

# 4.4.6. Access to healthcare and basic services

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Women's access to healthcare has been reduced by 'significant barriers', including restrictions on their movement, gender segregation, poverty, the financial cost of treatment, and a lack of female doctors.1395 UNAMA reported that women's already limited healthcare access has worsened under the Morality law, with inspectors regularly visiting facilities to enforce compliance, for example regarding *hijab*, segregation and *mahram* rules.1396 The requirement for women to be accompanied by a *mahram* when travelling has impacted both women seeking 1397 and providing care.1398 In some areas, women without a *mahram* have been prevented from accessing health facilities or denied service.1399 In various instances, PVPV inspectors have given instructions that female patients without a *mahram* should not be treated.1400 In some cases, female health workers were required to have a *mahram* at work1401, and since May 2025 in Kandahar Province, these *mahrams* reportedly needed an official identification card.1402

Sources noted that general restrictions on women's access to education1403 and the ban on women to attend medical classes from December 20241404 are likely to exacerbate the existing shortage in women medical staff.1405 This has an adverse impact on the health outcome for women, given that 'cultural norms limit the treatment of women by male doctors'1406 and that these norms restrict health-care providers in seeing patients of the opposite sex.1407 Cuts in international funding of aid have also negatively impacted women's access to healthcare.1408 The bans on women from working for NGOs and the UN,1409 the restrictions on female aid workers1410 and on women in general, have moreover negatively impacted the effective delivery of humanitarian assistance to women.1411

Women in poor and rural areas and women with disabilities are disproportionately affected.1412 The AAN reported that women in rural areas are confronted with several barriers in accessing healthcare, *inter alia* the lack of clinics in their vicinity, financial hardship, restrictions on their movement, as well as damaged or non-existent roads and insufficient means of transport.1413 Afghanistan's maternal mortality rate was already among the highest in the world, and reportedly the situation is getting worse.1414 According to research for RWI, many women and girls have no access to essential maternal health services.1415

The policies of the de facto authorities have contributed to a the mental health crisis among women and girls.1416 The UN Special Rapporteur on human rights in Afghanistan stated that he has been receiving alarming reports of stress, anxiety, depression, suicide and suicidal ideation,

especially among young women and girls.1417 A survey by UN Women in 2025 noted that 75 % of the surveyed women described their mental health as bad or very bad.1418 Suicides among women and girls have moreover reportedly increased,1419 and AW reported on suicides being connected to education, domestic violence, forced marriage, rape and detention.1420 There are only limited mental health and psychosocial support services (see section 3.5. Healthcare),1421 and only a handful facilities are dedicated to women's mental health, as noted by BBC News. 1422

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