



Gender Working Group Meeting

Wednesday, August 4, 2021 3:30PM - 4:30PM (GMT + 4:30)
Virtual Format

Minutes of Meeting

Summary

The ARTF Gender Working Group (GWG) virtually held its monthly meeting on August 4, 2021. The meeting was chaired by the World Bank (WB) and attended by the representatives of 5 donor partners¹, the WB Education and Health teams, and the ARTF Administrator. The WB's new country director for Afghanistan welcomed the participants and expressed appreciation for the commitment of the donor partners towards the gender agenda. Members of the WB education and health teams provided brief updates on the operations of schools and healthcare facilities, particularly with respect to the intensification of the conflict in the country. There was an update on the GBV prevention and response activities undertaken by different ministries and an assessment specifically of the health sector.

The agenda for the August meeting included: (i) Welcome Remarks (ii) Updates from WB Technical Teams on the operating environment and impact on the activities that empower women and support prevention and response to GBV (particularly PSEA); (iii) ARTF Results Framework Workshop – what to expect and how GWG could help; and (iv) GWG Donor co-chair nomination/AOB

1. Welcome

- Melinda Good, WB's new country director for Afghanistan welcomed the donor partners and appreciated their support and commitment on gender issues throughout the ARTF portfolio. She emphasized the importance of the GWG in maintaining the key achievements of the ARTF PFFP, especially in context of the deteriorating security situation and the obligation to continue delivering to those in need.

2. Updates from WB Technical Teams:

(i) operating environment and impact on the activities that empower women

- The education specialist provided updates about the EQRA project and other operations in the education sector. He confirmed that the EQRA project allocated significant resources to the reconstruction of schools and prioritized girls' and mixed schools in particular. Recent data confirmed that construction was going on in most regions (50% of the regions are under Taliban control and the remaining are either government-controlled regions or contested regions). Construction has temporarily paused in only those regions where fighting is intense. Other components of the project, like school grants, community-based education and teacher trainings have all halted due to schools staying closed in response to the COVID-19 pandemic. These activities will resume after the schools reopen. The presented data indicated that the schools were open for exams except in places with active conflicts. Internal displacements have also affected the ability of some students to continue schools, but the schools themselves have not been directly

¹ EU, Finland, Italy, Sweden, UK

threatened with closures yet. The development of a mechanism to collect real-time data from districts to show a clear picture of the impact of the security situation has been discussed with the MoE over several meetings. Regarding GBV related work, it was noted that several key documents, including CoC and GRM manuals have been drafted. There are plans to recruit an expert NGO to help the MoE in establishing a system to respond to the GBV issues laid out in their action plan.

- Development partners raised concerns on the news of the girls' schools' closure and inquired about current or potential dialogues with the Taliban by the government and/or the international community in this regard. It was mentioned that the lack of a reporting mechanism and data collection system makes it difficult to confirm or deny the news of the closure of girls' schools. Some proxy indicators suggest that schools have been closed due to COVID-19, and very few have been closed as a result of the ongoing conflict in specific regions. The MoE does not verify any report of the closure of girls' schools specifically. On the GBV progress, the partners had questions on the timeline to develop the basic GBV documents. It was noted that the documents need further review and the time required will depend on how soon the NGO will be hired to assist the ministry with the finalization of the documents, and to translate them into implementable versions. Regarding the COVID-19 vaccination, it was mentioned that MoE does not have any immediate program to vaccinate the adolescent school students.
- On the health sector, the health specialist provided updates on the overall progress in the sector, noting that most healthcare facilities are open and functional across the country, with temporary closure of a few health facilities in conflict-affected regions. It was also confirmed that SEHATMANDI has been extended to June 2022.
- The development partners had questions on the status of the contracts extended to healthcare service providers as part of SEHATMANDI extension. It was clarified that before extending the contract, MoPH, through its performance management system, reviewed the performance of the service providers and noted unsatisfactory results in 8 of the 32 provinces. Therefore, MoPH decided to extend the contracts of the 23 provinces, but not the other 8 provinces. The government is currently in negotiations with the service providers of the neighboring provinces in the eight regions. The WB has also agreed to extend the contract of the TPMA for this purpose and the procurement procedure is ongoing. It was further added that the new service providers have already been active in the eight provinces since July, based on an agreement with MoPH to avoid any disruptions in the delivery of services. There was a question on how the ongoing conflict affects the performance of the TPM in the region. The health team informed that the TPM hasn't been facing any issue in conducting their research in the regions. In fact, the Taliban have asked that the reports of the TPMA be shared with them also. It was added that the reports of the TPMA will be publicly shared soon. On the vaccination, it was reported that the government has almost finished vaccinating teachers and health workers and will be launching their vaccination program for the university students soon.

(ii) GBV activities

- GBV Regional Coordinator for the WB provided a few updates on the GBV work across the portfolio and the ministries. It was noted that IATWG for GBV is having their regular meetings, and that the last one was held in June. The meetings have provided opportunities to track the GBV work across the ministries and exchange information and key documents developed for this purpose. Some further updates were provided at ministry level. MoHE has developed a CoC, drafted a GRM manual, reviewed their existing policies and installed complaint boxes in the ministry and 39 universities. WB has noted strong commitment of MoHE while reviewing their CoC and action plan. There are discussions of hiring a technical NGO for the GBV work to support the MoHE. From the TVETA side, an action plan has been completed and GBV trainings have been provided for 1300 students and staff. Initial policy documents, CoC, GRM system and training

manuals have been developed. There are discussions about documenting the lessons learned from that experience to share with other ministries and stakeholders. Similarly, Civil Service Commission is finalizing a CoC that will be adopted by all the civil servants across the ministries. The commission has developed a MoU with MoWA and AGO that is still in discussion. However, new provisions/amendment on specific aspects of SEA/SH to the anti-harassment policy was developed by the Commission, and been approved. On possible connection or coordination of IATWG with ICCG's PSEA network, it was shared that there is no such connection for now, since IATWG is mostly a body created to track and support GBV prevention and response across the government entities.

- On MoPH's progress regarding GBV issues, an assessment was undertaken to inform the development of an action plan to mitigate and respond to SEA/SH within health facilities. Key gaps identified were in policies, reporting mechanisms, referrals, and institutional capacity. Main recommendations have been integrated into an action plan and the document will soon be shared with the key stakeholders and those who attended the dissemination workshop for further review and inputs. The health team encouraged the GWG members to share their input via pre-existing channels to better enrich the action plan. A question was raised on whether there is any engagement from the WB side in the process of integrating GBV in the future IBHS or current BPHS. It was reported that the integration is part of the action plan to make sure the capacity of healthcare providers are built at all levels of services, in addition to activities to integrate services outside of BPHS like family protection centers and awareness to community healthcare workers about GBV in general. The action plan is also being closely examined in light of changing needs on the ground.

3. ARTF Results Framework Workshop – what to expect and how GWG could help /AOB

- The GWG members were informed that an introductory session to the ARTF results framework workshop would be held online on the 5th of August and development partners were encouraged to join.

4. GWG Donor co-chair nomination/AOB

- The bank announced that the term for the current donor co-chair is ending in a month and development partners are encouraged to volunteer for co-chairing and decide on the new donor co-chair for the next six months, starting from September 2021.

Agreed Actions:

- SEA/SH action plan for health to be shared with those who attended the workshop. If others are interested to contribute, and work in this space, please reach out to the WB.
- WB to share the Jhpiego GBV assessment on the gaps identified in the health sector