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د افغانستان د سولې او ثبات انستیتوت  
انستیتوت صلح و ثبات افغانستان

# Voices from the Margins

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*Lived Realities of Rural Afghan Women*



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# Acknowledgments

We extend our deepest gratitude to the courageous Afghan women who participated in this research by sharing their experiences, insights, lived realities, and stories with honesty and strength, often in environments where speaking out comes at great personal risk. Their voices form the foundation of this report and continue to inspire a collective vision for justice, equity, and lasting peace.

We are also thankful to the dedicated field researchers who conducted interviews and surveys across the twelve provinces with integrity, sensitivity, and commitment to ethical research practices. Their work ensured that this report reflects both depth and accuracy in capturing the nuances of women's experiences on the ground.

Special thanks goes to the research design and analysis team for their rigorous methodology and thoughtful interpretation of data, which transformed raw findings into meaningful narratives and actionable insights.

Finally, we acknowledge the enduring spirit of resilience and solidarity that underpins this effort. This report is not just a documentation of challenges, it is a testimony to the unwavering will of Afghan women to shape their future, despite adversity. We remain committed to ensuring that their voices are heard, their rights protected, and their leadership recognized.



# About the Authors

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## Executive Summary

Women in Afghanistan are facing an unprecedented crisis spanning humanitarian needs, development setbacks, and protection failures. Evidence from 802 surveys and 82 interviews across twelve rural provinces in the country's east, southeast, and southwest reveals a rapidly deteriorating environment shaped by systemic restrictions, collapsing public services, and decades of underinvestment in essential infrastructure. The cumulative effect is a profound erosion of women's rights, wellbeing, and access to public services. The findings outlined in this report present an urgent call to donors and the international community: without immediate, targeted, and sustained intervention, an entire generation of Afghan women risks being left behind.

Maternal and reproductive health systems have reached a point of critical failure. The findings of this report reveal half of births occur at home without medical assistance, and nearly one in four women cannot reach any health facility at all. Women report widespread untreated infections, complications during childbirth, psychological trauma, and chronic pain. Access to reproductive care, including family planning, has been minimal and remains severely restricted. These are not isolated service gaps; they signal a complete breakdown of health infrastructure and governance conditions that prevent women from accessing lifesaving care.

The collapse of women's education is equally alarming and represents one of the most urgent crises of human capital loss globally. Large numbers of women have been forced out of school before completing basic grades, and higher education attainment has nearly vanished. Across most assessed provinces, the proportion of women with higher education remains low, and older women (particularly those above middle age) have had no access to formal schooling. The evidence reveals a long-term erosion of women's rights, with cascading effects on families, economies, and communities.

Water and sanitation gaps disproportionately affect women, limiting their access to hygiene, increasing disease risk, and exposing them to protection concerns. Many households rely on contaminated or distant water sources, and women and girls are often required to walk long distances each day to fetch water. Unsafe sanitation remains widespread, increasing exposure to disease, reducing safety, and compounding already severe health burdens. These conditions reflect decades of infrastructure neglect and the absence of basic delivery systems.

Food insecurity is widespread and deepening. Women frequently reduce their own meals, rely on minimal diets, or go hungry altogether to ensure children can eat. The combination of economic collapse, restricted mobility, and limited livelihood opportunities drives chronic undernutrition, which disproportionately affects pregnant and breastfeeding women.

Economic participation for women has nearly disappeared. In many provinces, women report no viable work opportunities of any kind. Where work exists, it is limited to low-income, informal activities with no security or growth potential. Structural barriers including lack of capital, market exclusion, mobility restrictions, and social constraints trap women in cycles of dependency that undermine household resilience and local economic stability. This is not just a gender issue; it is a major driver of poverty, stagnation, and economic decline.

Safety and protection systems have collapsed, leaving women with no recourse to justice. The vast majority do not feel safe in their communities and have no mechanism to report violence. Child marriage remains widespread, and lack of legal identity documents prevents women from accessing services, moving freely, or exercising their rights. Impunity, patriarchal mediation systems, and the absence of formal protection structures leave women exposed to ongoing harm.

Restrictions on mobility and information access have created unprecedented isolation. Most women cannot leave their homes without male permission, and access to television, radio, and mobile phones is extremely limited. This isolation cuts women off from education, health information, humanitarian assistance, and economic opportunities and severely limits their ability to seek help in crisis.

Yet despite these overwhelming challenges, women's voices demonstrate remarkable resilience and clarity. Their priority needs are unambiguous: food, healthcare, safety, clean water, livelihoods, education, legal identity, and mobility. These are foundational building blocks of survival, dignity, and long-term recovery. Women's aspirations reflect a powerful and enduring determination to rebuild their lives and contribute meaningfully to their families and communities.

For donors and the international community, this report provides a roadmap for targeted, high-impact interventions. The urgency is unmistakable. Investment in maternal health, education, livelihoods, safe water, and protection systems is not only essential for saving lives - it is critical for preventing further destabilization, supporting recovery, and ensuring that Afghan women remain integral to the country's future.

The moment to act is now. Every delay deepens the crisis, widens gender gaps, and pushes rural women further into invisibility. With strategic, coordinated, and adequately resourced interventions, the international community can help restore essential services, safeguard fundamental rights, and support women in rebuilding their lives with dignity and hope.

## Key Findings

Across all surveyed and interviewed provinces, women face profound and overlapping deprivations. The data reveals a landscape defined by structural exclusion, restricted mobility, inadequate services, and severe limitations on rights. These challenges are compounded by chronic underdevelopment, decades of insufficient investment in essential infrastructure, stalled progress across key social sectors, and the absence of meaningful economic growth. Together, these conditions create an environment where women are disproportionately affected by systemic neglect and entrenched inequalities. Below findings present an alarming picture that underscores the urgency of targeted humanitarian, development, and protection interventions.

- 1. Maternal and Women's Healthcare:** Maternal health systems across the surveyed provinces are under severe strain, leaving women dangerously underserved. More than half of all births, specifically 56.5 percent, occur at home without any medical assistance. The situation is particularly critical in Nuristan, Paktika, and Paktia, where obstetric care is virtually absent. Only 25 percent women can reach a health facility within 15 to 30 minutes, while 33 percent need 30 minutes to two hours. An additional nine percent travel is more than two hours. Most alarming is that 23 percent of women have no accessible health facility at all. These conditions make emergency care nearly impossible. Reproductive health services remain severely restricted, with 70.7 percent of women reporting no access to family planning. Chronic gynecological infections affect 16.2 percent of women, alongside high levels of childbirth complications, musculoskeletal problems, gastrointestinal conditions, depression, and untreated trauma. Together, these figures illustrate not isolated gaps but a systemic collapse of maternal healthcare.
- 2. Access to Education:** Education outcomes reveal a stark and escalating crisis for girls and women. A combined 40 percent of respondents, including 22 percent who ended at 6th grade and 18 percent at 9th grade, were forced out of school before completing basic education. Only 31 percent reached 12th grade, and just 22 percent attained undergraduate studies. Postgraduate education is almost nonexistent, at only 1 percent of women across all provinces. The situation is even more severe for older women, as every respondent aged 51-55 and respondents aged 66-70 reported having no

formal education at all, revealing a generational legacy of complete educational exclusion. Nangarhar recorded 28 women with higher education, Helmand 24, and Kandahar 12, while entire provinces such as Paktika and Nuristan had none. School attendance follows the same alarming pattern, with Helmand at 79 percent compared to only 2 percent in Nuristan and zero in Paktika. These figures collectively expose a deeply entrenched and rapidly worsening erosion of girl's education across the surveyed regions.

- 3. Water and Sanitation:** Access to clean water and safe sanitation remains deeply inadequate. Only 36 percent of women report their drinking water is safe, while 64 percent rely on water that they believe is unsafe. Provinces such as Laghman reflect a near total lack of reliable access, with only 2 respondents and Uruzgan with 6 respondents showing confidence in water safety. Women described worsening water availability and quality. A total of 17.5 percent of respondents cited declining water tables, 12.5 percent reported contamination, and 10 percent raised concerns about the rising cost of water. Women and girls bear the burden of walking long distances to collect water, resulting in lost time, physical strain, and heightened protection risks. In addition, while 75 percent of households have private toilets, one in four families lacks basic sanitation, particularly those in remote areas.
- 4. Food Security and Nutrition:** Food insecurity is widespread and worsening. While 65 percent of women eat three meals per day, 35 percent women cannot, representing more than one in three households. Seasonal hunger is pervasive. In provinces such as Kandahar, Nuristan, Uruzgan, Paktia, Helmand, and Nimroz, survey respondents reported the highest levels of food scarcity. Coping mechanisms reveal the severity of hardship. Women frequently resort to eating only bread with tea, particularly in Nangarhar, Helmand, and Nimroz. In some provinces, women reported staying hungry altogether, including Uruzgan and Kandahar. These food insecurity patterns indicate long term nutritional deficits that pose serious risks to maternal health, child development, and household resilience.
- 5. Economic Participation and Livelihoods:** Women's economic engagement remains overwhelmingly informal and poorly compensated. Most women contribute through unpaid labor. A total of 32.9 percent of surveyed women focus on household chores, 31.7 percent on agriculture and livestock, and 14.6 percent on handicrafts. Meanwhile, 9.8 percent of women report having no job at all due to employment restrictions. Out of all respondents, 39 percent stated there are no income generating opportunities available to women in their province. Among the few available options, 18.3 percent identified livestock work, 15.9 percent farming, and 12.2 percent handicrafts. Home based businesses remain rare at 6.1 percent, and 4.9 percent of women cited teaching opportunities. These data points reveal a cycle of economic dependency that leaves women with limited pathways for financial independence and restricts the capacity of households to withstand economic shocks.
- 6. Safety, Protection, and Women's Rights:** Women's sense of safety is extremely low. Nearly 90 percent report having no formal mechanism to report violence. When women attempt to seek justice, family or tribal structures, often shaped by patriarchal norms, are their only options. Many women describe having no access to justice at all. Child marriage remains widespread, with many women married before the age of 18 and some before the age of 15. The lack of legal identity compounds these risks. A significant number of women lack a National ID (Tazkira), which limits their ability to travel, access services, recognition and dignity. These findings reflect deeply rooted and ongoing violations of women's rights across the surveyed provinces.
- 7. Freedom, Mobility, and Access to Information:** Restrictions on movement and access to information profoundly limit women's autonomy. Only a small minority of women are allowed to move freely without male approval, and in many households, permission is required from multiple male relatives. Digital and media access is extremely limited. Television access stands at only 24 percent. This means 76 percent of women are disconnected from mainstream information sources.

Some provinces, including Paktika and Nuristan, reported zero access to television. Radio access shows similar patterns. Women representing 32 percent, listen to radio compared to 68 percent who do not. Basic Mobile phone ownership is also restricted, with 44.2 percent women owning a basic phone while 55.8 percent do not. These constraints contribute to the deep social and informational isolation of women.

- 8. Women's Priority Needs:** Women identified needs reflect the immediate struggle for survival alongside strong aspirations for empowerment. Out of 99.6 percent of respondents, the most frequently reported needs were food and nutrition identified by 21.9 percent respondents, access to healthcare identified by 19.5 percent, education and literacy by 16.3 percent, and livelihood and economic opportunities identified by 11.4 percent. Women also expressed clear demands for access to legal rights, protection, and access to financial aid. Additional needs included clean water and sanitation, safety and freedom of movement, employment, and digital access. These articulated priorities reveal that even under conditions of severe restriction, women maintain a clear vision for dignity, autonomy, and wellbeing.

These findings present a stark and urgent picture. Women across the surveyed provinces face systemic exclusion from essential services, restricted mobility, extreme food insecurity, economic dependency, and persistent rights violations. Quantitative data across all sectors shows that women are navigating overlapping vulnerabilities with minimal avenues for safety, recovery, or support. Meanwhile, the data also reveals clear priorities and aspirations for education, livelihoods, health, safety, and freedom.

### **Recommendations for the International Community, the UN, and (OIC)**

Addressing the systemic challenges highlighted in this research requires coordinated and sustained engagement from global, multilateral, and regional actors with the influence and resources to support women's wellbeing under the current constraints. The recommendations below outline practical and context-sensitive actions that the international community, the UN system, and the OIC and its member states can take to safeguard women's rights, strengthen essential services, and enhance the resilience of rural communities.

#### **1. Maternal and Women's Healthcare**

- Launch an emergency rural maternal health package in the most deprived provinces (e.g. Nuristan, Paktika, Paktia), financing mobile maternal health teams led by female midwives and community health workers to provide antenatal, delivery and postnatal care at village level.
- Rehabilitate and equip basic emergency obstetric and newborn care centers in strategic district locations, including referral and transport mechanisms (community ambulances, vouchers, fuel support) so that complications can reach care in time.
- Scale up training and payment of community-based midwives and female health workers, using short modular trainings that can be delivered locally, and guaranteeing regular stipends so they are retained in rural areas.
- Integrate family planning, reproductive health and mental health into all supported services, using culturally appropriate messaging and involving male and community elders to frame birth spacing and maternal health as social obligations.
- Strengthen medicine and supply chains for maternal and reproductive health commodities (drugs, contraceptives, safe-delivery kits), using UN and regional logistics capacity and monitoring stock-outs as a critical risk indicator.

## **2. Access to Education**

- Massively expand community-based and home-based education for girls in rural areas, with international funding for safe learning spaces, teaching materials, and stipends for female community teachers in provinces where formal schools are closed.
- Develop alternative learning and certification pathways (radio, print, offline digital, and distance programs) so girls and young women can continue secondary and tertiary studies and receive certificates recognized by international or regional universities.
- Invest in women educators as a strategic asset, including training, mentoring, and income support for female teachers and tutors in villages, and structured roles for educated Afghan women in the diaspora as remote mentors or lecturers.
- Use diplomatic and religious dialogues to advocate for progressive reopening of girls' secondary and higher education, presenting evidence and examples from other Muslim-majority countries and framing girls' learning as a shared Islamic and international obligation.
- Ensure that education for girls is treated as a core element of humanitarian response, with multi-year, flexible funding so community-based education does not collapse in short funding cycles.

## **3. Water and Sanitation**

- Finance rehabilitation and construction of village-level water systems (wells, hand pumps, gravity pipes, spring protection), prioritizing communities where women report unsafe or distant water, with a target of reducing collection time to under 30 minutes.
- Support household and community latrine construction with simple, low-cost designs that ensure privacy, locks and, where feasible, lighting, and link these projects to cash-for-work or voucher schemes that benefit poor households.
- Integrate water quality monitoring and treatment (chlorination, filters, safe storage) into health and nutrition programs, so that women receive both safe water and practical guidance on use.
- Address climate and groundwater stress through small-scale, community-managed solutions such as rainwater harvesting, recharge structures and protected springs, ensuring women are represented and have decision-making roles in village water committees.
- Use community messaging to promote hygiene practices and safe sanitation, engaging elders and local women's groups as key messengers to increase uptake.

## **4. Food Security and Nutrition**

- Scale up targeted food and cash assistance for households with pregnant and lactating women, young children, and female-headed households, timed to precede known lean seasons and designed so women can safely receive and control the assistance.
- Implement maternal and child nutrition programs that provide fortified foods, micronutrient supplements, and regular screening for malnutrition at community level, linked to referral pathways for severe cases.
- Support women's household food production through kitchen garden packages, small livestock (poultry, goats), seeds and tools, plus basic storage technologies, emphasizing drought-resilient crops and water-efficient techniques.
- Promote nutrition education and behavior change via women's groups, health visits and radio programming, focusing on feasible improvements to diet diversity, breastfeeding and complementary feeding under resource constraints.
- Mobilize humanitarian and development funding instruments for long-term food security investments, not only emergency distributions, in the most food-insecure rural districts.

## **5. Economic Participation and Livelihoods**

- Prioritize home-based and community-based livelihoods for women that are compatible with current restrictions such as tailoring, embroidery, food processing, livestock care, dairy production and handicrafts by providing start-up kits, small grants and mentoring.
- Develop women-friendly value chains in sectors where women already contribute (agriculture, livestock, crafts), creating aggregation points and cooperatives so products can reach district, national and regional markets, including through fair-trade and online platforms.
- Establish micro-grant and microfinance schemes targeted to rural women, accompanied by business coaching and market linkage support, and designed carefully to avoid over-indebtedness or backlash.
- Strengthen women's groups and savings associations so women can pool resources, build small capital bases, and gain collective bargaining power with local traders and buyers.
- Ensure that international, UN and OIC-funded programs systematically procure goods and services from women-led enterprises and cooperatives wherever possible, creating predictable demand for women's products.

## **6. Safety, Protection and Women's Rights**

- Embed confidential GBV and psychosocial support services within health, community and livelihoods programs, including safe spaces where feasible, mobile or home-based support where not, and referral systems that do not expose survivors to further harm.
- Implement child marriage prevention approaches that link economic and educational support for families to clear messaging on health and rights-based consequences of early marriage, while also providing tailored support to girls who are already married.
- Expand access to legal information and assistance through community paralegals (including women) and, where connectivity allows, hotlines or digital channels that provide guidance on inheritance, divorce, custody and property rights in simple, accessible language.
- Support community-based awareness to increase women's access to Tazkira and other documents, emphasizing their importance for inheritance, access to services, and personal dignity.
- Systematically monitor and document patterns of rights violations affecting women in rural areas and use this evidence in international, UN and OIC forums to sustain diplomatic pressure and advocacy for improved protection and accountability.

## **7. Freedom, Mobility and Access to Information**

- Negotiate practical arrangements that allow women to travel for essential services health care, education, aid distributions, civil registration without excessive restrictions, drawing on arguments that prioritize preservation of life and wellbeing.
- Expand women-focused information channels such as community radio programs, pre-loaded audio content, printed information, and SMS or voice messaging where phones are available, delivering content on health, education, rights, and livelihoods.
- Invest in basic energy and connectivity solutions (solar home systems, charging stations, community digital hubs) targeted to women's groups so they can access phones, radios and, where possible, digital learning and market information.
- Support culturally appropriate women's spaces and networks such as women's shuras, self-help groups and informal learning circles that can function as hubs for information sharing, mutual support and collective problem-solving.

- Promote media and communication content framed through local values that highlight the importance of women’s knowledge, mobility for essential needs, and participation in family and community decision-making.

#### **8. Women’s Priority Needs and Aspirations**

- Design area-based, multi-sector programs that respond directly to women stated priorities combining health, nutrition, WASH, education, livelihoods and protection in the same districts, rather than funding isolated single-sector projects.
- Provide predictable, multi-year and flexible financing for rural women’s programs so local partners, including Afghan women’s organizations, can plan beyond short emergency cycles and build lasting services and institutions.
- Place rural Afghan women at the center of assessment, planning and monitoring, ensuring their participation in consultation processes, advisory committees and feedback mechanisms, and adjusting programs when women’s feedback indicates gaps or unintended harm.
- Use the international community, UN system and OIC platforms to maintain Afghanistan’s rural women as a standing priority, with regular reporting on progress against concrete indicators (maternal deaths, girls’ learning, women’s income, GBV response, documentation).
- Promote coordinated advocacy that links humanitarian, development and religious voices, emphasizing that meeting rural Afghan women’s needs is both an international legal obligation and a moral and religious duty shared by all concerned actors.

## **Introduction**

Afghanistan, long shaped by decades of conflict and political turmoil, stands at a pivotal crossroads in its approach to women's rights. The Taliban's return to power in August 2021 marked a profound setback, intensifying the historical marginalization of women, most acutely in rural areas where vulnerabilities are greatest. This report draws on first-hand accounts from rural Afghan women about their conditions, challenges, and aspirations, focusing specifically on twelve provinces in the country's east, southeast, and southwest. The data draws extensively from detailed qualitative interviews and quantitative surveys conducted across these regions, providing a robust understanding of the ground realities confronting women in Afghanistan.

Women constitute a fundamental yet severely marginalized demographic in rural Afghanistan, bearing disproportionate responsibility for household management, child-rearing, and agricultural labor. Despite their crucial economic and social contributions, rural Afghan women remain systematically excluded from formal economic activities, representation, education, essential healthcare, accessibility to resources, and development. Structural constraints, reinforced by deeply entrenched patriarchal norms, inadequate infrastructure, pervasive insecurity, and restrictive policies imposed by the Taliban, significantly curtail women's rights, mobility, and access to justice.

Both qualitative interviews and quantitative surveys conducted for this study reveal stark disparities in educational attainment, health outcomes, economic opportunities, and protection under the law. Overwhelmingly, rural women express a strong desire for education, economic empowerment, and basic freedoms, yet their realities starkly contrast with these aspirations. The systematic closure of girls' schools, severe limitations on healthcare access (particularly maternal and reproductive care), widespread food insecurity, pervasive gender-based violence, and constrained access to justice mechanisms illustrate a grim picture of women's everyday experiences.

Significantly, this report highlights not only the severe hardships women endure but also their resilience and determination to seek improvement. Women identify education, economic self-sufficiency, and robust institutional support as vital pathways toward empowerment and improved quality of life. Their voices, documented through extensive field interviews, emphasize the urgent need for targeted, culturally sensitive interventions that align with their lived experiences and realities.

Therefore, this comprehensive analysis serves as both a critical assessment and an urgent call to action, aiming to inform policymakers, international organizations, UN agencies, regional countries, OIC and its member states. It underscores the necessity for immediate, nuanced interventions to enhance rural Afghan women's rights and well-being, measures that not only recognize their inherent dignity but also harness their enormous potential to contribute positively to Afghanistan's socio-economic recovery and stability.

## **Methodology**

This research combines comprehensive qualitative interviews and detailed quantitative surveys to provide a nuanced analysis of the conditions, challenges, and aspirations of rural Afghan women across twelve provinces: Helmand, Kandahar, Khost, Kunar, Laghman, Nangarhar, Nimroz, Nuristan, Paktia, Paktika, Uruzgan, and Zabul, located in the eastern, southeastern, and southwestern regions of Afghanistan including ninety-seven districts. A total of 82 in-depth qualitative interviews were conducted, employing open-ended questions that explored women's lived experiences in health and reproductive care, education, daily labor, economic participation, justice and protection, mobility, technology access, and future aspirations.

Participants included women from varied walks of life, encompassing different age groups, socio-economic backgrounds, education levels, and occupations, including students, educators, agricultural workers, entrepreneurs, homemakers, women with disability and internally displaced. This diversity enabled the study to capture a broad range of experiences and perspectives shaped by differing roles, responsibilities, and access to resources.

These interviews provided rich, narrative-driven insights, allowing the researchers to deeply understand the socio-cultural context and personal perspectives of the respondents. Complementing the qualitative findings, quantitative data were collected through surveys from 802 female respondents across the same twelve provinces. The survey captured statistically representative data addressing maternal and child healthcare access, educational attainment, food security, sanitation and water availability, household economic activities, perceived safety and rights awareness, and technology and mobility constraints.

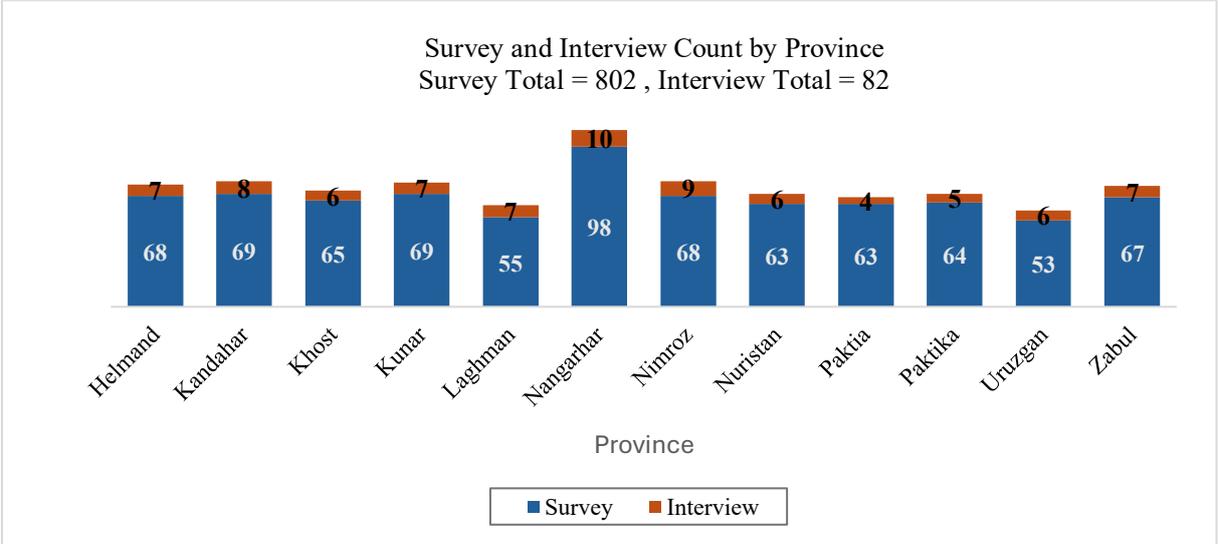
Provinces were selected based on predefined criteria to ensure coverage across diverse contexts. The selection was purposeful and strategic, focusing on provinces that have historically been underserved and underrepresented in national and international development programs. For decades, these areas have experienced systematic exclusion from government services, humanitarian aid, UN interventions, and private sector investment. Many are highly rural, conflict-affected, and socially conservative, where women’s voices are rarely captured or acknowledged in national discourse. Their inclusion was therefore essential to understanding the realities of those most marginalized over the decades, particularly during the Taliban’s rule. These regions also reflect a diversity of geographic, socio-economic, and socio-political contexts, making them critical to any comprehensive assessment of rural Afghan women’s lived conditions.

Within each selected province, survey and interview participants were chosen using random sampling methods. This multi-stage sampling approach purposive province selection followed by random respondent selection ensured proportional representation and minimized bias at the respondent level, while capturing perspectives from the most excluded and diverse communities across Afghanistan.

Ethical principles, including the safeguarding of informed consent, strict confidentiality, cultural sensitivity, and the protection of participant safety, were upheld throughout all stages of data collection.

**Sample Size, Geographic Scope, and Age of Survey and Interview Respondents**

*Figure 1: Survey and Interview Count by Province*



*Figure 1 presents the distribution of survey and interview respondents across twelve provinces, offering a clear picture of the geographic reach and balance of the study.*

A total of 802 surveys and 82 interviews were conducted to ensure broad coverage and representation. The distribution of surveys ranged from 53 in Uruzgan to 98 in Nangarhar, with other provinces such as Kandahar, Kunar, Helmand, and Nimroz recording survey counts in the mid-60s range. Provinces like Laghman (55 surveys) and Paktia (63 surveys) also contributed meaningful participation. Interview counts were more evenly distributed, typically ranging between 4 and 10 per province, reflecting efforts to maintain consistency in qualitative data collection. Overall, the sample design ensured proportional representation across provinces, providing a comprehensive basis for drawing insights from diverse provincial contexts.

*Table 1: Survey and Interview Coverage by Age Group*

Age Group	Survey Respondents	Interview Respondents
15–20	113	10
21–25	269	28
26–30	193	18
31–35	77	11
36–40	68	9
41–45	26	3
46–50	28	1
51–55	11	0
56–60	10	2
61–65	0	0
66–70	1	0
N/A	6	0
Grand Total	802	82

*Table 1 presents the distribution of survey and interview respondents across different age groups, illustrating the overall age coverage of the study.*

Participation is highest among women aged 21-25, followed by those in the 26-30 and 15-20 age groups, indicating strong representation from younger respondents. Moderate participation is observed among women aged 31-35 and 36-40, while the lowest participation is recorded among those aged groups 41 and above, with minimal or no respondents in the older categories. Overall, the age distribution provides strong representation from younger and middle-aged women while still capturing perspectives across a broad range of age groups, contributing to a well-rounded understanding of community experiences.

**Research Limitations**

Despite the constrained environment for women and girls under the Taliban and the ongoing restrictions on their movement and participation in public life. For this research, our team was able to operate effectively through robust field coordination and the use of community-based data collection modalities. These localized approaches not only enhanced the credibility and inclusivity of the research but also ensured the safety of participants and field staff. By leveraging trusted community networks and engaging local facilitators, the team successfully gathered high-quality data that reflected diverse perspectives, even in hard-to-reach or sensitive contexts. Women facing the most severe restrictions on mobility, communication, and public participation endure profound hardships consistent with the patterns documented in this study.

**Thematic Analysis**

The thematic analysis in this report explores the core dimensions that define women lived realities across the twelve assessed provinces. The research focuses on maternal and child health, education, water and sanitation, food security and nutrition, economic participation and livelihoods, safety and protection,

freedom of mobility and access to information, and the priority needs identified by women themselves. These thematic areas were chosen because they represent the essential foundations of women’s wellbeing, agency, and survival in crisis and recovery contexts, particularly in rural communities across the assessed provinces, where prolonged underdevelopment, systemic restrictions, and gender-based inequalities produce the most profound and enduring harm. Examining these themes allows for a comprehensive understanding of how multiple forms of deprivation intersect, reinforce one another, and shape every aspect of women’s lives in these provinces. Furthermore, it highlights that constraints affecting women operate in interconnected and reinforcing ways. Barriers to education limit economic participation, which in turn deepens household poverty, food insecurity, and dependence. These dynamics demonstrate that women’s vulnerabilities are cumulative in nature and cannot be effectively addressed through isolated, sector-specific responses.

By analyzing these themes together, the report aims to expose the structural barriers undermining women’s survival and progress and to provide a rigorous evidence base for urgent, targeted, and sustained interventions that can restore rights, expand opportunities, and strengthen resilience in the communities assessed.

### Maternal and Women’s Healthcare

Maternal and child health in remote and rural areas are critical axis through which broader patterns of systemic deprivation, gender-based exclusion, and institutional failure are made visible. This section presents a detailed analysis of reproductive health outcomes, care-seeking behaviors, and service accessibility, drawing on both quantitative survey and qualitative interview narratives. The findings are situated within the intersecting realities of poverty, restricted mobility, and structural gender inequality that define women’s access to care. The data reflects not only inadequate infrastructure and resource constraints, but also the social and political conditions that render maternal healthcare fragmented, inconsistent, and, in many cases, inaccessible. By integrating statistical trends with firsthand accounts, this section elucidates the underlying mechanisms driving poor maternal health outcomes and identifies critical gaps.<sup>1</sup>

*Table 2: Where did you give birth to your last child?  
Response Rate: 591 of 599 (98.7%)*

Birthplace	Provinces												Grand Total		
	Helmand	Kandahar	Khost	Kunar	Laghman	Nangarhar	Nimroz	Nuristan	Paktia	Paktika	Uruzgan	Zabul			
At home	11	21	20	41	18	14	16	59	46	58	6	24	334	56.5%	
Local Clinic	31	21	37	16	5	24	26				22	8	190	32.1%	
Private Clinic	5	8		1			2				4	4	24	4.1%	
I have no kids		3	1	3	2	4	3		2	1	1	2	22	3.7%	
Home birth with traditional attendant	2	4	2	2	3	3	1	2				1	1	21	3.6%
Grand Total	49	57	60	63	28	45	48	61	48	59	34	39	591	100%	

*Table 2 presents a province-disaggregated analysis of where women last gave birth.*

<sup>1</sup> Human Rights Watch. “I Would Like Four Kids —If We Stay Alive”: Women’s Access to Health Care in Afghanistan. July 2021. <https://www.hrw.org/report/2021/07/08/i-would-four-kids-if-we-stay-alive/womens-access-health-care-afghanistan>

The analysis in the surveyed provinces display stark provincial disparities and entrench barriers to safe and skilled maternal care. The most prevalent pattern shows that 56.5% of all reported deliveries occurred at home without any medical assistance. Provinces such as Nuristan (59 respondents), Paktika (58 respondents), and Paktia (46 respondents) recorded the highest number of unassisted home births, reflecting severe deficits in maternal health infrastructure and the influence of restrictive sociocultural norms that prevent women from accessing care during childbirth.

Local clinic utilization, reported by 32.1% (190 respondents), was highest in Khost (37 respondents), Helmand (31 respondents), and Nimroz (26 respondents). These figures demonstrate that some degree of public health infrastructure remains functional in specific provinces, yet overall clinic-based deliveries remain critically low and uneven across the provinces. Use of private clinics was extremely limited, with the highest numbers in Kandahar (8 respondents) and Helmand (5 respondents). This indicates significant financial barriers to accessing higher-level medical care. The overall utilization rate of 4.1% confirms that private healthcare remains inaccessible for most women.

Homebirth assisted by the Traditional Birth Attendant accounted for only 3.6% of respondents, most frequently reported in Kandahar (4 respondents), Laghman (3 respondents), and Nangarhar (3 respondents). Provinces such as Paktika, Paktia, and Kunar, which have the highest concentrations of unassisted births, show almost no presence of trained birth attendants, confirming the erosion of basic reproductive health safeguards. The number of women who reported that they were married but have no children is 3.6% (22 respondents), mostly in Nangarhar, Paktia and Laghman provinces, which reflects the impact of unstable living conditions and limited access to healthcare.

Collectively, the table depicts a maternal health landscape defined by provincial inequities, systemic service collapse, and widespread exclusion from skilled care. Unassisted childbirth outside any health facility remains the dominant mode of delivery in many provinces, and access to institutional delivery services is highly constrained and uneven.

Figure 2: Presence of Trained Health Worker During Last Childbirth<sup>2</sup>

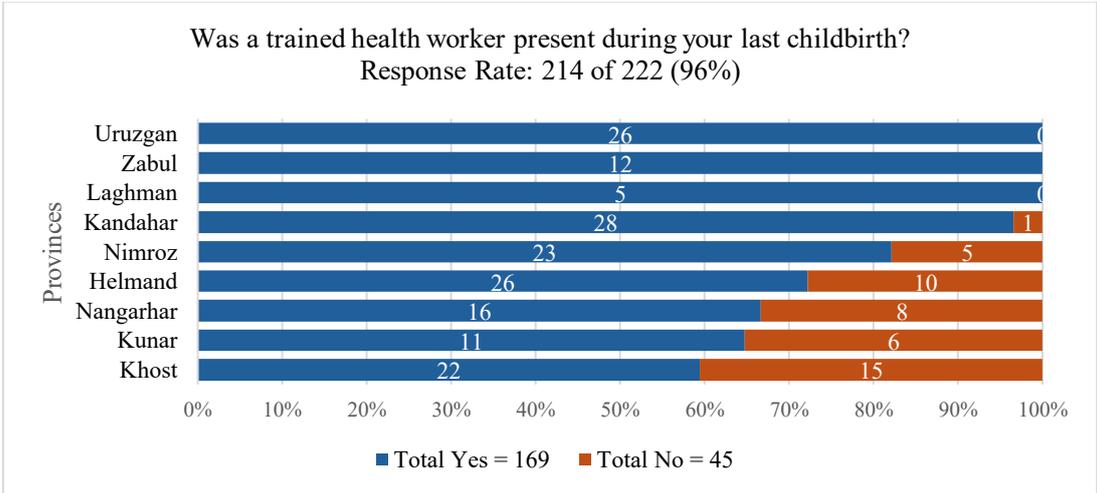


Figure 2 captures the presence of a trained health worker for women whose last childbirth occurred at either a local or private clinic.

The data highlight disparities in skilled attendance across provinces. Kandahar, Uruzgan, Zabul, Laghman, and Nimroz reported the highest levels of trained support, although such assistance was not consistently available to all women. Khost and Nangarhar, despite being among the provinces with the highest

<sup>2</sup> Data reflects responses from individuals who gave birth at either private or public clinics.

proportion of clinic-based births, showed comparatively lower levels of trained care, an important insight that underscores how infrastructure alone is insufficient if facilities are not adequately staffed with skilled personnel. In Nuristan, Paktia, and Paktika, respondents reported that their most recent childbirths did not take place in a clinic, and therefore the question of trained health worker presence was not applicable. Overall, the data underscore profound barriers in access to skilled maternal care, leaving women in many provinces vulnerable and without essential support during childbirth.

Figure 3: Time to the nearest health facility

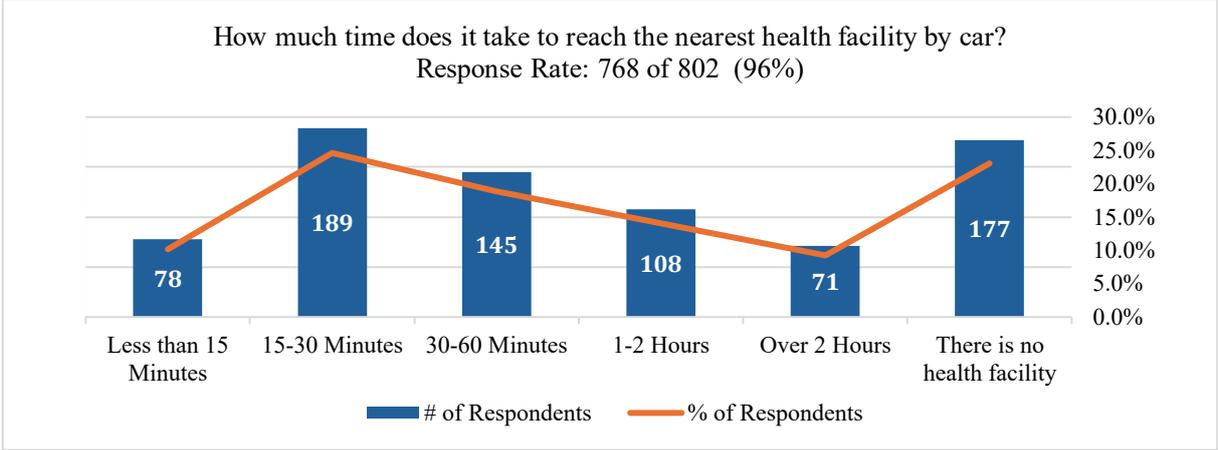
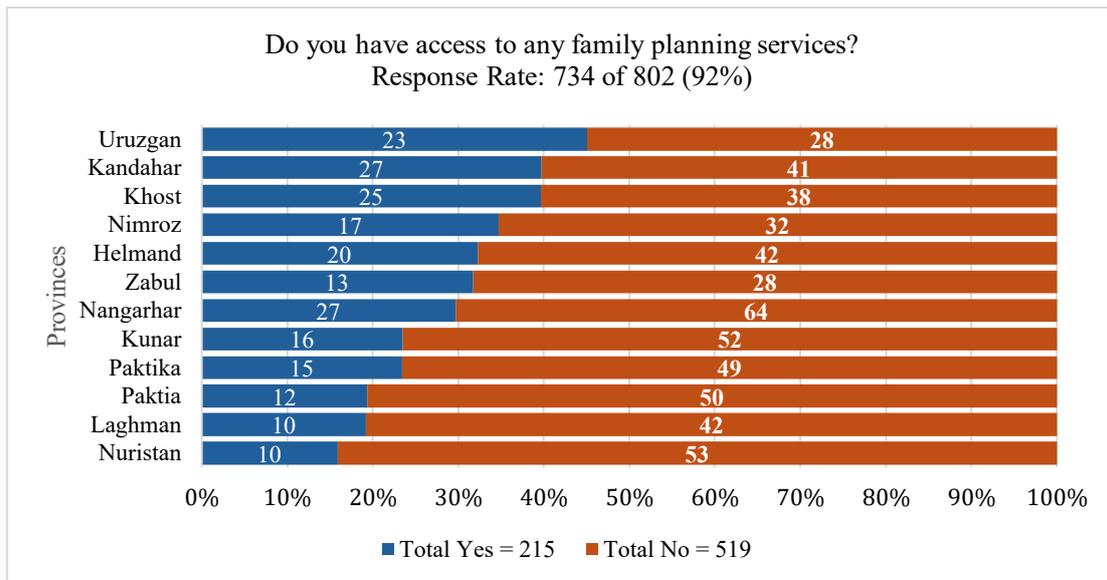


Figure 3 illustrates the time required for women to reach the nearest health facility, revealing substantial geographic and infrastructural barriers to healthcare access.

While 189 respondents (24.6%) reported being able to reach a facility within 15 to 30 minutes, the majority face considerably longer travel times. A combined 253 respondents (32.9%) need between 30 minutes and two hours to reach care, indicating that timely access is far from guaranteed for many. A further 71 respondents (9.2%) reported travel times exceeding two hours, highlighting extreme physical distance as a barrier to health services. Most notably, 177 respondents (23%) indicated that there is no health facility accessible to them at all, underscoring a complete absence of nearby healthcare infrastructure for nearly one-quarter of participants. Overall, the data demonstrates significant imbalance in health facility accessibility, with a considerable proportion of respondents facing long or prohibitive travel times, and a substantial number reporting no facility within reach. These findings underscore the structural limitations shaping access to essential healthcare in the surveyed areas.

Figure 4: Access to Family Planning Services



*Figure 4 reveals an overwhelmingly low level of access to family planning services across all surveyed provinces.*

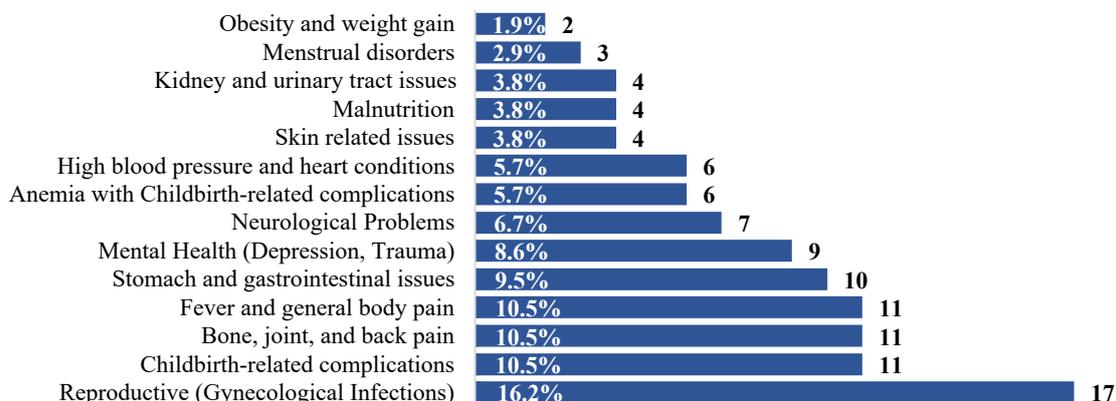
Of the 734 respondents, only 215 (29.3%) reported having access, while the majority, 519 (70.7%) respondents stated they had no access to family planning services at all. Even in the provinces with the highest accessibility rate to family planning services, such as Kandahar and Nangarhar (28 each), the number of women without access remains substantially higher. Provinces such as Kunar, Laghman, Zabul, Khost, and Nimroz recorded the lowest levels of access, with only 8% to 22% of respondents confirming availability indicating a near-total absence of services. When asked, a considerable number of respondents highlighted a combination of structural and sociocultural barriers including male-controlled decision-making, cultural taboos surrounding contraception, limited awareness, and stigma. These challenges regarding access to family planning services are further compounded by weak health infrastructure, shortages of female staff, and a lack of essential supplies. Women in the surveyed provinces continue to face systematic exclusion from essential reproductive healthcare, leading to high rates of unintended pregnancies, preventable maternal deaths, and entrenched cycles of poverty and vulnerability. The data reveals a critical gap in family planning access. None of the surveyed provinces demonstrate adequate service availability, making the absence of reliable reproductive care a major and pressing public health concern.

*Figure 5: Common Health Issues Among Women<sup>3</sup>*

<sup>3</sup> Since some participants flagged more than one health problem, the total number of responses (105) exceeds the number of respondents (82).

What are common health problems among women in your community?

Response Rate: 82 of 82 respondents (100%)



The interview data in figure 5 illustrates a diverse range of health issues affecting women.

Women described a wide range of health concerns within a fragmented and insufficient healthcare environment. Reproductive (gynecological) infections emerged as the most frequently mentioned issue, cited 17 times (16.2%). This was followed by a cluster of equally frequent mentions, childbirth-related complications, bone, joint and back pain, and fever or general body pain, each raised 11 times (10.5%). These findings highlight both reproductive and physical strain as dominant challenges, often intensified by limited access to maternal care and the demands of labor-intensive lifestyles.

Stomach and gastrointestinal problems were mentioned 10 times (9.5%), while mental health concerns, particularly depression and trauma, were raised 9 times (8.6%), underscoring the enduring psychological toll of ongoing instability. Neurological issues were noted 7 times (6.7%), and maternal risks such as anemia and childbirth-related complications were mentioned 6 times (5.7%). Chronic conditions, including high blood pressure and heart disease, were also reported at similar levels (6 mentions, 5.7%).

Other health concerns appeared at lower frequencies: skin conditions, malnutrition, and kidney or urinary tract problems were each mentioned by 3.8% of respondents, while menstrual disorders and obesity or weight gain were cited by 2.9% and 1.9%, respectively.

Table 3: Responses to Serious Illness

Response rate: 82 of 82 (100%)

What do women do if they fall seriously ill?	Provinces												Grand Total	
	Helmand	Kandahar	Khost	Kunar	Laghman	Nangarhar	Nimroz	Nuristan	Paktia	Paktika	Uruzgan	Zabul	#	%
Regional or provincial hospital	3	3	2	4	1	3	4		1	4	4	2	31	37.8
Traditional Remedies		3	3	3	6	2	1	5	2			1	26	31.7
Health care facility or clinic	1		1			2	4				2	2	12	14.6
Private Clinic	3	2				3				1		2	11	13.4
No Treatment (Financial Barriers)								1	1				2	2.4
Grand Total	7	8	6	7	7	10	9	6	4	5	6	7	82	100

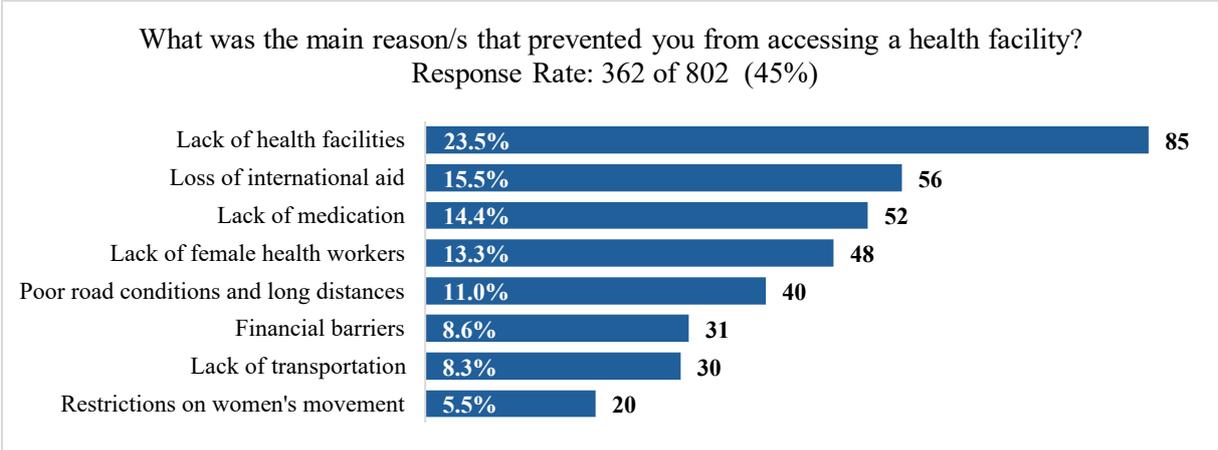
The interview data in Table 3 provides valuable insight into the healthcare-seeking behaviors of women when faced with serious illness.

The findings show that most women rely on fragmented treatment systems. Regional and provincial hospitals were the most common response, with 37.8% reporting that they accessed hospital services. This reflects some degree of accessibility to institutional healthcare among the surveyed population, though the proportion remains modest when viewed against the total.

Traditional remedies were the second most frequently reported option, cited by 31.7%. Reliance on traditional practices indicates the unavailability of formal healthcare options, particularly in rural or underserved areas. Private clinic access was relatively low, at 13.4%, reflecting barriers related to cost and geographic access. Alarming, 2.4% reported not receiving any treatment due to financial barriers.

Overall, the data illustrates an uneven healthcare landscape. While formal medical services are utilized, their reach is far from common, and the use of multiple systems reflects both necessity and adaptation to systemic healthcare gaps. This snapshot of healthcare access underscores the challenges and complexities rural women face in securing appropriate treatment during health emergencies.

Figure 6: Barriers to Accessing Health Facilities



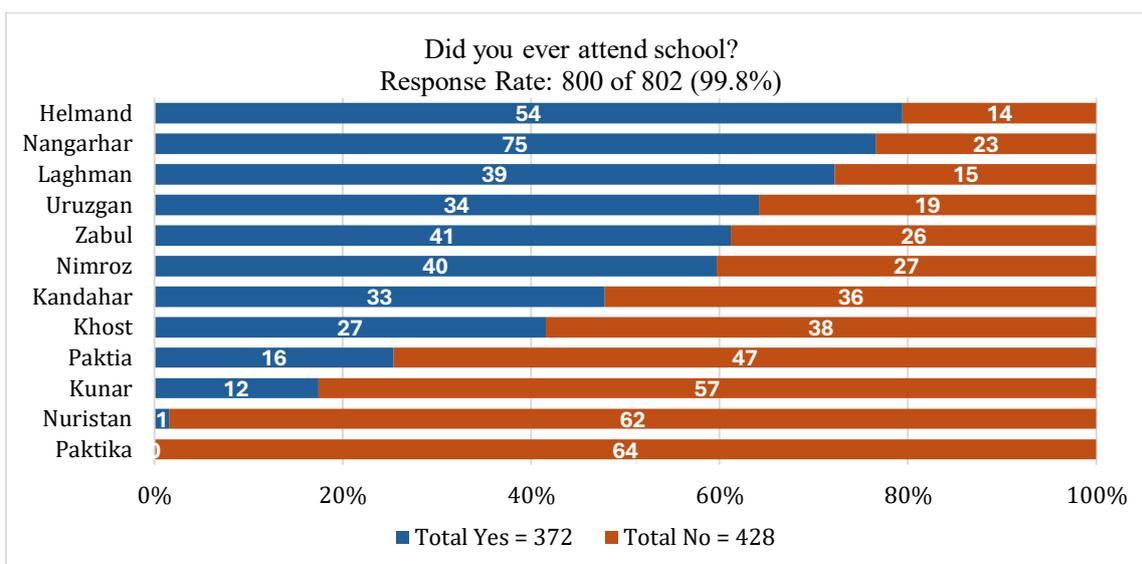
The findings in figure 6 reveal critical and multifaceted barriers to accessing healthcare.

23.5% of respondents cited the absence of health facilities as the foremost obstacle, underscoring profound system-wide gaps in service availability. The withdrawal of international aid (15.5%) and the lack of essential medication (14.4%) further compound the fragility of the health sector, leaving communities increasingly vulnerable. The shortage of female health workers (13.3%) continues to impede women’s access to gender-sensitive care, while inadequate infrastructure including poor roads and long distances (11%) exacerbates geographic inequities. Financial constraints (8.6%), limited transportation (8.3%), and restrictions on women’s mobility (5.5%) further restrict access, particularly in underserved areas. Overall, these findings demonstrate that healthcare access is hindered by a combination of systemic, logistical, financial, and gender-related barriers.

**1. Education**

Access to education for women and girls across the assessed provinces remains a deeply constrained and politicized issue, particularly in the aftermath of the collapse of Afghanistan, ongoing socio-political instability, and the ban on girl’s education. Respondents consistently reported significant barriers to formal learning, especially for adolescent girls. Schools remain closed in many areas, and opportunities for secondary or higher education are nearly nonexistent for female learners. Below analysis reflects not only a crisis in access but also a broader erosion of educational infrastructure and rights.

Figure 7: School Attendance count by province



The analysis of Figure 7 on school attendance highlights wide disparities in educational access across the twelve surveyed provinces.

Helmand records the highest school attendance rate at 79%. Nangarhar (77%) and Laghman (72%) followed by Uruzgan (64%), Zabul (61%), and Nimroz (60%) show moderate levels of attendance. These figures suggest partial access to educational services, potentially influenced by rural-urban divides, security dynamics, inconsistent school availability, and ban on education.

In contrast, Kandahar (48%), Paktia (25%), Khost (42%), and Kunar (17%) reflect significantly lower attendance rates. These provinces face intersecting challenges, such as insecurity, limited institutional reach, lack of educational facilities, and long distances to school. The most alarming figures emerge from Paktika (0%) and Nuristan (2%), where no school attendance was reported. This points to severe educational deprivation, driven by chronic isolation, conflicts, inadequate educational infrastructure, and cultural restrictions.

Figure 8: School Attendance count by Age-Group

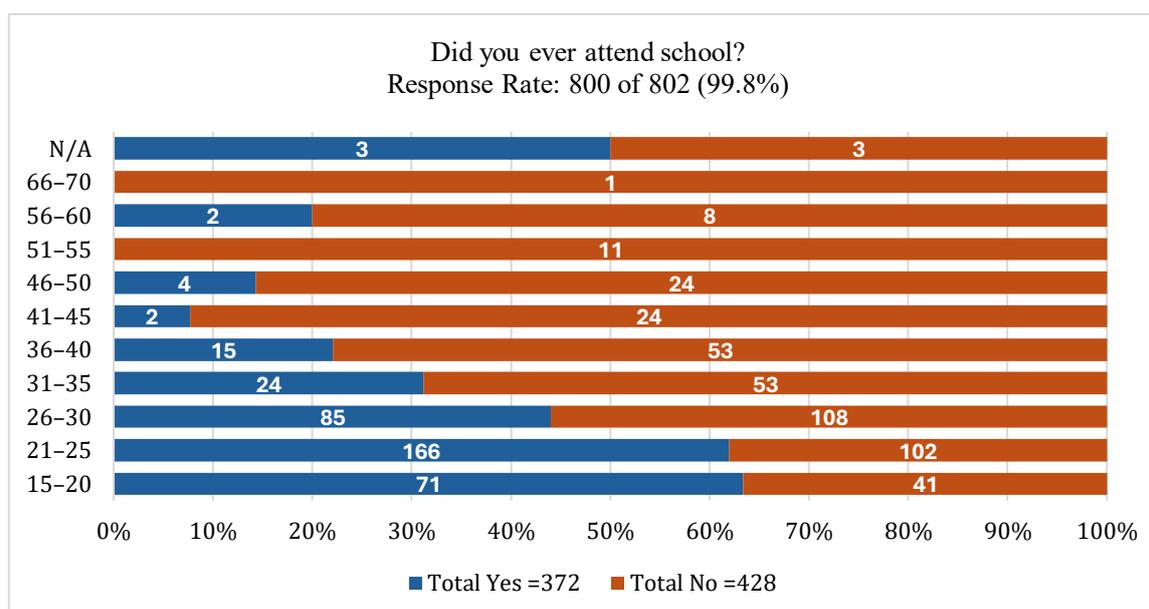


Figure 8 depicts school attendance rates across various age groups.

Respondents aged 15–20 show the highest attendance rate at 63.4%, followed closely by those aged 21–25 at 61.9%. However, the data reveal a sharp decline beginning with the 26–30 age group, where attendance drops to 44%. This decreases further to 31% among those aged 31–35. The decline becomes more pronounced in older cohorts, with attendance falling below 22% for women aged 36–40.

After age 40, school attendance becomes extremely rare. Only 7.7% of women in the 41–45 age group and 14.3% in the 46–50 age group reported having attended school. The most concerning figures appear in the 51–55 age group, where attendance falls to 0%.

These stark generational differences reflect the turbulent educational history and lasting impact of conflict, restrictive policies on women’s education, lack of government support, and isolation from international aid in the surveyed provinces.

Table 4: What is the highest level of education you have attained?

Count by Age-group

Response rate: 372 of 372 (100%)

Education level	Age Groups										Grand Total	
	15–19	20–25	26–30	31–35	36–40	41–45	46–50	51–55	56–60	Not specified	#	%
Postgraduate			2	2							4	1
Undergraduate	2	35	27	5	7	2			2	1	81	22
12th Grade	4	79	26	5	2					1	117	31
9th Grade	26	20	17	3	2						68	18
6th Grade	36	26	8	5	1		4			1	81	22
Not specified	3	6	5	4	3						21	6
Grand Total (#)	71	166	85	24	15	2	4	0	2	3	372	100
Grand Total (%)	19%	45%	23%	6%	4%	1%	1%	0%	0.5%	0.8%		

The survey data in table 4 highlights significant disparities in educational attainment across age groups.

Educational attainment varies significantly across age groups. Among women aged 15–19, 19% are mostly still in school, concentrated at lower grade levels. The 20–25 year old age group shows the highest attainment, with 45% completing 12th grade or reaching undergraduate studies, though many still exited after 6th or 9th grade. In the 26–30 year old group, 23% achieved either 12th grade or undergraduate education, while early school exits remain common.

Attainment declines sharply for women older than age 30. In the 31–35 year old group, only 6% reached undergraduate or postgraduate education, with most concentrated at lower schooling levels. The 36–40 year old group accounts for 4%, including some undergraduates but also many with only 12th, 9th, or 6th-grade education. Among older cohorts aged 41–60, only a few women reported completing higher education.

Overall, 31% of the sample completed 12th grade, 22% reached undergraduate level, and 40% stopped at or before 9th grade. These figures underscore the significant barriers to educational progression, shaped by conflict, weak infrastructure, economic hardship, restrictive policies, and insecurity.

Table 5: What is the highest level of education you have attained?

Count by Province

Response rate: 372 of 372 (100%)

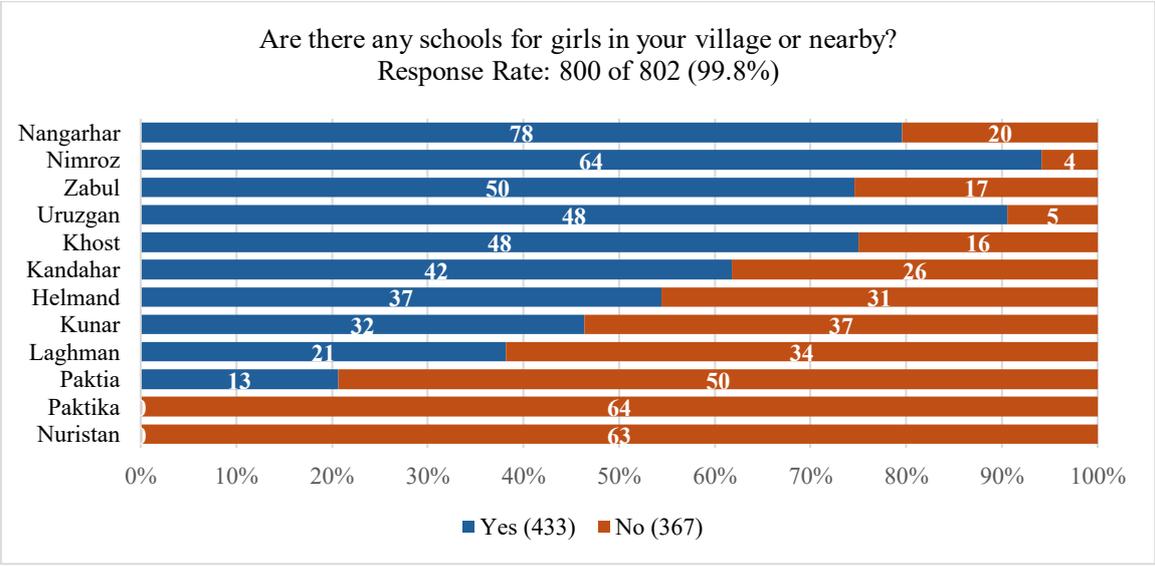
Education level	Provinces
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	Helmand	Kandahar	Khost	Kunar	Laghman	Nangarhar	Nimroz	Nuristan	Paktia	Paktika	Uruzgan	Zabul	Grand Total
Postgraduate		2				2							4
Undergraduate	24	12			4	26	6		6		2	1	81
12th Grade	14	8	12	5	16	25	5		10		17	5	117
9th Grade	3	4	10	2	13	9	5				15	7	68
6th Grade	11	3	4	4	6	10	22					21	81
Not specified	2	4	1	1		3	2	1				7	21
<b>Grand Total #</b>	<b>54</b>	<b>33</b>	<b>27</b>	<b>12</b>	<b>39</b>	<b>75</b>	<b>40</b>	<b>1</b>	<b>16</b>	<b>0</b>	<b>34</b>	<b>41</b>	<b>372</b>
Grand Total %	14.5	8.9	7.3	3.2	10.5	20.2	10.8	0.3	4.3	0.0	9.1	11.0	100 %

Table 5 reveals stark contrasts in educational achievement across provinces.

Nangarhar leads in higher education with 28 individuals (26 undergraduates and 2 postgraduates), followed by Helmand with 24 and Kandahar with 12 undergraduates. A similar pattern emerges in secondary education: Nangarhar and Laghman report the highest numbers of 12th-grade graduates, at 25 and 16 respectively, while Helmand and Khost follow closely with 14 and 12. In the 9th-grade category, Uruzgan records the highest number (15), followed by Khost (10) and Laghman (13), indicating early secondary school dropout in multiple provinces. At the primary level (6th grade), Nimroz stands out with 22 respondents, followed by Helmand (11) and Zabul (21), indicating limited progression into higher grades in these areas. The “Not specified” category is highest in Zabul (7) and Kandahar (4), pointing to a lack of educational disclosure. Overall, the distribution shows Nangarhar as the strongest educational hub, while Nuristan and Paktika repeatedly report zero participation in multiple categories, reflecting extreme educational exclusion and systemic inequality.

Figure 9: Availability of Girls' Schools in Village/Nearby



The data in Figure 9 reveals clear disparities in the availability of girls' schools across the twelve surveyed provinces.

Nimroz reports 94.1% access to girls' schools, Uruzgan 90.6%, Nangarhar 79.6%, Khost 75%, and Zabul 74.6%, suggesting stronger local support for girls' education. In contrast, Kandahar shows 61.8% and Helmand 54.4%, indicating notably low levels of access. Similarly, Kunar at 46.4%, Laghman at 38.2%, and Paktia at 20.6% reflect limited schooling opportunities, leaving a significant number of girls excluded from basic education. Most concerning is Paktika and Nuristan, where no respondents reported the existence of girls' schools, underscoring severe educational gaps likely rooted in inadequate infrastructure, security challenges, or deep-rooted development barriers.

Figure 10: Major Barriers to Girls' Education

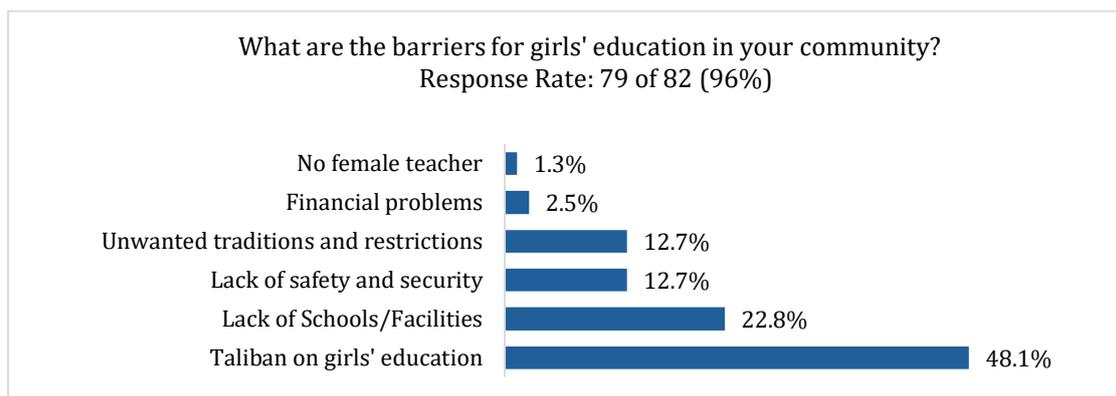


Figure 10 illustrates a range of structural, cultural, and political barriers that contribute to school dropout among girls, based on insights from 79 respondents.

Beyond provincial disparities, respondents identified the primary barriers to girls' education as Taliban-imposed restrictions, cited by 48.1%. This reflects the dominant and most immediate obstacle preventing girls from attending school, particularly following the nationwide bans and limitations on female education implemented since 2021. Another common barrier, reported by 22.8%, is the lack of schools or adequate educational facilities, underscoring the infrastructural gaps that limit access even where restrictions may be less severe. Together, these two factors account for over 70% of all responses, highlighting that both policy-level restrictions and structural deficits significantly undermine girls' educational opportunities.

Additional barriers include lack of safety and security and unwanted traditions and restrictions, each accounting for 12.7% of responses, pointing to ongoing concerns about social norms, mobility, and the physical risks associated with attending school. A smaller share of respondents cited financial problems (2.5%) and the absence of female teachers (1.3%), suggesting that economic hardship and gendered staffing limitations play secondary but still relevant roles. Overall, the data show that girls' education is constrained not only by geographic disparities in school availability but also by a combination of imposed political restrictions, inadequate infrastructure, and enduring social and security concerns.

## 2. Water & Sanitation

Access to clean drinking water and adequate sanitation remains a critical challenge for women and girls across the surveyed provinces. As essential components of health, dignity, human rights, and daily survival, water and sanitation conditions directly impact their quality of life. This section presents insights into availability, accessibility, and reliability of water sources, hygiene practices, and related infrastructural barriers, shedding light on the everyday struggles that shape women's physical well-being and social mobility in these fragile contexts.

Table 6: Drinking Water Source by province

Response Rate: 785 of 802 (98%)

What is your primary source of drinking water?	Provinces												Grand Total	
	Helmand	Kandahar	Khost	Kunar	Laghman	Nangarhar	Nimroz	Nuristan	Paktia	Paktika	Uruzgan	Zabul	#	%
Well	5	12	26	8	29	33	3	1	45	45	6	13	226	28.8
Hand pump	26	13	16	12	19	32	35	1	6		23	29	212	27.0
Water pump (electric)	17	27	18		1	10	11		5	17	11	9	126	16.1
Spring and stream	1	3	4	16		1	2	52	3		5	4	91	11.6
Water Pipeline	3	7		9	3	13	2		4		5	2	48	6.1
We purchase	11	6		2		1	13				2	8	43	5.5
River or standing water	4			20		5		9			1		39	5.0
Grand total	67	68	64	67	52	95	66	63	63	62	53	65	785	100

Table 6 provides a provincial breakdown of primary water sources reported by 785 respondents across twelve provinces.

The data reveals substantial variation in access to drinking water sources. Wells are the most common source overall, reported by 226 respondents (28.8%), followed by hand pumps with 212 respondents (27%) and electric water pumps 126 respondents (16.1%). These three sources account for the majority of drinking water access.

Well water is most prevalent in Paktia (45 respondents) and Paktika (45 respondents), Nangarhar (33), and Laghman (29), suggesting stronger access to traditional groundwater extraction in these provinces. Hand pumps are the second most widely used source, especially in Nimroz (35), Nangarhar (32), and Zabul (29), indicating reliance on basic, manual groundwater systems. Use of electric water pumps is highest in Kandahar (27), Khost (18), and Paktika (17), reflecting more developed water infrastructure in parts of the south and southeast. By contrast, water pipelines normally associated with municipal supply remain limited, reported by only 48 respondents, with modest usage in Nangarhar (13) and Kunar (9).

Rivers or standing water are used by 39 respondents, with the highest dependence in Kunar (20) and Nuristan (9). Similarly, surface sources like springs and streams are heavily relied upon in Nuristan (52), Kunar (16) accounting for 91 respondents in total. These sources pose higher risks of contamination. A smaller portion of respondents (43 total) reported purchasing drinking water, highest in Nimroz (13) and Helmand (11), indicating both limited public supply and economic burden.

Overall, the data shows uneven access to improved water sources. Provinces such as Nangarhar, Paktika, and Khost have higher usage of safer sources like wells or pumps, while Kunar, Nuristan, and parts of Nangarhar and Helmand demonstrate greater dependence on rivers and surface water, highlighting critical infrastructural and public health disparities.

Figure 11: Daily Walking Distance to Fetch Water

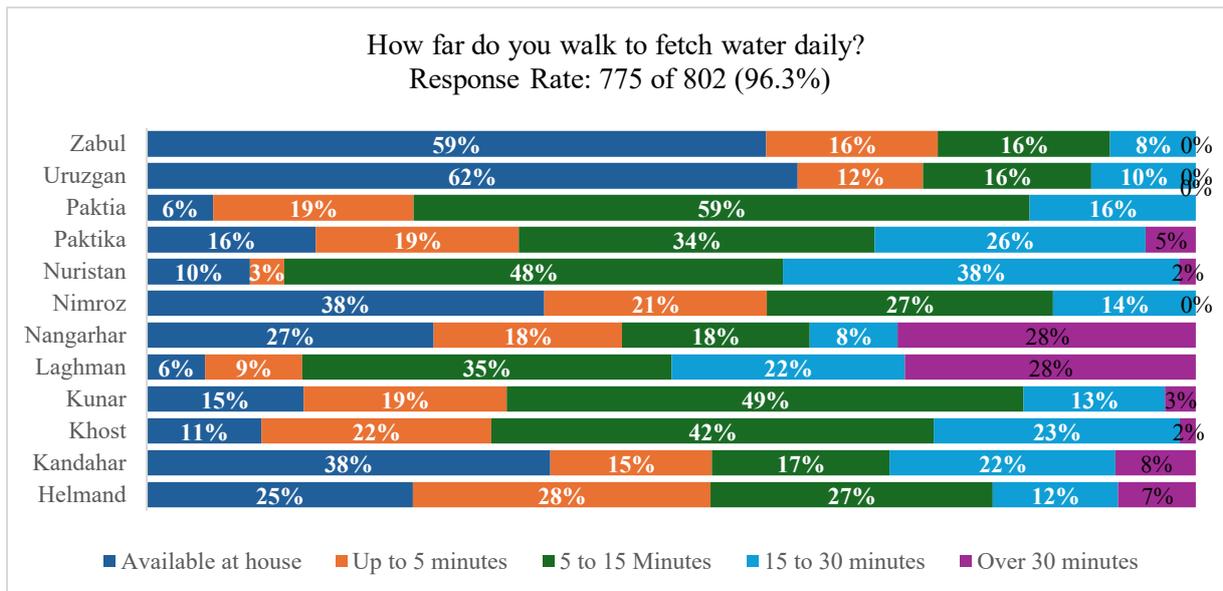


Figure 11 presents the distribution of daily walking distances required to fetch water across twelve provinces, based on responses from 775 participants.

The data reveal uneven access to water across the surveyed provinces, with most respondents reporting the need to travel to fetch it. A total of 248 respondents (32%) walk between 5 and 15 minutes, particularly in Paktika (37), Kunar (33), Nuristan (29), and Khost (27). Another 200 respondents (25.8%) reported having water available at home, most commonly in Zabul (36), Uruzgan (31), Nangarhar (26), Kandahar (25), and Nimroz (25).

For those facing longer journeys, 134 respondents (17.3%) walk between 15 and 30 minutes, with the highest numbers in Nuristan (23), Paktia (16), and Khost (15). Short-distance access of up to 5 minutes was also reported by 134 respondents (17.3%), concentrated in Helmand (19), Nangarhar (17), Khost (14), and Nimroz (14). The most vulnerable group includes 59 respondents (7.6%) who walk more than 30 minutes each day, with the greatest burden in Nangarhar (27) and Laghman (15). These findings highlight significant disparities in water accessibility, with long travel times posing serious challenges for many households.

Overall, the data reveals a significant divide in basic water access. Zabul, Uruzgan, Nangarhar, Kandahar, and Nimroz demonstrate the highest accessibility, with more households benefiting from in-house or nearby water infrastructure. In contrast, Paktika, Kunar, Nuristan, and Khost fall into a mid-range category, where most residents walk 5-15 minutes to fetch water. The lowest accessibility is observed in Nangarhar and Laghman, where many respondents walk over 30 minutes daily suggesting that women, often primary water collectors, bear the highest time and energy burden in these provinces.

Figure 12: Challenges Women Face to Access Water

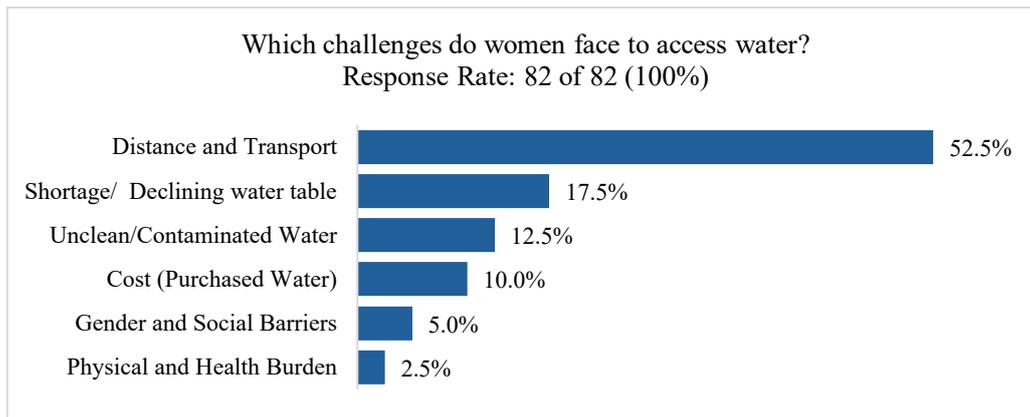


Figure 12 illustrates the range of challenges reported by women in accessing water, based on qualitative data from 82 respondents.

The data shows that the greatest challenge women face in accessing water is the distance and transport required to reach water sources, reported by 52.5% of respondents. This indicates that water collection remains a highly time-consuming and physically demanding task, often requiring women and girls to travel long distances; an issue that not only strains their health but also limits the time available for education, childcare, and livelihood activities. The substantial proportion of respondents identifying this barrier underscores the need for closer, more reliable water points to reduce daily burdens on women.

Other significant challenges include shortages or declining water tables (17.5%) and unclean or contaminated water (12.5%), revealing broader environmental and quality-related concerns that affect both availability and safety. Additional barriers such as the cost of purchasing water (10.0%), gender and social constraints (5.0%), and the physical and health strain associated with water collection (2.5%) further illustrate the multifaceted nature of water insecurity for women. Together, these findings highlight that women’s access to water is shaped not only by distance and scarcity but also by economic, social, and health-related factors, reinforcing the need for integrated water supply and community support interventions.

Figure 13: Water Safety by Province

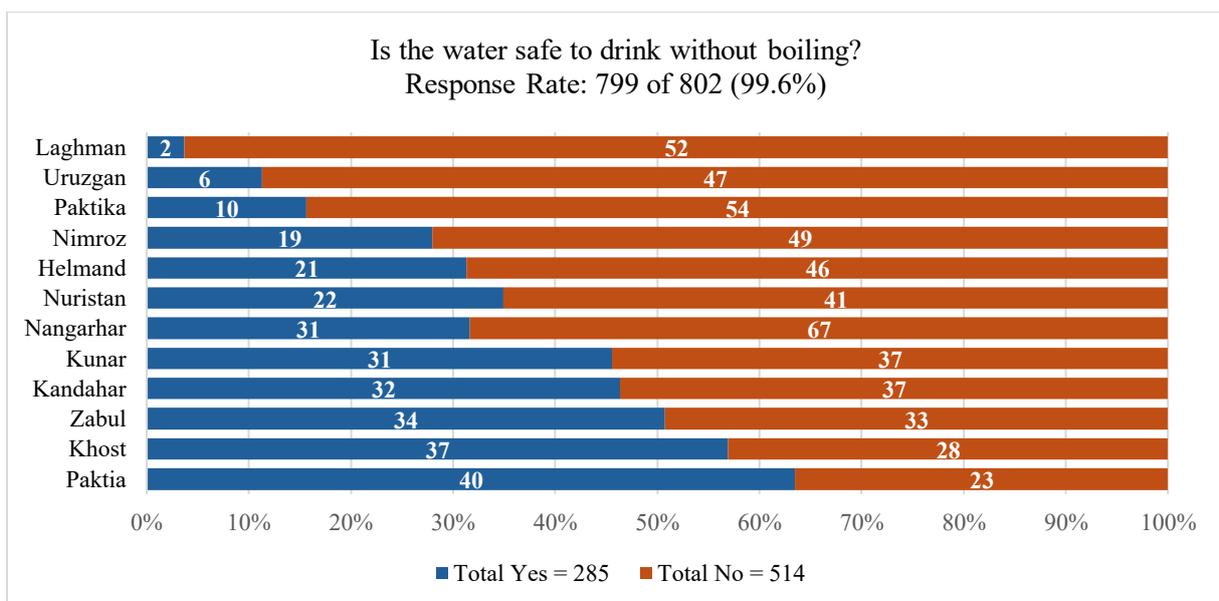


Figure 13 presents data on the perceived safety of drinking water without boiling across 12 provinces, based on responses from 799 individuals.

The data show that only 36% (285 respondents) overall considered their water safe to drink without boiling, while 64% (514 respondents) expressed concerns about its safety. This highlights a widespread perception of limited access to clean drinking water.

At the provincial level, variation in perceived water safety is stark. Laghman and Uruzgan recorded the lowest levels of confidence, with only 4% (2 respondents) and 6% (6 respondents), respectively, affirming that their water was safe to drink. This indicates an overwhelming majority in these provinces perceiving their water as unsafe. By contrast, Paktika, Khost, and Zabul reported higher levels of confidence, at 63%, 57%, and 51% of respondents, respectively. Still, concerns remain pronounced, as their totals, 63, 65, and 67 respondents, show that safe water access is not the majority experience in any province surveyed. Kandahar, Kunar, Nuristan, and Nangarhar reported 46%, 46%, 35%, and 32% of respondents, respectively, considering their water safe, suggesting relatively higher but still minority levels of confidence. Notably, Nangarhar had the largest sample size (98 respondents), yet only 31 considered the water safe, reinforcing the perception of compromised water quality even in better-resourced or more populous areas.

Overall, these findings underscore a widespread lack of confidence in the safety of drinking water across provinces, marked by significant regional disparities and a general trend of skepticism regardless of geographic or infrastructural context.

Figure 14: Access to Private Toilet/Latrine

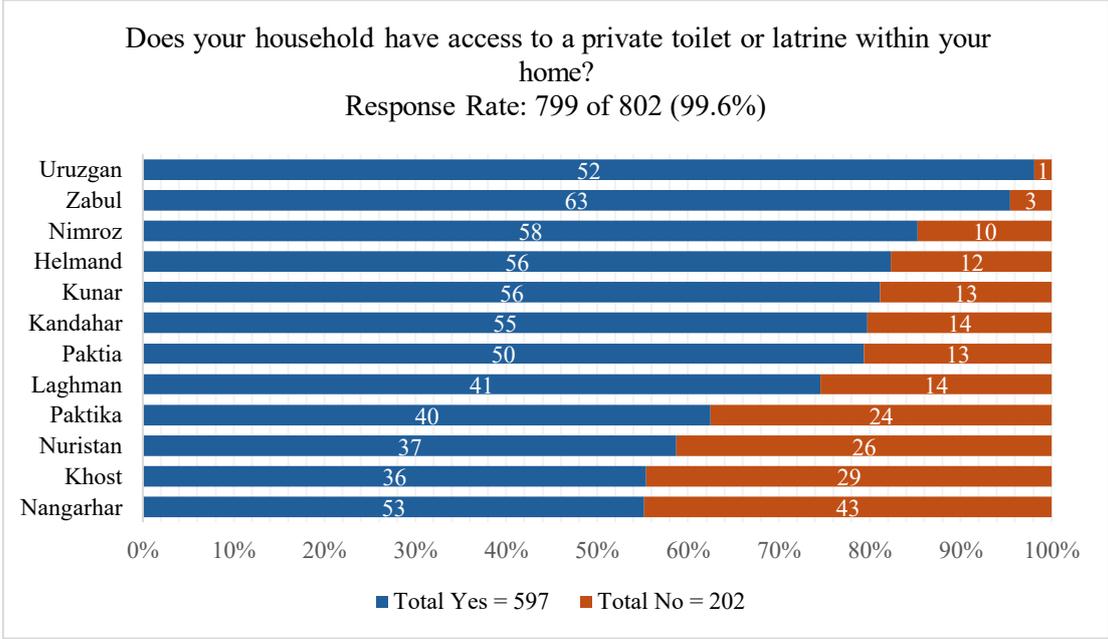


Figure 14 provides an overview of respondents’ access to private toilet or latrine facilities across twelve provinces, based on survey responses from 799 individuals.

Overall, 74.7% of respondents reported having access to a private toilet or latrine, while 25.3% indicated a lack of essential sanitation resources within their homes. Uruzgan stands out with the highest reported coverage, where 98.1% of respondents confirmed access, followed by Zabul at 95.5%, reflecting relatively robust sanitation infrastructure. High levels of access were also observed in Nimroz (85.3%), Helmand (82.4%), Kunar (81.2%), and Kandahar (79.7%).

By contrast, access to private toilets is notably lower in provinces such as Paktia, Laghman, Paktika, and Nuristan. While respondents in these areas did report some level of access, a significant portion of the population continues to lack adequate sanitation facilities. Nangarhar, despite having the largest sample size

(96 respondents), reported a mid-range access rate, with 55.2% stating they had access to private toilets, indicating a more divided experience in that province.

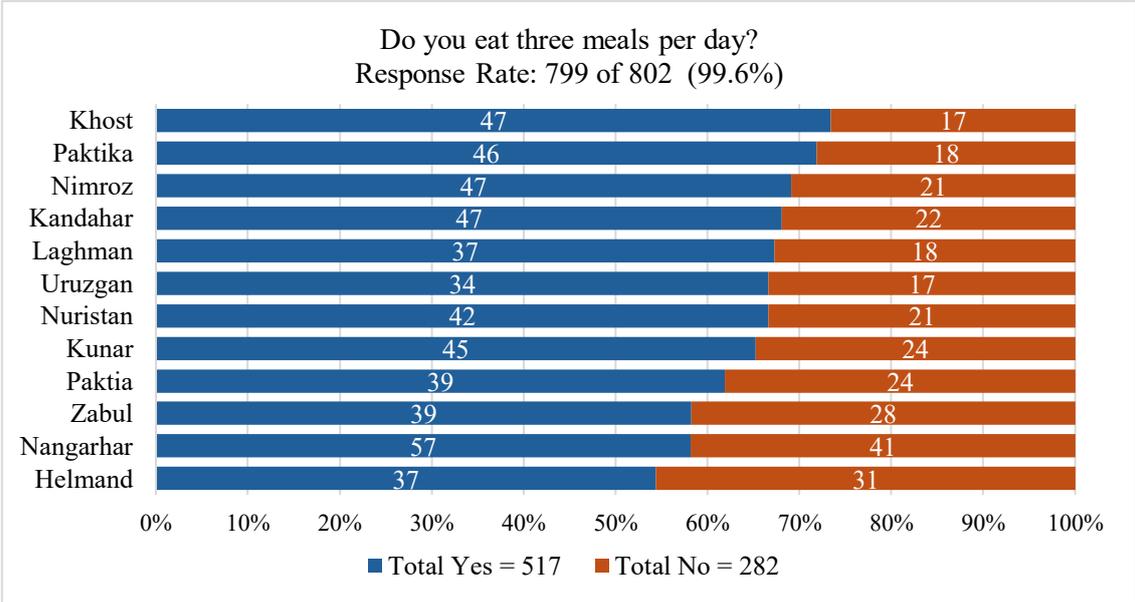
Most respondents reported that limited access to private toilets or latrines is driven by poverty, weak sanitation infrastructure, and long-standing neglect of rural areas. They highlighted lack of financial resources, unreliable water access, and the absence of technical support as key barriers, particularly in remote or mountainous locations. These constraints disproportionately affect women by increasing health risks, safety concerns, and loss of privacy.

These findings highlight marked provincial disparities in sanitation infrastructure. While the overall rate of access is relatively high, several provinces still lag behind in ensuring private, hygienic sanitation for their populations. The absence of such facilities poses direct health risks and has particular implications for the safety and dignity of women and girls.

**3. Food Security & Nutrition**

Food security and nutrition are essential components of household well-being and public health across the surveyed provinces in rural Afghanistan. Many families face ongoing challenges in accessing adequate, safe, and nutritious food due to poverty, inflation, unemployment, and limited agricultural productivity. Women and children are particularly vulnerable to food insecurity and malnutrition, often lacking access to diversified diets and essential nutrients. This section presents key findings on household food availability, consumption patterns, and coping strategies, offering insights into the extent and nature of food-related hardships experienced across different provinces.

*Figure 15: Regular Consumption of Three Meals per Day*



*Figure 15 illustrates the level of access to three meals per day among 799 respondents across twelve provinces.*

A significant portion of women face food insecurity. 64.7% (517 respondents) indicated they consume three meals daily, while 35.3% (282 respondents) report they do not have regular access to three meals per day, highlighting a troubling gap in consistent nutritional access. At the provincial level, Nangarhar had the highest number of respondents (98), with only 58.2 % of those respondents reporting access to three daily meals. Similar disparities are observed in other provinces as well. This trend reflects nutritional vulnerability among families in these areas, which is influenced by household poverty & food seasonality, service gap, humanitarian shortfalls, and intra-household food norms (in many families, women eat last and smaller portions; when food is scarce, they reduce their intake first so children (and sometimes men).

Figure 16: Seasonal Food Shortages

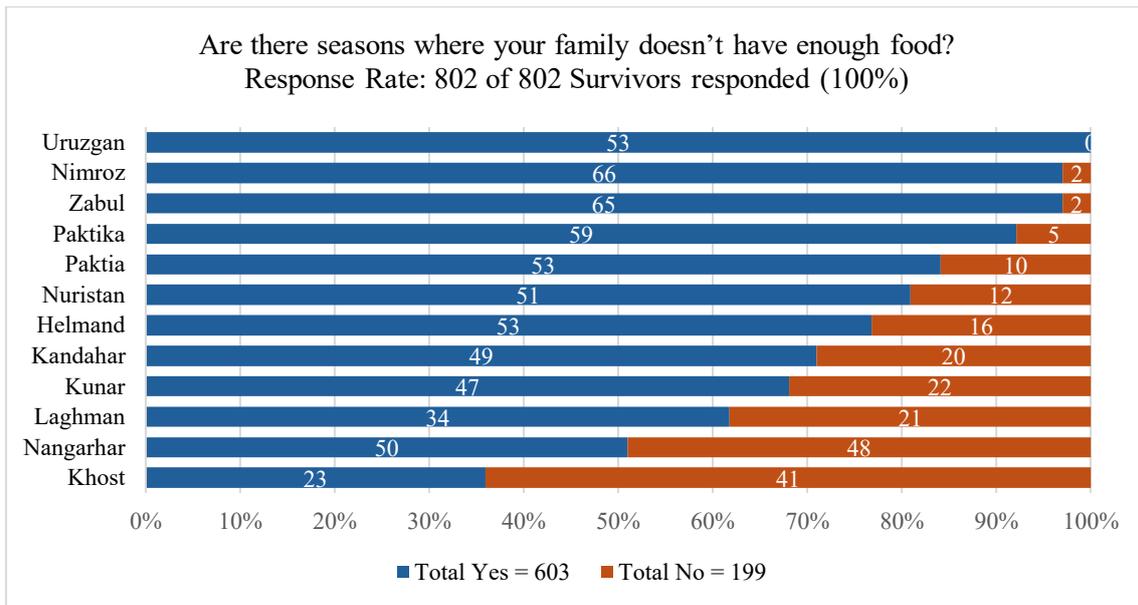


Figure 16 highlights the prevalence of seasonal food shortages across 12 provinces, as reported by 802 respondents.

A significant number of participants reported experiencing food shortages during certain times of the year, highlighting vulnerability in food supply and access. In Nimroz, Zabul, and Paktika provinces, over 90% of respondents face seasonal shortages, with rates of 97.1%, 97%, and 92.2% respectively, indicating widespread seasonal insecurity. High levels of shortages were also reported in Paktia (84.1%) and Nuristan (81%). In Kandahar, 71% of respondents reported food shortages, while in Uruzgan the situation is most severe, with 100% (53 respondents) stating they do not have enough food at all.

Other provinces also show substantial levels of deprivation: Khost (35.9%), Laghman (61.8%), Kunar (68.1%), and Nangarhar (51%) all represent significant portions of affected households.

Most respondents reported that food insecurity is driven by widespread poverty and lack of income, making food unaffordable amid rising prices. Seasonal shortages, drought, poor harvests, lack of irrigation, and limited access to seeds and fertilizers further reduce food availability in rural areas. Many households also face loss of livelihoods, landlessness, debt, displacement, high transportation costs to markets, reduced humanitarian assistance, and restricted women's economic participation. Together, these factors force families to rely on minimal diets, reduce meals, or experience prolonged periods of hunger.

Overall, the data reveal that across nearly all surveyed provinces, more than half of the population faces seasonal disruptions in food availability. This underscores a pattern of cyclical deprivation linked to agricultural, climatic, and market fluctuations. Contributing factors include limited storage facilities, reduced livelihood opportunities, drought conditions, and heavy reliance on rain-fed agriculture, leaving communities increasingly vulnerable to even minor environmental or economic shocks.

Figure 17: Coping Strategies During Food Scarcity

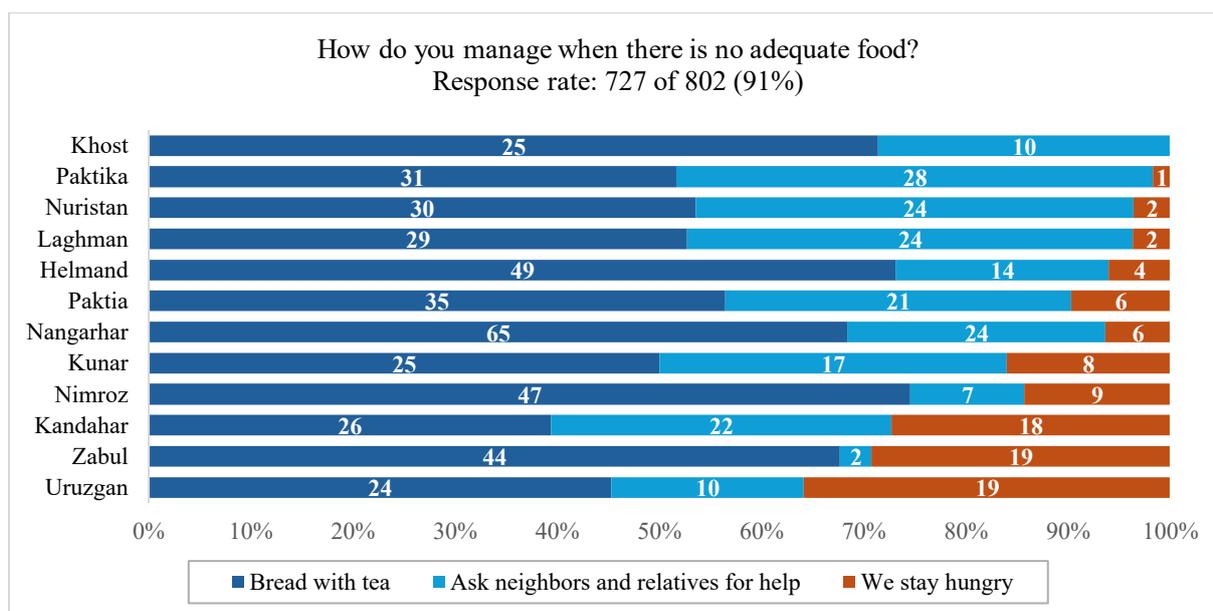


Figure 17 presents a detailed provincial breakdown of the coping strategies employed during periods of food scarcity, drawing on 727 responses. The data reveal considerable variation in survival mechanisms across the surveyed provinces.

Across all surveyed provinces, the most frequently reported coping strategy is consuming bread with tea, practiced by 320 respondents (44%). This reliance is especially pronounced in Nimroz (74.6%), Helmand (73.1%), Khost (71.4%), and Nangarhar (68.4%). While this low-cost meal serves as a default fallback for food-deprived households, it provides minimal caloric intake and lacks essential nutrients.

Seeking help from neighbors and relatives is the second most common strategy, reported by 203 respondents (27.9%). This practice is particularly notable in Paktika (46.7%), Laghman (43.6%), Nuristan (42.9%), Kunar (34%), Paktia (33.9%), and Kandahar (33.3%). The distribution suggests that households often rely on multiple coping mechanisms depending on the intensity and duration of food scarcity. Meanwhile, 94 respondents (12.9%) reported remaining hungry, a disturbing indicator of unmet needs. This was most common in Uruzgan (35.8%), Zabul (29.2%), Kandahar (27.3%), Kunar (16%), and Nimroz (14.3%).

Overall, the data demonstrates not only the prevalence of food insecurity but also the layered ways in which it manifests across provinces from reduced meal composition to reliance on social support, and in the most severe cases, complete hunger. The differences observed highlight varying levels of vulnerability and the critical role of community networks in mitigating food scarcity.

#### 4. Economic Participation & Livelihood

This section analyzes women's economic roles, income opportunities, and the barriers affecting their participation in the labor market. Interview data from 12 provinces indicate that women's work is largely informal, home-based, and unpaid, with limited access to formal employment or sustainable income sources. Although many contribute through agriculture, livestock, and handicrafts, structural barriers such as financial constraints, restrictive regulations, and social norms significantly limit their economic mobility. Overall, the findings depict a constrained economic environment where women bear multiple responsibilities yet face systemic obstacles to achieving stable and independent livelihoods.

Figure 18: Daily Labor Distribution

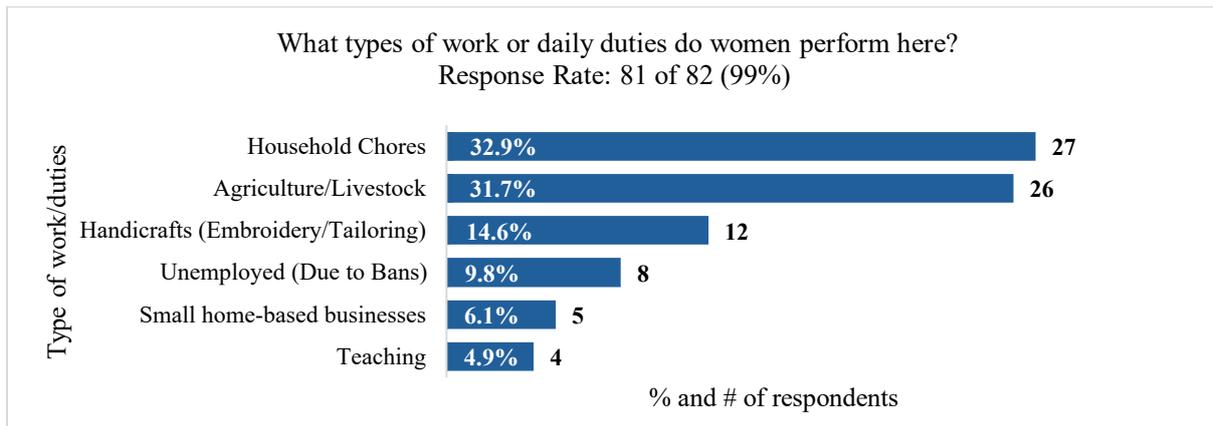
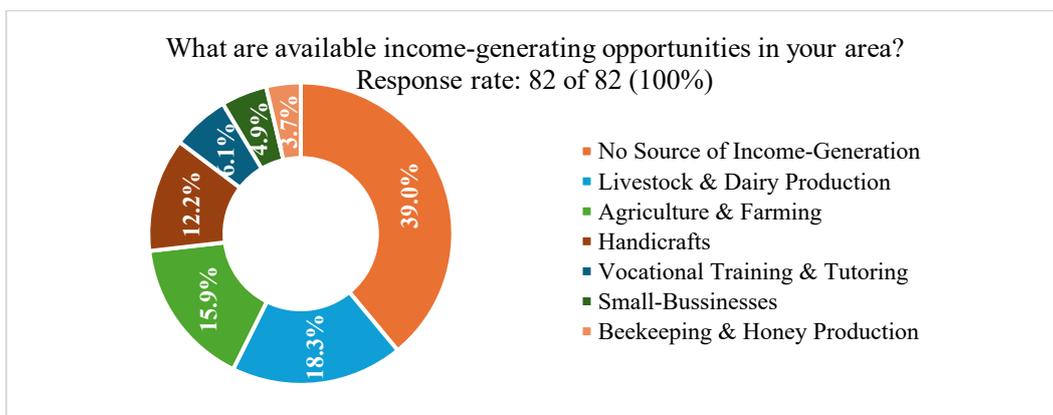


Figure 18, drawn from interview data, illustrates the distribution of daily labor responsibilities among women.

The data shows women’s daily labor is heavily concentrated on unpaid and informal activities, with 32.9% engaged in household chores and 31.7% involved in agriculture or livestock work. Additionally, 14.6% participated in handicrafts such as embroidery and tailoring, 9.8% reported unemployment due to bans, 6.1% operate small home-based businesses, and 4.9% work in teaching. The data suggests that women rarely perform a single role; instead, they balance multiple responsibilities combining domestic chores with agricultural or income-generating work resulting in a substantial overall workload.

In this context, respondents also described extensive unpaid and underrecognized domestic and caregiving labor that absorbs the time and capacity of many adult women who remain economically inactive despite being able and available to work. This pattern of hidden unemployment restricts women’s economic autonomy and reinforces dependency within the household. This distribution highlights a dual burden on women, as they simultaneously manage household duties and engage in productive labor to sustain their families. The overlap between domestic and economic roles indicates that women’s work has expanded in scope without a corresponding reduction in household responsibilities. This layered workload reflects deep structural and socioeconomic challenges such as limited access to formal employment, gendered expectations, and economic necessity that compel women to take on multiple, labor-intensive roles within both the home and informal sectors.

Figure 19: Income-Generating Opportunities for Women



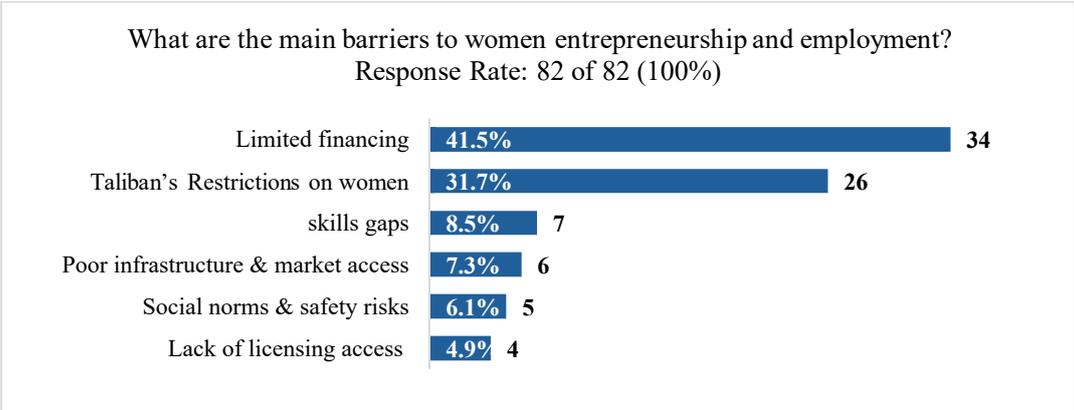
The interview data in Figure 19 outlines the types of income-generating opportunities available to women in the twelve interviewed provinces.

Most respondents (39%) reported that there are no income-generation opportunities available for women. Among those who identified existing opportunities, 18.3% cited livestock and dairy production, while 15.9%

mentioned agriculture and farming. Additionally, 12.2% identified handicrafts such as embroidery or tailoring, 6.1% respondents mentioned vocational teaching/tutoring. 4.9% of respondents reported opportunities in small businesses, and 3.7% noted beekeeping or honey production.

There is a significant lack of economic opportunities for women, with nearly half reporting no viable means of earning income. Where opportunities exist, they are primarily concentrated in traditional, low-income sectors such as livestock, farming, and handicrafts, reflecting limited economic diversification. The very small share of women engaged in small businesses or vocational work suggests major barriers to formal or entrepreneurial participation. Overall, these findings point to a constrained livelihood environment where women’s economic engagement remains heavily restricted to subsistence and informal activities, offering minimal financial stability or growth potential.

Figure 20: Barriers to Female Entrepreneurship and Employment



The interview data in Figure 20 highlights critical challenges that hinder women’s ability to pursue entrepreneurship and formal employment.

Limited financing emerged as the most frequently cited barrier, with 41.5% of respondents (34) identifying lack of access to capital as the primary obstacle to women’s entrepreneurship and employment. Restrictions on women imposed by the Taliban were the second most reported barrier, cited by 31.7% of respondents (26), reflecting how policy and mobility constraints directly hinder women’s ability to work or operate businesses. Other challenges included skills gaps at 8.5%, poor infrastructure and limited market access at 7.3%, and social norms and safety risks at 6.1%, each representing persistent structural and societal limitations. A smaller proportion, 4.9%, highlighted lack of licensing access as a barrier.

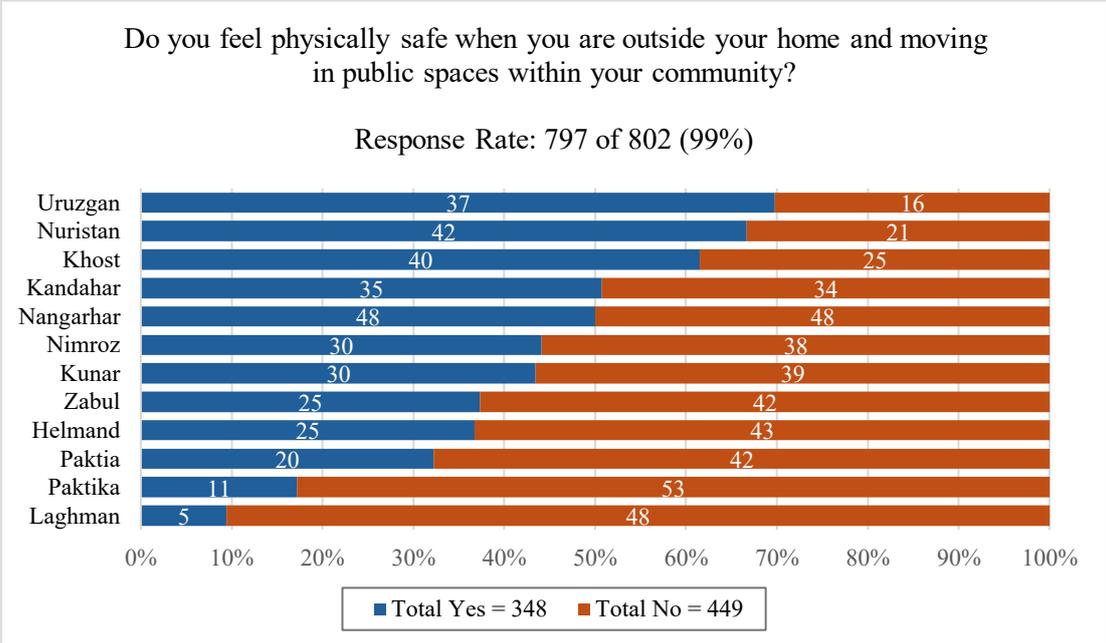
Overall, the findings reveal that women’s economic participation is constrained by a combination of financial exclusion, restrictive governance, and entrenched social and infrastructural barriers, together forming a multifaceted environment that severely limits women’s entrepreneurial and employment opportunities.

**5. Safety & Women's Rights**

Women across the surveyed provinces face insecurity, restricted autonomy, and limited access to justice or protection. Most feel unsafe within their communities and report no functional mechanisms to address violence or abuse, relying instead on male-dominated family or tribal mediation. Early marriage remains widespread, with most girls married before adulthood due to poverty, social pressure, and entrenched gender norms. Many women also lack a national identity card, constrained by bureaucratic barriers, discrimination, and mobility restrictions. These conditions reflect deep structural inequality and institutional neglect that continue to undermine women’s safety, rights, and participation. This section examines the lived realities of

women under these constraints, drawing on survey and interview data that captures their experiences of insecurity, autonomy, and the broader status of women’s rights within their communities.<sup>4</sup>

Figure 21: Perceived Safety at community



The data in Figure 21 reflects the perspectives of 797 women across twelve provinces regarding their sense of safety in public spaces in their communities.<sup>5</sup>

Overall, 43.7% of respondents (348) reported feeling safe, while a larger proportion, 56.3% (449), stated they do not feel safe. This indicates that more than half of the women surveyed experience a sense of insecurity in their immediate surroundings. Provincial variation is notable. Women in Uruzgan (69.8%), Nuristan (66.7%), and Khost (61.5%) reported the highest levels of perceived safety, followed by Kandahar (50.7%), Nangarhar (50%), Nimroz (44.1%), and Kunar (43.5%). Moderate perceptions of safety were observed in Zabul (37.3%), Helmand (36.8%), and Paktia (32.3%). In contrast, women in Paktika (17.2%) and Laghman (9.4%) reported the lowest levels of safety, highlighting significant regional disparities.

These findings suggest that perceptions of security vary widely by province, with women in eastern and southeastern areas generally reporting greater insecurity compared to those in the central and southern regions.

<sup>4</sup> United Nations Assistance Mission in Afghanistan (UNAMA). Annual Reports on the Protection of Civilians in Armed Conflict. Various years. <https://unama.unmissions.org/protection-of-civilians-reports>

<sup>5</sup> Public spaces refer to areas such as markets, roads, health facilities, water collection points, and other communal locations within the respondent’s community.

Figure 22: Availability of Abuse/Violence Reporting Mechanisms

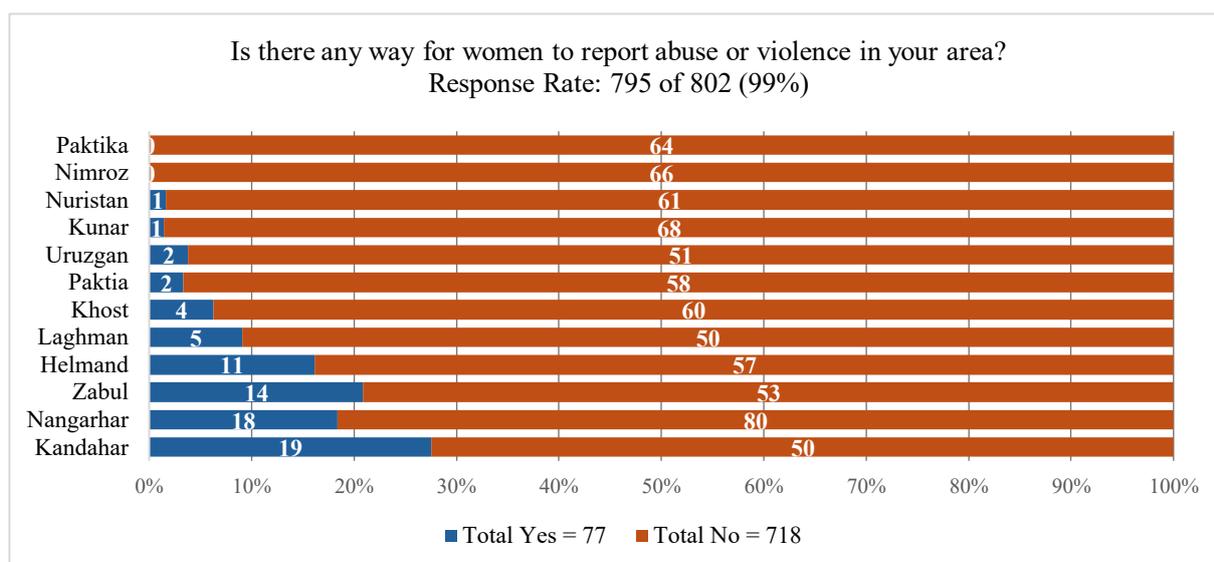
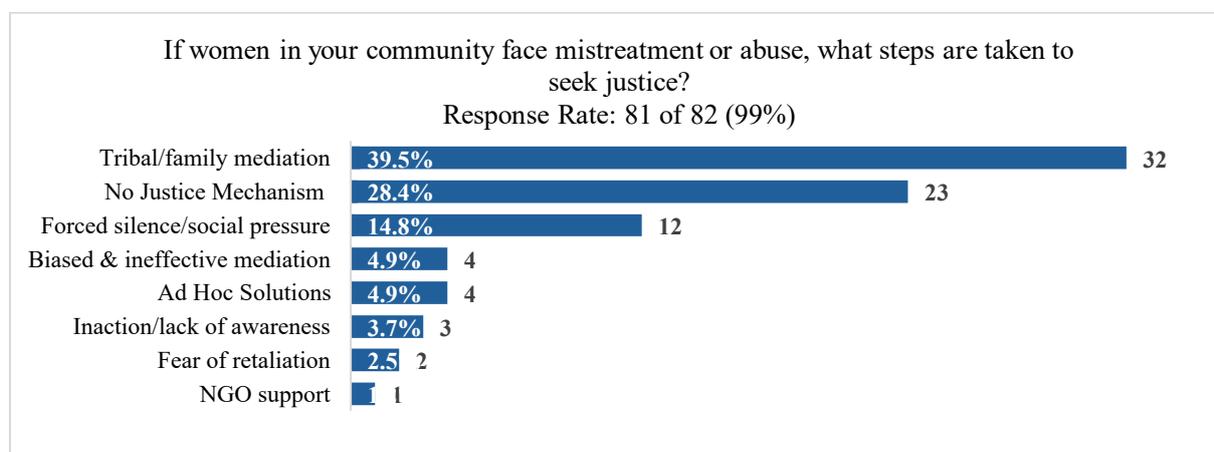


Figure 22 reveals a critical gap in the availability of mechanisms for reporting abuse and violence.

Only 9.7% of respondents (77) indicated the existence of violence reporting mechanisms in their communities, while 90.3% (718) reported no available avenues for reporting violence or abuse. Kandahar (28%), Zabul (21%), Nangarhar (18%), and Helmand (16%) show the highest reported levels of access, though these remain critically low relative to the total respondents in each province. In contrast, several provinces, including Paktika and Nimroz, recorded zero access. Nuristan and Kunar reported minimal availability, with only one respondent in each affirming the presence of such mechanisms. Paktia (3%) and Uruzgan (4%) similarly reported very limited access, while mid-tier provinces such as Laghman (9%) and Khost (6%) reflect restricted opportunities for reporting.

The pattern across most provinces highlights an overwhelming absence of institutional support structures, significantly limiting women's ability to seek redress or protection from abuse. These findings emphasize a pervasive structural deficiency in safeguarding women's rights and wellbeing across surveyed areas, with severe implications for justice, safety, and accountability.

Figure 23: Pathways to Justice



The data in figure 23 reveals a deeply concerning landscape regarding justice mechanisms for women facing mistreatment, abuse, or violence in their communities.

Tribal or family mediation, 39.5% (32 respondents) emerge as the most common pathways, reflecting traditional structures that often fail to protect women's rights. As one respondent starkly noted, *"In our society, a woman holds very little value. She's ignored until a horrifying incident occurs."* Another said, *"decisions often taken by tribal elders or family lack justice, they are in the favor of men, and the woman is blamed."*

Alarming, 28.4% (23 respondents) reported the nonexistence of justice mechanisms. The prevalence of forced silence or social pressure was reported by 14.8% (12 respondents). A respondent said, *"women cannot raise their voices because no one supports them"*. Another respondent lamented, *"No steps can be taken because men don't allow it."* Biased Mediation cited by 4.9% respondents underscores systemic failures, as highlighted by one of the respondents, *"Even when the male side was guilty, the woman was punished."* Smaller proportions reported ad-hoc solutions (4.9% respondents), inaction or lack of awareness (3.7% respondents), fear of retaliation (2.5% respondents), and NGO support (1% respondents), collectively this highlights that women's access to fair justice remains extremely constrained by cultural, social, and structural barriers. A few respondents emphasized that *"if formal mechanisms to address violence were available and women were educated about their rights, our lives could change dramatically."*

Table 7: At what age do girls typically get married in your village?

Response Rate: 793 of 802 (98.87%)

Age Range	Provinces												Grand Total	
	Helmand	Kandahar	Khost	Kunar	Laghman	Nangarhar	Nimroz	Nuristan	Paktia	Paktika	Uruzgan	Zabul		
Before 15	44	34	20	47	39	39	31	39	31	32	9	36	401	50.6%
From 15 to 17	18	23	20	22	9	22	23	24	23	30	22	19	255	32.2%
From 18 to 20	6	11	23		6	25	11		7	2	16	9	116	14.6%
From 21 to 25		1	2		1	9	1		1		4		19	2.4%
After 25						2							2	0.3%
Grand Total	68	69	65	69	55	97	66	63	62	64	51	64	793	100%

Table 7 illustrates a dominant pattern of early marriage among girls in the surveyed provinces.

Of the total 793 responses, 401 respondents (50.6%) reported to be typically married before the age of 15, and an additional 255 (32.2%) between the ages of 15 and 17, making a combined 83% of respondents indicating that marriage occurs before the legal adulthood threshold of 18. The provinces with the highest incidence of child marriage before 15 include Kunar (47 respondents), Helmand (44 respondents), Laghman, Nangarhar, and Nuristan (39 respondents each), and Zabul (36 respondents). This widespread trend of early marriage cuts across all surveyed provinces, with minimal provincial variation. Only 116 respondents (14.6%) reported typical marriage ages between 18 and 20, while 19 respondents (2.4%) cited ages 21 to 25. 2 respondents (0.3%), both from Nangarhar, reported marriages occurring after age 25.

The respondents highlighted that early marriage is a widespread norm across the surveyed provinces, reflecting deeply rooted social and cultural structures driven by factors such as poverty, gender inequality, and family pressure to secure a girl's social and economic future through marriage.

### Case Studies: The Everyday Burden of Inequality

Across the surveyed areas, women's experiences reveal a consistent pattern of coercion, violence, and exclusion. These accounts expose how deeply rooted cultural norms, economic dependency, and the absence of protection have normalized violations of women's fundamental rights. The following cases illustrate how women's lives are shaped by social control, inequality, and institutional neglect.

### Case Study 1: Child Sale and Forced Marriage

In many communities, extreme poverty intersects with entrenched patriarchal norms, creating conditions where girls are viewed as expendable economic assets. Families struggling with financial hardship adopt harmful coping strategies, including the sale or forced marriage of girls. The absence of robust child protection structures and the normalization of male authority over family decisions enable these practices to persist.

One respondent from Bihsud district of Nangarhar province shared the story of a young girl, “*only 12 years old, sold for 500,000 Afghanis by her father.*” Such examples show how poverty and patriarchal authority combine to turn girls into commodities. Attempts to resist these practices are often met with harsh retaliation “*Women who resist forced marriage face death threats*”, highlighting how social and familial coercion leave no room for autonomy. A respondent from Tani district of Khost province added “*in our village, a woman was subjected to a forced marriage. As a result, she took her own life, and no action was taken*”.

Another respondent from Alingar district of Laghman province cited “*In our village, there was a talented young woman who worked in the reporting section of a local radio station, despite never having attended school, her natural talent was so impressive that the radio station offered her a job. She used to call in and speak on various topics, sharing her thoughts. But her father forced her into a marriage, which led to a life full of suffering. Her difficult days began from that moment and continued to this day. She faces death threats and physical abuse from her in-laws.*”

Respondents emphasize that forced marriage robs girls of education, independence, and safety. These restrictions confine them to lifelong economic dependency and expose them to exploitation and abuse. The absence of legal enforcement and protective interventions communicates that girls’ rights are secondary to cultural and economic pressures. As a result, girls internalize a diminished sense of worth and face long-term cycles of marginalization.

### Case Study 2: Domestic Violence and Denial of Inheritance

Domestic violence remains a widely accepted mechanism for enforcing gender norms. Within patriarchal family structures, women’s economic rights - especially inheritance - are frequently controlled or withheld by male relatives. Violence becomes a tool for maintaining power hierarchies and disciplining women who challenge them.

In many communities, domestic violence is used as a tool to enforce submission. A respondent from Parun district of Nuristan province recounted, “*A woman asking for inheritance was beaten and exiled from her family,*” while another reflected, “*We endure violence silently; no one intervenes.*” These statements underscore a broader culture of impunity, where violence against women is normalized, and the lack of women protective mechanisms allow abusers to act without consequence.

Respondents describe severe consequences: women are denied economic independence, forced to remain dependent on abusive men, and often lose their familial and social safety. Without inheritance or property, they are financially immobilized and unable to escape violence. The lack of accountability mechanisms further entrenches this cycle, leaving women without avenues for legal or social protection.

### Case Study 3: Systemic Economic and Social Exclusion

Even when women are educated or aware of their rights, patriarchal institutional structures limit their ability to act on that knowledge. Traditional councils (jirgas), which dominate local conflict resolution, reflect deep male bias and reinforce cultural norms that prioritize male authority over legal equality.

Women also continue to face systemic economic and social exclusion. As respondents from Mandozai district of Khost province noted, “*After marriage, women lose all inheritance rights and even educated women are denied property shares.*” Education or awareness alone cannot counter the deep-rooted discrimination embedded

within community structures. Traditional councils or jirgas, which claim to mediate disputes, often reinforce inequality: “Jirgas always favor men; women are treated as objects,” noted a respondent from Sarobi district of Paktika province.

These restrictions leave women economically marginalized and socially silenced. Respondents described losing autonomy, facing financial insecurity, and being excluded from community decision-making. Institutional discrimination reinforces generational cycles of poverty and disempowerment, preventing women from asserting even their most basic rights.

Taken together, these testimonies reveal that women live within a framework of injustice maintained by both social norms and governmental neglect. The absence of protective policies, gender-sensitive institutions, and accountability mechanisms has left women without meaningful recourse. For many, silence becomes a survival strategy in a system where their rights, voices, and dignity are systematically denied.

Figure 24: Ownership of Tazkira (National ID)

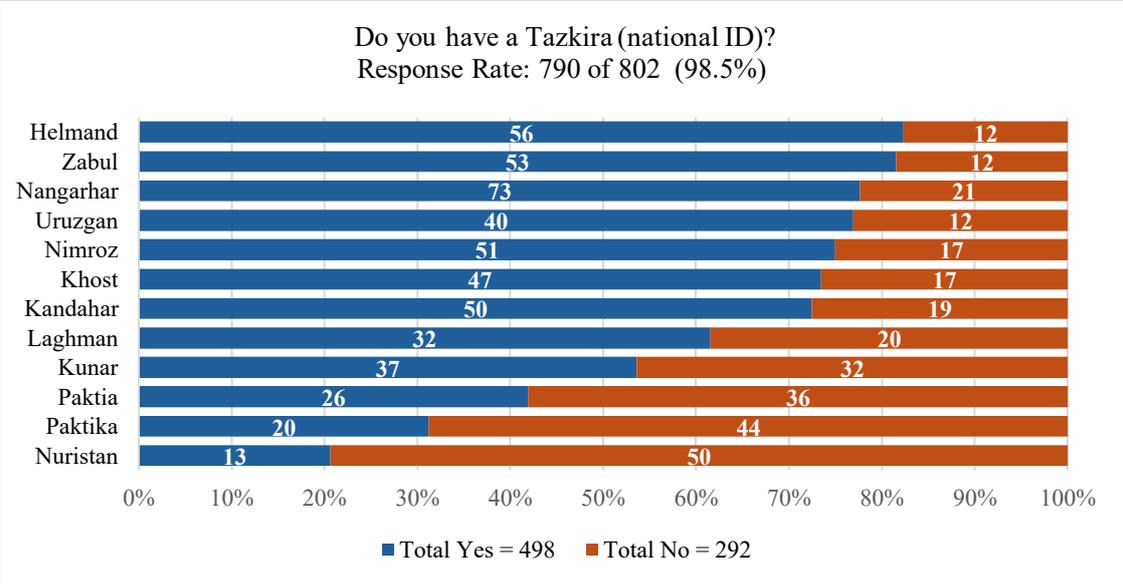


Figure 24 illustrates the distribution of Tazkira (National ID) ownership among 790 respondents across twelve provinces.

A total of 63% of respondents (498) reported possessing a national ID, while 37% (292) did not, underscoring a substantial identity ownership gap among women. Helmand stands out with the highest Tazkira ownership, where 82.4% of respondents reported having an ID, followed by Zabul at 81.5%. Similarly, Nangarhar (77.7%), Uruzgan (76.9%), Khost (73.4%), Kandahar (72.5%), Laghman (61.5%), and Kunar (53.6%) also show relatively high ownership rates.

In contrast, Nuristan reports the lowest level of access, with only 21% of respondents (21) holding a national ID. Other provinces with low coverage include Paktika at 31.3% and Paktia at 41.9%, indicating that in these areas more than half of women lack national identification.

This pattern demonstrates significant regional variation in women’s access to national IDs, with certain provinces exhibiting alarmingly low coverage. Such gaps pose critical barriers to civic participation, access to services, legal protection, and broader recognition of women’s rights.

Figure 25: Barriers to Tazkira (National ID) ownership

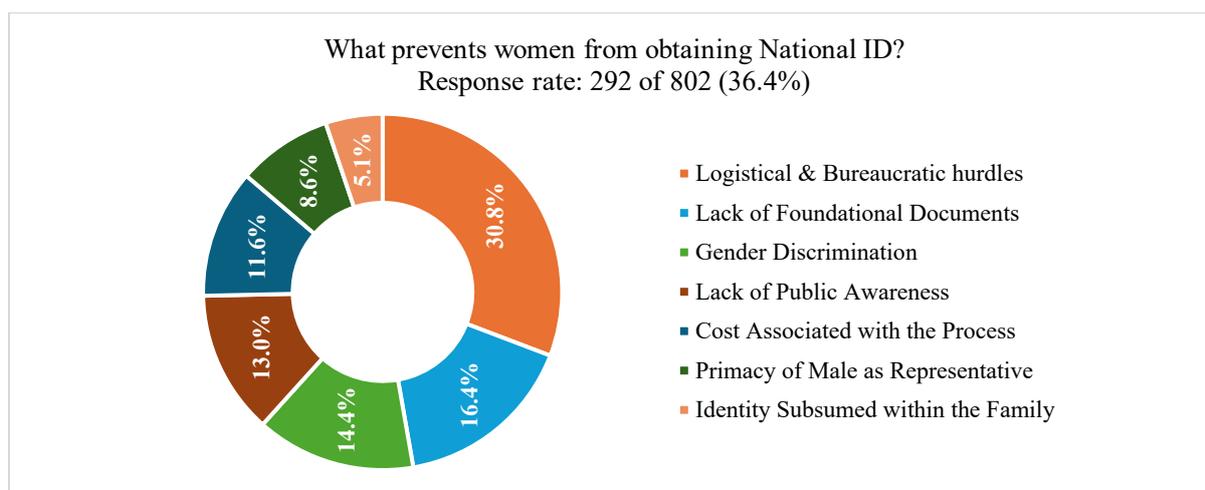


Figure 25 demonstrates the prevention of women from accessing Tazkira (National ID), among 292 respondents across twelve provinces.

The data reveals that the most frequently cited barrier for women obtaining a Tazkira is Logistical & Bureaucratic Hurdles (30.8%). This indicates that practical obstacles within the system itself such as a lack of female staff, the distance to registration centers, and complex paperwork. For women in remote and insecure villages the journey is long, expensive, and physically demanding. Lack of Foundational Documents (*i.e. birth certificate, marriage certificate for married women, and proof of parentage or family linkages*) is cited by 16.4% respondents. Systemic Gender Discrimination (14.4%) remains a critical barrier, reflecting formal and informal biases that actively prevent women's access. Lack of public awareness, reported by 13% of respondents, is another contributing factor preventing women from access. Cost Associated with the Process is cited by (11.6% respondents), these operational and resource-based issues paint a picture of a system that is fundamentally difficult for women to access.

Furthermore, the issues of Primacy of Male as Representative (8.6% respondents) and Identity Subsumed within the Family Unit (5.1%) point to a foundational patriarchal structure where a woman's independent legal identity is not considered a priority. The male head of the household (father, husband, brother) is culturally and legally seen as the sole representative of the family. Also, a woman's identity is viewed as an extension of her male guardian's. Her name is often recorded as "X, daughter of Y, or "A, wife of B" reinforcing that women does not need a separate, country-verified identity

## 6. Freedom, Information Access, and Mobility

This section presents an integrated analysis of women's access to communication technologies and freedom of movement across twelve provinces, drawing on survey responses. The findings reveal a dual landscape of exclusion: women face limited access to television, radio, and mobile phones, while simultaneously being denied the right to move freely without male permission. These constraints are not merely cultural; they are symptomatic of deeper structural neglect. Many of the surveyed regions remain chronically underdeveloped, with minimal investment in infrastructure, public services, and inclusive policy frameworks. The absence of reliable electricity, mobile networks, safe transportation, and women-friendly public spaces compounds the impact of gender-based restrictions, reinforcing cycles of isolation and dependency. Together, the data exposes a layered system of deprivation, where institutional control, social norms, and state inaction converge to suppress women's agencies in both digital and physical domains.

Figure 26: TV Watching Habits

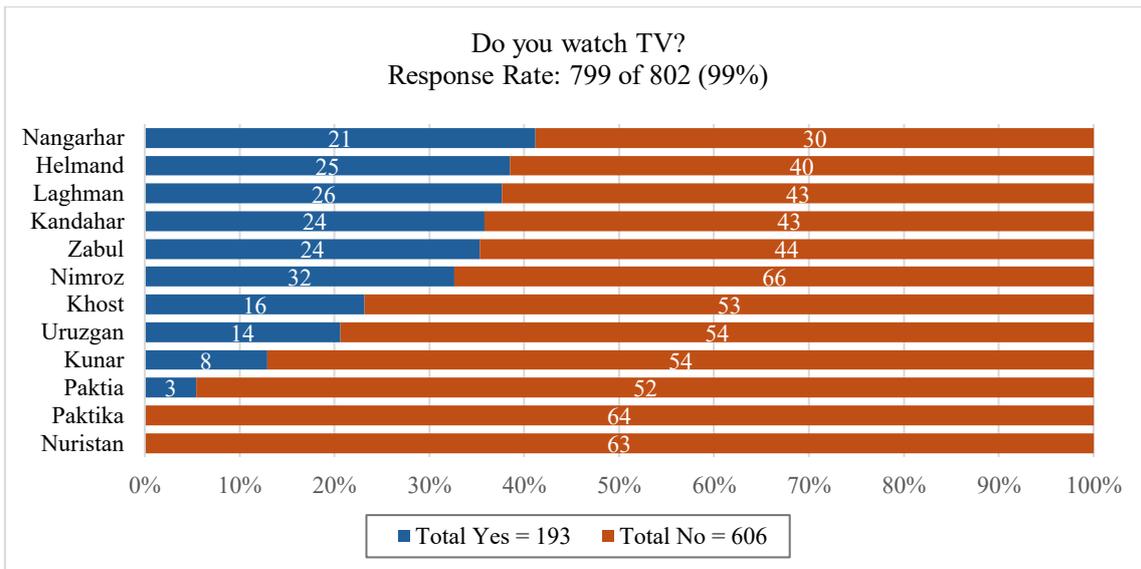


Figure 26 provides an overview of television watching habits among women across various provinces, based on responses from 799 respondents.

Television viewership is notably low, with only 24% of respondents reporting they watch TV. Provinces like Paktika and Nuristan recorded zero viewers, while others such as Laghman, Paktia, and Kunar showed minimal engagement. Even in relatively higher-viewing provinces like Kandahar, Khost, Zabul, and Uruzgan, the average viewership for these provinces remained below 40%. This widespread pattern suggests significant barriers to television access or usage tied to infrastructure, development, and provincial disparities. The dominance of "No" responses across all provinces highlights television's limited role in daily life and media consumption.

Figure 27: Radio Listening Habits

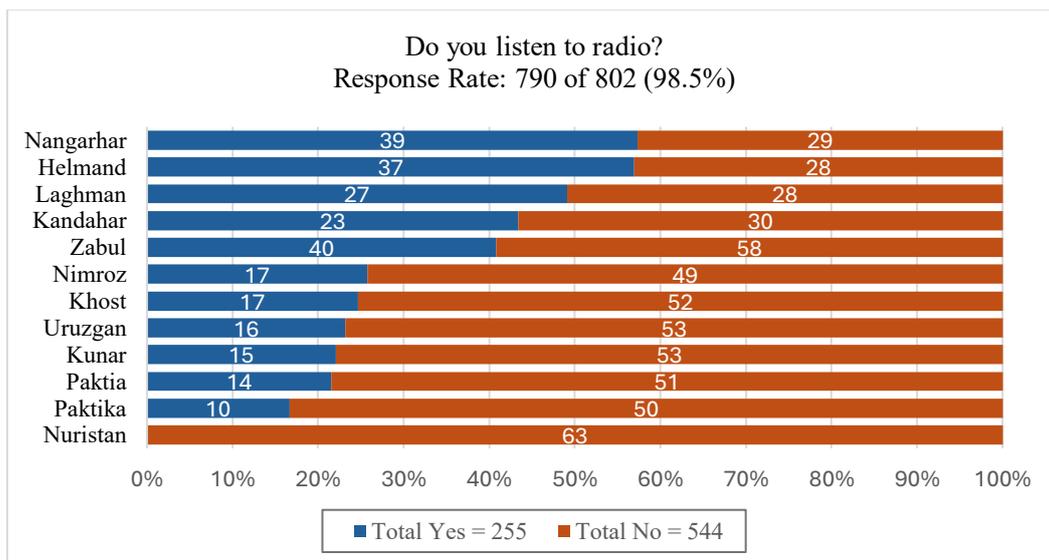


Figure 27 depicts radio listenership across the surveyed provinces with only 255 respondents indicating they listen to radio, compared to 544 who do not.

Provinces such as Paktia, Paktika, and Helmand show particularly low engagement, while Nuristan recorded the highest number of "No" responses. Even in provinces with relatively more listeners such as Nangarhar,

Nimroz, and Khost radio usage remains a minority practice. This distribution suggests that radio, while more accessible than television in certain areas, still faces notable barriers to widespread use. The variation across provinces points to differences in infrastructure, accessibility, and relevance of available programming. Overall, the data reflects a media environment where radio plays a modest and uneven role in daily communication.

Figure 28: Basic Mobile Phone Ownership

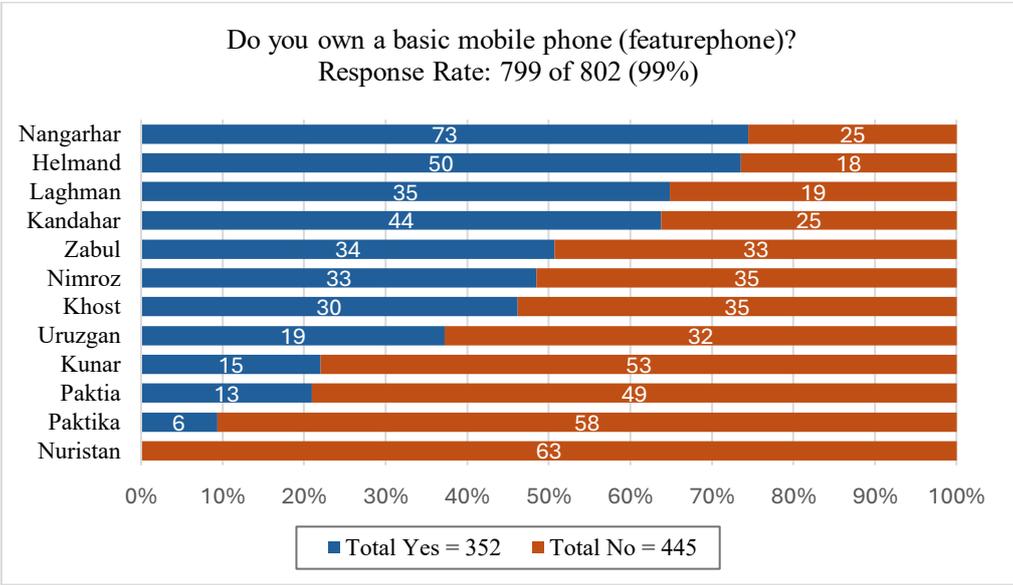


Figure 28 explores basic mobile phone ownership across the provinces surveyed with 352 respondents indicating they have basic mobile phones, compared to 445 who do not.

Provinces such as Nuristan, Paktika, Paktia, and Kunar report lowest ownership of a basic mobile phone. Uruzgan, Khost, Nimroz, and Zabul show lower ownership, while provinces like Nangarhar, Helmand, Kandahar, and Laghman show comparatively higher rates of basic mobile access. Overall, only 44.6 % of respondents have a basic mobile phone which suggests uneven access to basic mobile technology shaped by provincial differences in infrastructure, economic conditions, and social norms. While some provinces demonstrate moderate adoption, others remain significantly underserved, reflecting broader disparities in digital connectivity and communication capacity.

Figure 29: reasons for no-usage of TV, Radio, and Mobile

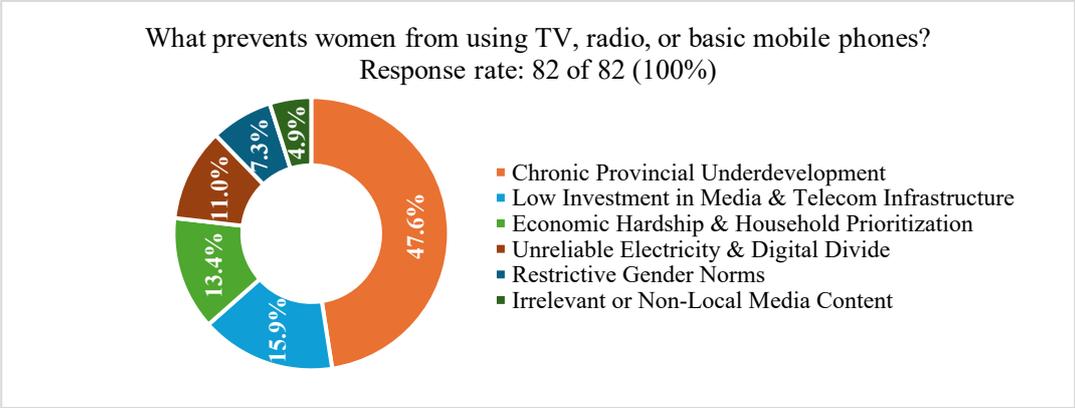


Figure 29 highlights the primary barriers preventing women from using TV, radio, and basic mobile phones, based on responses from all 82 respondents across twelve provinces.

The largest share of respondents (47.6%) attributed women’s limited media access to chronic provincial underdevelopment, pointing to long-standing gaps in basic services and infrastructure. Additional structural constraints such as low investment in media and telecommunications systems (15.9%), widespread economic hardship and household prioritization of essential needs (13.4%), and unreliable electricity coupled with a persistent digital divide (11%) further demonstrate that foundational service deficits significantly restrict women’s ability to engage with media technologies.

While structural and economic challenges dominate, sociocultural factors also contribute. Restrictive gender norms account for 7.3% of responses, reflecting ongoing limitations on women’s autonomy and access to communication tools. A smaller portion of respondents (4.9%) cited irrelevant or non-local media content, indicating that while content relevance matters, it is overshadowed by more fundamental issues such as underdevelopment and service deprivation. Overall, the figure underscores that women’s limited use of TV, radio, and mobile phones is driven primarily by systemic infrastructural and economic barriers.

Figure 30: Freedom of Movement

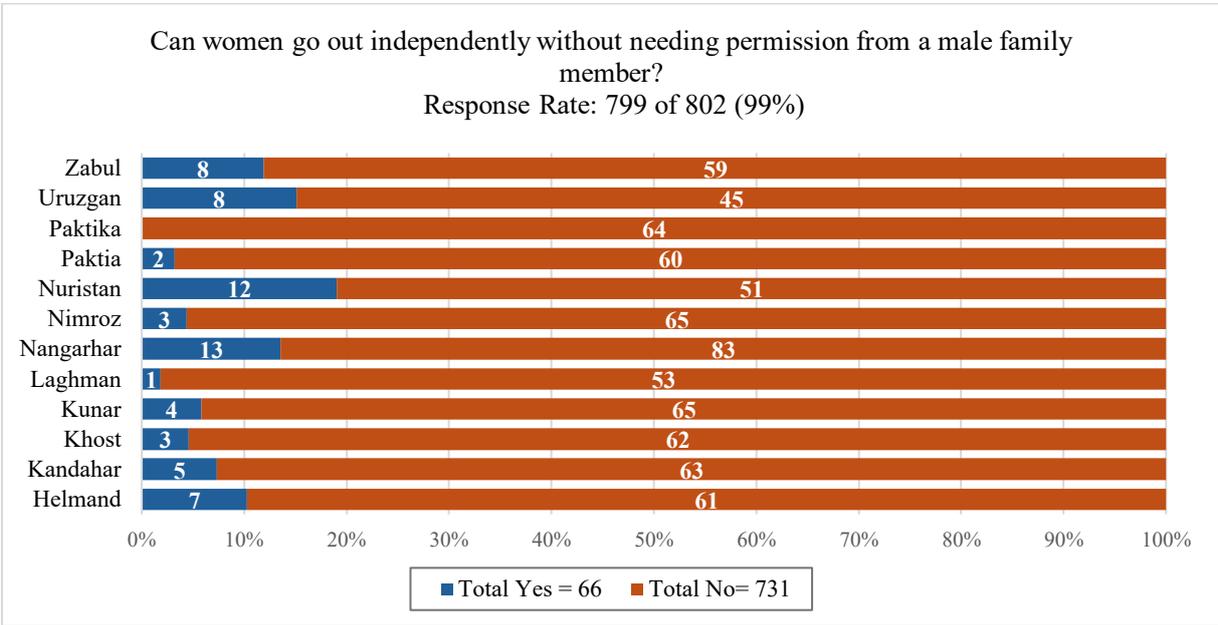


Figure 30 illustrates freedom of movement across the surveyed provinces. Out of 799 respondents, only 66 affirmed that women can go out independently without needing permission from a male family member, while 731 said they cannot.

Provinces such as Paktika, Paktia, and Laghman reported almost no "Yes" responses, and even the highest-affirming provinces such as Nangarhar and Nuristan showed only minimal support for independent mobility. This overwhelming pattern indicates that women’s autonomy in public spaces remains severely constrained. The dominance of "No" responses across provinces reflects deeply rooted social norms and structural limitations that restrict women’s movement, regardless of geography. The data underscores a widespread lack of personal agency for women in daily life.

Figure 31: Freedom of Movement

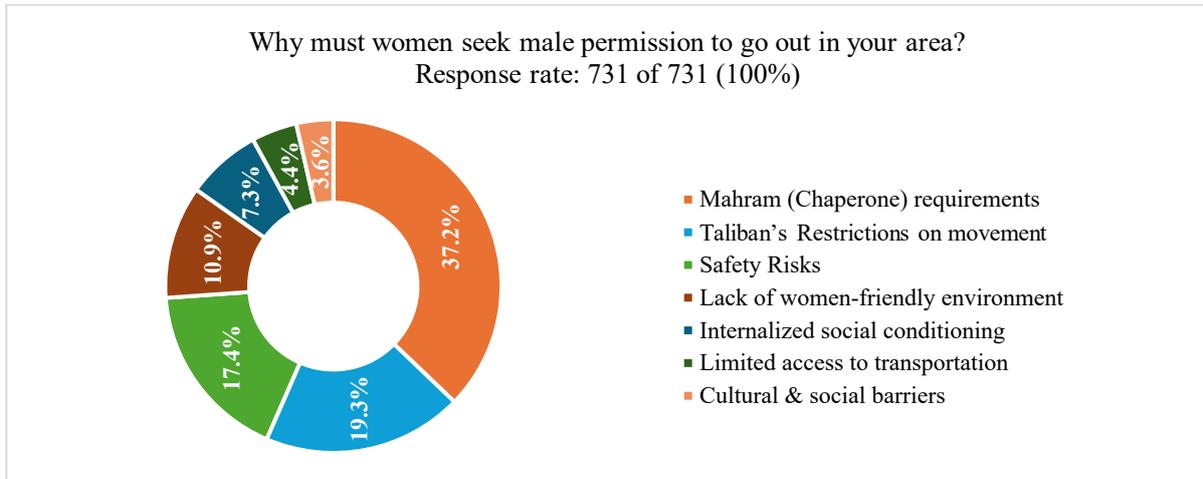


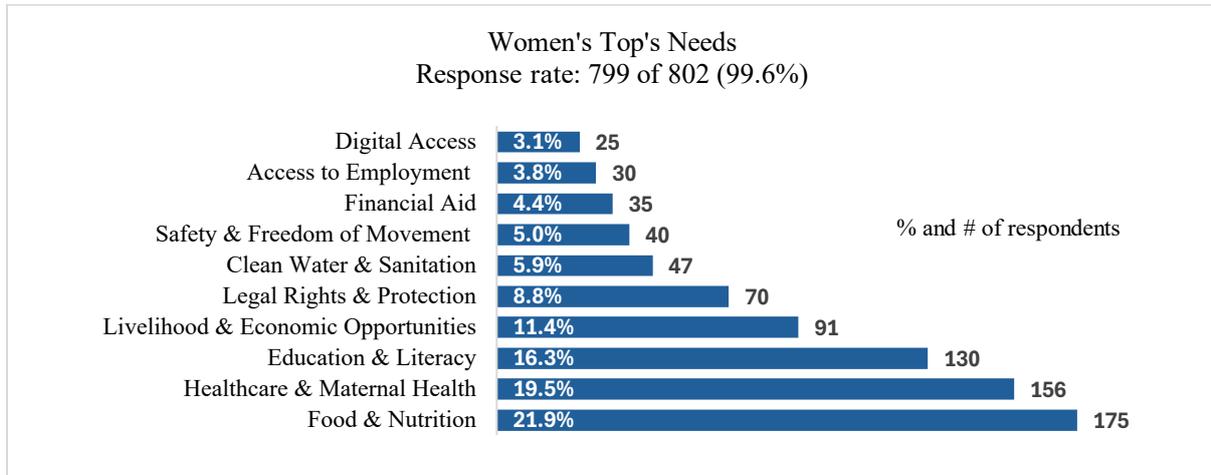
Figure 31 demonstrates that the restriction on women's freedom of movement is a systemic issue, enforced by an interlocking set of official mandates and social pressures.

The Taliban's restriction on women movement mentioned by 37.2% respondents and mandating Mahram cited by 19.3% of respondents are the primary drivers that severely limit women's access to public spaces, as one respondent quoted *"women cannot go alone; they must take a male guardian."* This institutional oppression is compounded by profound safety risks mentioned by 17.4% respondents and lack of women-friendly environments mentioned by 10.9% of respondents. Internalized social conditioning normalizes these restrictions within families and communities, as one of the respondents said, *"women cannot go without male permission, if they go, they face domestic violence, often leading to bad consequences, even death."* Even in rare cases where movement is permitted, women must navigate complex hierarchies, a respondent added, *"woman must consult with her mother-in-law, father-in-law, then husband."* While practical obstacles like limited access to transportation further entrench women's confinement. Together, these factors form a cohesive structure of gender-based control, systematically denying women autonomy and reducing their public presence to a function of male permission.

## 7. Women's Priority Needs

Women across the surveyed provinces expressed a wide range of needs that reflect both urgent, life-sustaining requirements and longer-term aspirations for stability, safety, and empowerment. The responses reveal the multifaceted challenges women face in their daily lives spanning access to basic resources, essential services, personal security, and opportunities for education and livelihoods. This section outlines these priority needs as reported by respondents, providing critical insight into the areas where targeted support and interventions are most necessary.

Figure 32: Women's Top Needs



The figure 32 presents a clear overview of the most pressing needs identified by women across 12 surveyed provinces, based on responses from 799 respondents.

The top three categories, food & nutrition (175 respondents), healthcare and maternal health (156 respondents), education and literacy (130 respondents), account for most responses, indicating that basic survival, health services, and education are the most urgent concerns.

Secondary needs include livelihood and economic opportunities (91 respondents) and legal rights and protection (70 respondents), reflecting demands for long-term empowerment, economic stability, access to legal rights, protection, and elimination of violence against women. Lower-ranked but still significant needs such as access to clean water and sanitation (47 respondents), Safety and freedom of movement (40 respondents), financial aid (35 respondents), access to employment (30 respondents) and Digital Access (25 respondents) point to structural barriers that limit women's autonomy, opportunity, and well-being beyond immediate survival. These responses reflect the compounded effects of underdevelopment, lack of inclusive infrastructure, and restricted access to public resources. While not the top priorities, their presence in the data underscores how systemic neglect particularly in marginalized provinces continues to suppress women's ability to participate fully in economic, civic, and digital life. Overall, the data underscores a hierarchy of needs where immediate physical well-being is prioritized, followed by access to opportunity and autonomy.

## Conclusion

The findings of this research present a clear and urgent picture of the challenges facing women across the twelve surveyed provinces. Women's lives are shaped by overlapping crises that span every essential dimension of wellbeing, from health and education to livelihoods, safety, mobility, and access to basic services. Years of conflict, chronic underinvestment, economic decline, and severe restrictions on rights have converged to create a landscape where women's opportunities are shrinking, their vulnerabilities are deepening, and their voices are increasingly pushed to the margins. The evidence underscores that these are not isolated hardships but systemic conditions that inhibit progress, suppress potential, and undermine the stability and resilience of entire communities.

Yet amid these challenges, the research also documents a powerful and consistent message from women themselves. Despite restricted environments and limited resources, women continue to articulate clear priorities, express determination to overcome barriers, and show a strong desire for education, livelihood opportunities, safety, mobility, and recognition of their rights. Their resilience, vision, and agency

demonstrate that women are not passive recipients of crisis but central actors in the future recovery and development of their communities.

The path forward requires urgent, coordinated, and sustained action. Humanitarian assistance must be expanded to address immediate needs such as food, healthcare, water, and protection. Longer-term development investments are equally critical to rebuild essential services, strengthen local systems, and create pathways for women's participation in economic, educational, and civic life. Any meaningful response must place women at the center and ensure that interventions are shaped by their realities and priorities.

This report provides not only a detailed account of women's current conditions but also a roadmap for targeted and impactful interventions. The evidence is unequivocal. Without decisive action, the deprivation and exclusion faced by women will continue to deepen. With investment, commitment, and a renewed focus on rights and opportunity, it is possible to reverse these trends and support women in reclaiming their wellbeing, autonomy, and future. The voices captured in this research call for nothing less.

## Appendices

### Survey Questionnaire

#### Basic Information

Province:

District:

Age:

Marital status:  Single  Married  Widowed  Divorced

Number of children:

#### Section A: Health

- Where did you give birth to your last child?
- Was a trained health worker present during your last childbirth?
- How much time does it take to reach the nearest health facility by car?
- Do you have access to any family planning services?
- What was the main reason/s that prevented you from accessing a health facility?

#### Section B: Education

- Have you ever attended school?
- What is the highest level of education you have attained?
- Are there any schools for girls in your village or nearby?

#### Section C: Water & Sanitation

- What is your primary source of water?
- How far do you walk to fetch water daily?
- Is the water safe to drink without boiling?
- Does your household have access to a private toilet or latrine within the home?

#### Section D: Food Security

- Do you eat three meals per day?
- Are there seasons where your family doesn't have enough food?
- How do you manage when there is no adequate food?

#### Section E: Safety & Legal Rights

- Do you feel physically safe when you are outside your home and moving in public spaces within your community?
- Is there any way for women to report abuse or violence in your area?
- At what age do girls typically get married in your village?
- Do you have a Tazkira (national ID)?

#### Section F: Freedom, Information Access, and Mobility

- Do you watch TV?
- Do you listen to the radio?

- Do you have a basic mobile phone (featurephone)?
- Can women go out independently without needing permission from a male family member?
- Why must women seek male permission to go out in your area?

## **Interview Questionnaire**

### **Basic Information**

Province:

District:

Age:

Marital status:  Single  Married  Widowed  Divorced

Number of children:

### **A. Health & Reproductive Care**

- What do women do if they fall seriously ill?
- What are common health problems among women in your community?
- What was the main reason/s that prevented you from accessing a health facility?

### **B. Education**

- What are the barriers to girls' education in your community?

### **C. Water, Food, and Daily Life**

- How do you collect water? What challenges do you face?

### **D. Economic Participation and Livelihood**

- What type of work or daily duties do women perform here?
- What are available income-generating opportunities in your area?
- What are the main barriers to women entrepreneurship and employment?

### **E. Access to Justice and Protection**

- If women in your community face mistreatment or abuse, what steps are taken to seek justice?
- What prevents you from obtaining a National ID (Tazkira)?

### **F. Freedom, Information Access, and Mobility**

- What prevents women from using TV, radio, and basic mobile phones?

### **F. Women's Top Needs**

- What are women's top needs in your area?

### List of the Provinces and Districts Surveyed and Interviewed

<b>Province</b>	<b>Districts</b>
<b><u>Helmand</u></b>	<u>Kajaki</u> , <u>Lashkargah</u> , <u>Nad Ali</u> , <u>Grishk</u> , (Nahri Saraj)
<b><u>Kandahar</u></b>	<u>Arghandab</u> , <u>Arghistan</u> , <u>Daman</u> , <u>Ghorak</u> , <u>Kandahar</u> , <u>Khakrez</u> , <u>Maruf</u> , <u>Maiwand</u> , <u>Nesh</u> , <u>Panjwayi</u> , <u>Reg</u> , <u>Shorabak</u> , <u>Spin Boldak</u>
<b><u>Khost</u></b>	<u>Gurbuz</u> , <u>Khost</u> , <u>Mandozayi</u> , <u>Musa Khel</u> , <u>Qalandar</u> , <u>Sabari</u> , <u>Shamal</u> , <u>Spera</u>
<b><u>Kunar</u></b>	<u>Asadabad</u> , <u>Bar Kunar</u> , <u>Chapa Dara</u> , <u>Chawkay</u> , <u>Dangam</u> , <u>Dara-I-Pech</u> , <u>Ghaziabad</u> , <u>Khas Kunar</u> , <u>Marawara</u> , <u>Narang Aw Badil</u> , <u>Nari</u> , <u>Nurgal</u> , <u>Shaigal</u> , <u>Shultan</u> , <u>Sirkani</u> , <u>Wata Pur</u>
<b><u>Laghman</u></b>	<u>Alingar</u> , <u>Alishing</u> , <u>Dawlat Shah</u> , <u>Mihtarlam</u> , <u>Qarghayi</u>
<b><u>Nangarhar</u></b>	<u>Jalalabad</u> , <u>Shinwar</u> , <u>Achin</u> , <u>Bihsud</u> , <u>Chaparhar</u> , <u>Hisarak</u> , <u>Kama</u> , <u>Khogyani</u> , <u>Kuz Kunar</u>
<b><u>Nimruz</u></b>	<u>Zaranj</u>
<b><u>Nuristan</u></b>	<u>Kamdesh</u> , <u>Parun</u> , <u>Wama</u> , <u>Waygal</u>
<b><u>Paktia</u></b>	<u>Ahmad Aba</u> , <u>Ahmadkhel</u> , <u>Dand Aw Patan</u> , <u>Gardez</u> , <u>Laja Mangal District</u> , <u>Mirzaka</u> , <u>Rohani Baba</u> , <u>Said Karam</u> , <u>Shwak</u> , <u>Chamkani</u> , <u>Zurmat</u>
<b><u>Paktika</u></b>	<u>Barmal</u> , <u>Dila</u> , <u>Gayan</u> , <u>Mata Khan</u> , <u>Nika</u> , <u>Omna</u> , <u>Surobi</u> , <u>Terwa</u> , <u>Wor Mamay</u> , <u>Yusufkhel</u>
<b><u>Uruzgan</u></b>	<u>Shahidi Hassas</u> , <u>Gizab</u> , <u>Khas Uruzgan</u> , <u>Tarinkot</u>
<b><u>Zabul</u></b>	<u>Arghandab</u> , <u>Atghar</u> , <u>Daychopan</u> , <u>Mezana</u> , <u>Naw Bahar</u> , <u>Qalat</u> , <u>Shah Joy</u> , <u>Shamulzayi</u> , <u>Shinkay</u> , <u>Tarnak Aw Jaldak</u>