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Breaking Barriers

A Comprehensive Exploration of Women's Access to Healthcare in Afghanistan under Taliban Rule

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ABOUT THE PUBLISHER

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Executive Summary

On August 15th, 2021, the Taliban took over Afghanistan, changing the outlook and future of the lives of millions of Afghans, especially women and girls. The change in rule has since stifled the advancement of gender equality which has long been a goal of the women and girls living in Afghanistan. Within this new political landscape, women have been continuously bombarded with decreased access to countless essential services, most notably, healthcare. The resulting impact of stripping Afghan women and girls of their fundamental human right to access healthcare has an astounding effect on their health outcomes and perception of the future of healthcare for women. Our report aims to describe and reflect upon healthcare access and gender disparities in disease for women and girls during the last two years of the Taliban's rule over Afghanistan.

Through our expansive mixed-methods approach, our team was able to connect both the qualitative findings of structured interviews with various community members throughout Afghanistan and the quantitative data of disease disparities based on gender. Twenty-two semi-structured interviews were carefully conducted with various stakeholders to ensure a broad scope of qualitative insight. Subsequent thematic coding was conducted to identify common perceptions of healthcare access and quality for women living in Afghanistan. Quantitative data was pulled from various international health organizations to be used to further describe health disparities between Afghan men and women. The mixed methods approach to our research yielded results that were not only corroborated between the qualitative and quantitative data but also further strengthened the notion that the Taliban are overtly oppressing women and girls within the country.

The findings of our report continue to describe the complex reasons for the exceptional impact that the Taliban's control of Afghanistan has had on women's ability to access care. Our findings were as follows: 1) Various serious diseases (ex. Tuberculosis, dysentery) have increased significantly in the years since the Taliban took over, 2) Women's access to healthcare has decreased since 2021, with many subcategories of reasoning for their lack of accessibility (ex. lack of female health care providers, Mahram requirements and lack of sufficient funding for the the health sector,.), 3) The outlook for healthcare access is less than favorable with the current circumstances and there is a significant need to find ways to implement long-term solutions for the health and wellbeing of the people of Afghanistan especially women and girls.
The physical and socio-political infrastructure of Afghanistan makes changes to healthcare access for women exceedingly difficult. Processes for implementing the recommended changes within the healthcare systems of Afghanistan will require creative strategies to ensure efficacy. Our research group suggests the following: 1) Prioritize adequate funding for healthcare services in Afghanistan, 2) Ensure medical supply availability, 3) Expand physical and mental health infrastructure, 4) Increase training and education programs for female health care workers, 5) Prioritize mental health care services for women and girls 6) Implement telemedicine services for individuals where care is exceedingly limited, 7) Support and implement targeted programs to support vulnerable populations, including people with disabilities, children, and women, 8) Remove restrictions on female healthcare workers, 9) Encourage long term planning strategies for a sustainable healthcare infrastructure support and accessibility.

I. Introduction

I.1 Background

In recent times, Afghanistan has faced a whirlwind of sociopolitical changes that have deeply affected its healthcare landscape, notably with the transition following the Taliban's takeover of the country in August 2021. This change in power has had a significant and concerning impact on health services in the country. The sudden power shift has disrupted the nation's already fragile healthcare infrastructure, leading to a sharp decline in access to medical care. The Taliban's strict interpretation of Islamic law, which often restricts women's movement and participation in the workforce, has led to a shortage of female healthcare professionals, making it difficult for many Afghan women to seek medical assistance (United States Department of State, 2022). Additionally, the decline of international aid and the fear of reprisals have caused many healthcare workers to flee the country, exacerbating the shortage of skilled medical personnel (Yasmin and Najeeb, 2022).

In addition to the effect on immediate health outcomes, the broader socioeconomic implications of disrupted healthcare cannot be ignored. Compromised healthcare systems, such as that of Afghanistan now, lead to decreased workforce productivity, increased morbidity and mortality of citizens, and further strains placed on already burdened economies. Moreover, the takeover of the Taliban resulted in a shift in international collaborations, aid, and support, all of which can significantly impact healthcare access and quality. Understanding and addressing healthcare needs during these times of uncertainty is pivotal to ensuring the country's overall stability and the well-being of citizens.

The research included in this report aims to delve into the intricacies of healthcare access in Afghanistan after the Taliban takeover, attempting to uncover the complexities and challenges faced by both recipients of care and female care providers. Recognizing the multifaceted nature of the subject, our investigation employs a mixed-methods approach, synergizing quantitative metrics with qualitative insights to present a comprehensive picture. Our primary objectives are to examine women's access to health services in Afghanistan, under the Taliban rule, and recommend actionable strategies to enhance respectful, fair, and inclusive access to healthcare services for women. By presenting our findings we aim to generate meaningful evidence for constructive interventions and policy formulations for fair, high-quality, and inclusive healthcare service delivery in Afghanistan.

I.2 Conceptualization of Healthcare Access in Afghanistan's Changing Socio-political Context

Within the rapidly shifting socio-political environment of Afghanistan, healthcare access emerges as a nuanced construct. Quality healthcare is not merely about the physical availability of medical facilities.
The conceptual framework of accessible and equitable healthcare services encompasses the following:
Physical Accessibility: The sheer number and availability of healthcare facilities, especially in underserved rural regions.
Financial Accessibility: The affordability of various healthcare services, a critical concern in Afghanistan's strained economy.
Cultural Accessibility: Ensuring services align with local norms, beliefs, and values – particularly pivotal when addressing women's health in a traditionally conservative setting.

II. Literature Review

Women's access to healthcare services is widely recognized as an indicator of overall public health and fundamental human rights. However, in Afghanistan, a country dealing with multiple challenges such as political instability, socio-cultural barriers, and poverty, women have faced significant barriers in accessing reliable healthcare services. The situation has significantly worsened after August 15, 2021, when the Taliban took control of the country and imposed severe restrictions on the fundamental rights of women and girls.

The Taliban's strict interpretation of Islamic law (Sharia) places extreme limitations on all aspects of women's lives, particularly their access to healthcare services. According to the Public Broadcasting Service (PBS), a decree issued by the Taliban specifies that women cannot travel beyond 45 miles unless accompanied by a male relative, also known as a Mahram (PBS, 2022). Additionally, Human Rights Watch (HRW) reported that 10% of the population in Afghanistan has a two-hour distance to a medical facility, and almost 50% of citizens must travel more than half an hour to reach the closest medical center (Human Rights Watch, 2023). This situation resulted in substantial problems for women and hindered their access to healthcare facilities.

This literature review focuses on the challenges and barriers women face in accessing healthcare services in Afghanistan and conducts a comprehensive analysis of literature published between 2001 and November 2023, specifically examining the barriers encountered by women in Afghanistan when accessing healthcare services under the Taliban rule. Based on the review of existing literature, the barriers and challenges faced by women can be categorized as follows:

II.1 Maternal Health

The combination of instability, extreme restrictions on women by the Taliban, economic collapse, societal norms, and traditions severely hindered women's access to maternal and reproductive healthcare services in Afghanistan (Human Rights Watch, 2023). According to the United Nations Population Fund (UNFPA) report, Afghanistan has the highest maternal mortality rate in the Asia-Pacific region. Shockingly, every two hours a woman dies in the country during pregnancy and preventable birth complications (United Nations Population Fund, 2021). As highlighted by Executive Director of UNFPA, Dr. Natalia Kamen, "for the estimated 24,000 women who give birth in hard-to-reach areas, childbirth can, in effect, be a death sentence"(United Nations Population Fund, 2022).

Research conducted from February to April of 2022 examining perceptions of 131 Afghan health workers, sheds light on the concerning maternal health situation in Afghanistan; respondents represented all 34 provinces from rural and urban settings, 80% of whom were female (Glass et al., 2023). 31.4% of respondents reported an increase in maternal mortality and 36.6% reported an increase in infant and child mortality. Nearly half (42.9%) of the respondents reported a decline in maternal and child care facilities and 43.8% of respondents said that the situation deteriorated significantly since the takeover of the country by the Taliban (Glass et al., 2023).

Another UNFPA report on the Malalai Maternity Hospital in Kabul revealed that the number of women seeking maternal health care at the hospital increased dramatically after the Taliban took control of Kabul (United Nations Population Fund, 2021). The hospital faces severe challenges due to a shortage of healthcare providers, equipment, medical supplies, fuel, and heating system during the winter season. The head midwife at the hospital expressed her deep concern about the consequences of a total failure of the healthcare system as the preliminary prediction warned that the existing humanitarian emergency, coupled with the termination of essential maternity services for women and girls, could result in approximately 58,000 maternal deaths and 5.1 million unintended pregnancies which require the current maternal health service to be doubled for the next four years (United Nations Population Fund, 2021).

II.2 Shortage of Female Healthcare Providers

The Taliban's misogynistic policies and regulations drastically restricted women's participation in the workforce, education, and social and economic activities. Women were permitted to continue attending public universities in February of 2022 with several restrictions; they could not give presentations, speak to male teachers, and were required to wear hijabs as well as abide by gender-segregated operational hours and classes (United States Department of State, 2022). A subsequent decree in December 2022 has banned women from attending public and private universities. Similarly, while the Taliban has allowed women to continue working, they too must abide by strict Islamic law, most notably, the mahram requirement (United States Department of State, 2022). This has been a significant barrier for women who do not have a male family member to accompany them forcing women to quit their jobs or studies.

The Taliban has strictly enforced its laws with many women reporting violence and abuse for nonconformance (United States Department of State, 2022). In research conducted by Glass et al., 73% of survey respondents reported not being safe traveling to and from work with 81% of these attributing unsafety to Taliban harassment for not having a mahram(Glass et al., 2023). A subset of respondents also participated in interviews in which they reported instances when their staff members were beaten and subjected to verbal abuse by the Taliban on their way to work (Glass et al., 2023). This suffocating atmosphere has forced female health professionals such as doctors, nurses, and midwives to leave the country due to fear of retaliation and severe punishment. Consequently, it has led to a shortage of qualified female healthcare providers who can specifically address women's health needs. As the UNFPA report indicates, the country's uncertain future has coerced numerous health professionals to leave their country for stability and protection, also known as brain drain. Studies from 2021 indicate that the brain drain specifically affects maternal health services, while more than 430,000 women were reported pregnant, and 20 expected to encounter complications with the exodus of skilled health professionals (UNFPA, 2021).

The December 2022 ban on female Non-Governmental Organization (NGO) workers has significantly contributed to the shortage of female healthcare providers. Women have been instrumental in Afghanistan's healthcare system, accounting for "30% of the 55,000 Afghan nationals working for NGOs" (Barati et al., 2023). According to the World Health Organization (WHO), the global threshold for an adequate healthcare workforce is set at 23 healthcare professionals per 10,000 individuals (WHO for Africa, 2021). However, reports from the International Planned Parenthood Federation (IPPF), an organization collaborating with local NGOs in Afghanistan to improve reproductive and maternal health, indicate that Afghanistan faces a significant shortage of healthcare professionals. The IPPF report suggests that there are only 4.6 healthcare professionals per 10,000 individuals in Afghanistan, which falls well below the international benchmark (International Planned Parenthood Federation, 2023).

II.3 Economic and Financial Constraints

Though economic and financial barriers have long been a significant challenge in ensuring women's access to healthcare services in Afghanistan, the takeover of the country by the Taliban has increased its severity. These challenges are coupled with a complex web of religious, sociocultural, and systemic factors, leaving women dependent on male family members for financial support. Consequently, this financial dependency on male family members and the high costs associated with healthcare services, including fees, transportation, and medications, further exacerbate the issue. According to the newest survey by Medicins Sans Frontiers (MSF), 97.5% of respondents reported experiencing severe financial challenges to pay for healthcare as they had to borrow and sell properties and household items (Doctors Without Borders, 2022).

In a recent report by the Special Inspector General for Afghanistan Construction (SIGAR), it was revealed that on August 31, 2023, the International Committee of the Red Cross (ICRC) announced the cessation of support for 25 hospitals in Afghanistan. This decision, attributed to a shortage of financial resources, involves transferring the responsibility of healthcare delivery to the Taliban-led Ministry of Public Health. The ICRC initially took charge of these hospitals after the fall of the previous government, intending to sustain the country's health system. A UN health program coordinator in Afghanistan, argues that this transition poses several challenges. First, it is anticipated to place an additional burden on the country's already suffering healthcare system. Second, there is concern about an increase in the financial burden on healthcare beneficiaries. Third, the move is expected to extend waiting times and compromise healthcare service quality due to shortages in healthcare personnel and inadequate management (Special Inspector General for Afghanistan Reconstruction, 2023). After the decree banning female NGO workers, many national and international organizations suspended their operations, including the health sector (UN Women, 2023). The withdrawal of international NGOs from Afghanistan's public health sector further complicates the challenge of women accessing healthcare services in the country as more women lose their jobs and sources of income. For healthcare professionals who continue to work, their salaries are impacted with 57% of surveyed healthcare workers reporting receiving 50% or less of their entitled pay (Glass et al., 2023).

While there are some programs still available such as Afghanistan's Sehatmandi program, which provides basic and essential health and hospital services through funding from NGOs, their future is in limbo (Glass et al., 2023). The Sehatmandi program has funded 2,300 health facilities, improving overall access to care, and has achieved remarkable accomplishments in equitable healthcare access, prior to the takeover (Taylor, 2021). Improvements in maternal and child mortality were achieved along with an increase in life expectancy. Since the Taliban takeover, funding for the program has severely diminished, undoubtedly causing damage to the health advancements made. In September 2021, slightly over a month after the fall of the government, it was reported that 17% of the 2,300 health facilities were fully functional along with 9 of 37 COVID hospitals being closed (Taylor, 2021). This vital program accounts for a majority of the healthcare services provided in Afghanistan but is currently struggling to maintain donor funding.

II.4 International and Humanitarian Aid

In 2023, an unprecedented number of Afghans were in need of humanitarian assistance. According to the UN, acute malnutrition affected more than four million people, including more than 840,000 pregnant and nursing women and over three million children. Six million people were expected to face extreme food insecurity by the end of the year, putting them one step away from famine. The loss of millions of jobs and most foreign aid after August 2021 along with a multi-year drought were the principal reasons people were unable to buy enough food to feed their families. The ban on Afghan women working for international humanitarian NGOs and the UN has constrained the operational capacity of humanitarian aid organizations, with long-lasting consequences for all people in need, especially women-headed households.

Before the Taliban takeover, the healthcare system in Afghanistan heavily relied on donor funding, with nearly 95% of the budget provided by organizations such as the World Bank, the European Union, USAID, and other donors. Only 4% came from the Afghani government budget, making the system inherently unsustainable. When the Taliban took control, these funding sources were abruptly cut off for several months, leaving the healthcare system without resources and a budget. Nurses and doctors interviewed mentioned that they had not received salaries for months during this period.

II.5 Socio-cultural Norms and Traditions

Afghanistan has a longstanding history of grappling with socio-cultural norms and conservative societal expectations that hinder women's access to healthcare services. These obstacles manifest in various ways, such as gender segregation, stigmatization, and religious implications. Contraceptive care is one area that suffers with unsupportive healthcare professionals who oppose contraceptive use because of their religious beliefs choosing not to discuss this topic with their patients (Barr, 2021, p. 202). A doctor with the health ministry in Afghanistan stated that they "cannot force midwives or doctors to have this conversation with families"(Barr, 2021) . It is important to recognize that the pressure of socio-cultural norms and traditions on women varies across different ethnic groups and geographical regions in the country and is deeply rooted within the society. These challenges are further compounded by restrictions imposed by the Taliban on women's freedom and mobility.

According to a recent survey conducted by MSF, the enduring socio-cultural norms pose significant challenges and barriers to ensuring women's access to healthcare services. The survey respondents highlighted that in some areas, women are often required to obtain permission from a male family member to visit a healthcare professional outside of their home. In certain areas, women are not allowed to travel outside their homes without a male companion chaperone, and when they fall ill, it is expected that male family members will be responsible for taking them to a healthcare facility. Disturbingly, some respondents mentioned that women are perceived as having lesser value compared to men within their families and Afghan society as a whole (Doctors Without Borders, 2022).

Domestic violence in Afghanistan is a serious issue that had seen significant improvements before the Taliban takeover. The Elimination of Violence Against Women (EVAW) laws were enacted in 2009 and "criminalized 22 acts that constitute gender-based violence against women and girls" (United Nations Assistance Mission in Afghanistan, 2023). The recent takeover brought with it the removal of EVAW laws and all 23 existing state-sponsored protective shelters. As a result, any abused women have been imprisoned with the Taliban claiming it is for their safety. Survivors and women currently being abused are left virtually helpless with zero protection laws or facilities and a societal belief that domestic violence is a family matter (United States Department of State, 2022).

II.6 Geography and the Environment

Afghanistan has experienced devastating natural disasters since August 2021, most notably, floods, heavy rain, earthquakes, and heavy snowfall. While the country had been subject to extreme weather before the Taliban takeover, the decreased presence of international aid has exacerbated the effects of these environmental events. In 2023, floods affected around 21,500 people, destroyed 533 homes and damaged 1,950 homes. According to historical data from the U.S. Geological Survey, from August 2021 to December 2023, there have been 461 earthquakes over a magnitude of 4 in Afghanistan. 10 of these have been over a magnitude of 5.5 with October 2023 experiencing four 6.3 magnitude earthquakes (Center for Disease Philanthropy, 2023). The October earthquakes have caused significant damage and destruction to approximately 48,000 houses (Center for Disease Philanthropy, 2023). Women have been especially vulnerable as they spend the majority of their time at home due to Taliban restrictions. With the ban on female NGO workers and a country-wide shortage of female healthcare providers, women have experienced delays in receiving medical aid following natural disasters (Lee, 2022). Women and children have accounted for more than 90% of the 1,482 deaths from the October 2023 earthquakes (Center for Disease Philanthropy, 2023).

Additionally, the scattered and mountainous geographical areas pose significant obstacles, requiring women to undertake long and difficult journeys to access healthcare centers. At the same time, they need to be accompanied by a Mahram (male chaperone). A recent report published by Daily Etilaat Roz shed light on a sad story, illustrating the dire circumstances faced by pregnant women. In this report, it was recounted that a pregnant woman from a remote village in Daikundi province had to rent a car for 38000 Afghani ($400) and endured an 8-hour journey to reach the provincial hospital in the capital of Daikundi province. Her sole intention was to ensure a safe delivery for her child. Unfortunately, upon arrival and undergoing the necessary medical check-ups, the doctors informed her that her child had already passed away due to the rough and bumpy roads she had traveled. This story reflects the experiences of countless Afghan women residing in remote and marginalized villages throughout the country (United States Geological Survey, 2023). It is important to note however, that the majority of Afghans are experiencing poverty and many are unable to provide basic necessities such as food; research conducted from May to August of 2022 found that 91.2% of respondents experienced a decrease in their income (Doctors Without Borders, 2022). High poverty rates therefore make options such as renting a car unattainable for most of the population.

Understanding the nature and complexity of women's access to healthcare is important in framing our research to apply appropriate and relevant recommendations. This literature review identified the following 6 categories of barriers and challenges that women are experiencing under Taliban rule: maternal health, shortage of female healthcare providers, economic and financial constraints, international and humanitarian aid, socio-cultural norms and traditions, and geography and the environment.

III. Methodology

For this research project, we conducted interviews with a total of 22 individuals. It's noteworthy that our attempts to reach over 50 potential participants were hampered by security and safety concerns, resulting in their unavailability for interviews. These 22 individuals include female health workers from public and private hospitals/clinics, patients, NGO workers, and aid organizations who are currently involved with the provision of healthcare services in 18 provinces of Afghanistan. Our sample encompassed individuals from the following provinces Badakhshan, Badghis, Baghlan, Balkh, Bamyan, Daykundi, Farah, Faryab, Ghazni, Ghor, Helmand, Herat, Jowzjan, Kabul, Kandahar, Kapisa, Khost, Kunar, Kunduz, Laghman, Logar, Nangarhar, Nimruz, Paktika, Paktia, Panjshir, Parwan, Samangan, Sar-e Pol, and Takhar, enabling us to gain insights into the varied perspectives on the status of the health sector and services. These interviewees were identified through our local networks and trusted contacts, using snow-ball sampling. The interviews took place between April 2023 and July 2023.

Figure 1: Map of interviewee location:

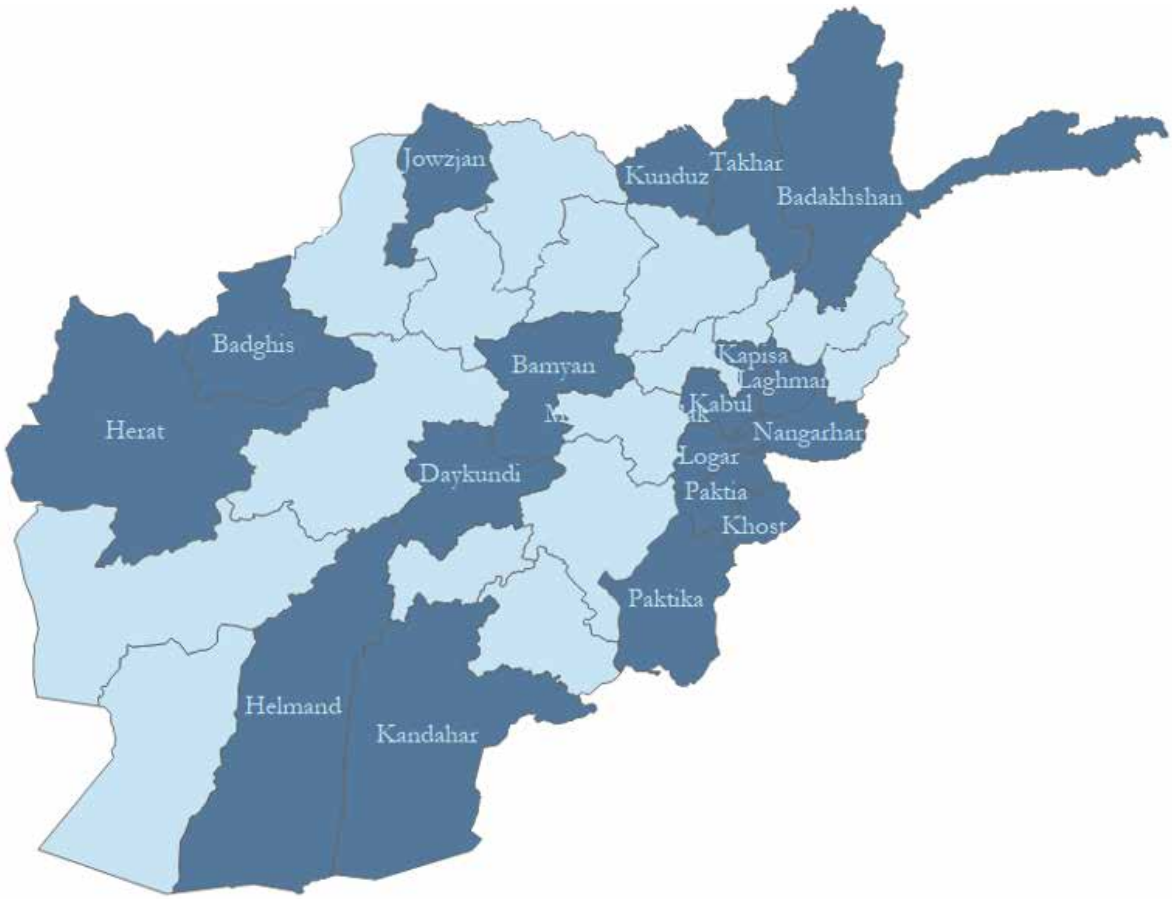

Figure 1.

We were compelled to conduct interviews remotely due to security concerns, with the primary aim of safeguarding the well-being of both researchers and research participants. The interviews, which were individual, in-depth, and semi-structured, lasted between 45- 60 minutes each. Virtual platforms used to conduct the interviews was determined by the interviewee's preference, and aimed at enhancing their comfort during the process. The decision to interview 22 individuals was influenced by project-related time constraints and resource considerations. To ensure the safety and anonymity of research participants, we refrain from disclosing any individual or organization names.

Participation in our research was entirely voluntary, and interviewees had the option to decline participation at any point. The interviewers had no financial or power interests in this unpaid research project, ensuring no political, social, or economic gains were involved.

We did not provide any substantial incentives for interviewees to avoid any sense of coercion or pressure. Risks associated with our study included potential fatigue after the 45- 60 minute interview, feelings of grief or loss related to past achievements and the changing situation under Taliban rule, frustrations with technology, and weak internet connections, common in Afghanistan. No ethical or legal issues arose during our research.

Benefits for participants included the opportunity to voice their concerns and frustrations, fostering a sense of community and support. In terms of informed consent, each individual provided their own consent after a clear explanation of the research project. We presented the informed consent document and conducted a verbal explanation before the interview, allowing participants to both see and hear the consent process. Participants had the opportunity to ask questions before the interview, and all interviews were recorded and securely stored on the Porsesh Policy Research Institute server for data protection.

We did not retain any identifiers associated with the interview information, except for contact information if participants were interested in our final report. Information from the interviews was transcribed, and manually coded to identify patterns and themes related to the accessibility and women's health, medicine and supply shortages, the ongoing humanitarian crisis and declining international aid, concerns for vulnerable groups, and education for women—core concepts in our research project.

III.1 Discussion of strengths and limitations of the mixed-methods approach

In the realm of healthcare research within Afghanistan, the application of a mixed-methods approach offers a comprehensive lens to understand both the systemic and personal dimensions of the healthcare landscape. This approach, which combines quantitative and qualitative methodologies, inherently brings both strengths and limitations that are crucial to acknowledge for a nuanced interpretation of the findings.

Strengths:

Comprehensiveness: The mixed-methods approach allowed for a fuller understanding of the healthcare situation. Insights delved into the intricate challenges, emotions, and experiences that statistics alone cannot capture.

Validation and Triangulation: The dual nature of this approach permitted cross-validation of findings. Discrepancies or consistencies between quantitative data and qualitative narratives provided a robust platform for analysis, ensuring the credibility of conclusions drawn.

Flexibility: The qualitative aspect introduced a level of flexibility that can adapt to the complex and evolving political environment. It facilitated the exploration of unforeseen themes or issues that emerged during the research, which might not have been captured with a purely quantitative lens.

Stakeholder Engagement: Qualitative interactions fostered deeper engagement with stakeholders, from healthcare providers to patients. This not only enriched the data but also built trust and rapport within the community, making the research more culturally sensitive and contextually relevant.

Limitations:

Low response rate: Our attempts to reach over 50 participants were hindered due to fear and security threats resulting in only 22 interview participants.

Restrictions on access to information: Censorship by the Taliban in Afghanistan has limited access to information from the media and local organizations. Many journalists have experienced violence by the Taliban for reporting news which has resulted in journalists self-censoring(Human Rights Watch, 2022). Additionally, a lack of disease surveillance has left the Taliban-led National Statistics and Information Authority (NSIA) as the sole source of disease surveillance since August 2021. Data may therefore be unreliable and/or biased.

Lack of physical access to Afghanistan: Research was conducted virtually for the safety of the researchers and study participants. Conducting the research physically would have risked the wellbeing of researchers and posed an increased security risk for participants.

Time and Resource Intensity: Conducting both quantitative surveys and qualitative interviews demands significant time and resources. Especially in a volatile setting like Afghanistan, logistical challenges, such as reaching remote areas or ensuring the safety of the research team, can further compound these constraints.

Data Overload: With the richness of data obtained, there's a potential risk of becoming overwhelmed, leading to key insights possibly being overlooked. Analyzing and synthesizing such vast amounts of information requires meticulous care.

Potential Biases: While qualitative narratives provide depth, they are also susceptible to subjective biases. Personal anecdotes might not always reflect broader community sentiments, and there's a risk of overemphasizing or underrepresenting certain views.

Generalizability: Given the vast cultural, geographic, and socio-economic diversity within Afghanistan, especially between rural and urban areas, findings from one region or group may not necessarily apply universally. The qualitative nature of some data might make it harder to extrapolate to the broader population.

In conclusion, while the mixed-methods approach in this study offered a multi-dimensional perspective on healthcare access in Afghanistan during its political transition, it is essential to interpret the findings within the context of its inherent strengths and limitations. This reflective understanding ensures that recommendations and conclusions are both grounded in robust data and attuned to the unique intricacies of the Afghan healthcare landscape.

III.2. Ethical Considerations and Challenges Encountered During Data Collection

The process of collecting data in a restricted environment like Afghanistan, especially on a topic as crucial as healthcare, comes with its unique set of ethical challenges and considerations.

Ethical Considerations

Informed Consent: Before each interview or survey, it was of utmost importance to obtain informed consent from all participants. They were provided with a clear understanding of the study's objectives, the nature of their involvement, and their right to withdraw at any time without consequence in local languages such as Dari or Pashto.

Anonymity and Confidentiality: Given the politically charged environment and potential risks to participants, it was crucial to ensure their anonymity. Personal identifiers were excluded or anonymized in the data sets, and strict measures were in place to protect the confidentiality of the information shared.

Do No Harm: Recognizing the potential for emotional or psychological distress, especially during qualitative interactions, efforts were made to approach sensitive topics with care. If participants showed signs of distress, the discussion was redirected or paused.

Cultural Sensitivity: Respecting cultural norms and traditions was paramount, especially when discussing topics related to women's health and their societal roles.

Challenges Encountered

Access and Trust: Gaining access to certain communities or individuals, especially in remote or politically volatile areas, was a challenge. Building trust was often a slow process, requiring repeated interactions and local intermediaries.

Political Landscape: The rapidly changing political climate occasionally disrupted planned data collection schedules or locations, necessitating adaptability and contingency plans.

Interpreting Silence: In some interactions, silence or reluctance to answer certain questions posed interpretive challenges. Deciphering whether such silences stemmed from fear, lack of knowledge, or cultural norms was a nuanced task.

Language and Interpretation: While local translators were employed, ensuring the fidelity of translations, especially during in-depth qualitative interactions, was a concern.

III.3 Rationale for Using a Mixed-Methods Approach to Capture Multifaceted Trends

The complexity of Afghanistan's healthcare conundrum necessitates a research methodology that can capture both breadth and depth. A mixed-methods approach offers precisely this blend.

Depth and Breadth: Qualitative methods provide deep, nuanced insights into individual experiences, while quantitative methods offer a broader view, capturing statistical trends and patterns.

Flexibility: Given the unpredictability of the Afghan context, mixed methods allow for adaptability. If one data collection method faces hurdles, researchers can pivot and prioritize another.

Validation and Richness: The combination of qualitative and quantitative data offers a mechanism for cross-validation. Narratives from in-depth interviews can be juxtaposed against broader survey results, enhancing the reliability of findings.

Holistic Understanding: Afghanistan's healthcare landscape is shaped by a myriad of factors – from socio-cultural norms to political upheavals. A mixed-methods approach ensures that the research doesn't remain myopic, instead offering a comprehensive view that respects the country's multifaceted reality.

In conclusion, the chosen theoretical frameworks and mixed-methods approach are both instrumental in ensuring that the study captures the intricacies of healthcare in Afghanistan. They pave the way for actionable insights that respect the nation's complex socio-political fabric, laying the groundwork for impactful interventions.

IV. Healthcare as a Human Right Analytic Framework

The right to health is a fundamental human right, established by international agreements such as the Universal Declaration of Human Rights and the International Covenant on Economic, Social and Cultural Rights (United Nations Human Rights Office of the High Commissioner, 1966; United Nations, no date). These documents emphasize the universality and inalienability of human rights, including the right to the highest attainable standard of health. The theoretical underpinning lies in the contention that these rights are applicable to all individuals, irrespective of cultural or religious differences.

Afghanistan, as a signatory to international human rights treaties, has legal obligations to respect, protect, and fulfill the right to health for all its population, including women. The International Covenant on Economic, Social and Cultural Rights, to which Afghanistan is a party, explicitly recognizes the right to the enjoyment of the highest attainable standard of physical and mental health. The Taliban's policies that restrict women's access to healthcare services could be seen as running afoul of these international commitments, invoking questions about the state's compliance with its treaty obligations.

The human rights situation in Afghanistan continued to deteriorate in 2023 as the Taliban committed widespread human rights violations, particularly against women and girls. Afghanistan remained the only country where women and girls could not access secondary and higher education and were banned from most jobs with international NGOs and the UN. Women and girls face significant restrictions on their freedom of movement and expression, employment, political participation, and healthcare.

The Taliban's interpretation of Islamic law and their adherence to conservative gender roles challenge the universality of human rights in promoting women's health (Bornstein Moreno, 2021). The denial of reproductive rights for women has had profound implications for their health and well-being. Restrictive policies that limit women's mobility severely hinder their access to crucial reproductive healthcare services, including prenatal and postnatal care, family planning, and maternal health services (Lee, 2022). The resurgence of early and forced marriages has exposed many girls to the risks of early pregnancies, with heightened chances of maternal mortality and childbirth complications. Furthermore, women's ability to make informed choices about family planning and contraception has been restricted, resulting in unintended pregnancies and difficulties in managing family size.

Restrictions on girls' education have limited their knowledge about reproductive health, including contraception and safe childbirth practices. Coercion and control within marriages often prevents women from making decisions about their own reproductive health and family planning. The denial of reproductive rights and healthcare access has inflicted a profound psychological impact, engendering anxiety and fear regarding their reproductive well-being(Nader, Mehrab and Elham, 2023). These restrictions fundamentally violate women's human rights, including their right to health, autonomy, and freedom from discrimination.

Furthermore, article 12 of CEDAW recognizes the right of women to access healthcare services, including family planning (United Nations Entity for Gender Equality and the Empowerment of Women, no date). When the Taliban restricts women's access to healthcare by limiting their contact with healthcare providers or denying access to male healthcare professionals, they violate this right, impeding women's ability to make informed decisions about their health.

In this complex theoretical framework, the role of the international community becomes pivotal. Advocacy for the protection and promotion of women's right to health necessitates diplomatic strategies that engage with the Taliban, urging them to align their policies with international human rights standards. Balancing cultural sensitivity with a commitment to universal rights poses a challenge that requires strategic and nuanced approaches.

Kunduz Province, Mangalha Basic Health Center ,2023 March 6
Photographer: Zakarya Safari

V. Analysis

V.1 Quantitative Analysis

Afghanistan's demographic and health metrics reveal a critical situation marked by high mortality rates and deepening socio-economic crises. According to UNICEF, the country's population is over 42 million, yet it grapples with an under-five mortality rate of 55.7 deaths per 1,000 live births (Afghanistan (AFG) - Demographics, Health & Infant Mortality, no date). The Central Intelligence Agency (CIA) World Factbook adds to this grim picture, indicating a high birth rate of 34.79 births per 1,000 population and a death rate of 12.08 deaths per 1,000 population for 2023. Moreover, infant mortality is exceedingly high at 103.06 deaths per 1,000 live births, with a noticeable disparity between males (111.47) and females (94.24) (CIA, 2023).

Maternal health is equally troubling, as the CIA World Factbook and Voice of America (VOA) News report that Afghanistan has the highest maternal mortality ratio in Asia at 620 deaths per 100,000 live births, despite significant progress made from 2001 to 2021 (Dawi, 2023; CIA, 2023). The return of the Taliban in August 2021 has caused concerns about reversing these improvements. The UNFPA provides a stark projection for maternal health and family planning, anticipating 51,000 additional maternal deaths and 4.8 million unintended pregnancies between 2021 and 2025, alongside a significant increase in the unmet need for family planning (United Nations Population Fund, 2021).

On the economic front, the UNDP's Afghanistan Socio-Economic Outlook for 2023 illustrates that the poverty rate, already high at 47.5% based on surveys from 2019 to 2020, is estimated to have risen to around 70%, with a worst-case scenario of 97% (United Nations Development Programme in Afghanistan, 2023). The report further estimates that 85% of Afghans' expenditures fall below the 2020 poverty threshold, potentially pushing more than 90% into food poverty (United Nations Development Programme in Afghanistan, 2023). Food security has become paramount, as maintaining expenditures at 2020 levels may now cost $5.3 billion, nearly 35% of the current GDP, up from $900 million two years ago (United Nations Development Programme in Afghanistan, 2023).

The reports from UNICEF indicate a significant escalation in humanitarian needs in Afghanistan, with total assistance requirements increasing by nearly 11 million from 2021 to 2023(UNICEF, 2023). The number of children in need mirrors this trend, reflecting a worrying increase of over 6 million in the same period. This consistent rise underscores the deepening of the humanitarian crisis in the country, particularly affecting its young population, and calls for urgent and expanded international aid efforts.

Trends in Trauma Care Services (2018-2023)

The Trauma Care program in Afghanistan is a critical initiative, prominently implemented across 106 health facilities including specialist, regional, provincial, and district hospitals, as well as basic and sub-health centers. Ensuring access to trauma care is a key health service indicator, with the strategic gathering and sharing of data being vital for effective healthcare delivery. The Trauma Care program in Afghanistan, like many health initiatives in countries facing complex emergencies, is often a collaborative effort involving various stakeholders, including the World Health Organization (WHO), local health authorities, non-governmental organizations (NGOs), and international aid agencies.

Table 1: Trauma Care Services from 2018 to 2022 (World Health Organization, 2023)

Indicator	2018	2019	2020	2021	2022	2023 (until Oct)
In-patient Admission	18085	29507	41066	74071	43226	19749
Out-patient Consultation	52077	94542	115410	168149	171663	97643
Major Surgical Operation	26896	48398	49781	92250	86721	47214
Minor Surgical Operation	52789	137098	132487	173098	207988	174491
Blood Transfusion	34294	74141	89212	102009	81528	48225
Physiotherapy Session	27792	60296	55404	93852	127273	61991
Psychological Counseling Session	28996	35123	28675	114620	163288	99769
Case Fatality Rate	4	6	5	4	3	4

Table 1.

Trauma care services in Afghanistan have shown a significant increase in the number of patients served from 2018 to 2021, according to the HIMS dashboard. In-patient admissions more than quadrupled from 18,085 in 2018 to a peak of 74,071

in 2021, before declining to 19,749 in 2023 (until October). Out-patient consultations peaked at 168,149 in 2021, with a subsequent decrease to 97,643 in 2023. Major surgical operations reached a high of 92,250 in 2021, with a noticeable reduction to 47,214 in 2023. Blood transfusions and physiotherapy sessions followed a similar pattern, with peaks in 2021 and decreases thereafter. Psychological counseling sessions, however, increased significantly to 163,288 in 2022, indicating a growing recognition of the psychological impact of trauma.

The higher frequency of men receiving trauma care services in Afghanistan may stem from various causes. It could suggest a greater exposure of men to traumatic situations, possibly linked to job-related risks, involvement in ongoing conflicts, or gender-specific social practices. On the other hand, this trend may also highlight access issues, with cultural, societal, or financial obstacles potentially hindering women's ability to obtain similar levels of care. While the data shows men as the predominant users of trauma care services, attributing this solely to access would be an oversimplification. A thorough analysis would need to explore the influence of gender roles, economic disparities, and access barriers that uniquely affect women.

National Statistic and Information Authority (NSIA) Statistical Yearbook

There is a current lack of disease surveillance in Afghanistan following the Taliban takeover. Quantitative data is therefore limited to the Taliban led National Statistic and Information Authority. The NSIA publishes yearly statistical yearbooks which offer healthcare related quantitative data. Figures 2-4 depict data available on the types of healthcare facilities and providers including the number of facilities and health workers, number and types of specialists, and a gender breakdown of different provider types. Figures 5-12 depict data available on diseases in Afghanistan, these include acute dysentery, HIV, TB, Pertussis, Diabetes, High Blood Pressure, Stoke, and Heart Disease. The majority of these disease statistics show increases in disease cases as well as significant gender disparities.

Health Infrastructure in Afghanistan

Figure 2: Number of Public and Private Hospitals, Doctors, Health Associate Professionals, and Health Facilities in the Country by Year according to the 2020 to 2023 statistical yearbooks of the National Statistic and Information Authority (NSIA) under Taliban control: Health Associate Professionals account for the majority of all healthcare professionals in Afghanistan. The International Standard Classification of Occupations (ISCO) defines Health Associate Professionals as health workers who perform "technical and practical tasks to support diagnosis and treatment of illness, disease, injuries, and impairments"(WHO for Africa, 2021). Examples of occupations under this classification include community health workers, technicians, and dental assistants. According to the World Health Organization's (WHO) data, Afghanistan had 2.54 medical doctors per 10,000 population in 2020. In comparison, neighboring countries reported the following ratios: Pakistan had 10.84 doctors per 10,000 population in 2019, Turkmenistan had 21.47 in 2014, Uzbekistan had 23.73 in 2014, Tajikistan had 17.08 in 2014, and Iran had 15.14 in 2018. According to these statistics, there are 3 doctors for every 10,301 citizens.

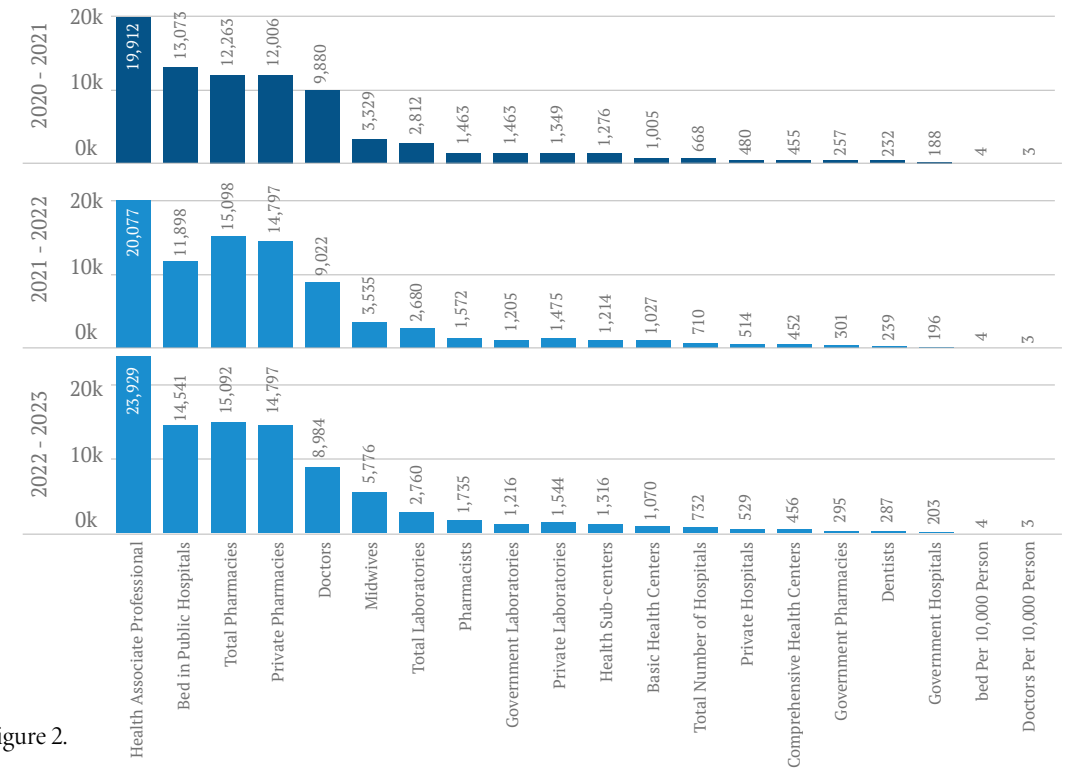

Figure 2.

Figure 3: Number of Specialists by Area of Specialization according to the 2020 to 2023 statistical yearbook of the National Statistic and Information Authority (NSIA) under Taliban control: According to the 2022-2023 statistical yearbook of the National Statistic and Information Authority (NSIA) under Taliban control, out of over 9,000 doctors that year, 3,326 were specialists which includes 2,193 men and 1,133 women. 56.56% of the specialist doctors are based in Kabul, the capital, where only 16% of the country's population resides.

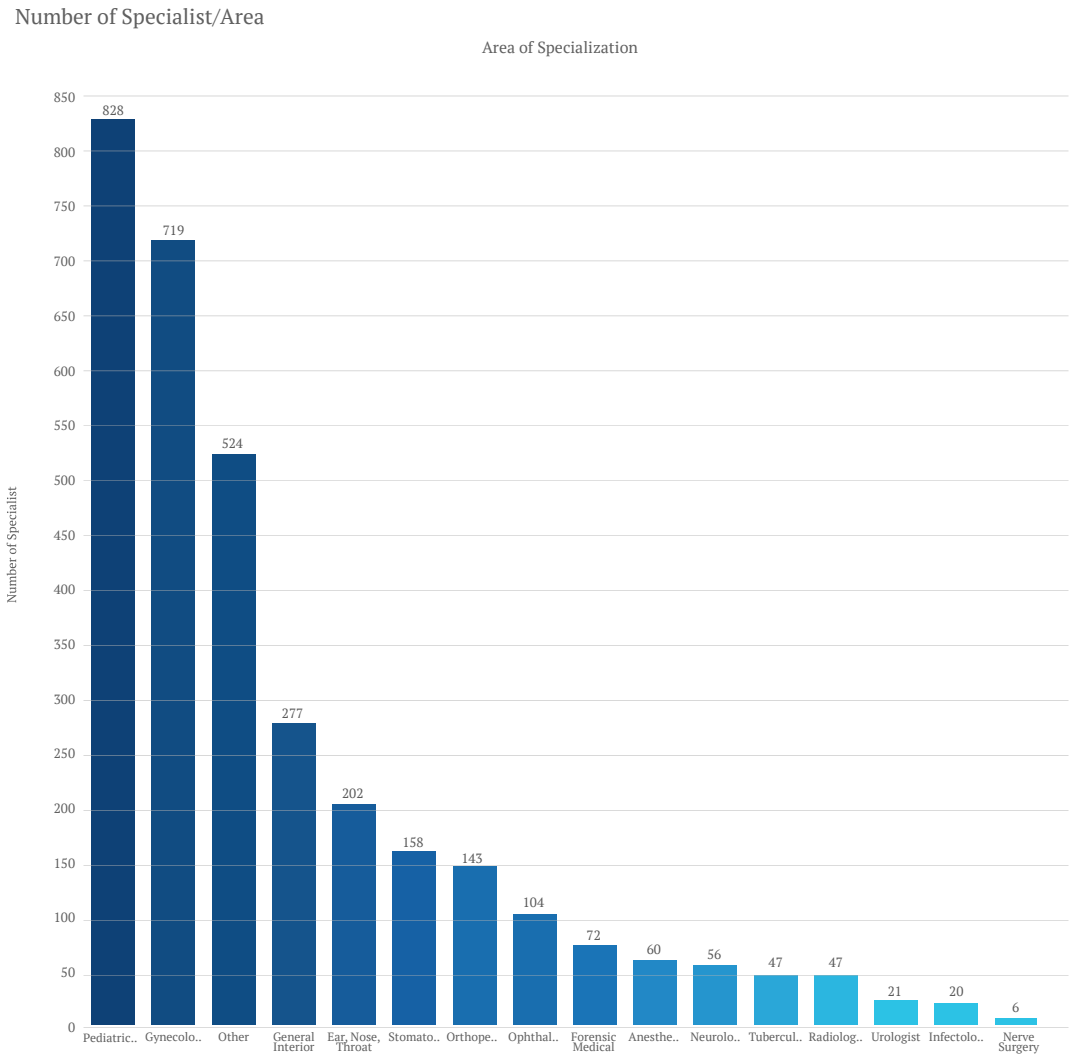

Figure 3.

Figure 4: Health Provider Type by Gender according to the 2020 to 2023 statistical yearbook of the National Statistic and Information Authority (NSIA) under Taliban control: There is a notable disparity of females in all health professions listed. Except for male doctors, all health professions experienced an increase from 2022 to 2023. Unfortunately, due to a decrease in international aid and healthcare professionals leaving the country, this is not a trend that will likely continue. Additionally, with women no longer allowed to study past primary school, Afghanistan will likely experience a much greater gap in the gender disparity of health providers. These figures represent the number of health professionals for all of Afghanistan which further highlights the country's inability to obtain the ideal patient-provider ratio of 23 health professions per 10,000 persons.

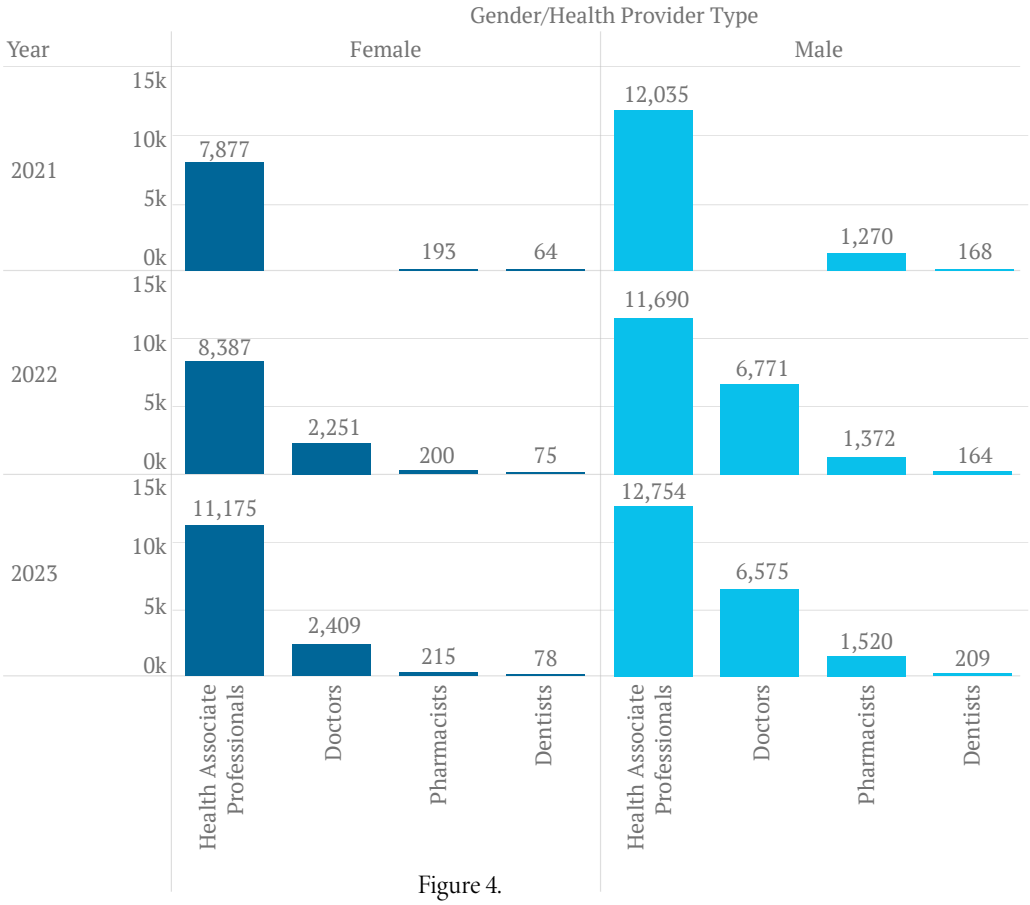

Figure 4.

Disease in Afghanistan

Figure 5: Number of Acute Dysentery Cases by Gender according to the 2020 to 2023 statistical yearbook of the National Statistic and Information Authority (NSIA) under Taliban control: Cases of acute dysentery have steadily increased since 2021 with females accounting for the majority of cases. A lack of access to clean water, sanitation, and hygiene has contributed to this increase with conditions worsening since the Taliban takeover. Additionally, natural disasters in Afghanistan have contributed to a lack of access to services as well as contaminating existing water sources.

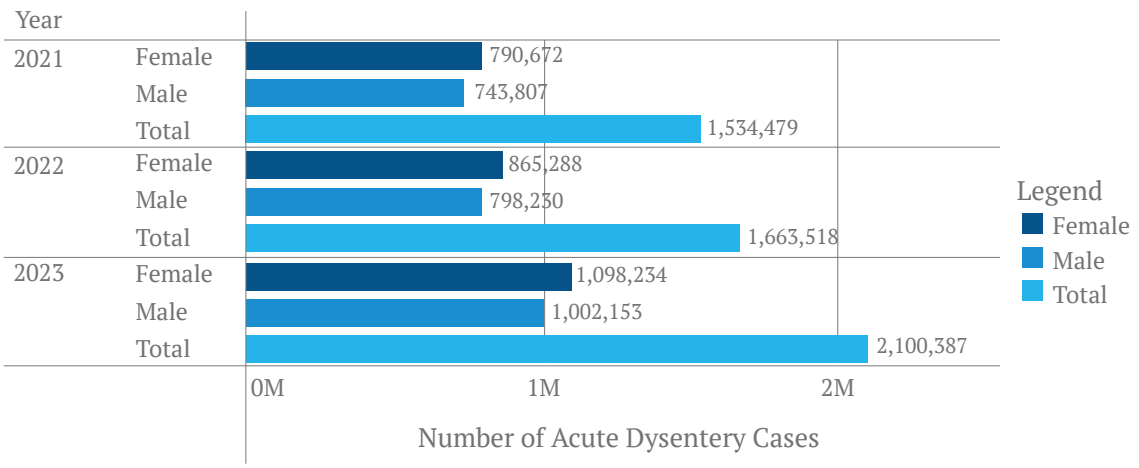

Figure 5

Figure 6: Number of Registered HIV with Positive Cases by Year according to the 2020 to 2023 statistical yearbook of the National Statistic and Information Authority (NSIA) under Taliban control: There has been an incremental increase in registered HIV cases with positive tests each year, from 3,066 in 2020-21 to 4,056 in 2022-23. This situation is alarming, especially considering the significant gender disparity, with the majority being male. The rise in HIV cases by 6.88% under the current rule suggests both an underlying increase in HIV infections and potentially improved case-finding and reporting efforts. The co-infection rate of TB and HIV further complicates the public health scenario.

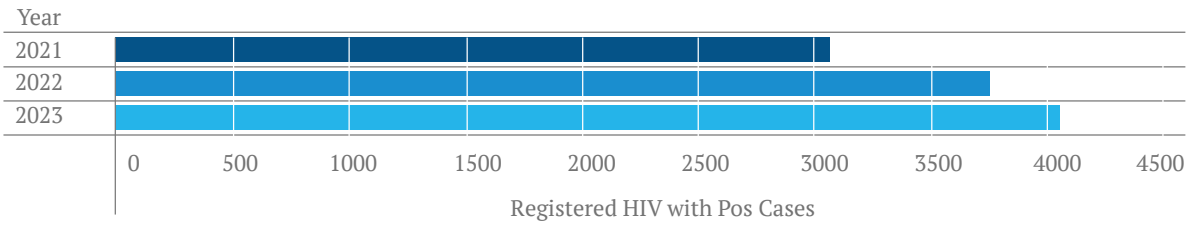

Figure 6.

Figure 7: Incidence of Tuberculosis (TB) Per 100,000 Person, Number of TB Deaths, and Number of TB Events with Positive Slide by Year according to the 2020 to 2023 statistical yearbook of the National Statistic and Information Authority (NSIA) under Taliban control: TB remains a significant health challenge in Afghanistan. The number of TB events with a positive slide has slightly increased from 23,468 in 2020-21 to 27,309 in 2022-23, indicative of an overall increase in TB cases detected. This increase aligns with reports of a nearly 20% increase in detected TB cases, highlighting both the risk posed by the disease and the improvements in the health system's ability to diagnose and report TB. TB is also reported as the third leading cause of death among communicable diseases in the region, and it kills around 13,000 Afghans every year.

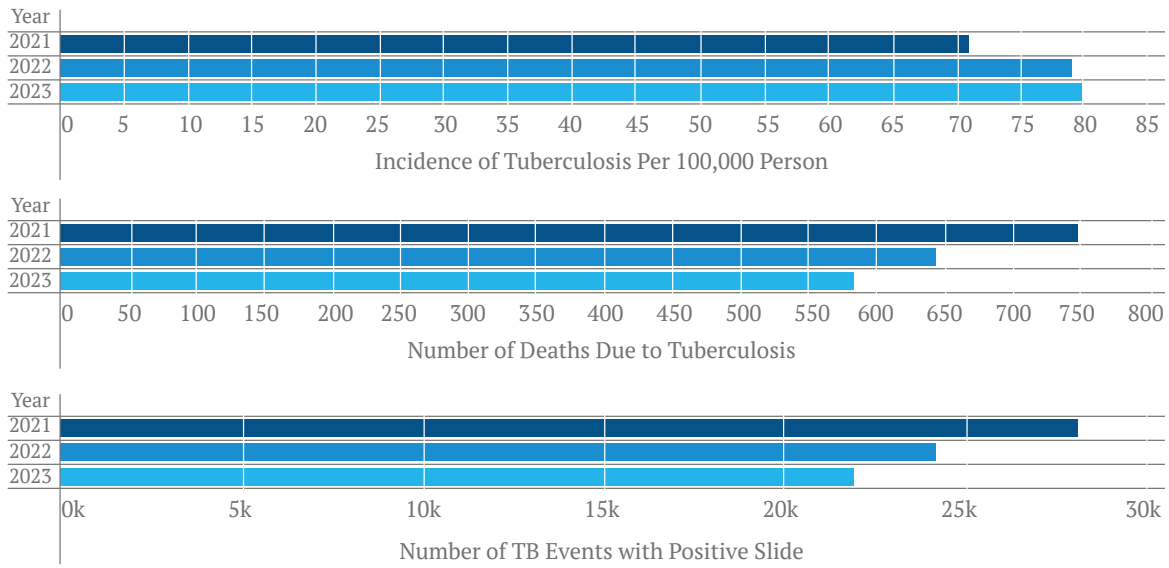

Figure 7.

Figure 8: Number of Pertussis Cases by Gender according to the 2020 to 2023 statistical yearbook of the National Statistic and Information Authority (NSIA) under Taliban control: Overall pertussis rates have seen drastic increases, more than doubling in females from 2021 to 2023. Vaccination programs have struggled amidst the Taliban-run government as an overall shortage of medicine, vaccines, and equipment exists (Taylor, 2021). Additionally, some have delayed their children's vaccines due to fear of violent events they have witnessed (Human Rights Watch, 2023). Shortages of supplies and funds as well as a threatening atmosphere have contributed to the sharp increase in pertussis cases.

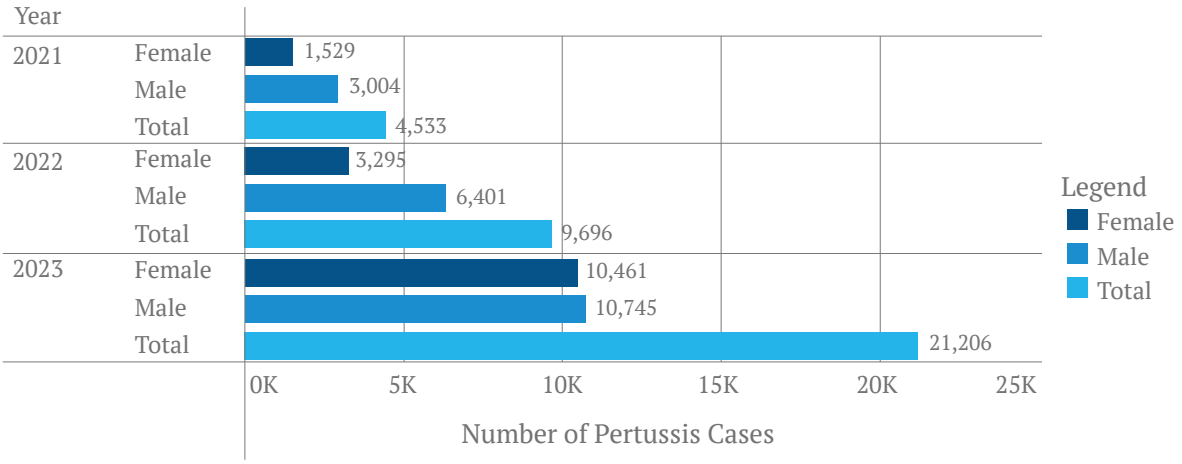

Figure 8.

Figure 9: Number of Patients with Diabetes by Gender according to the 2020 to 2023 statistical yearbook of the National Statistic and Information Authority (NSIA) under Taliban control: Diabetes has increased steadily for the populations in Afghanistan with prevalence remaining higher for females. The statistical yearbook does not state types of diabetes included in this data and due to a lack of disease surveillance since the Taliban takeover, there is no way to alternatively determine rates of diabetes. An overall shortage of medicine, supplies, and health professionals to provide education suggests that patients with diabetes are unable to properly manage their disease

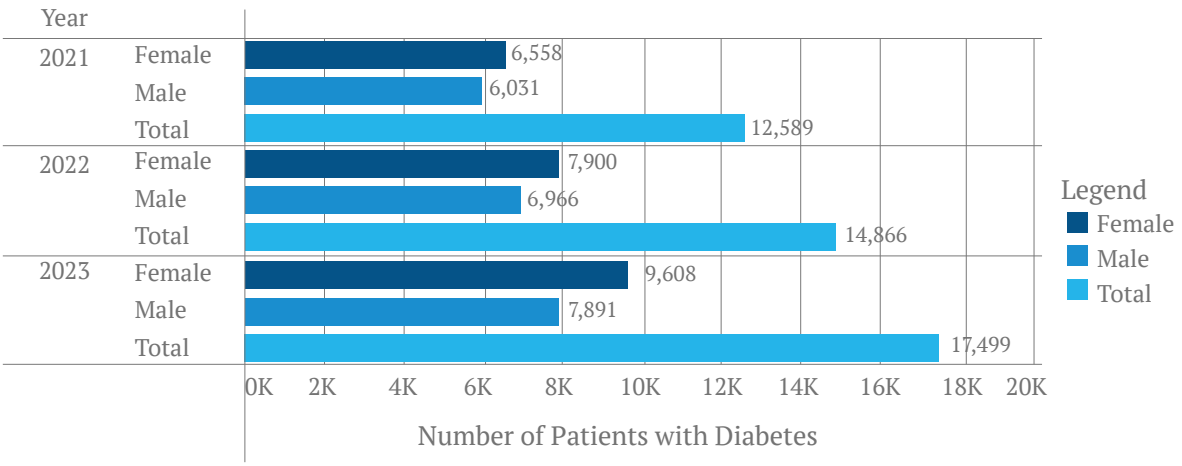

Figure 9.

Figure 10: Number of Patients with High Blood Pressure by Gender according to the 2020 to 2023 statistical yearbook of the National Statistic and Information Authority (NSIA) under Taliban control: Females have nearly doubled the amount of male patients with high blood pressure for the past three years. Low socio-economic status, physical inactivity, mental health, and excessive salt intake are all factors associated with high blood pressure. These factors are significant with a majority of Afghanistan's population living in poverty and not receiving adequate nutrition or physical activity. Under Taliban rule, women have been banned from visiting parks, gyms, and bathhouses, these restrictions have confined them to their houses, limiting their physical activity with most living in poverty and suffering from mental health from this combination of factors. A recent study from August to December 2022 in Kabul, Afghanistan found a 77% prevalence of hypertension in their study population with physical inactivity, high salt intake, and the presence of depressive symptoms among the most significant risk factors (Baray et al., 2023).

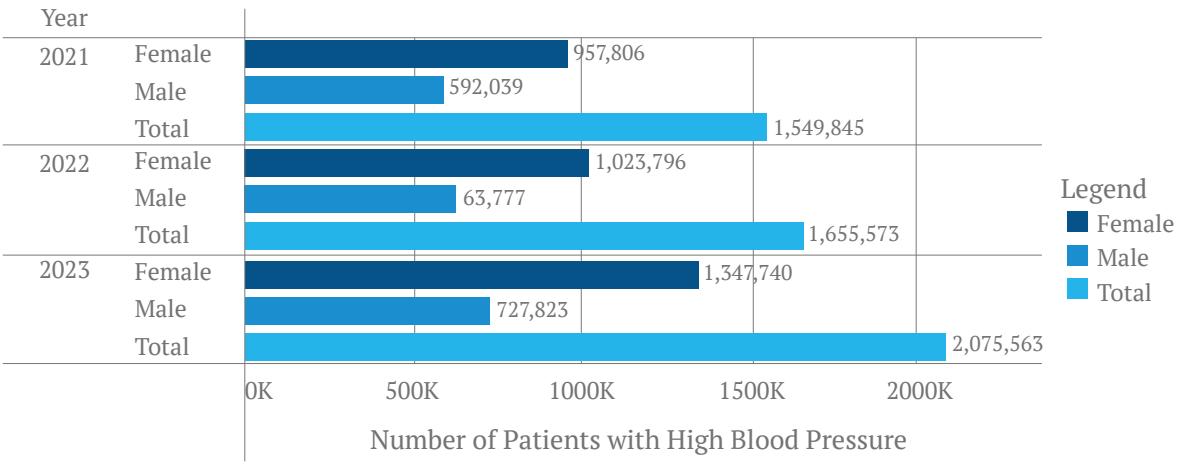

Figure 10.

Figure 11: Number of Stroke Patients by Gender according to the 2020 to 2023 statistical yearbook of the National Statistic and Information Authority (NSIA) under Taliban control: Males and females have experienced a significant increase in stroke patients in the last three years. A 2022 study, analyzing the burden of stroke in the Middle East from 1990 to 2019 identified Afghanistan as having the highest age-standardized death rate at 161.5 cases per 100,000 persons (Jaberinezhad et al., 2022). High blood pressure and diabetes are risk factors associated with strokes, both of which Afghanistan has high rates of Additionally, climate change in Afghanistan affects the country with significant environmental events with Kabul experiencing 3,000 air pollution-related deaths each year (Masood et al., 2022). A 2022 literature review on the impacts of climate change on health identified strokes as a health condition associated with air pollution (Masood et al., 2022).

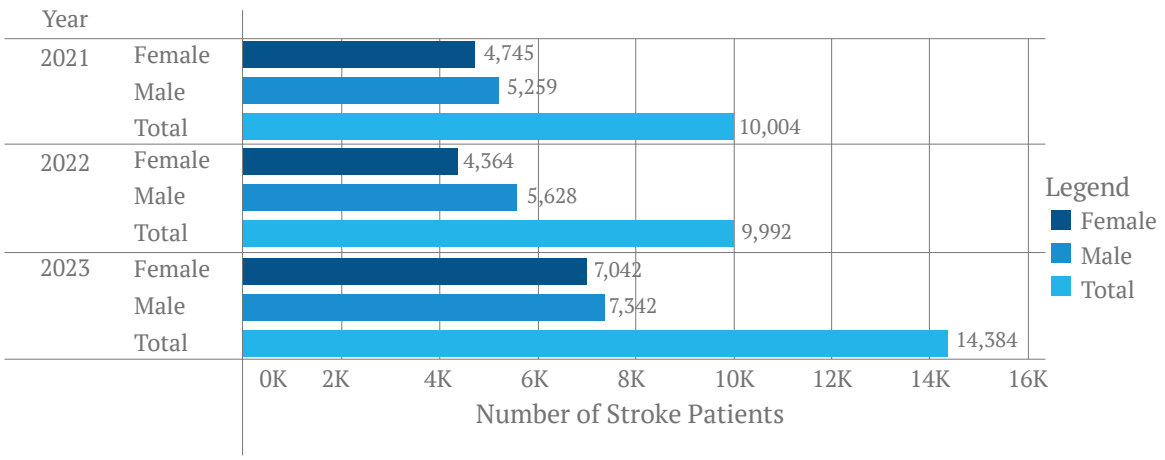

Figure 11.

Figure 12: Percentage of Heart Disease by Gender according to the 2020 to 2023 statistical yearbook of the National Statistic and Information Authority (NSIA) under Taliban control: The number of patients with heart disease has increased from 18,768 in 2021 to 22,975 in 2023. Similarly to high blood pressure and diabetes, females have accounted for the majority of heart disease in Afghanistan for the last three years. Both high blood pressure and diabetes are also risk factors associated with heart disease. While an overall increase has been observed, gender proportions have remained relatively consistent. The increase in heart disease suggests poor disease management, likely the result of decreased access to healthcare and medicine and supply shortages.

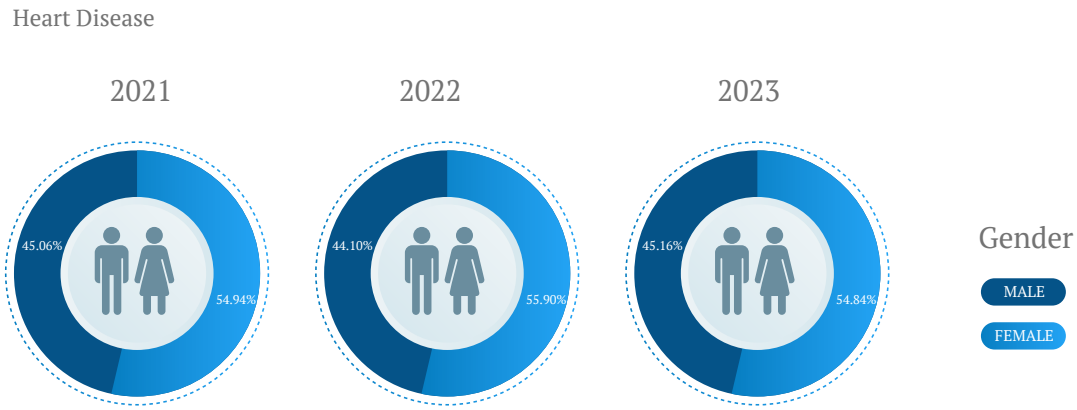

Figure 12.

Paktia Province, Women walking long distances to Rabat Health Center ,2023 July
Photographer: Zakarya Safari

V.2. Qualitative Analysis Findings

Accessibility and Women's Health

Accessibility to women's health services in Afghanistan has been a longstanding issue, and the recent Taliban takeover has further exacerbated the challenges women face in seeking healthcare. Even before the Taliban's takeover, cultural norms and security concerns have limited women's ability to access healthcare, particularly in rural areas. Many women are now unable to travel to health facilities without a male guardian due to Taliban restrictions. in some provinces of Afghanistan, a male chaperone is required to accompany women when leaving their homes, the shortage of female healthcare workers due to restrictions on women working in public roles has led to women avoiding medical care altogether.

All of our interviewees pointed out that residents in rural areas of Afghanistan lack access to the quality healthcare services they seek, especially when compared to those in urban centers. Consequently, most individuals have to endure hours of travel to reach a hospital in their district or provincial centers for necessary medical treatment or even a simple blood test. This situation prevailed even before the Taliban's takeover and was alluded to by participants in the interview transcripts. However, during our interviews, it became evident that the Taliban's assumption of power and their implementation of a series of decrees, particularly those pertaining to women, significantly curtailed women's personal freedoms. These decrees, combined with conservative societal norms, had a severe impact on women's access to healthcare services, particularly in rural areas where the edicts are enforced more strictly. Women were now required to wear long black dresses, cover their faces, and have a Mahram accompany them when visiting a health center. The latter is something challenging for many women, specifically widows and single women who may not have access to a Mahram. Additionally, female nurses and doctors were obligated to adhere to the same set of rules. Participants in our study believed that the requirement of a Mahram for female health workers posed a significant barrier to their employment in the health sector, especially in challenging and remote areas. Some respondents suggested that while it may be manageable in the short term, it was not sustainable and practical in the long run.

"Women need to be accompanied by Mahram, or they will be denied access to health care services in the villages," said a healthcare worker in Samangan province of Afghanistan.

"I remember when I traveled to Ghor province during the previous government's rule. It was so sad to me that people did not even have access to a mobile clinic. Now, with the Taliban in charge, it is unlikely to get any better," says a doctor, expressing pessimism about the future of healthcare access in comparison to before the takeover in 2021.

This lack of accessibility has severe consequences for maternal and reproductive health, as well as the overall well-being of Afghan women. International organizations, in collaboration with the existing Taliban leadership, must address these issues and work towards ensuring that women have equitable access to healthcare services in the country.

Healthcare facilities in most provinces were also gender-segregated, and women were not allowed to be attended to by male doctors unless it was a life-threatening situation with the Taliban's permission first, which hindered timely medical care provision. While some participants reported no issues with male doctors treating female patients in urgent cases, they agreed that it posed a significant challenge in emergency situations. In other instances, we heard of multiple cases where individuals lost their lives or were denied access to care due to these restrictions or the lack of qualified doctors in healthcare centers.

"They stop us. Yes, even if a woman is dying, she cannot be treated by a male doctor. It is a shame," lamented a nurse, sharing her experience from a field visit in a rural area in northern Afghanistan.

Participants also recalled personal and familial experiences when describing health services in the country, with one nurse sharing her sister's encounter with the Taliban's enforcement of discriminatory gender laws.

"The situation is really bad. My sister is in [a province in northern Afghanistan] and she is the only trainer. The Taliban went to her clinic, and my sister wanted to talk to them. They put a curtain in front of her and warned that if a patient comes and is dying but does not have full Hijab, you cannot treat her," the nurse expressed. Additionally, a doctor explained how women were turned away for urgent surgeries due to lacking a male chaperone.

"There was a woman who needed urgent surgery, but she was not admitted because she had no male relative," a doctor, emphasizing the negative impact of the Taliban's restrictions on women. "The Taliban's rules are not helping anyone. They are just causing problems."

In several other interviews, we have discovered that the numerous restrictions and rigid enforcement by the Taliban have dissuaded women throughout Afghanistan from seeking medical care, even when they require it urgently. This burden is particularly noticeable for women in rural areas of Afghanistan. During the interviews, participants revealed that women are grappling with various mental health issues, such as stress, anxiety, and depression, primarily stemming from the strict limitations on their mobility and the denial of exercising their basic rights, including education and work.

Furthermore, healthcare accessibility has been further compromised as the salaries of nurses and doctors have significantly decreased. Those interviewed mentioned it was cut even in half compared to before. They have also witnessed their professional colleagues either leaving the country or being forcefully dismissed by the Taliban, who have replaced them with new hires often lacking the required medical skills and experience.

One interviewee vividly described the situation, highlighting that women are required to always wear a full Hijab and mask in some areas, while their hair must remain concealed under any circumstances.

The impact on the mental health of female healthcare workers who have been removed from their work was expressed by one doctor, who stated, "The Taliban dismisses hospital staff without regard for existing rules or policies. This has a significant mental impact on female healthcare workers."

Additionally, the decreased work has impacted those in healthcare and their families with one nurse expressing that, "the number of doctors and nurses has decreased. Our family's financial situation compels us to continue working, despite the considerable pressure and fear it entails... "

Additionally, the ban on women working for NGOs, including UN agencies, has exacerbated the adverse effects on the delivery of healthcare services to the public even though health is an exception to this rule. During an interview with a representative from an NGO that previously provided a comprehensive range of services, including house-to-house vaccinations and various mobile healthcare services, it was revealed that their operations had to be halted due to Taliban bans on female NGO workers. The interviewee went on to explain that their organization had deployed 2,500 staff members to provide services and information on diseases, diarrhea, colds, the importance of vaccines, and the distribution of hygiene kits directly to households. Unfortunately, all of these programs have come to a halt. Their mobile healthcare initiatives, which used to offer mental health services and support for cases of violence protection, have also been suspended. because they are not categorized as primary services.

In certain areas where mobile teams are active and provide community health services, they face numerous challenges. For instance, in one of the provinces, the Taliban and community members have instructed mobile health staff to "train men on breastfeeding, and they will train their wives." The Taliban also do not allow these teams to distribute kits for menstrual health for women, according to the director of an aid organization in Afghanistan.

Shortage of qualified female healthcare workers:
Afghanistan has long grappled with a shortage of female healthcare professionals, including doctors, midwives, nurses, and other medical staff. The Taliban takeover has exacerbated this problem. Many female healthcare workers have been forced to stop working, which limits women's participation in the public sphere. As a result, there is a significant deficiency of women in critical healthcare roles, making it challenging for Afghan women to access medical care, especially maternal and reproductive health services. This shortage highlights a pressing need for initiatives aimed at training and supporting female healthcare professionals and ensuring that Afghan women can receive essential medical services.

Our findings also reveal that the shortage of female doctors, midwives, nurses, and medical staff significantly affects both accessibility and women's health. The scarcity of specialized doctors and professional healthcare workers adversely affects the accessibility and quality of healthcare services for the population. This shortage is particularly pronounced in rural areas, where there are already fewer healthcare facilities, specialized doctors, and no private hospitals in comparison to larger cities such as Herat, Kandahar, Mazar-e-Sharif, and Kabul.

Medicine and supplies availability:
The availability of medicine and medical supplies in Afghanistan has become a major concern. The past twenty years, Afghanistan has always heavily relied on international aid and funding for healthcare. With the withdrawal of foreign troops and the disruption of aid delivery, the country faces a dire shortage of essential medicines and medical equipment. Many health facilities are struggling to maintain adequate stocks of medication, resulting in delayed or inadequate treatment for patients.

The majority of those we interviewed mentioned that both public and private hospitals in Afghanistan are experiencing shortages of essential medicines. Currently, healthcare facilities are unable to meet the high demand for medicine across the country. This issue becomes even more severe in remote areas, where health facilities grapple with numerous challenges, including insufficient medical equipment, a shortage of medical staff, and, notably, a lack of medicine. An interviewee even mentioned that there were ghost clinics under the republic in areas controlled before by the Taliban. Now that the Taliban are in control and those areas can be accessed, there is no existing health center.

Besides, there are concerns about public hospitals in general, as they tend to have the fewest facilities. At times, they lack even basic medical equipment needed for conducting small examinations and tests for their patients. This is more evident in public health centers in provinces.

"Medicine is a critical concern. Even in Kabul, the capital city, there is not enough medicine. In the provinces and remote areas, the situation is even more dire," stated a doctor who attends to numerous patients daily at a public hospital in Kabul. "Often, patients must come all the way to Kabul from far-off provinces just to get basic tests like a CBC or Ultrasound. It is a big problem for women .... especially bad now with the Taliban [in control]."

Some interviewees from aid organizations have highlighted that the supply of medicine in Afghanistan has been severely impacted by border closures with neighboring countries, which has made importing medicine more challenging. Furthermore, there are limitations on available flights and cargo options, and humanitarian cargo flights are insufficient to meet the high demand. This has led to difficulties in procuring medicine from various countries like Turkey, India, Indonesia, and Malaysia, resulting in increased prices that are affecting the general public.

Consequently, the shortage of medicine has resulted in a reduction in the availability of free medicine in public hospitals, a service previously provided under the republic government. The cost of some essential health supplies has significantly risen, making them less accessible to those in dire need. This situation has had a detrimental impact on healthcare services for the Afghan population.

The frustration stemming from the shortage of medicine and the associated price hikes is further compounded by reports of corruption within the Ministry of Public Health (MOPH) under the control of the Taliban. According to one interviewee, donors regularly send medicine to Afghanistan, but due to corruption within the Taliban rule, the MOPH has hindered its effective distribution. This has created a chaotic situation, with some organizations resorting to importing their own medicine or procuring it from local suppliers. Thus, serious concerns have arisen regarding the quality of these medicines. Furthermore, the administration responsible for ensuring the quality of drugs is not functioning effectively. The distribution of medicine is not being handled by the appropriate authorities, and it often ends up in private pharmacies, raising additional questions about the transparency and integrity of the process.

Several other interviewees have noted that the supply chain in Afghanistan faces significant challenges, primarily due to sanctions. Consequently, there are instances where medicines are procured through illicit channels, raising further concerns about their quality.

"We receive supplies, but there is often a two-month delay. Rural areas consistently experience shortages of medicines when compared to urban centers," expressed a doctor working in a remote area in central Afghanistan.

Moreover, the country's already fragile healthcare infrastructure has been further strained, making it difficult for healthcare providers to deliver the necessary care and treatment. This situation poses a significant risk to the health and well-being of the Afghan population, as access to vital medicines and supplies is critical in addressing health issues, including chronic diseases and emergency medical care. International efforts and humanitarian aid are essential to address these shortages and prevent a healthcare crisis in Afghanistan.

The existing medicine supply falls short of meeting the varied requirements of the population. This issue is exacerbated by a shortage of healthcare personnel, issues of corruption, and, most notably, the ongoing humanitarian crisis in the country.
Humanitarian crisis and declining international aid:

Currently, Afghanistan's healthcare system faces severe financial and human resource challenges. The absence of sufficient international funding has led to a significant financial crisis, exacerbated by the evacuation of medical staff, including doctors, nurses, technicians, and administrators. Furthermore, the withdrawal of international forces and the Taliban's takeover of Kabul have caused a sharp decline in Afghanistan's economy, triggering a humanitarian crisis.

Several months after the Taliban takeover, humanitarian organizations stepped in to assist the health sector. Presently, the entire healthcare sector budget relies on humanitarian organizations. However, given the high demand for services, the level of support provided is insufficient. Additionally, most of these services are temporary and short-term, heavily dependent on the continuation of international aid.

"The projects are 6 months long. In the last days of 2022, it was every month and two weeks. Currently, we hold an 11-month contract and are actively working on submitting proposals to the UN," explained an interviewee from an NGO that offers support to multiple healthcare centers in Afghanistan.

His words vividly depict the sense of desperation stemming from the uncertainty surrounding continued donor funding and the imminent collapse of the healthcare system in Afghanistan. Reductions in funding or even a few months without project extensions could lead to the complete dismantling of existing systems, potentially resulting in catastrophic consequences for people already experiencing one of the world's largest humanitarian crises (United Nations Development Programme in Afghanistan, 2023). Other interviewees mentioned that all the current health projects are emergency-focused and are not sustainable given the fact that many donors are already discouraged from continued funding of healthcare programs in Afghanistan like the UK and France.

Some interview participants from NGOs mentioned that they had to disband certain mobile teams due to funding cuts, and they are diligently working to secure adequate funding to sustain other teams. Additionally, many NGOs that previously engaged in healthcare projects have also experienced funding losses and are grappling with challenges in delivering healthcare services. The status of donor funding emerged as a significant concern. The uncertainty regarding donor reactions to the Taliban's takeover and the ongoing economic and banking difficulties in Afghanistan have cast a shadow of doubt over future funding for healthcare programs.

According to the United Nations, a staggering 97 percent of Afghanistan's population lives in poverty. The current humanitarian crisis has left women and children unable to access sufficient nutrition, leading to malnourishment among children and a lack of essential counseling services for depressed women. Additionally, access to sanitary pads is severely restricted for women primarily prevalent in remote areas. One doctor noted an alarming increase in cancer cases attributed to the lack of access to quality food.

The doctors and nurses we interviewed have highlighted the prevalence of poverty and food insecurity, especially in rural areas of Afghanistan. Women throughout the country are expressing their concerns regarding the rising unemployment among their husbands, deteriorating health conditions, and limited access to nutritious food. Seasonal diseases, notably diarrhea, and malnutrition cases have seen a significant increase, with some mothers struggling to provide adequate nourishment for their infants. While the World Health Organization (WHO) offers some assistance to families living below the poverty line, it falls short of covering everyone's needs.

"Around 40 to 60 women come to us expressing their growing impoverishment. Our husbands cannot find work," stated a nurse deeply concerned about the women she encounters daily.

In many remote areas where healthcare facilities are absent, individuals lack the financial means to cover transportation expenses for bringing patients to urban healthcare centers. Medical care costs, including private hospitals, remain prohibitively high for a substantial portion of the population, even in urban areas. Consequently, more people are turning to overcrowded public hospitals, which are already grappling with shortages of equipment and medications, among other challenges. Some healthcare staff members we interviewed have also expressed concerns about the irregularity of salary payments, with delays in receipt, and growing uncertainty about the sustainability of support from NGOs in terms of healthcare staff salaries.

Due to economic hardships and the Taliban's restrictive edicts on women, cases of Gender-Based Violence (GBV) have increased, and there is no effective referral system in place for those affected by GBV (United Nations Human Rights, 2023). There is an urgent and pressing need for increased healthcare funding and infrastructure to address the dire needs of the female Afghan population, especially in rural areas.

Concerns for vulnerable groups:
Several interview participants expressed serious concerns about the negative impacts of limited access to quality healthcare for vulnerable groups such as infants, children, pregnant women, individuals with disabilities, geriatric conditions, and those living in extreme poverty. The healthcare system's inability to meet the high demand has led to a troubling trend where women are opting for home deliveries. Home deliveries when attended by midwives and healthcare providers are generally very safe, however, completely unattended births without access to healthcare services in the event of complications have

resulted in a significant increase in maternal mortality in Afghanistan. Unfortunately, due to limited resources, not all healthcare needs can be adequately addressed.

An interviewee, working in a rehabilitation center, raised concerns about the lack of attention given to people with disabilities. They highlighted the absence of social support and the additional barriers these individuals face when trying to access healthcare services. Compounding the issue is the absence of programs specifically designed to cater to their unique needs, particularly in physical rehabilitation centers, where long-term treatment options for individuals with disabilities are scarce. The intersection of identities specific to disabled women in Afghanistan are no exception. Women and girls with disabilities are often left behind, considered burdensome on their families and communities, and often not afforded even the limited resources available to able-bodied women even prior to the Taliban takeover (Human Rights Watch, 2020).

Access to Education for Women:
The prohibition on the secondary and higher education of women and girls by the Taliban presents a significant concern within the healthcare community in Afghanistan. During an interview with an NGO employee, it was mentioned that they had advertised a position for a female doctor 20 times, but no one applied to be recruited. Some even expressed concern that recruitment for physicians would need to expand outside of the country:

"Women are not allowed to attend universities. It has been two years since the last female doctor graduated. I fear that we will regress to a situation similar to 20 years ago when we had to recruit doctors from Tajikistan" the employee stated.

Almost all interviewees expressed serious apprehensions regarding the ban on the education of women and girls and its detrimental impact on the healthcare system. Women who were in the final years of their medical studies encounter difficulties in obtaining their certificates, which is also another big challenge.

"Afghanistan's ability to sustain itself is at risk without female healthcare workers in just a few years," an NGO employee concerned about the future of women in healthcare explained. "Afghan women and girls have a strong desire to work and study freely, but the Taliban is confining them to their homes."

In almost all of our interviews, we discovered that nurses, doctors from both public and private hospitals and clinics, NGO workers, and aid organizations are dedicating their best efforts daily in overcrowded health facilities across Afghanistan. They are striving to provide healthcare services in a rapidly evolving situation to a population enduring one of the world's largest humanitarian crises.

The challenges they face include a lack of health facilities in rural areas, shortages of medicine and specialized doctors, a scarcity of female professional healthcare staff, and a continuous decline in funding from donor countries. These challenges pose a significant threat to the delivery of essential healthcare services.

On top of these challenges, the draconian policies of the Taliban and a series of severely restrictive decrees deprive women of their basic rights. This not only impacts women but also affects the entire population, particularly the healthcare community in the country.

VI. Recommendations

Our analysis of these interviews sheds light on the daily struggles faced by the healthcare community in Afghanistan. It addresses specific issues while also discussing broader concerns. To address these challenges effectively, specific strategies and policy changes are required from both donor countries and the Taliban. These changes can be implemented concurrently or with prioritization over time.
To assist stakeholders in addressing these issues in light of the recent political challenges and ongoing crises, we have compiled a set of recommendations outlined below:

1. International Humanitarian Aid and Funding: Donors supporting Afghanistan must maintain and even ensure that there's adequate funding. Their support for healthcare projects must also be flexible in allowing the use of funds for critical needs. This is to prevent a complete collapse of the healthcare system. Donors must also ensure that funds are available promptly and without bureaucratic delays.
2. Ensure Medicine and supplies Availability: Steps should be taken to ensure a stable and reliable supply of essential quality medicines. This includes exploring alternative routes for importing medicines, given the challenges posed by Pakistan border closures.
3. Expand Healthcare Infrastructure: There is a need to expand healthcare infrastructure, especially in rural and underserved areas. This involves building new health centers and clinics and improving existing facilities to provide adequate care to the population. This will reduce geographical barriers and improve access.

4. Training and Education: Efforts should be made to train and educate more female healthcare workers, including doctors, nurses, and midwives. This is crucial to address the shortage of qualified healthcare personnel, especially for women's health services. The ban on education for women and girls must also end promptly.
5. Women's Healthcare: Advocacy efforts should focus on ensuring access to healthcare services for women, including maternal and reproductive health. This includes addressing the requirement for Mahrams and promoting women's healthcare rights. In addition, advocacy efforts should continue to press for women's rights, including their right to work and access education. Addressing the restrictions on women's mobility and work is a key step to improving healthcare access.
6. Address Mental Health: Mental health services and support should be a priority, given the increase in mental health issues like anxiety and depression. This includes training more mental health professionals and providing counseling services.
7. Telemedicine: Telemedicine services can be expanded to provide healthcare remotely, particularly for mental health support. This can help bridge gaps in regions with limited access to healthcare facilities.
8. Support Vulnerable Groups: Implement targeted programs to support vulnerable populations, including people with disabilities, children, and women.
9. Retaining Healthcare Professionals: Develop incentives and policies to retain healthcare professionals within the country, ensuring a skilled workforce.
10. Long-Term Planning: Encourage international partners, aid agencies, and NGOs to engage in long-term planning for healthcare, with an emphasis on sustainability and resilience in the face of crises.
11. Address Economic Hardships: Addressing the economic hardships faced by the population is essential, particularly in rural areas. This could involve economic support programs, job creation initiatives, and measures to stabilize the financial situation of individuals and families.

The healthcare situation in Afghanistan is extremely dire, characterized by a multitude of challenges. These recommendations underscore the necessity of adopting a multifaceted approach that encompasses healthcare, education, advocacy, and international support. This comprehensive strategy is vital for tackling the intricate healthcare issues confronting Afghanistan and for fulfilling the needs of the Afghan population, especially the most vulnerable groups.

X. Conclusion

Afghanistan's health system has experienced a near total collapse with virtually funds supporting its healthcare system being significantly decreased after the August 202. Limited funds and outside support have resumed but all efforts have focused on emergency aid. Preventive care and public health initiatives have greatly suffered as evident by the increase in chronic diseases and infectious illnesses. Additionally, medicine and supply shortages have been exacerbated, negatively affecting those who regularly rely on medicines or have acute needs.

The report examines the interplay between socio-cultural norms, economic constraints, and healthcare access. It highlights how traditional beliefs and practices, compounded by economic hardships, have created a multifaceted barrier to healthcare for women. This is particularly evident in rural areas, where cultural norms dictate women's roles and restrict their access to medical services. The economic downturn, exacerbated by the Taliban's rule, has left many families unable to afford healthcare, further limiting access for women and girls.

The Taliban have enacted increasingly restrictive bans on women and girls through their interpretation of Islamic law. Bans have been strictly enforced through verbal and physical abuse and violence from the Taliban. The bans have been slowly enacted through a series of public decrees that have infringed the rights of women and girls' making it difficult for them to reclaim their rights. Women cannot attend school, work for NGOs, visit parks, gyms, or bathhouses, or travel freely without a Mahram. Women are confined to their homes affecting both their mental and physical health, most are living in poverty and lacking adequate health services, food, and water. The inability for women to attend school and difficulties for those who have completed their schooling but are unable to obtain proper credentialing will, in time, result in a generational gap of healthcare workers and place further strain on the health system. The country has already faced departures of healthcare professionals lessening the workforce and necessitating increased international aid, funding, and support.

The ongoing humanitarian crisis in Afghanistan has disproportionately affected women and girls. Restrictions by the Taliban have disrupted years of gender equity advancements and have robbed females of basic human rights. The removal of the Ministry of Women's Affair along with exclusion from political participation has left women and girls powerless. The political atmosphere will continue to be volatile with the Taliban in power. Short term goals in improving access to healthcare should include improving emergency aid while aiming for the long term and ultimate goal of creating a sustainable healthcare system that can withstand crises.

In sum, the situation in Afghanistan presents a stark reminder of the challenges faced by women and girls in accessing healthcare under restrictive regimes. It highlights the urgent need for comprehensive solutions that prioritize the health and rights of women, ensuring equitable access to healthcare services. The global community must respond with concerted efforts to support Afghan women and girls, striving towards a future where every individual has access to the healthcare they rightfully deserve.

IX. Methodological Reflection: Potential for Methodological Triangulation in Future Research

Methodological triangulation, the use of multiple methods or data sources in research to enhance the reliability and validity of findings, presents significant promise for future studies in Afghanistan's healthcare sector.

Advantages:

Comprehensive Understanding: Triangulation allows researchers to examine the same phenomenon from different angles, leading to a more holistic understanding of complex issues.

Validation: By comparing and cross-referencing findings from different methods, the reliability of the conclusions can be enhanced.

Diversity of Data: Different methods can capture different types of data, from statistical trends to deep personal narratives, enriching the research outcomes.

Potential for Future Research: Combining Surveys with Observational Studies: While surveys capture self-reported data, observational studies can provide insights into actual practices and behaviors in healthcare settings.

Incorporating Case Studies: Detailed case studies of specific healthcare facilities or regions can offer deep dives into particular challenges or successes, complementing broader surveys or interviews.

Engaging with Policy Makers: Future research can benefit from integrating policy analysis or engaging directly with healthcare decision-makers, offering a top-down perspective to complement ground-level insights.

Leveraging Technology: The use of digital platforms for data collection, such as mobile surveys or telemedicine insights, can enhance reach and efficiency.

In essence, the potential for methodological triangulation in future research on Afghanistan's healthcare landscape is vast. By integrating multiple methods, future studies can navigate the complexities of the context more adeptly, offering richer, more reliable, and actionable insights.

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