



AFGHANISTAN RECONSTRUCTION TRUST FUND (ARTF)

Gender Working Group Meeting

Tuesday, August 6, 2019

Summary of Discussions

The ARTF Gender Working Group (GWG) held its monthly meeting on August 6, 2019. Representatives of four donor partners¹, the Ministry of Finance, Ministry of Public Health (MOPH), and Da Afghanistan Breshna Sherkat (DABS) and the ARTF Administrator (the World Bank, or Bank) attended. The Bank and the European Union co-chaired the meeting.

Summary

The GWG discussed gender aspects of the Ministry of Public Health's Sehatmandi Project, with particular emphasis on the health services delivered to survivors of Gender Based Violence and a discussion about options for sustaining the Family Protection Centers that function as hospital-based "one-stop" service centers for survivors and are currently established in 22 provinces. The GWG also reviewed progress of gender indicators in projects led by Da Afghanistan Breshna Sherkat, and discussed options for encouraging women to study in technical engineering fields and to promote female engineers' professional employment. The European Union was formally confirmed as GWG co-chair for the next six months.

1. Discussion on the Gender Aspects of Sehatmandi Project

Sehatmandi is the government's primary on-budget health program. The USD 600 million project is financed partially by ARTF (USD 460 million) and partially IDA (USD 160 million). The Project Development Objective is to "increase the utilization and quality of health, nutrition, and family planning" through three main components: 1) Improving service delivery, 2) Strengthening the health system and its performance, and 3) Strengthening demand and community accountability for key health services. The project is "gender tagged". The GWG took the opportunity to review progress on gender considerations a little over 18 months since the project was approved.²

Ms. [REDACTED], MOPH Program Officer for Health Sector Response to Gender-Based Violence (GBV) presented details on **GBV responses in the health system**. Ms. [REDACTED] reviewed data from the 2015 Afghanistan Demographic Health Survey that illustrate the frequency of GBV in Afghanistan (52% of ever-married women report having experienced spousal violence) and some of the social challenges of responding to violence (80% of ever-married women and 72% of ever-married men believe that a husband is justified in beating his wife under certain circumstances). She outlined five MOPH-led initiatives to address GBV that have been supported by the United Nations Population Fund (UNFPA): 1) assessing state- and non-state-provided services to GBV survivors in three provinces (Bamyan, Kabul, and Nangarhar); 2) developing a model for health-sector response to GBV; 3) developing standard operating procedures and

¹ Australia, Canada, European Union, and USAID. Many GWG members also participate in the UN Women-facilitated Women Peace and Security Working Group (WPS). A WPS meeting was also scheduled on August 6 at a time that overlapped with the GWG. The scheduling conflict, combined with VVIP movements that disrupted traffic in Kabul on August 6, contributed to lower-than-usual turnout.

² The project was approved in March 2018 and is scheduled to close in June 2021.



guidelines for the health-sector GBV response; 4) establishing and equipping “one-stop assistance” facilities survivor-centered delivery of medical, psycho-social and legal services via Family Protection Centers (FPCs) in hospitals; and 5) capacity building for doctors, nurses and midwives on GBV services, protocols, and referral methodologies.

Ms. [REDACTED] offered additional detail on the FPCs. Twenty-five hospital-based FPCs have been established in 22 provinces. While many Afghan women have restricted mobility, most are permitted to visit hospitals, and so the FPCs offer a means to reach women who may not be able to access services at other locations. FPCs provide a multi-sectoral response, going beyond medical services to offer psychosocial counselling, legal counselling and referral services. A majority of FPC clients are women, but the FPCs are open to all, and have served men, boys and girls. To date, the active FPCs have served 48,850 GBV survivors, trained 7,248 health care providers have been trained in the health sector response to GBV; trained 4,700 health care providers in 21 provinces on GBV treatment protocols in 21 provinces, and identified and trained 625 GBV focal points³ from various health facilities. A GBV online database collects data on GBV cases. At the district level, MOPH is piloting a model of Comprehensive Family Protection Centers (CFPCs) have also recently been piloted in three districts of three provinces: Surobi in Kabul, Dehdadi in Balkh, and Aqcha in Jawzjan.

Terms of Reference for Sehatmandi BPHS (Basic Package of Health Services) and EPHS (Essential Package of Health Services) implementors cover medical services for responding to GBV, and GBV services are included in the community health curriculum and midwifery policy and GBV indicators have been integrated into the Health Management Information System (HMIS). The gender team highlighted several other activities and ongoing efforts in the detailed presentation. Beyond challenges that affect all health service delivery (such as insecurity), key challenges for GBV service delivery at present include a lack of 24-hour services for GBV survivors at FPC, limited staff and training opportunities for MOPH’s gender directorate, and weak intra- and inter-ministerial coordination. Looking ahead, Ms. [REDACTED] expressed the view that sustainment of FPCs should be incorporated in the Integrated Package of Health Services being developed for the next phase of health sector programming.

Dr. [REDACTED], Senior Technical Advisor to the Minister of Public Health on Sehatmandi offered a second presentation on **overall gender targets under Sehatmandi and its predecessor programs**. He began with an update on staffing in the sector, an important factor given the importance to women of being treated by a female professional. Women comprise 30% of the overall human resources in the health sector. In community health work the proportion of women is higher (roughly 48%) and almost equal to men. The percentage of health facilities with at least one female health worker has increased dramatically, from only 22% in 2002 to 98% today. The number of midwives has also increased; from 400 in 2003 to 5,000 today. In community health, 1,200 nutrition counsellors have been trained and recruited in health facilities, and Sehatmandi aims to train 1,000 more.

Five PDO-level indicators under Sehatmandi have gender targets: 1) annual outpatient visits per capita to publicly financed facilities; 2) birth deliveries attended by female attendant; 3) PENTA 3 vaccination coverage; 4) contraceptive prevalence rate (modern methods; and 5) primary health center Balanced Scorecard median scores. Dr. [REDACTED] provided data on the progress of these

³ Each FPC has a list of 25 focal points at other health facilities to be used when there is a need for referral.



key indicators over time (details in accompanying presentation), noting significant progress in the health sector over time: equitable (pro-poor, pro-female) expansion of key services despite rising insecurity, the significant increase in the numbers of female health workers as noted above, and improvements in under-five mortality. As Sehatmandi implementation progresses, the project will be addressing key challenges: while the number of outpatient visits per capita has been on a rising trend, indicators of care quality have recently shown some decline. The contraceptive prevalence rate remains low, infant and child feeding practices require improvement, and continued attention to equity across provinces will be required (including a need to ensure good alignment of on- and off-budget resources).

- In response to a question about FPC coverage, the team explained that FPCs currently function in 22 provinces, and DFID financing will support establishment of FPCs in six more provinces, leaving eight provinces without FPCs. (There are four in FPCs in Kabul province, located in Isteqlal Hospital, Rabia Balkhi Hospital, Ibn-e-Sina Hospital, and a hospital in Surobi District). Provinces have been selected for FPC services based on data provided through the 2015 Demographic Health Survey. The team observed that there are two critical concerns for FPCs; opening centers in the remaining provinces without coverage and ensuring sustainment of existing centers. Integration of FPCs into the Integrated Package of Health Services now being developed is one approach that could support sustainability.
- In response to a question, the team clarified that medical services for GBV survivors are currently provided under the Basic/Essential Packages of Health Services; services are provided without charge. The question about FPCs' inclusion into the future Integrated Package of Health Services relates to the FPCs' other functionality. In response to a question, the team clarified that FPCs conduct follow-up with survivors who receive referrals to other service providers. Current annual expenditure per FPC is approximately USD 22,000; the team estimated that integrating the centers into the future Integrated Package of Health Services could reduce annual costs to roughly USD 3,500. With DFID support, an evaluation of FPC functionality and efficiency is now ongoing; a final report is expected within a month or two and can be shared with GWG members.
- A question asked if the team was concerned that referring to the GBV centers as "Family" Protection Centers might cause confusion about the nature of the services (for example, leading some survivors to assume the FPCs provide family planning or other whole-of-family services) and result in them not accessing the support FPCs could provide. The team did not see this as a major concern; a name that incorporates violence could, to the contrary, cause women who need the services to avoid them owing to stigma associated with family violence and could also raise community concerns owing to the same stigma. A major factor in facilitating women's access to the centers is the fact that although FPCs do also provide occasional services to men and boys, the centers are fully female-staffed.
- In response to a question about whether women who have been trained in nutrition counselling are currently employed, the team confirmed that all the 1,200 female trainees have been recruited in various hospitals and primary health service centers.

2. Discussion on Gender in the Energy Sector by DABS

Ms. [REDACTED] [REDACTED] Da Afghanistan Breshna Sherkat (DABS) Senior National Gender Officer, offered a presentation on **gender in the four energy sector projects led by DABS and**



administered by the Bank. The projects are: 1) Da Afghanistan Breshna Sherkat Planning and Capacity Support Project (DABS-CSP); 2) Naghlu Hydropower Rehabilitation Project (NHRP). DABS-CSP and NHRP receive ARTF support; 3) Central Asia South Asia Electricity and Trade Project (CASA 1000); and 4) Herat Electrification Project (HEP). The first three projects receive ARTF support; DABS-CSP funded Ms. [REDACTED] recruitment.

DABS-CSP is a USD 6 million project fully funded by ARTF. It began in February 2016 and is due to conclude in July 2020. It aims to improve DABS capacity in distribution investment planning, implementation, operation and maintenance. The project has two main components which are: DABS staff capacity building and training center development. Under the first component the project provides technical and non-technical trainings to DABS staff and conducts pre-feasibility and feasibility studies when required. The component includes targets for training female engineers and providing internship opportunities. Eight female engineers, selected by assessment, have received training to date, and 12 female engineers interned through the program. Two of the interns were subsequently hired by DABS. Moreover, 4 capacity building trainings have been conducted for the female staff of DABS, the Afghan women in power sector first national summit was organized, training center including a special facility for women is under work. The Afghan women I power sector summit was first of its kind a successful networking and sharing opportunity for the women working in this sector.

NHRP is a USD 83 million initiative fully funded by ARTF. It began in December 2015 and is expected to run until September 2022. It aims to improve dam safety and increase the supply of electricity at the Naghlu Hydropower Plant on the Kabul river. The plant, built in 1976, is in Surobi District of Kabul province and generates half of the electricity used by Kabul residents. The project has the potential to affect nearby communities (including potentially requiring temporary resettlement of some residents) and the project aims to ensure women's views are incorporated in this process. Social surveys have been conducted to assess possible interventions for affected communities, and 39% of survey participants have been women. A female grievance redress committee has been established at Naghlu, and women in the affected communities have been offered vocational trainings.⁴

CASA 1000 is a regional project focusing on Afghanistan, Pakistan, Kyrgyzstan, and Tajikistan. Afghanistan funding totals USD 316 million, including USD 40 million in ARTF financing. The project began in March 2014 and is expected to continue through March 2023. The project aims to create conditions for sustainable electricity trade between the Central Asia and South Asia. It is working on high voltage transmission infrastructure and technical assistance/project implementation support, as well as community support programs-in Afghanistan this work is funded separately through the CASA Community Support Program (CASA CSP). Gender interventions aim to ensure women are included in decisions around electricity transmission and benefit from the project through consultations with women in affected communities, and the project works regularly with Ms. [REDACTED] team in designing surveys and assessments.

HEP is an IDA-funded USD 60 million project working to provide access to electricity to households, institutions, and businesses in selected areas of Herat province. The project is electrifying four districts of Herat: Karokh, Chest, Obe, and Pashtun Zarghoon, working on grid densification and extension, and supporting some off-grid pilots and technical assistance. A newly

⁴ Similar measures have been adopted for work at Daronta dam in Nangarhar province.



hired social safeguards officer will offer training on how to use electricity safely to women in the four newly electrified districts on the safe and reasonable usage of electricity, and gender awareness and mainstreaming. A training plan has been developed and piloted with women in Karokh district; it will be replicated in the three other districts. The team has also conducted gender awareness workshops and safe workplace standards training for DABS staff in Kabul and Herat and have established female grievance redress committees that have recorded two complaints by women so far (out of a total of 61 grievances received).

Ms. [REDACTED] assessed gender achievements across the projects as good. DABS employs roughly 8,000 workers nationally. Though it has historically been a male-dominated work place, in the last two years hiring of women has increased; today roughly 300 DABS workers are female, and Ms. [REDACTED] described DABS as a “land of opportunity” for women. A gender committee has been established, and a code of conduct, a gender training manual, and anti-harassment guideline have been developed. An overall gender strategy is being developed, and a new kindergarten and separate female mosque are in place. DABS leadership enables women with breastfeeding children to work flexible hours. A female engineers’ network has been established and has 22 members. An ongoing challenge has been to ensure that women trained as engineers are employed in that capacity; a number are currently working as administrative assistants.

- At the last meeting GWG members heard a presentation on the pipeline Afghanistan Water Supply and Sanitation Services and Institutional Support Program (AWSSIS) project. The AWSSIS team had commented on the difficulty of finding professional employment opportunities for female engineers. A question asked what factors had helped to encourage employment of female engineers at DABS. The team responded that a highly proactive approach to employing women who are already qualified as engineers is required. Although the number of female engineering students is increasing, more may be required to encourage girls to study in the field, as many perceive employment opportunities as limited and the physical requirements of the work as difficult. A comment observed that providing scholarships (bachelor’s and master’s degrees) and long-term technical trainings can be an effective means of encouraging women to enter the engineering field. Another comment suggested assessing how other regional countries (in particular those participating in CASA 1000) encourage women to study and work in the engineering field.
- A question asked how many of DABS’ 300 female employees are in senior roles. The team estimated that roughly 10 women lead units, including the Archive, Safety departments.

3. AOB

The European Union has volunteered to co-chair of the GWG for the next six months. No other volunteers have come forward, and the EU confirmed its willingness to assume the role.