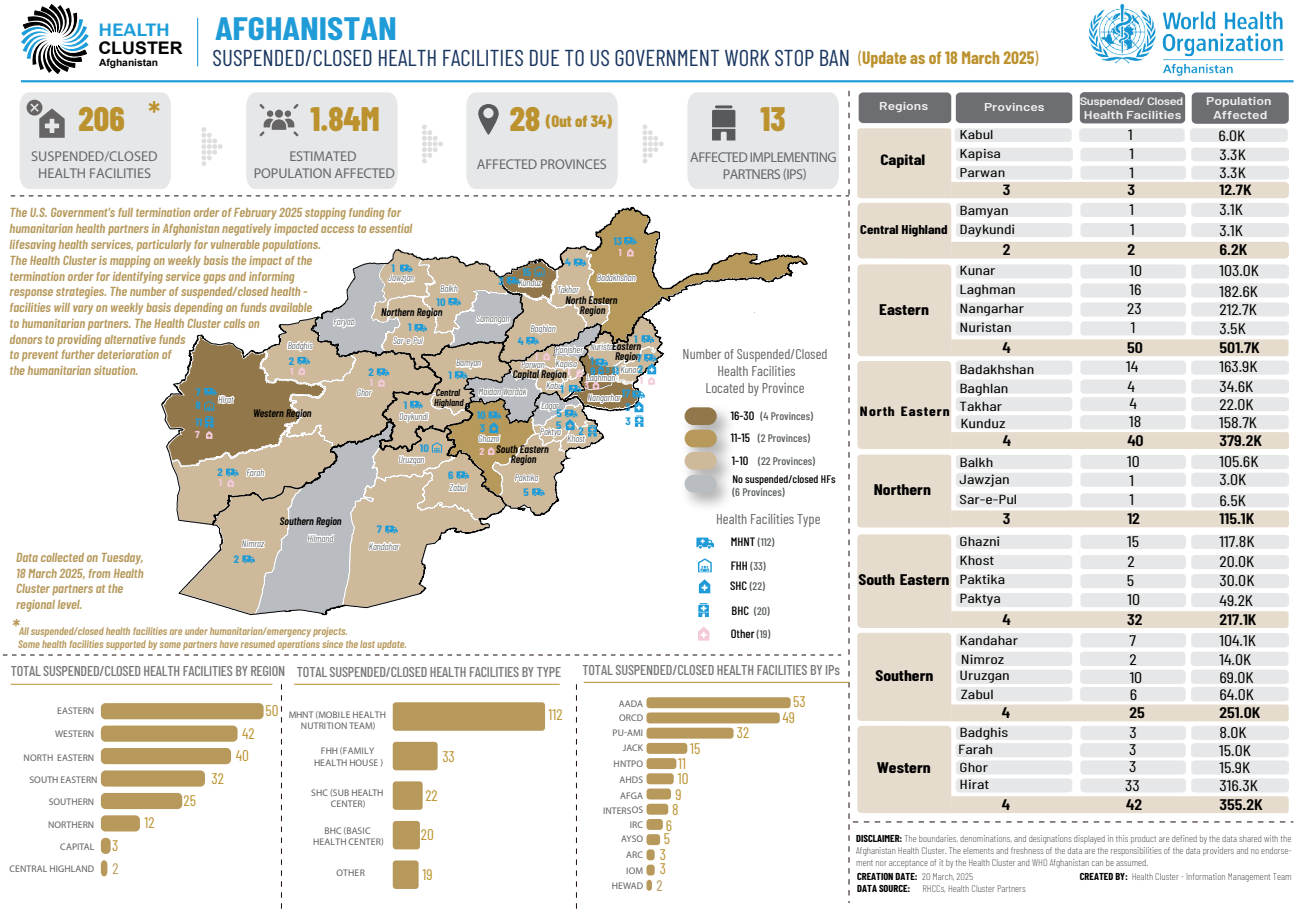


Source: World Health Organisation via ReliefWeb

A 2023 MSF study found Afghans struggling to access healthcare due to a combination of factors, including increased and widespread poverty and a weakened public health system. MSF reported that 88 per cent of their interviewees – almost nine in ten – had responded by delaying, suspending or deciding against seeking medical care – a 14.3 per cent increase compared to the previous year.

Anecdotal evidence suggests that the use of traditional remedies is on the increase, with some rural inhabitants resorting to them due to poverty and the remote location of health centres. Radio Free Europe reported Afghan health professionals saying, in November 2023, that they had seen a rise in the use of narcotics, including opium, crystal meth and cannabis to treat common illnesses. Pajhwok reported in February 2025 people in Ghor province saying they treat ear pain with traditional remedies such as onion juice and warm mustard oil; doctors cautioned that such methods can be hazardous and urged individuals to consult health centres instead for treatment and relief. Another report from Nimruz province in January 2025 found that numerous individuals in villages and districts continue to depend on traditional medicines and herbal remedies rather than modern medical treatments for respiratory problems, primarily due to the dire economic situation and lack of medical centres in this remote province. (Pajhwok)

Figure 2: Health facilities suspended or closed due to US suspension of aid



Regions	Provinces	Suspended/ Closed Health Facilities	Population Affected
Capital	Kabul	1	6.0K
	Kapisa	1	3.3K
	Parwan	1	3.3K
	3	**3**	**12.7K**
Central Highland	Bamyan	1	3.1K
	Daykundi	1	3.1K
	2	**2**	**6.2K**
Eastern	Kunar	10	103.0K
	Laghman	16	182.6K
	Nangarhar	23	212.7K
	Nuristan	1	3.5K
	4	**50**	**501.7K**
North Eastern	Badakhshan	14	163.9K
	Baghlan	4	34.6K
	Takhar	4	22.0K
	Kunduz	18	158.7K
	4	**40**	**379.2K**
Northern	Balkh	10	105.6K
	Jawzjan	1	3.0K
	Sar-e-Pul	1	6.5K
	3	**12**	**115.1K**
South Eastern	Ghazni	15	117.8K
	Khost	2	20.0K
	Paktika	5	30.0K
	Paktya	10	49.2K
	4	**32**	**217.1K**
Southern	Kandahar	7	104.1K
	Nimroz	2	14.0K
	Uruzgan	10	69.0K
	Zabul	6	64.0K
	4	**25**	**251.0K**
Western	Badghis	3	8.0K
	Farah	3	15.0K
	Ghor	3	15.9K
	Hirat	33	316.3K
	4	**42**	**355.2K**

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Source: World Health Organisation via ReliefWeb

Afghanistan's healthcare system is only likely to suffer further as external support declines.[14] Following US president Donald Trump's 20 January 2025 executive order halting US aid, as of 18 March, 206 health facilities had suspended operations, affecting an estimated 1.84 million people (see WHO infographic above).[15] These cuts to healthcare programming come at a time when 14.3 million Afghans, or nearly 34 per cent of the total population, are in need of health assistance. (ACAPS) The ACAPS analysis anticipated a reduction in the availability of maternal care, including prenatal and postnatal services, safe deliveries and awareness-raising regarding women's health and childbirth. It also highlighted the explicit suspension

[14] The World Bank, in its December 2024 Afghanistan Development Update, said that grants in 2023 from all donors for all types of civilian aid were down by about 25 per cent compared to 2022 (to approximately 243 billion afghanis, or around 3.3 billion USD). The UN's Financial Tracking Service also shows a steady decline: from USD 3.8 billion in 2022 to 1.9b in 2023, 1.7b in 2024 and so far in 2025, USD 0.3b.

[15] The US Supreme Court rejected on 5 March 2025, by a 5-4 vote, the Trump administration's bid to freeze nearly USD 2 billion in foreign aid, but it was not clear how quickly money might start flowing, AP reported.

of USAID funding for sexual and reproductive healthcare and family planning. Regional director for the United Nations sexual and reproductive health agency (UNFPA) Pio Smith warned in February 2025 that cuts in sexual and reproductive health services over the coming three years would "result in 1,200 additional maternal deaths." (Reuters) The Lancet medical journal said the existing shortage of midwives and nurses, combined with the ban on midwifery and nursing training, could only result in more "preventable deaths and worsening the maternal health crisis." (Lancet)

Women's access to healthcare under the IEA

Data on women's access to healthcare under the IEA is scarce and occasional. A 2024 research briefing by BBC Media Action, focused partly on access to maternal and child health services, is one of only a handful.[16] Its research was based on 13 focus-group discussions with pregnant and lactating women and 30 in-depth interviews with husbands and mothers-in-law, in seven provinces – Nangrahar, Ghor, Daikundi, Faryab, Badghis, Herat and Badakhshan. It found that remote rural areas lack maternal and child health services, there is limited access to clinics and hospitals and an undersupply of medical equipment, adequately trained staff and medicine. It said respondents and participants in the research cited different difficulties in accessing maternal and child health services, including living far from clinics and hospitals, poor roads and a lack of transport, as well as financial constraints, in terms of paying for transport and paying for required medicines and care. They also mentioned overcrowding and long waits to see healthcare staff, as well as a lack of medicines and services. The disrespectful behaviour of staff towards women was also mentioned. This research found that women were often not permitted to go outside without their husband's permission and that husbands often discouraged them from going to health clinics for services. "This means," the research said, "that many women have home births and rely on support from family members and traditional healers, resulting in high morbidity and mortality rates and children born with disabilities."

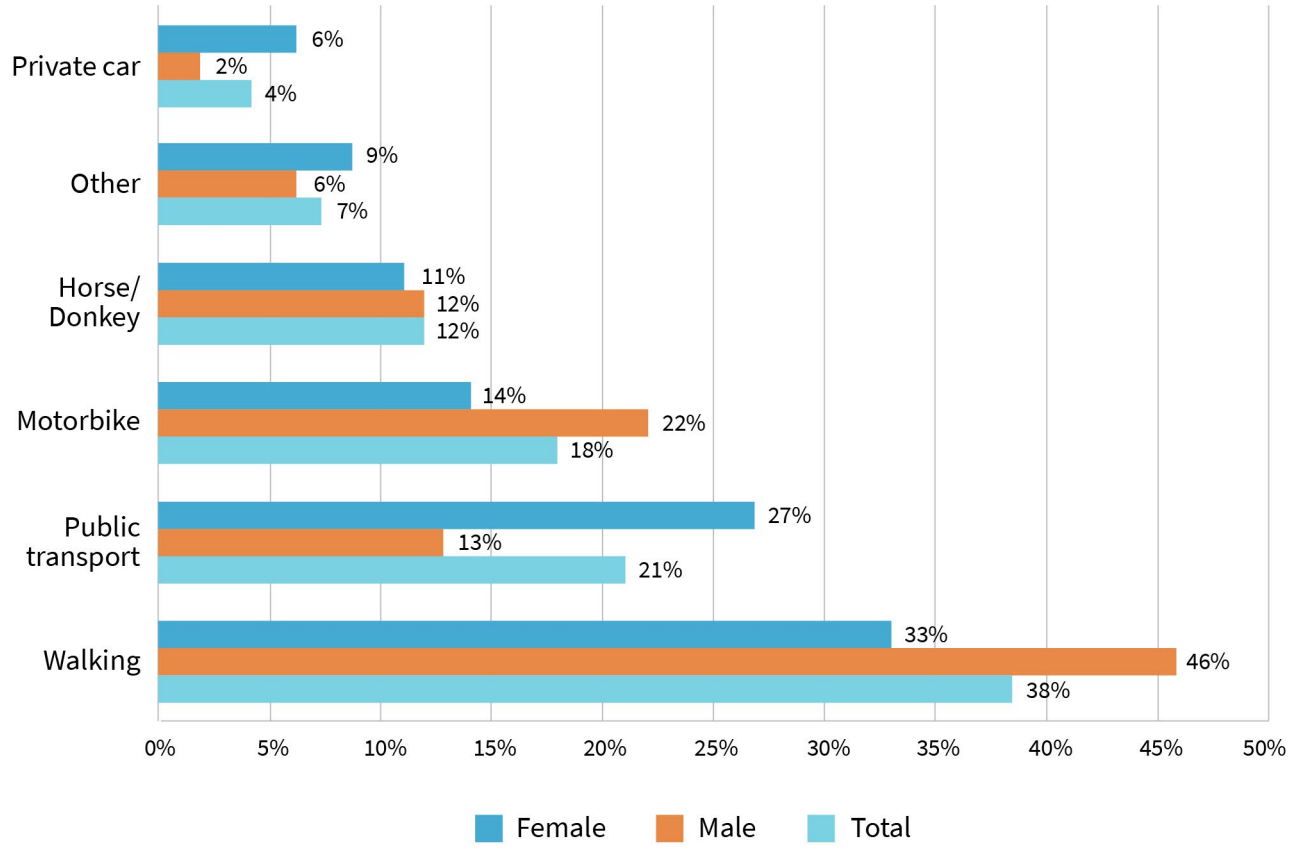
One rare instance of quantitative data was a UN Women's survey on access to health conducted in March 2024 that heard from 2,154 respondents (1,082 men and 1,072

[16] BBC Media Action, Understanding how to increase uptake of WASH, nutrition and maternal and child health services in Afghanistan, June 2024.

women) across Afghanistan.[17] The majority in both urban and rural settings said they were able to access health services fairly easily. However, a greater proportion of women, 32 per cent, compared to 25 per cent of men, reported difficulties accessing services. Travel times, as expected, were higher for rural women, but it was noted that perceived safety threats were not cited as barriers to travel to health facilities (as they were in pre-August 2021 studies, such as AAN's 2021 study on rural women's access to health, cited earlier).

Among those men and women who reported difficulty in travelling to the nearest clinic, the greatest number cited distance as the main obstacle, followed by the cost of transport. Around 40 per cent of respondents said they walked to reach the nearest health centre, while the rest used public transport, motorbikes or horses/donkeys. Only four per cent of the respondents used a private car (see the Figure 3 below).

Figure 3: Modes of transport to access health care

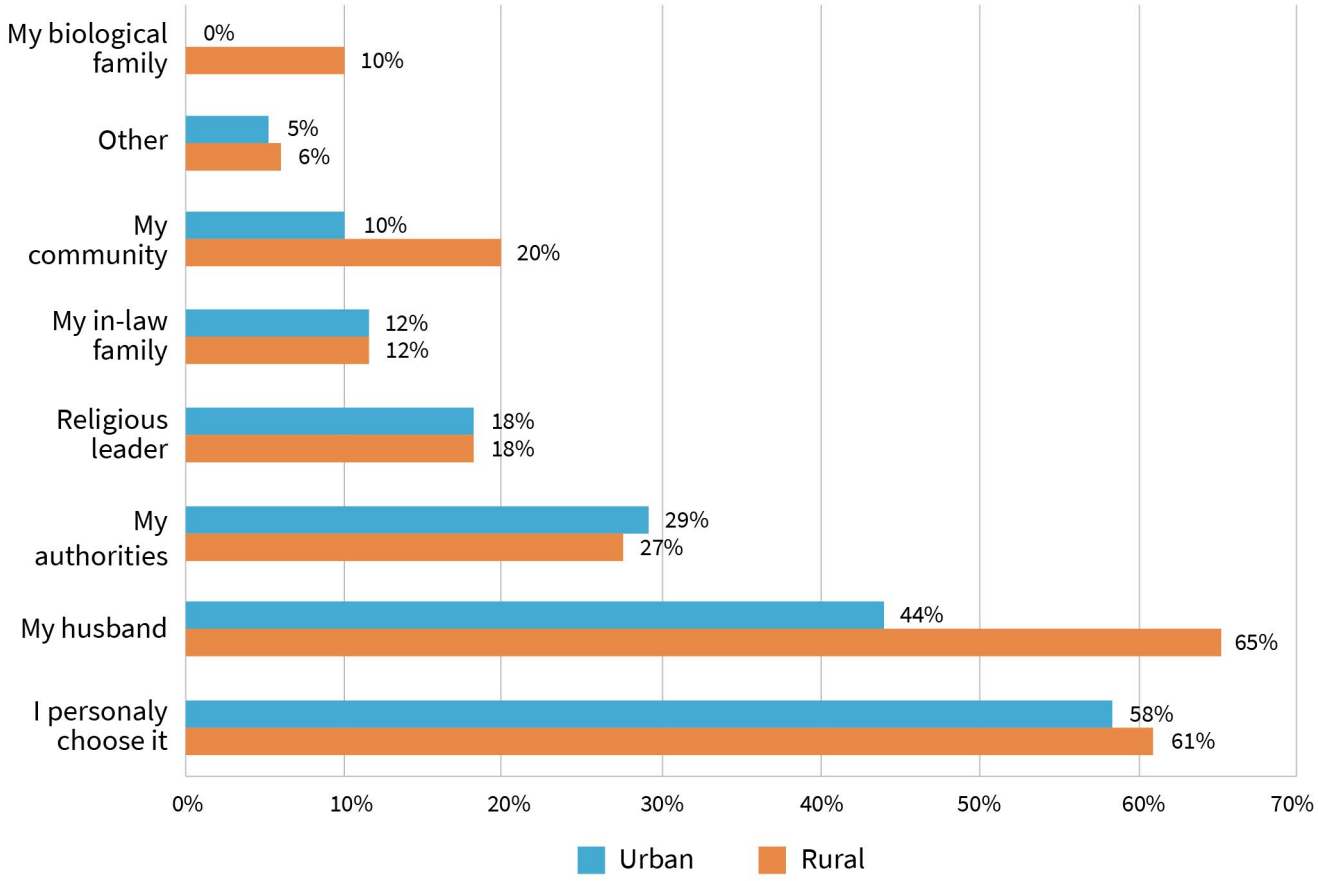


Source: UN Women

[17] UN Women gave access to AAN to its healthcare survey dataset. Some of the granular findings presented here are not available in any other public report. A summary of the survey's findings is published in the UN Women Gender Index.

Whether or not female public transport users were accompanied by a mahram to visit health facilities varied according to how far they were travelling. Inside their own community or city, 47 per cent of female urban respondents and 75 per cent of female rural respondents said they were accompanied. That number rose to 95 per cent of urban respondents and 97 per cent of rural respondents if they travelled outside their community or city. Of those who were accompanied by a mahram, 61 per cent of rural and 58 per cent of urban respondents said they chose to; the rest said this was enforced by their husband, the authorities, religious leaders, in-laws, parents or the community (see Figure 4 below).

Figure 4: Who enforces women travelling to access healthcare with a mahram



Source: UN Women

Overall, both male and female respondents cited inadequacies in health facilities and services, consistently highlighting the following issues: lack of accessible and adequate quality healthcare facilities; low-quality care due to shortages of trained, specialised and attentive medical professionals; insufficient or poor-quality essential medical supplies; and an inability to afford medication.

RESEARCH FINDINGS

The research for this report was based on semi-structured phone interviews conducted between 25 September and 3 November 2024 with 22 women living in rural areas in 19 provinces (see the Map and Table 1 below). The interviewees were selected through our networks with consideration of Afghanistan's ethnic, linguistic and geographical diversity.

We conducted two test interviews to assess the soundness of the questionnaire and define the sample. Our test interviewees comprised an unmarried woman and a married mother-of-five. After carefully analysing the interviews, we made some minor changes to the questionnaire and decided to interview only women who were mothers for this research, as it was more likely they would have first-hand experience of accessing the healthcare system.

Most women interviewed were in their thirties; however, younger and older women were also included in the sample. The average age was 36 years. 20 of the 22 women were mothers and one woman was pregnant with her first child. The woman without children was the one interviewed during the test phase.

Most women were from disadvantaged backgrounds, although a few had better economic circumstances. Only five women in our sample had paid occupations or were pursuing vocational training – three teachers, one tailor and a midwifery student. The remaining 17 were homemakers. Of those, some had completed high school and a few had higher education.

The questionnaire was divided into five sections, each reflecting a health-related 'reality': (1) questions regarding the security, economy, governance and freedom of movement in the interviewee's district; (2) general introductory questions concerning health services in the interviewee's area, including the proximity of health facilities and the availability of female health staff; (3) questions about actual access, including any physical barriers to accessing healthcare facilities; (4) questions regarding the quality of health services; and (5) questions about maternal health.

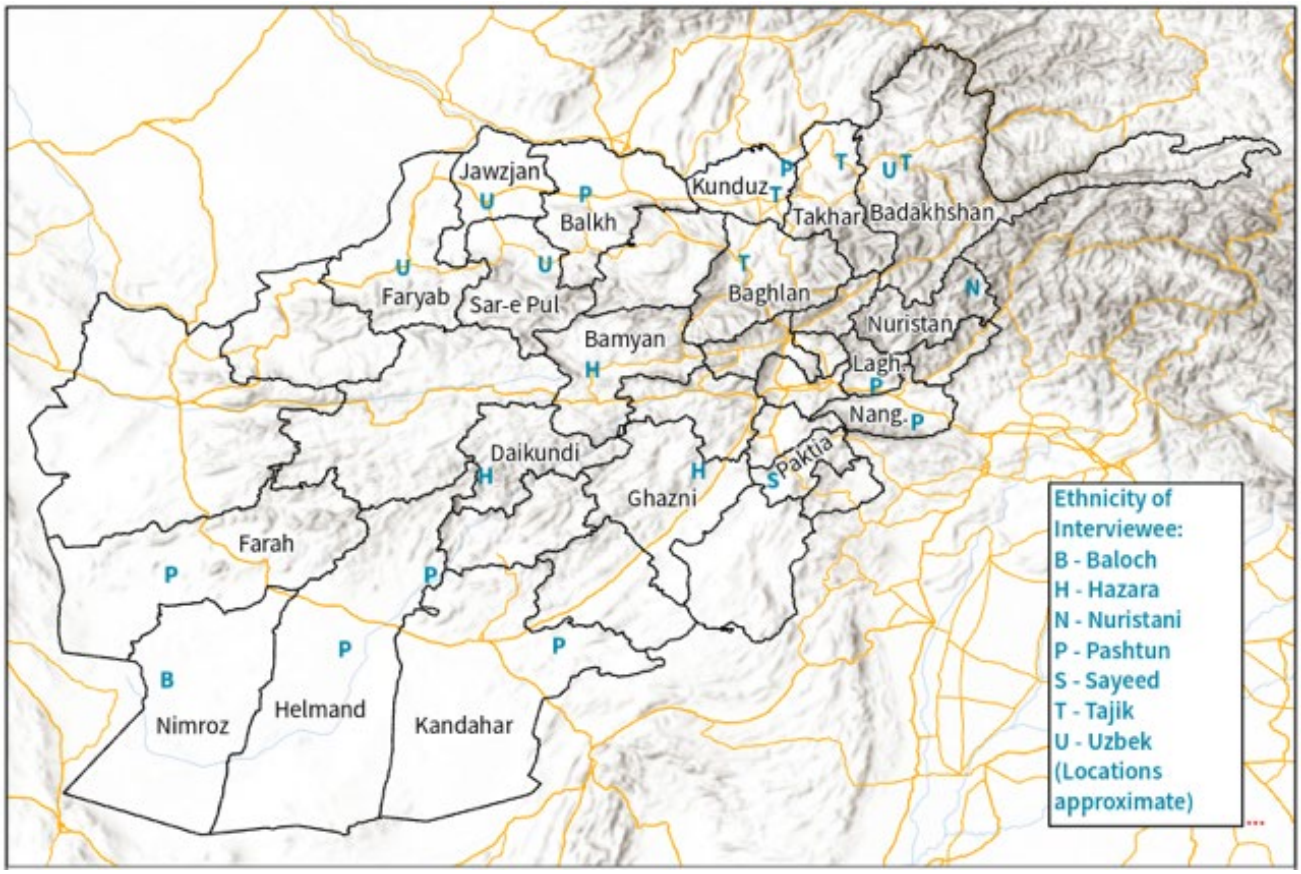
The research findings are structured into five sections, mirroring the outline of the questionnaire. Each uses selected quotes gathered from the women we interviewed

during this research. These quotes serve as a window into the experiences of our interviewees as they navigate the complexities of obtaining – or not obtaining – healthcare.

Table 1: Breakdown of interviewees by province, district and ethnicity, including the date and type of interview

-	Interviewee's Province	Interviewee's District	Ethnicity of the interviewee	Date of the interview	Type of interview
1	Badakhshan	Faizabad	Tajik	28 Sep 24	Regular
2	Badakhshan	Argo	Uzbek	13 Oct 24	Regular
3	Baghlan	Pul-e Khumri	Tajik	28 Sep 24	Regular
4	Balkh	Balkh	Pashtun	30 Sep 24	Regular
5	Bamyan	Yakawlang	Hazara	3 Nov 24	Regular
6	Daikundi	Kiti	Hazara	17 Oct 24	Regular
7	Farah	Farah	Pashtun	13 Oct 24	Regular
8	Faryab	Pashtun Kot	Uzbek	5 Oct 24	Regular
9	Ghazni	Jaghatu	Hazara	29 Aug 24	Test
10	Helmand	Marja	Pashtun	1 Sep 24	Test
11	Helmand	Kajaki	Pashtun	13 Oct 24	Regular
12	Jawzjan	Sheberghan	Uzbek	30 Sep 24	Regular
13	Jawzjan	Aqcha	Tajik	1 Oct 24	Regular
14	Kandahar	Arghistan	Pashtun	25 Sep 24	Regular
15	Kunduz	Dasht-e Archi	Pashtun	10 Oct 24	Regular
16	Laghman	Qarghahi	Pashtun	21 Oct 24	Regular
17	Nangrahar	Achin	Pashtun	12 Oct 24	Regular
18	Nimruz	Chakhansor	Baluch	9 Oct 24	Regular
19	Nuristan	Barg-e Matal	Nuristani	4 Oct 24	Regular
20	Paktia	Zurmat	Sayeed	19 Oct 24	Regular
21	Sar-e Pul	Sancharak	Uzbek	10 Oct 24	Regular
22	Takhar	Rustaq	Tajik	28 Sep 24	Regular

Figure 5: Map of provinces where the interviewees were based



Map by Roger Helms for AAN

1. Poverty, restrictions, poor infrastructure

In the first part of questionnaire, we asked women to introduce the general context in which they live – their economic situation, security in their area, freedom of movement, available services and their family situation. Financial hardship was at the forefront of the minds of all our interviewees, regardless of where they lived. Several women highlighted the IEA's restrictions on their movement, which make even day-to-day activities outside the home difficult, even in areas where they noted that security had improved. One recurring issue mentioned as a barrier to accessing healthcare was the poor infrastructure. That included an inadequate number of roads, their poor condition where they did exist, insufficient means of transport and, when interviewees could get to a health centre, a lack of adequate facilities and trained professionals.

A **38-year-old from Kiti district in Daikundi province with four children** told us how the loss of her job had triggered a spiral of problems:

> *Until the Taliban imposed restrictions on women's work last January [2023], I was working for an NGO. After I lost my job and my family's finances took a turn for the worse, I started having psychological issues. I've suffered domestic violence.*

She went on to highlight how the IEA's restrictions on women were hindering their access to healthcare:

> *Vice and virtue muhtasebs [enforcers] harass women on the streets in Kiti and Nili [the provincial centre] for not wearing a ['correct'] hijab. They've told all women to wear a hijab and don't allow women to enter the clinic if they don't comply with the hijab requirement.*

However, she quickly turned the conversation back to economic hardship:

> *The suspension of development projects, lack of employment, rising food and fuel prices, inadequate control of the market by the current rulers and unfair aid distribution have significantly increased poverty and made things difficult. People's businesses and sources of income have dwindled to nothing. In fact, many people don't have enough to eat. Most young people from our region have gone to other provinces or neighbouring countries, such as Iran and Pakistan, due to poverty, scarcity and threats from the Taliban.*

A 32-year-old from Jawzjan province, who has three children and studied Dari literature at Balkh University in Mazar-e Sharif told us about the difficulties posed by the curbs on women's movement, financial difficulties and poor infrastructure:

> *There are lots of restrictions in our area of Sheberghan, which is like a village with limited access. We can't move around freely or go out without a mahram. It's impossible to go anywhere without complying with this rule, which makes daily life and accessing services very difficult.*
>
> *The economic situation is dire and many families are struggling to make ends meet. Those who had some savings are now watching them disappear, leaving them without a financial safety net. … Some families own livestock and are relying on them for food and other resources during these tough times.*
>
> *The roads to the central hospital are in poor condition, making it difficult for people to get there.*

A **28-year-old from Baghlan province who has a degree in Arabic literature and is the mother of one child** told us her greatest challenge was the restrictions on her movement:

> *We can't even go to the shops near our homes on our own streets. Instead, we rely on younger [male] family members to run errands for us. When we really need to go out, we have to cover ourselves fully in chadoris [burqas]. It takes a lot of time and we're always worried about whether we're following the IEA's strict dress code, so most of the time, we just don't go.*
>
> *Women can't go around freely anymore; we have to go out with a mahram and follow the hijab rule, which means we have to cover up from head to toe, including wearing socks so our feet don't show. Fewer women are going outside because of this. We hardly get to see each other like we used to, except for special occasions like weddings or family functions. This makes it tough to socialise like we did before.*

She also said that, because it was difficult to see a physician, many were turning to traditional practices:

> *A lot of people use traditional and sometimes misguided forms of treatment, such as seeing a mullah or asking an imam for written remedies [normally, a verse from the Quran] which they add to water to drink. While I respect their beliefs and cultural practices, it's important to acknowledge that science-based medicine exists and that many health issues require proper medical attention.*

For other interviewees, the end to the conflict has meant travel in general is far safer. However, when it comes to the ability of women to access public spaces, not much has changed in more traditional rural communities, as this **35-year-old from Paktia province, who has two children,** told us. For her, as for so many of the interviews, she began by describing the dire economic situation locally:

> *Our people's economic situation isn't good. Unemployment has affected many families, especially those who lost family members during the war. They have no one to support them. Most of our youth has gone to the Gulf or to other cities to find work. Those with land haven't had a good harvest because of the heavy rain and floods. Some families don't have enough to eat and don't receive any aid. Those who know people in the government or work for the government do get aid. The people in need don't get anything. For example, one of our neighbours is a widow and her children are small. Her husband was killed several years ago in the fighting. She goes from house to house and begs for help. There are dozens of other families like hers.*

Health workers administer polio vaccine drops to children during a campaign in Herat.
Photo: Mohsen Karimi/AFP, 21 August 2023

She pointed out that not much had changed in her more traditional community in terms of the requirement to travel with a mahram or wear a fully-covering hijab. These are social norms, she said, regardless of who is in power in Kabul.

> *In our area, women move freely and they can go to their relatives' homes without a mahram if it's nearby. But if it's far away, we need to have our mahram with us.*
>
> *Our tradition differs from that in the cities. Women in our areas wore hijab in the past and continue to do so today. When they travelled to distant places, they went with a mahram and this remains unchanged. However, the type of hijab varies by family; some families wear burqas, while others prefer large veils. Recently, girls have also begun wearing Arabic hijab [long black coats, black veils with niqab and optional face veil]. Compared to the past, people are now more mobile and travel more. Previously, movement was limited due to the conflict – because minor and side roads were blocked and the Taliban planted roadside mines. … Now, there's safety and security again and people can move and travel freely.*

A 33-year-old from Faryab province with four children described the people in her small farming community as "neither very poor, nor very rich." She said that many, like her husband, had left the village in search of a living:

> *My village is good. Whenever we have a problem, the representative of the bigger village helps us. Our village isn't very developed, but the people are united. The people here aren't educated and they suffer from malnutrition and anaemia. Some people have gone to Iran – like my husband – and others are busy farming. Us women can't move freely. When we go somewhere, the Taliban ask about our mahrams and want to know where we're going or where we're coming from.*

A 36-year-old from Balkh province with five children, who holds a bachelor's degree in education and is currently studying midwifery, summed up the economic situation and some of the basic services in her district:

> *I can put the people in my district into three categories based on their economic circumstances. Group A includes people, around 10 to 15 per cent, whose economic situation is good. Group B includes people who have a medium economic situation, while Group C includes people who are very poor. They're the majority in our district. There's been little reconstruction in Balkh district. We have access to water and electricity. A hospital in the district centre serves the entire area, including the villages. People from distant villages travel there for treatment.*

Some women presented a positive picture of the situation in their area, such as this **22-year-old from Badakhshan province, who has two children**, who said the hike in the price of opium[18] had been a boon for her community:

> *The area's quite good. We have access to healthcare services near our house, but the more distant areas don't have [easy] access to clinics. Since the price of opium increased, after the Taliban came to power, our area has been developing and people now have many resources.*

In some villages, less conservative social mores afford women relative mobility, like this **25-year-old from Nuristan province**, who was seven months pregnant at the time of the interview:

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[18] The Taliban's 2022 ban on growing opium has driven up prices, benefitting those breaking the ban. The highest concentration of farmers still growing opium in Afghanistan has been in Badakhshan. (AAN, November 2024)

> *In my area, all the women work the land and carry wood on their backs. The region's underdeveloped and we don't have a clinic in our village. We have a small bazaar where we can find some items. The economic situation isn't particularly good and there are only a few wealthy families. Both men and women tend to the land. In our district, the people aren't especially conservative, although some do impose restrictions on their women. Yes, we're free to move around our area and visit one another's homes or go to other places.*

Many villages are still reeling from the devastation visited on them during the armed conflict, making economic recovery and the provision of basic services difficult, as was the case for this **48-year-old from Achin district in Nangrahar province, who has six children:**

> *In our area, there were many problems. There was fighting and bombing. Our lives were difficult due to the presence of Daesh [Islamic State in Khorasan Province, ISKP] and the American bombings. The attacks destroyed our homes. Daesh took the lives of our youth. Now, there's security and people can travel freely. There's no longer the fear that existed in the past. However, the people are very poor. … This is the consequence of several years of war. Most people migrated out of this area to the centre of the province or other districts during the conflict. After security was established and Daesh vanished, people returned to their homes. But their orchards had withered, their lands and homes were destroyed and their wells had gone dry. We don't have roads, schools or clinics. Everything was destroyed in the war.*

2. Where is there a clinic round here? The availability of health services

The second part of the questionnaire asked about the availability of local health facilities, how far or near these are and how recently the interviewees have visited one. They reported varying levels of healthcare in their areas. While most have both private and public health facilities locally, they mainly rely on public services because they do not have the money to pay for private healthcare. Some interviewees who live in remote areas have no clinic or hospital in the vicinity and must travel to the district centre even for basic health check-ups or interventions. All interviewees said that, to treat more serious health problems, they travelled either to the district centre or the provincial capital or all the way to Kabul.

Women sit with their children inside the cholera ward at Mirwais Hospital in Kandahar.
Photo: Javed Tanveer/AFP, 19 July 2022

The **28-year-old woman from Baghlan** told us that, after the change in government, the professionals in her local clinic were dismissed and replaced with less experienced staff:

> *Last year, I took a family member for medical treatment. We went to a local clinic, which is a 35 to 45 minute walk from my area or roughly 15 to 20 minutes by car. The clinic's staff and the midwives, who'd completed a two-year training course during the Republic, had been fired and the IEA has replaced them with their own appointees. Unfortunately, these new personnel don't have the necessary professional qualifications and expertise. So, the quality of healthcare has gone down significantly. The new staff and midwives probably had short training courses lasting around 12 months and don't have the same expertise as the previous staff who'd completed the more comprehensive two-year programme, not to mention experience gained over the years. Even serious medical issues, like kidney problems, aren't treated properly. Patients are often prescribed only really basic medicines like paracetamol, regardless of their condition.*

The 36-year-old mother of five from Balkh said she usually goes to see a doctor in Mazar-e Sharif, the provincial capital, even though there is a closer district hospital:

> *I personally go to a doctor in Mazar-e Sharif when I'm unwell or have serious health concerns. In fact, I saw the doctor in Mazar-e Sharif yesterday. But if the illness isn't serious and can be treated at the district hospital, we do go there. It has 50 beds and two doctors – one's a specialist – and there are nurses and midwives. However, the district's highly populated and the hospital doesn't have the capacity to serve everyone. People from distant villages come to our district centre. But if they have serious issues, the doctors tell them to go to the city. The facility's also not very well-equipped. Sometimes, people can't afford to travel to the city and they're forced to rely on the district hospital.*

A 33-year-old with four children told us about the difficulties of accessing healthcare **in Faryab province's Pashtun Kot district**, where there are no clinics and the community is served only by a mobile health team:

> *Our village doesn't have any public services. Midwives and a mobile health team visit, but we don't have a clinic. A clinic has been opened in Kata Qala, but it's far away … and our village has no private clinic. The government's promised to build a clinic, but it hasn't done so yet. We don't have a pharmacy, but there's a doctor who does sell medicines locally. When we need medicine, we buy it from him.*

The situation was much the same in the village of the **pregnant 25-year-old from Nuristan's Barg-e Matal district:**

> *We don't have a hospital or clinic in our village. We also lack sewage and water pipes and the roads are in a poor state. We fetch water from the rivers and streams. … My sister had diarrhoea and went to the hospital in Barg-e Matal [the district centre]. The care there wasn't good; they prescribed basic medicines like paracetamol and the hospital didn't have enough supplies. The villagers can't afford the medicine prescribed by the doctors. In our village, we have nothing; even paracetamol is unavailable here. After my sister-in-law visited the doctor, she took a long time to get better because we didn't have access to medicine.*
>
> *I also went to the hospital in Barg-e Matal a month ago. I have an ovarian fibroma … so I'm taking medication. … but I need an operation. The doctors told me I'd recover after the surgery. Both the doctors in Jalalabad and those in Barg-e Matal told me this. On foot, it takes one-and-a-half to two hours to get to Bar-e Matal and Jalalabad's quite far away, requiring a day's journey. I saw the doctors*

> *in Jalalabad two months ago. In Barg-e Matal, we don't have facilities or equipment for operations, so I'm planning to go to Jalalabad or Kunar for my surgery.*

A 50-year-old mother from Laghman province, who has twelve children, said that her area is heavily and there is only one clinic. t is half an hour's walk away and only open for women in the morning.

> *First of all, it's far away and when you get there, you have to wait for a long time. Then, by the time it's your turn, they'll tell you to come back the next day. If this happens again the following day, it really causes problems. … It takes three hours to be seen, even for minor illnesses, which is a major problem for us. … It was great before; we could be seen whenever we went to the clinic, but now, they have specific hours for women, from 8 to 12 in the morning, with the afternoons for men only. Because of this, many patients leave the clinic without getting a check-up and have to come back another day. The whole thing's troublesome and costly. We're poor, can't afford to travel and there's no one to hear our concerns. Meanwhile, there are so many patients that we often can't even get an appointment and are forced to see a private doctor instead.*

The **48-year-old woman from Nangrahar's Achin district** said her nearest clinic is far away:

> *We have the clinic in Shedal, which is about an hour's drive away. It's the only one that people from several distant villages can visit. It's very crowded, with people arriving by car, motorcycle, bicycle, donkey, whatever transport they have at hand. Most people come from far-off areas by motorcycle or donkey. Although there are cars, hardly anyone can afford to use them. … There's no medicine in the clinic at all. If there is, it's given to those who know the doctors or officials at the clinic. Other people have to buy their medicines from commercial pharmacies. Those who can't afford to buy the medicine make do with the little the clinic gives them, but that's not always an option. … Unfortunately, most people go home without any medicine because they can't afford it. This is what I've seen for myself.*

The 38-year-old from Kiti district in Daikundi province said the local health facility had closed and that travelling to the nearest clinic had become nearly impossible after recent flooding had caused severe damage to the roads, along with most of the communication [networks] and canals that had been built during the

Republic. She said the government had not fixed anything, NGOS had not stepped in to help and people were really struggling.

> *There was a clinic in our area, but it's closed down because there's no medicine. … There's another clinic [in Temran] but that's quite far from where we live. We do go to that clinic, but only with great difficulty. The roads aren't paved and recent floods have destroyed the access roads. Cars can't travel on our village's roads, so most people walk to the clinic or get there by bicycle. … There aren't enough health centres or specialists for women's health issues, which means that, every year, many women die from complications during childbirth.*
>
> *At the clinic in Temran, there's only one doctor, two midwives and some nurses. There are no specialist doctors. They provide limited services to people who go there from several villages. … The lack of specialists and medicine is the main health challenge for people in our area. Most of the time, people have to take their sick relatives to the provincial centre or even to Kabul. This is more than most people can afford. The economic situation of our people is very bad. They can't take their sick to good treatment centres and the result is that some people die.*

A 22-year-old from Argo district in Badakhshan, who has two children, told us she goes either to Faizabad, the provincial capital, or to a district clinic in Argo:

> *When my daughter was unwell, I took her to a private clinic nearby. I also go to a public clinic here. I go to get medication for anaemia and to get my kids vaccinated. My family, including my mother-in-law, go to clinics in Argo or Faizabad for leg pain or general weakness. At the clinic in Argo, they prescribe paracetamol and ibuprofen to all patients. If you have connections and know someone at the public clinic there, they provide better medication. If not, they don't. My local clinic has no laboratories for checking blood, or kidneys or stomachs, so people tend to go to the private clinics in Faizabad.*

3. How can I get to a clinic? Access to health facilities

The third part of the questionnaire asked about problems that prevented women or members of their family getting healthcare. When discussing this, women highlighted various difficulties. Some fear the Taliban checkpoints and prefer to travel with their husbands or not travel at all. Some had to face difficult choices – one woman spoke about either enduring pain herself or letting one of her children

suffer – due to financial constraints. Some lack the money to travel to the nearest hospitals, while in other areas, there are no roads.

The 32-year-old from Jawzjan said that, although the situation was pretty good locally, women cannot move around freely:

> *You can, of course, go to the hospital at night with a mahram, but there's always this fear that something might happen. We get anxious when we see armed Taliban on the road. The constant uneasiness makes it hard to relax or feel safe on the road, even in relatively secure areas.*
>
> *When I [need to] go to the clinic, I go with my husband. It used to be easier, but now, we only go when we're really sick. … We have to walk for about 10 minutes to get to the car and then drive on the busy road to the city. But if I can't walk, my husband drives me. It takes about 15 to 20 minutes because the roads aren't that good.*

The 28-year-old from Baghlan cited the need for a mahram and the strict hijab requirements as the main obstacles to physical access to healthcare facilities:

> *If a woman is in a car and has her face uncovered, or she's not wearing proper hijab, according to the Taliban, while heading to the hospital, she'll be taken out of the vehicle and interrogated and the car will be sent back. This is particularly difficult for women with breathing issues or asthma, as they're still required to cover their faces despite their health problems. … Even if a woman wears a hijab, she must cover her entire face with a niqab or chadori, especially when going out without a mahram. If someone can't go out alone or can't cover up because of health issues, they're effectively forced to stay at home.*
>
> *Women can't leave their homes in the evening without a mahram. It doesn't matter if there's an urgent need or an emergency. If they go out, they risk being whipped by the authorities. This oppressive environment has led many women to avoid leaving their homes altogether, as they fear the repercussions of being apprehended by the Emirate and taken to a police station. The anxiety surrounding these restrictions significantly limits their freedom and exacerbates their sense of isolation.*

A 67-year-old widow from Badakhshan, who has ten children, spoke generally about the various obstacles women now face when trying to get medical treatment.

Women sit with their children inside the cholera ward at Mirwais hospital in Kandahar.
Photo: Javed Tanveer/AFP, 19 July 2022

Most important, she said, was the dire economic situation, but the need for a mahram could also mean delaying treatment, or not getting any at all:

> *Issues like not having mahram prevent many women from accessing healthcare. If they need to see a doctor and they call their husbands at work and he asks them to wait until he gets home, by then, it's too late.*
>
> *Then, there are the many people who don't have cars who have to use wheelbarrows to transport their sick relatives. The dire financial situation just worsens the difficulties of seeking medical assistance. I have a friend who had jaundice but couldn't afford the hospital treatment. After borrowing money, the doctors informed her that her condition exceeded their capabilities and advised her to go to Kunduz. She told them: "I couldn't afford treatment here in Badakhshan, how am I supposed to manage the cost of travelling to Kunduz?"*

With many households at near breaking point under the strain of economic hardship, people have to make difficult decisions concerning medical treatment for

themselves or those they love. **A 28-year-old woman from Farah with primary-level education, who has four children**, told us she cannot access healthcare for herself because of financial troubles. She faces an impossible choice – either to endure pain herself or let one of her children suffer:

> *I've been suffering from severe kidney pain for six months now, but I've gone to the clinic only once. I haven't gone more often because I simply don't have enough money to cover expenses for both myself and my children. My eight-year-old son has an intestinal infection and we need to take him to the doctor every ten days. The money we earn is spent on his treatment. I take him to a private clinic because the public clinic only gives basic tablets for whatever ailment you might have. In our area, there's one private clinic that has a midwife and a doctor. The doctor's advised me to get the prescribed medication for my kidney problem, but I have to pay 1,000 afghanis (USD 14) for my son's medication. So I can't afford [to pay for] my own treatment. The doctor said I should take my son to a hospital either in Kabul or Iran or Pakistan, but we can't afford to travel.*

The woman from Nuristan spoke about the cost of medical treatment in Jalalabad, the nearest major city and regional medical centre.

> *I didn't encounter any issues that prevented me from accessing healthcare, but the people in my village face numerous problems because of the distance to the hospital, and their financial struggles means they don't not own a car. None of us can get the timely healthcare we need because of the distance and lack of transport. At times, we manage to get treatment promptly, but at other times, we can't. When we can't access healthcare services, we use homemade remedies – sometimes, we get better from those remedies and sometimes we don't. If we don't recover, people then have to borrow money to go to a hospital or clinic in Jalalabad. The expenses for medical treatment in Jalalabad range from 13,000 to 20,000 afghanis (USD 180-275). The taxi fare or other transport cost is between 5,000 and 6,000 afghanis (USD 69-82) and people also stay in hotels while they're there.*

She said that even getting to the nearer hospital in Barg-e Matal is problematic:

> *Sometimes, I walk to the hospital and sometimes go by car, but most people walk because they're poor. We have to pay 1,000 afghanis (USD 14) for a taxi fare for a return trip. By car, it's a 30-minute journey.*

She also spoke about the customs that prevent women visiting male doctors:

> *Women can't go to the hospital without a man because it's too far. Actually, it's inadvisable for women to go to the hospital without a mahram. In our area, women don't visit male doctors because people would gossip about them, saying they visited a male doctor. It's not customary in our district for women to be examined by a male doctor.*[19]

Difficulties in accessing a health facility can sometimes have fatal consequences, **as the woman from Achin in Nangrahar** recounted:

> *One of our neighbours was pregnant and a few days ago, it was time for her delivery. It was night-time and there was no one with her at home. I had to tell my husband that I had to go with her [to the clinic]. So, we took her to the hospital in Ghanikhel district because she needed medical attention urgently. As we travelled to the hospital in Ghanikhel, the car was going very fast, the road was in a poor condition and her condition deteriorated. She actually delivered en route. She was bleeding and I couldn't help her because I'd never been in such a situation before. It was gone midnight when we reached the hospital. The doctors arrived and made every effort to save her, but it was in vain. She died. This was truly painful for me. The hospital isn't very well-equipped either, but it's better than the clinic in our area. We always go to that hospital. However, as our people are poor, they can't take their patients to that hospital. They can't afford to buy medication either.*

Similarly, **the woman from Daikundi** told us about the difficulties she faced trying to handle her father-in-law's medical emergency while her husband was away from home:

> *This last summer, there were lots of floods in our area and the roads in our village were destroyed. At that time, my father-in-law fell seriously ill and my husband wasn't at home to take him to the clinic. I tried to help him, but I couldn't take him. I asked our neighbours for help. One of them went to the pharmacy and brought back the medicine the doctor had prescribed earlier. Unfortunately, rather than improving his condition, it had an adverse effect on him. My father-in-law suffers from shortness of breath [asthma] and the medication he typically relied on had run out and when we gave him the*

[19] IEA regulations ban women from seeing male health professionals, but in many places, these do not have to be enforced because social expectations mean people follow the code voluntarily.

same medicine again, it had a negative effect. Eventually, I resorted to home remedies for him, which slightly improved his health. When my husband got home, I urged him to take his father to a doctor and he took him to the doctor in Nili, the centre of Daikundi.

4. If I pay, will I get proper treatment? The quality of health services

In the fourth part of the questionnaire, we asked about the quality of health services in the local area. Many interviewees highlighted the shortage of doctors, particularly specialists, but also how doctors behaved disrespectfully towards them. Some said the clinics lack proper facilities and medical supplies are insufficient. One interviewee pointed out that actually getting free medical treatment in public hospitals has become increasingly rare because more and more patients, who try to get care in the public hospitals, are referred to private clinics.

The 32-year-old woman from Jawzjan spoke about the shortage of doctors in her area, especially if one of the few doctors falls ill.

This increases waiting times, potentially causing some people to leave, with a mind to come back another day. Doctors may also become tired out, which can affect the quality of care they provide. There are nurses, but they're not trained as doctors.

While healthcare professionals may attend to patients, the quality of their care often falls short of what patients deserve. Doctors can become impatient and irritable because the clinics are overcrowded and they're very busy, leading to rude behaviour towards patients. Some staff members express their frustration, saying, "You're asking too many questions," or "There are too many patients – just wait," or "Go and sit down; don't come back to ask." This lack of attention and sympathy can be disheartening for people who need help, as they feel dismissed and undervalued during a critical situation.

The 22-year-old from Argo district in Badakhshan also spoke about doctors' bad attitudes:

Neither the doctors in the public clinics and hospitals nor in the private clinics behave well towards their patients. For example, when we go to a private clinic in Faizabad, they behave the same as in a public clinic. When we share our

problems, they say: Why do you have these problems? They don't behave well. They don't listen to us. If we speak about one of our problems, we can't speak about other problems. When I was pregnant, I was bleeding. But when I shared it with them, they didn't tell me whether it was normal or not. They sent me to the laboratory section and prescribed medicine. I had to go to Kabul for that problem and in Kabul, the doctors behaved really well.

Women pack medicinal herbs at a traditional therapy centre in Herat.
Photo: Mohsen Karimi/AFP, 30 January 2024

The 28-year-old from Baghlan spoke about the lack of medication, inadequate facilities and being given the wrong diagnosis in her district's health facility:

The public hospital in Pul-e Khumri rarely gives out medication. It's poorly staffed, with no properly trained doctors or healthcare professionals available to provide adequate care. … The facility's inadequate; I've seen women have their babies outside the delivery room. Furthermore, when surgery is needed, doctors often aren't available in good time, making an already critical situation more taxing for patients who need urgent medical attention.

> *A few days ago, I took someone with stomach problems to see a doctor, but she was prescribed medication that wasn't appropriate for her condition and had an allergic reaction, which required me to take her to a private clinic for further treatment. Often, doctors don't properly diagnose patients or assess their medical history, including allergies or potential reactions to certain medications. This oversight can be life-threatening and highlights the critical need for better training and protocols in healthcare facilities to ensure patient safety and well-being. Without thorough assessments, patients risk receiving the wrong treatment and that can lead to serious health complications.*

The woman from Laghman with twelve children also complained about the poor state of her health facilities:

> *The clinic lacks proper facilities and patients don't get adequate treatment. Generally, government hospitals offer insufficient attention and care for women. I witnessed first-hand that there's a lack of medical equipment. During childbirth, if you have someone to fetch the delivery room doctor, you may be able to give birth there. If not, and you wait for the doctor, you might have to deliver in the waiting room or in the corridor. … Only one woman can give birth at a time in the delivery room.*
>
> *There are no professional or expert staff and the hospital doesn't have the necessary equipment. For example, when a medical test is necessary, the hospital doesn't have the necessary materials. Similarly, when an X-ray needs to be taken, there's no material, or the person in charge isn't available. In our province, hospital services aren't satisfactory at all.*

The woman from Paktia province said considerable suffering was caused to women by poverty, lack of access to health centres and insufficient sanitary supplies during menstruation. She went on to outline what she contended was the unhealthy relationship between public sector doctors and private pharmacies and laboratories.

> *When women visit the local clinic, there's no menstrual medication available, nor are there doctors to provide treatment. Some families can't afford to seek care for their women. Women experience significant discomfort during their menstrual periods due to the unavailability of sanitary napkins. Furthermore, a large portion of the population is illiterate and doesn't know how to address these issues. The district centre's also quite far from us, making it difficult to get treatment. Unfortunately, because of economic difficulties, we've encountered*

> *numerous health problems, particularly infections, and many women suffer from these issues without anyone to listen to them.*
>
> *Yes, when we go to the hospital, we get the attention we need. But, as I said earlier, there's no professional female doctor available; instead, there are midwives or nurses who substitute for doctors and they can't prescribe the appropriate medication. When your illness isn't accurately diagnosed, the medication's ineffective as well. The hospital lacks the necessary equipment, and even when it's available, they don't offer services to everyone. For a simple lab test, they send you to the bazaar. Occasionally, they do carry out lab tests, but most are conducted in the bazaar.*
>
> *Most of these doctors are connected to some laboratory or other. When they prescribe a test, they say: Go to such and such a laboratory – they diagnose well. When I ask why not here in the hospital, they say it's not functioning, or we don't have electricity. They make a thousand excuses. But basically, they're in a relationship with the labs and intentionally send you there.*

For a **30-year-old from Kandahar who has three children**, the lack of free medicine was the main issue:

> *There are no medicines and they don't provide them to the patients. When necessary, they should give food to both the children and mothers. They should also give hygiene-related packages to every mother to keep them and their children clean. However, the doctors in the clinic do treat the patients well. We understand what they say and they understand us because they all speak Pashto. They respect us – but they don't have medicines to give out.*

The 67-year-old from Faizabad district in Badakhshan spoke about how rare it has become to receive free medical treatment these days as more and more patients who seek care in public hospitals are simply referred on to private clinics. She gave the example of what happened to a male patient a friend of hers knew, although the situation is the same for women.

> *Often, when patients are examined, they're referred to private doctors for further care, with the excuse that the hospital lacks certain facilities, such as imaging equipment or specific medications. This practice raises suspicions about the potential connections between public and private healthcare providers, suggesting there may be an underlying system benefiting those within the private sector at the expense of patients who rely on public services.*

A friend told me about a man she knew who had suffered a broken hand and initially visited a public hospital, where Dr M [name withheld] assessed his injury. The doctor reassured him there was nothing to worry about and applied a plaster cast. However, after experiencing severe pain, the patient consulted my friend, who recommended seeing a private doctor, as she believed that proper care was lacking in the public facility. When the patient went to the private clinic, he was surprised to find that Dr M was working there as well. The doctor explained that he worked in the public hospital during the day and in the private clinic in the evenings. Upon examining the patient's hand and recommending a scan, Dr M revealed that the shoulder was broken. He removed the plaster cast and informed the patient that surgery was necessary to insert metal rods and that he'd need to return for weekly check-ups.

Women with their newborns at the Médecins Sans Frontières (MSF) maternity hospital in Khost.
Photo: Kobra Akbari/AFP, 8 December 2023

It was shocking to hear the same doctor provide such conflicting assessments, but he explained that the public hospital lacked the necessary facilities to properly address the injury, which could be managed in the private clinic.

5. Who helped me when I was pregnant? Maternal health issues

The fifth part the questionnaire asked about maternal and child health issues. As can be seen from Table 2, below, of the 22 women in our sample, only two did not have children and one of those was pregnant. The others had between one and twelve children. Most had delivered all or some of their children in a medical setting (hospital or clinic). Three had delivered all of their children at home. Their experiences with prenatal care and childbirth varied greatly and the older women reflected on the prenatal care and deliveries that were, or were not, available in the past.

All but one of our participants with children had got them vaccinated. Most noted that their education, even if it was only at the primary school level, had helped them keep track of their children's vaccinations.

The 67-year-old widow with ten children from Faizabad district in Badakhshan reflected on her own pregnancies in comparison to those of her daughters:

> *All my children were born at home with the help of a doula [lay midwives with experience rather than professional medical training]. But some of my grandchildren were born in hospital and one was recently delivered at home with the help of a midwife from the hospital. … In my time, it wasn't common to see doctors when you were expecting, but my daughters have sought medical care. Typically, they have check-ups during the fifth month to ensure the baby's in good health. If the baby's moving, they say an appointment can be scheduled in the eighth or ninth month, but, if it isn't, you have to come back in the sixth month. Many of my daughters visited close to the ninth month. They also see a doctor during pregnancy if there are concerns or health issues such as anaemia.*
>
> *My daughters have generally had natural deliveries without complications, but one had to have a caesarean section and gave birth in hospital. If they feel weak or have any issues, they're given medication for low blood counts. Their children have all received vaccinations. As my daughters are educated. They prioritise keeping up with their children's vaccinations and ensure they take them to the clinic for the necessary immunisations. Vaccination now depends on the mother's level of education, awareness and open-mindedness.*

Table 2: Interviewees by age, number of children, location of births and vaccination status

	Interviewee's Province	Interviewee's District	Age of the interviewee	No. of Children	Where did you give birth?	Are all your children vaccinated?
1	Badakhshan	Faizabad	67	10	Home	Yes
2	Badakhshan	Argo	22	2	Hospital	Yes
3	Baghlan	Pul-e Khumri	28	1	Hospital	Yes
4	Balkh	Balkh	36	5	Hospital	Yes
5	Takhar	Rustaq	39	6	Hospital/Clinic	Yes
6	Kunduz	Dasht-e Archi	35	4	Hospital/Clinic	Yes
7	Jawzjan	Sheberghan	32	3	Hospital	Yes
8	Jawzjan	Aqcha	30	3	Hospital/Clinic	Yes
9	Sar-e Pul	Sancharak	37	2	Hospital	Yes
10	Faryab	Pashtun Kot	33	4	Hospital	Yes
11	Nuristan	Barg-e Matal	25	Pregnant	N/A	N/A
12	Laghman	Qarghahi	50	12	Home/Clinic	Yes
13	Nangrahar	Achin	48	6	Home	Yes, all but one
14	Ghazni	Jaghatu	30	0	N/A	N/A
15	Daikundi	Kiti	38	4	Home/Clinic	Yes
16	Paktia	Zurmat	35	2	Hospital	Yes
17	Helmand	Marja	32	5	Clinic/Hospital	Yes
18	Helmand	Kajaki	40	5	Hospital/Home	No
19	Kandahar	Arghistan	30	5	Clinic	Yes
20	Nimruz	Chakhansor	30	5	Hospital/Clinic	Yes
21	Farah	Farah	28	5	Home	Yes
22	Bamyan	Yakawlang	45	4	Hospital/Home	Yes

Social norms or poverty, however, are often a barrier to women getting to a health facility to deliver their babies**. The 48-year-old from Nangrahar** told us about her six pregnancies, of which three were home births with help, and three in hospital:

> *I have six children – two daughters and four sons. Three were born at home because back then, we felt ashamed to go to the doctor during pregnancy. Two*

of my youngest were born in a local clinic and the last was born in the hospital in Ghanikhel district.

When my oldest was born at home, my mother-in-law was still alive to help me. An elderly neighbour who was a doula helped deliver my second child. She's an experienced woman and attends all home births here. These days, many people can't afford to go to a clinic, so women have their babies at home with the help of other women and midwives. But the midwives can't help everyone. They're at the clinic during the day and those who know and trust them ask them to come to their home if a baby's born at night.

The interviewee said she was unable to get her oldest son vaccinated, but that the rest of her children had received all their vaccines, something she said was a general practice in her area:

All my kids have been vaccinated, except my oldest son, who was born during the wars. There were no vaccines available in our area then, so he didn't get vaccinated. Children can be vaccinated at the clinic and if a child's born at home, they're taken to the clinic a few days later for their shots. Most people are in favour of vaccination and make sure their kids are vaccinated.

However, not everyone has open-minded or supportive parents and in-laws. **The 28-year-old mother-of-four from Farah** who married at 15, spoke about the inadequate support she had received from family members during her pregnancies and of her home deliveries:

All my kids were born at home. We didn't have a car when they came along and three of them were born at night, so they entered the world before we could get to the clinic. We didn't have a nurse and I didn't talk to a doctor or a health worker. During my last pregnancy, I felt unwell, so my husband took me to the clinic. Throughout that pregnancy, my body ached. I had lower back pain that started in the seventh month and lasted until I delivered. I could hardly sleep because I was in pain all the time. Every time I mentioned this to my mother-in-law or sister-in-law, they'd tell me that everyone has this kind of pain and if I wasn't feeling pain, I wouldn't be able to give birth.

My mother lived far away and I didn't have anyone to talk to about the pain. When I tried talking to my husband about it, he didn't want to hear about it. He'd tell me to talk to his mother instead.

The manager of the Norwegian Afghanistan Committee (NAC) maternity clinic, which is run by women for women, in Gardez, Paktia province.
Photo: Kobra Akbari/AFP, 7 December 2023

Some of our interviewees said that, if they can, women often opt for giving birth in a health facility. This was the case for our first-time pregnant **woman from Nuristan** who said she planned to deliver at the provincial hospital in Jalalabad on a doctor's recommendation:

> *I've consulted doctors regarding my health issues. I visited both the hospital in Jalalabad and the one in Barg-e Matal twice. The doctors in Jalalabad recommended that I deliver my baby at the Jalalabad hospital because the one in Barg-e Matal doesn't have an operating room.*

Otherwise, women rely on assistance from other women in the community such as doulas. This was the experience of the **38-year-old from Daikundi:**

> *I have four children – two daughters and two sons. My first child was born at home because there was no clinic here at the time, but my other kids were born at the clinic. A doula usually helps with home births. There are some older women in every region who have experience and they help. They aren't*

connected to the clinic. When you go to the clinic, the nurse and midwife help you, but they don't make home visits.

During my latest pregnancy, I saw a doctor and a midwife every month. Since she was at a nearby clinic, I visited her regularly. But when I was expecting my first child, I didn't see any doctors or midwives because we didn't have a clinic in our area back then.

A **39-year-old from Takhar** spoke about how she gave birth to her first child in a hospital, but delivered the remaining five at a local clinic in Rustaq:

My daughter was born in hospital. The doctors recommended a caesarean section … but my mother was uneasy because one of my sisters had died during a similar operation, so she warned against it. In the end, I had a natural childbirth, but I had to have many stitches to repair the tears.

Similarly, **the 50-year-old from Laghman** gave birth to 11 of her 12 children either in a hospital or a clinic. She said she received prenatal care for all her pregnancies:

I'm a mother of twelve – four daughters and eight sons. My youngest is three years old. All my children, except my eldest son, were born in the clinic. He was born at home because we didn't have much access to a clinic or a doctor. After that, we moved to Jalalabad city for a while, where my other children were born in hospital. Then, we came back to our village and the rest of my kids were delivered in the clinic. I saw a midwife during my pregnancies and also for my deliveries. I always went to the clinic to deliver because I had some issues with anaemia. … I saw the doctor every month or every two months before I gave birth and I didn't have any problems during the births; all my children were born naturally.

A 40-year-old woman with five children from Kajaki district in Helmand also gave birth to some children at home and the rest in hospital, but said she was denied access to the facility for her last pregnancy and was forced to give birth at home:

Two of my kids were born in hospital, but the other three were born at home. I went to the clinic to deliver my youngest, but when I got there, they wouldn't let me in. They said they didn't have a midwife. I came back home and gave birth here. It was very tough this time; I was close to death, but God helped me and an experienced woman who wasn't connected to the clinic helped me. She saved my life and my baby's.

She had not had any of her children vaccinated: "None of my kids have had their routine vaccinations because we believed they could harm them. Some people say the vaccines aren't beneficial and even say that they might cause sterility."

Some interviewees put the quality of care a woman receives in health centre or hospital down to their education, such as this **37-year-old from Sar-e Pul** who detailed her positive experience:

> *Yes, I'm a mother of two; one is three years old and the other is two. Both were born in hospital with the help of midwives and through natural delivery. When I was four months pregnant, I went to the hospital where I got a maternity guide [given to pregnant women, containing information about pregnancy and guidance on when to seek help]. Some women only go to the hospital around the eighth month of pregnancy. Some women are illiterate. They get a maternity guide but can't read it and those who can read may not follow its advice because of money issues or a lack of commitment. So, they might opt for traditional methods instead. My children have been vaccinated because I've made sure to take them to the clinic to keep up with their vaccinations.*

Some interviewees, like the **28-year-old from Baghlan**, said that, in her experience, the level of care a woman received was, by contrast, often down to who she knew at the facility:

> *I have a three-month-old baby girl. She was born in hospital where midwives helped with the delivery. If you know someone at the hospital, you'll get good care. If not, you won't be looked after as well.*

She also noted the lack of resources and trained medical staff as another complicating factor in mother and childcare, especially when it comes to vaccinations:

> *There aren't enough suitable centres or scanning equipment for monitoring pregnancies. Women usually see midwives, but many of them don't have the training or resources to give accurate assessments. In many cases, they can't even tell you how far along you are. I've heard of midwives telling a woman that she had three months until she was due, only for the baby to be born the same day.*
>
> *I got my daughter vaccinated. Babies have to have shots between 30 days and 18 months. But there's a big problem with follow-up from nurses or doctors about vaccination schedules. For educated parents, it's easier to keep track of these important appointments, but it can be a real challenge for those who are*

less informed. Many parents forget their children's vaccination schedules, don't take them seriously, or [for mothers] have trouble leaving the house because of the current restrictions. This gap in support and follow-up can lead to missed vaccinations, putting kids at higher risk of preventable diseases. We need a better follow-up system to make sure all children get vaccinated on time, no matter their parents' level of education or their ability to access healthcare.

CONCLUSION

For women living in rural Afghanistan, access to health care has never been easy, nor a given. During the first Emirate, which followed two decades of civil war, women's expectations of healthcare services were probably low, even in cities where there had once been well-trained health professionals and better facilities. Today, however, there has been twenty years of relative stability and development aid was poured into the health sector, in combination with health-related educational public outreach. Better healthcare extended even into districts controlled by the insurgency, as AAN research detailed. That has created a new generation of Afghan women with better defined and higher expectations of healthcare than previously.

Women and children at a Community Health Workers (CHW) health post in Gandanchusma village, Badakhshan province.
Photo: Wakil Kohsar/AFP, 25 February 2024

However, as the women we interviewed pointed out, quality healthcare services are mostly neither available nor accessible in their areas. Women face so many problems getting healthcare: restrictions on their movement, whether imposed by the government and/or conservative mores; a lack of specialised medical professionals, female doctors, and often, medical staff at all; a scarcity of public (free) health care; insufficient or poor-quality medical supplies; and poor roads and expensive transport. Poverty, though, was the overarching impediment mentioned by every woman in our sample. In 2021, when we interviewed 19 rural women on the same topic, many said that they could not afford to get to the nearest clinic in their district because of poverty. However, since then, the economy crashed, civilian aid has been disrupted and has declined, health professionals have been among those leaving the country and the IEA has imposed severe restrictions on women's freedom of movement.

In Afghanistan, health care is falling into a quiet crisis. Since 2021, the number of health care facilities has shrunk, and will fall further because of Trump's stop work order to USAID. At the same time, the Emirate has prioritised expanding its security services at the expense of healthcare and other basic services. Already, life expectancy has fallen, for both men and women, and the number of children not reaching their fifth birthday and of women dying in childbirth has risen. For women living in the Afghan countryside, health facilities have always been poorer than in the cities. To be female and living in a rural area, Afghanistan looks to be an increasingly miserable, or indeed dangerous place to fall sick.

Edited by Roxanna Shapour and Kate Clark
Design and layout by Žolt Kovač

Cover: Midwives discuss patient guidelines at the Norwegian Afghanistan Committee (NAC) maternity clinic in Gardez, Paktia province.
Photo: Kobra Akbari/AFP, 7 December 2023

ANNEX

Rural Women Access to Health Questionnaire

General Info about the Informant:

District:
About your Key Informant: (if you know, please specify age; current occupation and profession if any, how many family members, etc.)

Opening Questions:

1. Can you tell us about the area in which you live?

2. How is the economic situation?

3. How freely can you move in your area?

4. Which kind of services (eg any kind of the state-provided services) are available in your area?

General Introductory Questions about Health Services:

1. Have you or anyone in your family sought medical treatment in the last year? Where did you/they go? Were you treated locally? Why (not)?

2. How far/close are these medical facilities from where you live?

3. Have you seen a mobile vaccination team in your area this year? How often they usually come?

4. Are there any female medical staff (doctors or nurses/or both) in your area? Do you prefer to be treated by female doctor?

Questions about Physical Access:

1. Were there any problems that prevented you, or your family, getting the healthcare you needed? What were they? What happened?

2. How important are the following issues in accessing the healthcare facility (You can probe to see which one is more important):

a) security
b) tradition
c) the IEA imposed restrictions
d) practical issues related to medical facilities (eg lack of (female) medical staff)
e) practical issues within your own home (eg no mahram, no permission, no car, finances etc.)
f) any other problems (please specify)

3. When you go to the clinic, how do you travel and with whom do you go? How difficult (expensive, long journey) it is for you to reach the clinic?

Quality of Health Services Questions:

1. What do you think good health services look like?

2. Is there anything about the quality of the health services that you are not particularly happy/satisfied about that you would like to share? Is there anything that should be improved?

3. In your opinion, when you go to the clinic, do you get deserved attention from medical staff? Do you understand everything the doctor or nurse tells you? In your opinion, are you treated well and with respect?

4. After you went to the clinic, were you able to get the prescribed medication in your district? If not, where did you get it? (Or did you not get it at all / get something different instead)?

Maternal Health Questions:

1. Are you a mother?

2. Where were your children born: at home, in the clinic, in the hospital, somewhere else? For the children that were born at home, did you have assistance from a nurse or midwife? Were they linked to the local clinic or hospital?

3. Did you consult a doctor or other medical staff during your pregnancy? How often? Did you have any problems during the pregnancy or delivery? Were you able to solve them?

4. Did you children receive:

a) Vaccination (for all children or for only a few?)
b) Nutrition advice and/or nutritional packages/aid (for all children or for only a few?)
c) Any other assistance? – please specify

5. What do you think is important about the child-related health services that you have (not) received in your area? Why?

6. Is there anything else you would like to say about the health services in your district?