Gender Analysis
CARE Afghanistan
Building livelihoods for the most vulnerable returnees, IDPs and hosts in Afghanistan - Herat and Badghis provinces
July 2020
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<tr>
<td>AIHRC</td>
<td>Afghanistan Independent Human Rights Commission</td>
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<td>CRDSA</td>
<td>Coordination of Rehabilitation &amp; Development Services for Afghanistan</td>
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<td>DHS</td>
<td>Demographic Health Survey</td>
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<td>MoRR</td>
<td>Ministry of Refugees and Repatriation</td>
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<td>MoPH</td>
<td>Ministry of Public Health</td>
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<td>DoRR</td>
<td>Departments of Refugees and Repartition</td>
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<td>MoWA</td>
<td>Ministry of Women’s Affairs</td>
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<td>EVAW</td>
<td>Elimination of Violence Against Women</td>
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<td>KII</td>
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<td>NAP</td>
<td>National Action Plan</td>
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<td>NRC</td>
<td>Norwegian Refugee Council</td>
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<td>RAADA</td>
<td>Rehabilitation Association and Agriculture Development for Afghanistan</td>
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<td>SDGs</td>
<td>Sustainable Development Goals</td>
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<td>SRHR</td>
<td>Sexual, Reproductive Health and Rights</td>
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<td>VoW</td>
<td>Voice of Women</td>
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Acknowledgments

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The views in this Gender Analysis are those of the author alone and do not necessarily represent those of CARE or its programs.

Author: Megan Williams, Gender and Program Quality Advisor, CARE Vanuatu.
Women in Afghanistan face considerable socio-economic, political and power barriers. Gender-based inequality is extensive in the country – decades of conflict, poverty and conservative patriarchal norms limit Afghan women and girls’ freedom of movement, decision-making power and access to health, education, and other basic services and resources. The situation is more dire for women and girls in IDP settlements and contexts. Even though the current Afghan government is publicly committed to women’s rights and empowerment, women continue to face significant gender-based discrimination, bias and violence.

In line with the CARE global strategy, CARE Afghanistan considers gender equality and women empowerment as a primary mission. Promoting a life free from violence and tackling and reducing gender-based violence (GBV) are key strategies for CARE and, with this analysis, CARE Afghanistan intends to explore gender roles and responsibilities and power dynamics within internally displaced person (IDP), returnee and host communities in Herat and Badghis provinces. This research engaged 61 people in key informant and in-depth interviews from Herat and Badghis provinces including community members, community leaders, and representatives from government offices and NGOs. The findings from this analysis intend to contribute to and inform humanitarian, civil society, NGO and government authorities in their programming, policy and overall interventions in the target communities.

This research provides clear evidence that women in the target communities experience considerable levels of domestic violence, perpetrated by close relatives and have extremely low levels of awareness of and capacity to access available GBV support and referral services. 100% of female and 75% of male respondents from Badghis, and 75% of female and 89% of male respondents from Herat agreed that women, boys and girls have experienced violence in their communities. Respondents indicated that the main perpetrators of violence across the two provinces are fathers (33% in Herat, 34% in Badghis) and brothers (33% in Herat and 23% in Badghis). In Herat, 16% of respondents reported that husbands were perpetrators whereas in Badghis, mothers were the third most common perpetrator identified at 14% followed by husbands at 8%. It is clear from the results of this research that women experience violence from many more sources than men. Key informants identified poverty, culture and customs, lack of education and illiteracy, migration, unemployment, political insecurity, narcotics and the lack of information about rights and the law among the main causes of violence.

The incidence of violence is higher in Badghis than in Herat. 71% of female respondents in Badghis stated that they have experienced violence and 33% of female respondents in Herat confirmed that they have experienced violence. The experience of violence for male respondents was closer within the two provinces with 67% of men in Herat and 58% men in Badghis stating that they have experienced violence. Respondents identified physical, economic and emotional violence as the three most common forms of violence they either experienced or witnessed. 57% of female respondents reported physical violence as the most common form of violence witnessed or experienced whereas men’s most common form of violence experienced, or witnessed was economic violence (45%) closely followed by physical violence (40%). Key informants confirmed that physical and economic violence were the most common forms of violence, but they also cited child marriage as a common form of violence, especially in Badghis. No female respondent in either province reported sexual or intimate partner violence and only one male respondent in Badghis reported either experiencing or witnessing sexual violence. Key informants however reported the presence of sexual/intimate partner violence. The lack of confirmation from respondents regarding intimate violence might be due to the sensitivity of the subject and their difficulties in discussing this topic. At the national level, physical violence is reported as the most common form of violence experienced by women at 50.5%, followed by
emotional violence at 37% and sexual at 7.4%. This confirms generally the order of frequency of violence experienced in the target areas found by the research – physical, emotional and sexual.

The level of awareness of and access to available support services for survivors of violence varies among women respondents across the two provinces. 67% of female respondents in Herat and 27% in Badghis stated that they have no awareness about any services available to support people who have experienced violence. The clear deduction from data around service access is that information is not reaching those who need it. 79% of female respondents (100% in Herat and 62% in Badghis) stated that they have not received any information about services. For the same inquiry, 52% of men said they have received information regarding services. Compared to male respondents, female respondents in both provinces listed very few available sources of support.

With regard to use of available services, men are more likely to seek services than women. 77% of all women (92% in Herat and 64% in Badghis) expressed that they had not spoken to service providers. 52.4% of male respondents interviewed in the two provinces (68% in Herat and 42% in Badghis) indicated that they had spoken to a service provider about the violence they experienced or witnessed. Among the small proportion of women who did engage with a service provider, 60% of them said they chose to seek help from a women’s group (Jirga). Among female respondents, the lack of awareness of service providers (Herat 73%, Badghis 60%) was the most frequent reason for not accessing available services. Similar factors also affected men from accessing available services. In general, both key informants and interview respondents in both provinces indicated support services for survivors of violence are unavailable or inadequate. The result indicated the need for interventions to expand support services and created increased awareness of such services.

The tendency to seek help from a formal institution is very limited, the majority of women (60%) in both provinces did not seek any help. The remainder (40% in Herat and 43% in Badghis) sought help from family members. Male respondents in both Herat (44%) and Badghis (58%) sought external help but from religious or community leaders or family. The remainder sought no further help. This shows the need to work with informal community structures in addition to extending GBV services and awareness in the targeted communities. Other factors, such as fear of families among women (49%), and restrictive cultural norms (20%) were also identified by respondents.

Key informants indicated that gender norms and attitudes had a significant impact on women’s access to health and counselling services. Women often are not allowed to make decisions to access such services, 36% of women in Herat, and 57% women in Badghis indicated that women do not have the freedom to decide when they can access health and counselling services. Responses to this question were highly gendered – 100% men respondents from Herat and 58% in Badghis felt that women had the freedom to decide, while 64% women in Herat and 43% in Badghis supported this response. In regard to decisions about marriage, most respondents agreed that the father and mother should be the people who decide at what age the boy or girl marries. Generally, women are restricted in their access to services that are present due primarily to cultural and social norms, as well as poverty and low levels of literacy and education.

Community members are significantly optimistic about elders’ acceptance of women and men discussing violence together. The majority of respondents from each province felt there would be no resistance from community leaders (women in Herat 58%, women in Badghis 79%, men in Herat 78% and 50% from Badghis). Among key informants, 67% from Herat indicated that there would be resistance from the community leaders if women and men discussed violence together, while only 33% in Badghis pointed toward resistance. Twice as many women as men indicated that community leaders are not aware of GBV and services available to support survivors (69% women and 14% men). This suggests that further inquiry as to the level of awareness and understanding of GBV and services among community elder and leaders will be important and that response strategies will need to
consider increasing community leaders’ sensitivity to the problems that clearly exist. According to respondents, the practice to deal with perpetrators or survivors of violence is very low. 53% of female respondents from Herat indicated that there would be nothing done at the community level to deal with perpetrators or survivors of violence. Only 3% of female respondents from Badghis indicated that there was some support to victims of violence but none in Herat. Key informants echoed the same view, by indicating the lack of measures to punish perpetrators or to provide support to survivors at the community level. In Badghis, key informants indicated there would some response to violence by community elders, however they highlighted if the violence is against a woman, it is usually overlooked.

The research also found significant economic, financial and livelihood challenges for women, which further perpetuate their dependency. Women currently have extremely low levels of access to employment opportunities with most not working. When they do have access, their opportunities are affected by their low levels of education and literacy and by norms that restrict mobility. According to the national Demographic and Health Survey, in Badghis, only 2.6% of women are currently employed and 97.4% unemployed. In Herat 4.3% of women are currently employed and 95.5% unemployed. The opportunities identified by communities for women’s employment in the target areas is focused on skilled crafts such as tailoring, sewing and weaving or in agriculture. In general, respondents, especially from Herat province, indicated that opportunities are very limited for women and there is often nothing that women could do to earn money.

Based on the analysis and conclusions, this report proposes four overarching recommendations and provides suggested intervention areas categorized for humanitarian actors, civil societies and NGOs and local and national authorities. The recommended interventions are: 1) Improve or develop GBV support and referral systems, including access to services for Sexual Reproductive Health and Rights (SRHR) for IDP and returnee communities in Herat and Badghis; 2) Ensure community engagement, especially focusing on women’s meaningful engagement in leadership and decision-making; 3) Provide or strengthen livelihood opportunities; 4) Strengthen information dissemination, awareness creation and strategic advocacy. The report stresses the need for all actors to give appropriate focus to integrate gender and GBV into their interventions and to work in coherence with the government of Afghanistan’s National Action Plan for Security Council Resolution 1325.
Section One: Context

1. Background and Introduction

Women in Afghanistan face considerable socio-economic, political and power barriers. Although the current Afghan government is publicly committed to women’s rights and empowerment, women continue to face significant barriers to exercising those rights. Women’s rights were enshrined in the national constitution of 2004, and successive national governments have committed to protect women’s rights, eliminate violence against women, and support women’s economic empowerment and political participation. The Afghan constitution and the Law on Elimination of Violence against Women (EVAW) afford rights, protections, and opportunities to women that are unprecedented in the region and among other Muslim countries. Further, the Ministry of Public Health (MoPH) of Afghanistan is committed to implementing the Afghanistan National Development Strategy and has established a Gender Directorate to help meet the gender equality objectives. The Afghanistan National Development Strategy states that it is the collective responsibility of all sectors, institutions and individuals to include women and gender concerns in all aspects of government work such as policies, budgets, programmes, projects, service and activities, including recruitment, training, promotion, allocation, expenses and opportunities. Despite such commitments, Afghan women and girls continue to experience significant repression, discrimination and violence.

According to an independent 2018 national survey, 45.7% of Afghans interviewed stated that illiteracy and lack of educational opportunities as one of the biggest problems facing women in Afghanistan. The second-most reported problem facing women is limits on women’s rights that reduce their public participation and access to justice (31.1%). One quarter cite economic issues such as lack of job opportunities (25.6%). Both women and men cite domestic violence (19.2% of women and 16.5% of men), forced marriage (12.5% of women and 10.7% of men), and insecurity (4.0% of women and 4.2% of men) as major problems. Females (74.7%) are more likely than males (67.4%) to fear for their personal safety.

Afghanistan is a country with complex social, economic, security and political problems. The country faced years of humanitarian challenges, including high level of internal displacement. Decades of conflict has resulted in large scale population movements, with UNHCR estimates of 300,000 internally displaced people (IDP) living in the largest urban centres in Herat, Ghor and Badghis. CARE has also estimated that 10,000 returnee and 64,000 IDP families displaced due to conflict and drought, living in Herat and Badghis provinces are in severe need for sustainable livelihoods opportunities to avoid negative coping mechanisms such as debt, child labour/marriage and child selling. Humanitarian needs are high in provinces with high number of returnees and IDPs. The situation is more dire for women and girls in IDP settlements and contexts and further limits their basic rights and access to basic services.

For CARE International, gender equality and empowerment of women is a primary global vision and objective. CARE has a specific commitment to a Life Free from Violence in its strategic outcomes and has extensive experience and competencies in addressing gender-based violence in emergencies. CARE also engages at the highest policy levels and has been instrumental in getting the voices of women and girls to negotiating tables on SDG5 and the aforementioned Security Council Resolution 1325 and its planning and implementation. In line with the CARE International Global Commitment, CARE Afghanistan has a dedicated Gender Equality Strategy and Action Plan, which commits to

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1 Afghanistan has one of the lowest literacy rates in the world, currently estimated at 31% of the population. UNDP estimates female literacy at 31.7% of adults. UNICEF reports that 60% of school-age children who are out of school are girls.
strengthening work in gender equality and facilitating the development of gender transformative programming. Programming includes support to women’s education, sexual, reproductive, and maternal health, livelihoods and political participation. CARE has successfully implemented gender-sensitive programming across its portfolio in Afghanistan, which includes gender awareness trainings with communities and key stakeholders and finding innovative ways to capture women’s voice when assessing community needs. More women have received access to female Shuras and quotas for women on Community Development Councils has opened pathways for increased participation. CARE Afghanistan’s humanitarian team focuses on Shelter/Non-Food Items, WASH, Education and GBV and the gender strategy commits to the design of interventions that encourage greater awareness, understanding, and commitment on gender equality of men and boys including creating spaces to reflect on how gender hierarchies impact status, choices, and lives.

This analysis is thus undertaken with the primary purpose of exploring gender roles and responsibilities and power dynamics in Herat and Badghis provinces with particular focus on health and protection. The findings and understanding from this analysis provide a critical input for CARE Afghanistan programming. Furthermore, findings from this gender analysis will contribute to the gender equality efforts of external actors, government and development agencies and contribute to advance the National Action Plan (NAP). Through this research – and related programme development - CARE Afghanistan can contribute directly to the realization of the NAP particularly through actions ‘d’ (health and psychosocial support for survivors of domestic violence), ‘j’ (engaging men and boys in fighting violence against women), and indirectly through actions on ‘e’ (Protection of women from all types of violence and discrimination); ‘f’ (Provision of resources for activities related to women in emergency); ‘g’ (Implementation of IDPs policy provisions related to UNSCR 1325) and; ‘l’ (Increase access to education and higher education for girls and women, particularly for the internally displaced persons and returnees). Based on analysis of the findings of this research, recommendations are made as to where precisely CARE, government and civil society actors might contribute

2. Methodology

The main research question for this gender analysis is: “What are the main GBV-related challenges facing women and adolescents and what are the possible solutions to these challenges.”

The research is aiming to achieve two primary objectives to:

1. Provide information about the gender roles, responsibilities and power dynamics in the targeted locations (with a particular focus on health and protection);
2. Provide recommendations on strategies for gender transformative project approaches.

Five lines of inquiry were identified to answer the research questions and meet the primary objectives:

1. What are the specific types of GBV that are experienced by women and adolescents?
2. What are the referral and response (services) options available to the survivors of these incidents of GBV and what are other support options such as family, community or friends?
3. What are the barriers or restrictions to accessing the services that are available?
4. What is the level of community acceptance of GBV and how can this acceptance be addressed?
5. What are the social economic acceptance and barriers for women and girls?

All data that has been collected is qualitative and in coherence with the target group, i.e. returnees, IDP, and host communities. The research team identified and interviewed a sample of women, men, young women and men, minorities, marginalized, and high-risk households in need of protection services, particularly GBV prevention and response in Herat and Badghis provinces. The data collection
for key informant interviews targeted representatives from government and non-government agencies, local authorities, and community and religious leaders.

The research team from partner organisation Rehabilitation Association and Agriculture Development for Afghanistan (RAADA) were prepared for the process of data collection using processes and methodology developed for the previous gender analysis conducted in 2019. CARE Afghanistan Program Quality staff amended the tools and process from the previous gender analysis and trained and supported the team in the provinces to conduct the research. The team conducted in-depth interviews (IDI) with a sample of community members including housewives, young women and men, female and male community leaders and male workers and unemployed men. A total of 47 people (26 female and 21 male respondents) were interviewed as part of the research representing a 1.45% sample of total intended project household target numbers. 12 women in Herat province including seven housewives, four young women and one village council member and 14 women in Badghis province including 13 housewives and one young woman were interviewed. Nine men in Herat province including two village elders, two workers and one head of a local organisation and four young male students. In Badghis province, 12 men were interviewed including five community leaders, three unemployed men, one worker and one teacher and two young male students were interviewed. Only two of the respondents were returnees in Herat province and the remainder were IDPs.

In addition, a total of 14 people (six women and eight men) from different organisations based in Herat and Badghis provinces were interviewed as key informants. Informants primarily came from government and NGOs including the Independent Human Rights Directorate (IHRD), Directorate of Refugees and Repatriation (DoRR), Department of Women’s Affairs (DoWA), Public Health Department, CRDSA, NRC, World Vision, Tawana NGO and Voice of Women NGO. Together this brought the sample to 61 people. Primary data was supplemented by secondary data.

Selection of interviewees took place in target provinces with the collaboration of relevant community, local and government authorities and women’s groups. Community representatives and leaders were oriented on the purpose and procedure of the research exercise – including on relevant confidentiality and ethical considerations. Informed consent was sought from all respondents and all data here in is anonymous.

The analysis of the data gathered was primarily done in terms of gender and province and compared with national data available through national surveys and other secondary research.

3. Limitations

Although there is an overall gender balance among the key informants (six female and eight male), the gender balance is not reflected within each province. Due to social and context difference in Herat and Badghis provinces, employment of women in government and NGOs is limited in Badghis compared to Herat. As a result, key informants from Herat are predominantly female and the Badghis key informants are predominantly male which had the potential to skew the picture slightly in each province however the story from all key informants is consistent and so not likely to have made a large difference.

The team had planned to disaggregate the data by type of respondent (IDP, Returnee or host community) however due to the COVID-19 pandemic reducing returnee mobility, the research team was only able to interview two returnees in Herat province and none in Badghis due to fewer returnees living in the target areas. The data collection was done through a partner organisation with remote

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Team prepared in 2019 by CARE Global Gender Cohort advisor Karl Deering for the gender analysis of the Khost and Kabul provinces.
monitoring, guidance and technical support by the CARE Afghanistan team. It was therefore not possible to verify and review the data. Another factor affecting the timing were complications as a result of the first COVID-19 case being reported in Herat province whilst the data was being gathered. The qualitative answers from respondents in some cases were not very detailed and so it was hard to get an in-depth picture of the situation to provide greater understanding. The findings on experience of sexual or intimate violence are lower than those detailed in the Afghanistan Demographic and Health Survey which is most likely due to the sensitive nature of the subject and the difficulty people have in disclosing violence in general and gender-based and sexual violence in particular. The phrasing of the questions on violence are broad and do not specify violence experienced by women for male respondents. This may have introduced into the data, men’s experience of violence which could have also influenced the identification of perpetrators for male respondents and explain why some of the results of this research are different to that of the Afghanistan Demographic and Health Survey.

4. Context

4.1. Afghanistan Demography

Afghanistan has a population of 38,858,170,\(^5\) with 48.6% female and 51.4% male\(^6\) and an annual growth rate of 2.33% per annum. The fertility rate is 4.56 births per women and the median age in Afghanistan is 18.4 years, indicating a young population.\(^7\) Afghanistan has predominantly rural population; 71% of people in Afghanistan live in rural areas, 24% in urban areas and 5% in nomadic areas\(^8\).

Afghanistan has a high disability rate, with almost 80% of adults aged 18 and over have some form of physical, functional, sensory, or other impairment (24.6% mild, 40.4% moderate, and 13.9% severe).\(^\text{iii}\) Severe disability is more prevalent among females (14.9%) than males (12.6%). Among children aged 2-17 years, 17.3% have a mild, moderate, or severe disability.\(^9\)

The country has no functioning sewage and wastewater treatment systems, and existing septage management systems are informal. Only 63% of Afghans have access to basic drinking water, and only 39% have access to basic sanitation.\(^10\) Afghanistan has one of the lowest literacy rates in the world, the literacy rate for Afghanistan is 38.2% over the age of 15 (52% male and 24% female).\(^11\)

4.1.1. Herat and Badghis provinces

The target areas for this gender analysis are the provinces of Herat and Badghis, neighbouring provinces in Afghanistan’s West. Herat has a total population of 1,890,202 with 49.9% female. Herat’s provincial capital comprises 40.1% of the provincial population. The average household size is 5.7 people per household and fertility rate is 6.6. 4.7% of the Herat population reporting having at least one functional disability (3.9% female, 5.5% male). 60.3% of the population report improved sanitation and 82.4% report access to improved water sources. The literacy rate for people over 15 years in Herat is 42.4% (40.5% female 55.4% male). Age at marriage in Herat is 23.8 years for males and 20.7 years for females. 72.8% males report being employed and only 10% females. The industries in which women work the most are manufacturing (66%), community, social and personal services sector (23.3%) and agriculture (8.7%). 83.9% of women have no schooling compared to 63.4% of men. 7.3% of women attended primary school (15.8% males), 3.2% of women attended secondary school (7.5% males) 3.1% of women attended senior secondary (8.4% males) and 2.4% of women attended vocational or higher education (4.9% males).\(^12\) 26.2% of the population of Herat is in the lowest wealth
Badghis province\textsuperscript{iv} has a total population of 512,582 of which 97\% live in rural areas.\textsuperscript{14} 55\% of the total population is made up of Aimaq, Uzbeks, Turkmen and Hazaras and 45\% of Pashtuns, Balochs and other minorities. In stark contrast to Herat province, 53.5\% of the population of Badghis is in the lowest wealth quintile, 24.1\% in the second quintile, 18\% in the third, 2.8\% in the fourth and 1.6\% in the highest quintile.\textsuperscript{15} 95.6\% of all women in Badghis cannot read (71.7\% men) and 73.7\% of girls did not attend school. 21.8\% have had some primary education but only 1.4\% completed primary education. 2.6\% have had some secondary education but only 0.3\% completed secondary education and 0.9\% pursued further education.\textsuperscript{16} Agriculture is the main income source for 59\% of households in Badghis, 52\% have home gardens, 45\% livestock, 7\% receive income from trade and service employment and 5\% of income comes from non-farm related labour.\textsuperscript{17}

4.2. Gender, legislation, policy and parliamentary context

The 2004 Afghan constitution states “Any kind of discrimination and privilege between the citizens of Afghanistan are prohibited. The citizens of Afghanistan – whether man or woman – have equal rights and duties before the law.” It also guarantees women’s right to education and to work. The Ministry of Women’s Affairs (MoWA) and the Afghanistan Independent Human Rights Commission (AIHRC) were established by the government to fulfil the constitution’s commitment to women’s rights. In 2008, the government launched a 10-year National Action Plan for Women (NAPWA) to address women’s rights.\textsuperscript{18}

Afghanistan signed the Convention on the Elimination of all forms of Discrimination against Women (CEDAW) in 1980 and ratified it in 2003 following the fall of the Taliban. Despite having laws in place ensuring gender equality, these are not being effectively implemented and challenges remain, including lack of access to schooling for girls, physical attacks against women in public life and impunity for gender-based violence.\textsuperscript{19} In 2009, by presidential decree, Afghanistan adopted legislation protecting women’s rights. The Elimination of Violence against Women (EVAW) law criminalised practices which are harmful to women such as physical abuse and sexual assault.\textsuperscript{20}

Afghanistan grants 25\% of seats to women in its lower house of parliament, the Wolesi Jirga, and 17\% of seat to women in the upper house, the Meshrano Jirga. These quotas are specified in Articles 83 and 84 of the Afghan Constitution.\textsuperscript{21} The quota system originally guaranteed 25\% of seats for women in district and provincial councils however this was reduced to 20\% in 2013. At the same time, some parliamentarians tried to remove the provincial council quota altogether.\textsuperscript{22} Also of note is that only 30\% of women are registered to vote as women tend not to register in conservative provinces.\textsuperscript{23}

4.3. Gender, conflict and security

The security situation in Afghanistan remains precarious, with the Afghan National Defence and Security Forces, International Military Forces, and insurgent groups engaged in an almost continuous cycle of combat. The Taliban remains a resilient anti-government force, demonstrating a continued ability to threaten district centres and provincial capitals, thus sustaining continued waves of displaced persons. Internally displaced women and women living in conflict-affected communities are particularly vulnerable to insecurity.\textsuperscript{24}

In 2015, Afghanistan developed the National Action Plan on Women, Peace, and Security in an effort to address the challenges women faced in the aftermath of war and conflict in Afghanistan and to

\textsuperscript{iv} There is very little demographic data for Badghis province available.
implement the United Nations Security Council Resolution 1325 (UNSCR 1325). The National Action Plan focuses on the following actions:

a) Participation of women in the decision making and executive levels of the Civil Service, Security and Peace and Reintegration
b) Women’s active participation in national and provincial elections
c) Women’s access to effective, active and accountable justice system
d) Health and psychosocial support for survivors of sexual and domestic violence throughout Afghanistan
e) Protection of women from all types of violence and discrimination
f) Provision of financial resources for activities related to women in emergency
g) Implementation of IDPs policy provisions related to UNSCR 1325
h) Put an end to impunity for violence against women (VAW) and related crimes
i) Engage boys and men in fighting Violence Against Women
j) Support and provide capacity building for civil society (particularly women’s organizations) on UNSCR 1325 and women, peace, and security
k) Increase economic security for vulnerable women through increased employment opportunities
l) Increase access to education and higher education for girls and women, particularly for the internally displaced persons and returnees.

Although there has been some progress against some of the objectives including participation in political processes and representation and increasing by 28% the number of violence against women cases filed under the EVAW law. Unfortunately of the 4505 cases registered over a one year period, only 361 had led to a criminal conviction. There has also been backward steps including the reduction in the percentage of women in civil service roles from 31% in 2006 to 18.5% in 2010 due to threats and attacks against women civil servants and the lack of progress on gender based violence.

4.4. Gender and displacement

In 2019, more than 900,000 Afghans were displaced or returned home to conflict. “The majority of returnees from abroad live a life of internal displacement,” Geneva-based Internal Displacement Monitoring Centre reported “They are either unable to return to their areas of origin or become displaced again once back in Afghanistan.” Displaced women in Afghanistan are frequently denied their rights for various reasons, including poor capacity of informal and formal justice actors and highly discriminating interpretations of women’s legal rights. There is also some evidence that displaced women and girls (particularly girls from female-headed households) are more vulnerable to early and forced marriage to older men due to Jahez/Toyana (dowry) providing economic relief to poor families. This may lead to health risks and complications in childbirth and early widowhood, thus perpetuating long-term poverty. However, little is known about the prevalence of early and forced marriage among IDPs and less is known about protective factors that could mitigate it beyond access to economic assistance. One gap in this regard is a lack of qualitative data to explore patterns of GBV and protection in different types of emergencies, such as conflict or disaster, and how these impact on men, women, boys and girls in different ways. Furthermore, there is not enough understanding of how risks GBV differ across different phases of emergencies – and even less data available to indicate the effects of long-term and protracted displacement on GBV.

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* On October 31st, 2000, the United Nations Security Council (UNSC) adopted the historic Resolution 1325 (UNSCR 1325) on Women, Peace, and Security. The adoption of UNSCR 1325 was the validation of over 20 years of advocacy by women peace activists and women’s organizations globally and it had no precedence before as it recognized that women’s increased participation in all decision-making on peace and security related issues, as well as an end to conflict-related sexual violence. The Resolution stresses the importance of increasing women’s participation in the prevention, management, and resolution of conflict as well as all matters related to peace and security.
4.5. Gender based violence

The Afghanistan Demographic and Health Survey notes that 56% of ever-married Afghan women reported experiencing physical, sexual, emotional violence by an intimate partner in their lifetime. Given likelihood of under-reporting due to taboos and fear of reprisal, this figure is likely to be higher. This data represents women who have ever been in an intimate partnership, aged 15-49. Among ever-married women who had experienced spousal physical violence in the 12 months prior to the survey, 26% reported experiencing physical injuries. 61% of ever-married women who experienced violence never sought help or never told anyone about the violence. Women’s experience of spousal (physical, sexual, or emotional) violence increases substantially with age and number of children. 31% of ever-married women age 15-19 have experienced spousal violence compared with 61% of women age 40-49; whereas 33% of women with no living children have experienced spousal violence compared with 60% of women with 5 or more children. Spousal violence declines sharply with education: 58% of women with no education have experienced spousal violence compared with 33% of women with more than secondary education.

Husbands are most commonly reported as perpetrators of the violence with 94% of ever-married women reported their current husband as a perpetrator. Other perpetrators included mother/stepmother (9%), followed by father/stepfather (8%), father-in-law (7%), mother-in-law (7%), and siblings (4%).

Nationally 80% of women and 72% of men believe that a husband is justified in beating his wife for at least one of five specified circumstances (burning food, arguing, refusing sex, going out without telling him, or neglecting the children). This data shows a very high acceptance of violence against women among women and men in Afghanistan. For each of the specified circumstances, men were less likely than women to agree that wife beating was justified. Among women and men, attitudes towards wife beating are more acceptable in rural areas (82% of women and 76% of men) than in urban areas (74% of women and 60% of men) where wife beating is justified for at least one of the specified reasons. Of specific interest to this research and is discussed further in provincial disparities, it is notable that in Herat, 90.6% of women (10% points above national average) and 84.3% of men (12% points above national average) believe that wife beating is justified – whereas in Badghis, it is closer to national average at 80.1% for women 79.7% for men who believe violence is justified.

To combat such levels of violence and such perceptions of the justification of violence, the Afghanistan Government developed the National Action Plan to implement the UNSCR 1325 on women, peace and security and commits the government to providing relief and recovery services to women from and within conflict-affected communities, IDPs, and survivors of violence. These services include 1) provision of relief and recovery services for women affected by conflict, IDPs and women survivors of violence; 2) increased access to education, healthcare services, and employment, particularly for girl and women refugees, the internally displaced, and returnees; 3) the implementation of the IDP Policy provisions related to UNSCR 1325.

Despite the NAP, the EVAW law and numerous humanitarian interventions targeted towards the protection of women and girls, gender-based violence remains pervasive, including physical and sexual violence, early and forced marriage, and women’s and girls’ limited access to resources, land, inheritance and livelihoods. There is also little progress with data collection and analysis on GBV. Poor GBV reporting mechanisms are attributed to several factors, including: shame attached to reporting GBV, lack of adequately trained female response staff (e.g. trained in understanding the complexities of GBV cases and enabling confidential reporting), female response staff having limited access to some insecure locations and, thus, male emergency response staff typically conducting needs and protection assessments with men who are unlikely to accurately report GBV cases.
4.6. Gender and justice systems

Although gender equality is protected by the Constitution of Afghanistan, it also states that “no law can be contrary to the beliefs and provisions of the sacred religion of Islam” which makes women’s rights open to interpretation especially in a country where only 3% of judges are women. As well as the state legal system being in place, two other systems operate - Sharia law and customary and tribal codes such as Pashtunwali.41 A woman running away from her family due to abuse is not a crime under Afghan penal code but is considered crime under Sharia.42 “Police routinely refuse to register cases instead telling women who have been victims of domestic violence to return to their husbands”.43

The Elimination of Violence against Women (EVAW) law was adopted in 2009 by presidential decree because the Afghan parliament resisted approval. It is seen as progressive compared to traditional laws on violence against women, but its implementation has been hampered by lack of motivation and institutional capacity, with many of the law’s provisions remaining unapplied.

As part of the National Action Plan to implement UNSCR 1325, the Government of Afghanistan has committed to steps to strengthen the legal provisions and structures to eliminate violence against women and increase women’s participation, including: 1) adoption of the EVAW Law; 2) amendment of some of the provisions in the Civil Servants Law to promote women’s rights; 3) development of the Family Law; 4) development of procedures to prevent discrimination; 5) development of Shelter Regulations.44

In 2018, a new penal code was adopted to increase enforcement of the EVAW law by criminalizing violence against women, but much of the political class is resistant to criminalization, as it is understood to be in conflict with cultural traditions. There has been increased focus on enforcing EVAW, but recent reports have found little improvement, and instead of bringing criminal charges against perpetrators of violence against women, many in the justice system are referring plaintiffs to more traditional mediation practices, which often do not address the crime, or worse, further endanger the woman.45 “Afghan authorities routinely turn victims away or pressure them to accept mediation, a process in which the abuser merely promises not to repeat the crime”.46

According to Oxfam, the number of female police officers, attorneys and judges has increased, thus enabling women greater access to protection and justice. Women’s shelters have been established, and judicial officials have received assistance in reflecting women’s rights in the delivery of justice.47

4.7. Gender roles and livelihoods

Women in Afghanistan continue to face socio-economic, political and power barriers. Women in Afghanistan face restrictions regarding their movement and social life due to traditional and patriarchal norms, which prevent them (mainly in rural and conservative areas) from accessing education, healthcare, employment, and deprives them from public participation and freedom of movements. The practice of a ‘Mahram’, a male family member accompanying a woman when she goes out of the house puts a strain on women’s mobility, hence, their ability to seek and access services and livelihood opportunities.48

Women in Afghanistan are predominantly responsible for reproductive labour within the household with their ability to engage in productive work curtailed over the years by lack of mobility and acceptance of women working outside the house. Women’s engagement in the labour market is also minimal. According to the National Demographic and Health Survey only 11.7% of women are currently employed in productive labour. 1.5% have not been employed within the last 12 months and 86.6% have not been employed for more than 12 months.49 According to a survey in 2018, 25.5% of respondents stated that lack of job opportunities as one of the biggest problems facing women in their local area.50 The disproportionate burden of domestic role on women and girls, combined with restrictive gender norms that curtail women from accessing and participating livelihood opportunities
perpetuate the dependency of women and contributes to women’s limited social, economic and political rights in the country.

4.8. Regional gender disparities – Herat and Badghis

There are some significant gender disparities in the data between the two provinces that would be useful to keep in mind when considering the findings of the research. Women in Herat report experiencing significantly higher physical, sexual and emotional violence than those in Badghis. Taken from the Afghanistan Demographic and Health Survey conducted by the Central Statistics Organisation and Afghan Ministry of Health, the table below presents the percentage of ever-married women aged 15-49 who have ever experienced emotional, physical or sexual violence committed by their spouse in Badghis and Herat provinces

<table>
<thead>
<tr>
<th>Province</th>
<th>Emotional violence</th>
<th>Physical violence</th>
<th>Sexual violence</th>
<th>Physical and sexual violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Badghis</td>
<td>16.8%</td>
<td>47.8%</td>
<td>11.3%</td>
<td>44%</td>
</tr>
<tr>
<td>Herat</td>
<td>84.9%</td>
<td>91%</td>
<td>0.2%</td>
<td>89.9%</td>
</tr>
</tbody>
</table>

Of the women experiencing violence in Badghis province only 25% sought help whereas 53% sought help in Herat. Correspondingly 58% of women experiencing violence in Badghis never sought help and did not tell anyone in comparison to 33% in Herat province.

Another difference is that more women own land either on their own or jointly in Badghis than in Herat. 92.5% of women in Herat do not own land whereas 63.4% of women in Badghis do not own land. 6.5% in Herat own land jointly with others whereas in Badghis nearly four times as many women jointly own land with others (23%).

92.1% of women in Badghis have no exposure to mass media whereas only 37.2% of women in Herat have no exposure to mass media.
5. Gender Based Violence

5.1. GBV experienced by women and girls and boys
Community respondents in both provinces were asked if women, boys and girls experienced violence in the household. In Badghis, 100% of female respondents and 75% of male respondents agreed, whereas in Herat only 75% of female and 89% of male respondents agreed that violence occurred with these groups. Two female respondents in Badghis specified that the violence they experienced was that their father did not seek their permission on marriage choice.

5.1.1. Perpetrators
Respondents indicated that the main perpetrators of violence common across the two provinces are fathers (33% in Herat, 34% in Badghis) and brothers (33% in Herat and 23% in Badghis). In Herat, 16% of respondents reported that husbands are perpetrators whereas in Badghis, mothers are the third most common perpetrator identified at 14% followed by husbands at 8%. If you consider the results from a female perspective, 16% indicated that husbands are perpetrators of violence whereas only 6% of men identified husbands as perpetrators and only 4% of female respondents cited mothers as perpetrators whereas 15% of men cited mothers as perpetrators which of course may mean that they were their own mothers and therefore also mothers in law.

It is clear from the results of the research that women experience violence from many more sources than men, with 11 sources of violence cited for women and only seven for men. The key informants confirmed the above results most frequently citing fathers, brothers, husbands as well as family and community elders as the primary perpetrators of violence. Nationally, the most frequently identified perpetrator of violence against ever-married women was the husband at 94%, followed by mother/stepmother (9%), father/stepfather (8%), father-in-law and mother-in-law both (7%) and siblings (4%).

It is possible that the phrasing of the research question could have led people to consider all violence within the household and between all types of family members and not specifically between spouses. It is also possible being a sensitive subject that women may have been

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*i* Question: Do women, boys or girls experience violence within the household?
cautious in their identification of the perpetrator despite the confirmation that the information would be anonymised.

5.1.2. Causes of violence
Key informants indicate that the main causes of violence in Herat are poverty (30%), custom and culture (22%), lack of education (17%), political insecurity and narcotics (9% each) and lack of information about rights, migration and unemployment (4% each). In Badghis, poverty (24%), culture and custom (19%), illiteracy (19%), acceptance of violence and lack of understanding about women’s rights (both at 9%) as well as political insecurity, unemployment and no awareness of Afghan and Islamic law (all at 5%) are considered the most prominent causes of violence.

5.1.3. Experience of violence
When asked if they had personally experienced violence, female respondents in Herat gave considerably different responses to female respondents in Badghis. Only 33% of women in Herat indicated they have experienced violence which is lower than the national average of 53% for women experiencing physical violence, and in considerably lower than the average reported for physical violence in Herat in the Afghanistan Demographic and Health Survey at 91.3%. In Badghis, 71% of women respondents confirmed they have experienced violence which is significantly higher than the provincial data for physical violence against women in Badghis (49%).

The experience of violence for male respondents was closer within the two provinces with 67% of men in Herat and 58% of men in Badghis confirming they have experienced violence. The question that was asked at this point was “Have you personally experienced violence?” which introduces violence experienced by men into the discussion possibly detracting from the central theme of violence against women, girls and boys.

5.1.4. Types and frequency of violence
Respondents were asked about the types of violence they either experienced or witnessed and they mainly reported physical, economic and emotional violence. No female respondents in either province reported sexual or intimate partner violence and only one male respondent in Badghis reported either experiencing or witnessing sexual violence. 57% of female respondents reported physical violence as the most common form of violence witnessed or experienced whereas men’s most common form of violence experienced, or witnessed was economic violence (45%) closely followed by physical violence (40%). The key informants confirmed physical and economic violence as the most common forms of violence, but they also cited child marriage as a common form of violence particularly in Badghis. They also confirmed the presence of sexual/intimate partner violence, emotional violence and verbal abuse. At the national level, physical violence is also reported as the most common form of violence experienced by women at 50.5%, followed by emotional violence at 37% and sexual at 7.4%. This confirms generally the order of frequency of violence experienced – physical, emotional and sexual. It does highlight also the sensitivity of the subject of sexual violence for respondents and their difficulties in discussing this topic.

Only 25% of the 12 female respondents and 60% of the nine male respondents interviewed in Herat were willing to report the number of times they had either experienced or witnessed violence. 100%
of female and male respondents in Badghis reported on the number of times they had witnessed or experienced violence.

For the small number of female respondents in Herat who were willing to report the number of times they had witnessed or experienced violence, 47% reported experiencing or witnessing economic violence, 33% physical and 20% emotional violence. This was markedly lower than the provincial statistics for Herat where 91% reported physical violence, 85% reported emotional violence. The only figure that is similar is that of sexual violence reported as 0% in the research and 0.2% in the National Demographic and Health Survey. This is due to the very low numbers of respondents willing to discuss the question.

For Badghis, 52% of female respondents reported witnessing or experiencing physical violence, 28% economic and 20% emotional. The provincial statistics reported in the National Demographic and Health Survey, were similar in that 48% of women in Badghis reported physical violence, 17% reported emotional violence and 11% reported sexual violence. Economic violence was not recorded through the National Demographic and Health Survey.

For male respondents in Herat, 71% of violence experienced or witnessed was economic and 29% physical. In Badghis, 36% was reported as economic violence, 28% physical violence, 6% each of sexual and emotional violence and another 25% was unspecified.

As can be seen by Figure 6, the most frequent number of times most people reported experiencing or witnessing violence was two times with 15% indicating that they have witnessed it at least 10 times.
Our data is different to the provincial data in the national survey in that people in Herat indicated that they were experiencing violence more often (71.4%) than our data (50%) and with 69% of our respondents in Badghis reported they sometimes experienced or witnessed violence which was much higher than the national data at 15.3%.

5.2. Referral and response service and other support options available to survivors of GBV

5.2.1. Awareness of availability of support services

Respondents were asked about their awareness of the availability of support services for people who experience violence. In Herat, the majority of female respondents (67%) did not know of any services available to support people who had experienced violence. Of the remainder, 13% cited health centres, 13% guided counselling and 7% safe houses. In comparison, only 27% of female respondents from Badghis province were not aware of any services available. 38% reported NGO services and 19% the Directorate of Women’s Affairs, 12% suggested community and religious leaders and 4% the Court and justice services. See Figure 7.

Male respondents generally were able to cite more available services than women in both areas. In Herat (44%) and Badghis (48%) male respondents indicated that NGOs or school awareness/services were available, 20% in Badghis cited community and religious leaders. 21% in Herat cited counselling services with 16% in Badghis and 7% in Herat identifying government services including Directorate of Women’s Affairs. The remaining services cited included clinics and health centres (Herat 14%, Badghis 4%) and police (Herat 4%). Only 14% (Herat) and 8% (Badghis) could not cite any support services. Key informants confirmed the different services available for survivors of violence in both Herat and Badghis which generally matched the knowledge of some of the community members including psychological and health services and counselling, safe houses and emergency support, the justice system including free legal advice, police and court system.

They also identified livelihoods support which community members had not identified. Key informants in Badghis also mentioned the services available through the Voice of Women organisation and the Directorate of Women’s Affairs and other NGOs which match with the community responses about available services (see Figure 8). Key informants in Herat identified that awareness raising on gender and violence was available in the province. It is possible to see from the large number of women who are unaware of the services available as per Figure 8, awareness raising may not be reaching its target.
5.2.2. Use, or lack of use of services

When asked if they spoke to a service provider about the violence they experienced or witnessed, 77% of all women (92% in Herat and 64% in Badghis) expressed that they had not spoken to service providers. Whereas 52.4% of male respondents interviewed in the two provinces (68% in Herat and 42% in Badghis) indicated that they had spoken to a service provider about the violence they experienced or witnessed.

For the small percentage of women who did engage with a service provider, they chose to speak with the health service, *Jirga* or a women’s group, with the majority in Badghis choosing to seek help from the *Jirga* (60%). Whereas men sought help from police, the *Jirga*, health services, NGOs and women’s groups. See Figures 9 and 10. Key informants did not mention *Jirga* in the services for violence referral available in the provinces however it is clearly an institution accessed by both women and men in the target provinces.

When asked why they did not speak to a service provider in relation to violence, women indicated that either there were no service providers, or they had no awareness of their presence or where to go. Other reasons included lack of mobility, as one women respondent from Herat said: “I’m always at home”. Additionally, long distances to travel, cultural reasons or family restrictions limit women from accessing services. As can be seen in Figure 11, lack of awareness of service providers was the most frequent reason (Herat 73%, Badghis 60%) for women not seeking external support. For men,
lack of awareness of available services (Herat 33%, Badghis 71%) was also a factor in affecting their rationale for not seeking support but also, they stated that their issues had either been solved or that they had not experienced the violence. This may indicate that rather than personal experience of violence, they have witnessed other people in violence and may not have been able to act.

When asked about the adequacy of the available services, key informants indicated that services were not adequate in either province. In Herat, 71% of key informants reported that services were limited and basic in coverage and were concentrated in the urban areas and so not sufficient for rural areas. 28% of key informants interviewed in Herat indicated that if the services were implemented as they had been planned then they would be adequate but further improvement was required. In Badghis, 14% of key informants indicated services were inadequate and 71% said that not enough organisations were working on the issue. 14% indicated that if the relevant department were working as planned then the services would be adequate.

Respondents who had not sought help at formal service providers were asked if they had sought help from others. Around 60% of female respondents in both Herat and Badghis sought no further help and the remainder (40% in Herat and 43% in Badghis) sought help from family and friends. Of those who sought help 80% in Herat and 38% in Badghis indicated that their help was useful. 62% of women in Badghis indicated however that help was not useful.

In comparison to the provincial statistics reported in the National Demographic and Health Survey, 25% of women in Badghis sought help to stop violence and 72% did not seek further help. (14% never sought help but had told someone and 58% never sought help and never told anyone about the incident). In Herat 53% of women sought help to stop violence, 51% did not seek further help (13% never sought help but told someone and 38% never sought help and never told anyone).
Male respondents in both Herat (44%) and Badghis (58%) sought external help but from religious or community leaders or family. The remainder sought no further help. Men in Herat found the support 100% useful, whereas only 50% men in Badghis found the help useful.

5.3. Barriers and restrictions to accessing services

5.3.1. Barriers to women and children accessing services

Community respondents were asked to talk about the barriers they or other women, boys and girls had experienced in seeking support if they experienced violence. The difference in response between women and men were marked. 46% of men in the two provinces indicated that there were no restrictions for women, boys and girls in accessing services, but they indicated that there was no one to provide services. Whereas only 9% of women indicated there were no restrictions in accessing services. They agreed that service provision was either not available or that providers were not able to address the issue. 49% of women in Herat and Badghis listed fear of families as the main restriction to accessing services, followed by 20% suggesting restrictive cultural and social norms (27% in Badghis and only 9% in Herat). This indicates that in Badghis there is a greater awareness of the influence of restrictive norms on women’s behaviour. This was also seen in the overall responses from men where 18% reported that cultural norms were a restriction on women’s behaviour (7% in Herat and 29% in Badghis). 14% of men in Herat identified illiteracy as a barrier to accessing services.

Key informants in Herat confirmed the community perceptions of barriers. They reported that custom and patriarchal systems placing restrictions on women and children’s behaviour were the main barrier to accessing services (46%), the lack of information about services (17%) and poverty and lack of service in remote areas (8% each) also contributed to restricting women and children’s access to
In Badghis, the main barriers for women, girls and boys accessing services reported by key informants were restrictions from family members (27%) and community elders (27%) and other unspecified reasons (18%). 27% indicated there were no restrictions in Badghis.

### 5.3.2. Freedom of decision making

When asked about whether women or boys and girls have the freedom to decide when they access health and counselling services, the divergence between women and men’s answers was considerable. 100% of men in Herat said that women had the freedom to decide when they can access health whereas only women 64% of women in Herat agreed and 36% indicated that they did not have the freedom to make such decisions. In Badghis, 58% of men felt that women had the freedom to decide stating that this was “better than in the past” and 42% reported that women did not have the freedom to make those decisions. Almost the reverse, 43% of women in Badghis said that women had the freedom but the majority (57%) indicated that women and boys and girls could not make those decisions with one woman saying that they don’t make such decision due to “fear of their family”.

Key informants in both Herat and Badghis reported that gender norms and attitudes had a significant impact on women’s access to health and counselling services with one confirming that “men decide what services women should access” and that “family do not allow women to access health or counselling services”. They confirmed that men, family and community elders, government, religious leaders and NGOs have influence on women’s access to services. This was also confirmed in the National Demographic and Health Survey which indicated that men are twice as likely to make decisions about their own health either on their own or jointly with their wife (98% in Badghis and 96% in Herat) compared with women where only 48.8% in Badghis and 49.8% in Herat were able to make decisions about their own health either on their own or jointly with their husbands.

### 5.3.3. Distance to travel to access services

There were only small differences between women and men’s perceptions of the distance that the nearest service provider was from their home and the mode of transport in Herat. In Herat, women thought that service providers were between two and six kilometres from the house (average of 3.8 kilometres) whereas as men reported the distance as between two and ten kilometres with an average of 5.6 kilometres. In Badghis, there was a similar difference between women and men’s perceptions on distance with women reporting between two and eight kilometres and an average of 3.7 kilometres and men suggesting the distance was between two and 25 kilometres with an average of six kilometres. Both women and men reported the mode of transport to be either walking, by animal, car, motorcycle, taxi, bicycle, bus or riksha.

### 5.3.4. Information and awareness about services

When asked whether they had received information about services that could be helpful for women who have experienced violence, 79% of women said they had not (100% in Herat and 62% in Badghis) and men indicated that 52% had received such information and 48% had not. Unfortunately, there was no further information gathered on how they had received the information if they had.

As awareness about presence of services is a key barrier it would be important to understand the most effective ways people are receiving information. National data indicates that 92% of women in Badghis and 38% of women in Herat have no access to mass media, however a survey undertaken in 2013 reported that at least 80% of women in Afghanistan have access to mobile phone technology.
5.4. Level of community acceptance of GBV and how to address accessibility of services

5.4.1. Community leaders awareness about GBV

When asked if community leaders are aware of and talk about gender-based violence or the services available, 69% of women and 14% of men indicated that they did not. 31% of women and 86% of men reported that community leaders were aware of and talk about violence and services. There were no significant differences between provinces with slightly more women in Badghis (36%) than women in Herat (25%) agreeing with the statement. Interestingly community leaders in Herat were disagreeing with the statement.

5.4.2. Practices and customs for dealing with perpetrators and survivors

When asked what practices or customs there are for dealing with perpetrators and survivors of violence at community level, female respondents suggested the practice for dealing with violence perpetrators at the community level was punishment by community elders (26% Herat, 3% from Badghis). 53% of women respondents from Herat indicated that there was nothing done at the community level to deal with the perpetrators or violence survivors and 21% from Herat also indicated that they did not know what was happening at the community level to deal with perpetrators or survivors. Only 3% of female respondents from Badghis indicated that there was some support to victims of violence but none in Herat (0%).

In response to this question, and potentially in the absence of any current practices in place for responding to perpetrators or survivors, respondents identified long-term strategies that should be pursued to make change. These included preventing underage or obligated marriage and the exchange of girls (Badghis 50%). It is not clear from the data if respondents are commenting on the current practices within their communities or rather what they think is needed. Female respondents in particular identified the traditional customs and practices that were maintaining the situation for women and survivors of violence such as the restrictions on women working outside the house (Badghis 28%) and restrictions on achieving a higher education (Badghis 6%) or on sending children to school (Badghis 6%).

Men from both provinces indicated that the Shura is working to resolve conflict in the communities (Herat 29%, Badghis 10%), that communities are providing guidance and advice to survivors (Herat 36%), that punishment is being implemented by community leaders (14% Herat, 5% Badghis), that community is consulting with educated people and religious leaders (Badghis 10%) and that survivors are being provided with support (Badghis 5%). Similarly, male respondents identified potential solutions to the issues by suggesting preventing obligated and under-age marriage (Badghis 35%), preventing violence against children (Badghis 5%), by identifying the traditions that prevent women from working outside (Badghis 15%), and fight against poverty and illiteracy (Badghis 10%) and trying to prevent divorce (Badghis 5%).

Most key informants in Herat indicated that “no-one was dealing with perpetrators at the community level and that no-one supports or takes care of the survivors”. They reported that there was “only attention paid by the community to large violence not small incidents” with one informant indicating that if a case is taken to the community elders then they will support the survivors. Another informant
in Herat indicated that most cases of violence are dealt with by relatives who “solve the case in an improper way” and consider “women as the perpetrators”.

In Badghis, key informants report that community elders are punishing perpetrators and supporting victims. However they also state that “if violence is done to a woman it will be overlooked, if done to a man it will be followed up”. They report that if violence occurs within the family, people are afraid to talk about it. One respondent highlighted the low value given to women by saying “women are valued less and get exchanged with guns and sheep”.

5.4.3. Community leaders tolerance to discuss GBV
When asked whether community leaders would resist women and men talking about violence together the majority of respondents from each province felt there would be no resistance (women in Herat 58%, women in Badghis 79%, men in Herat 78% and 50% from Badghis). 42% of women and 22% of men from Herat and 21% of women and 50% of men from Badghis felt that there would be resistance from community leaders.

The response from key informants are mixed however with 67% in Herat indicating that there would be resistance from community leaders if women and men discussed violence together. In Badghis 50% think that community leaders would accept the idea and 33% think they would be resistant.

5.4.4. Increasing accessibility of GBV services
When asked what would make services for violence more accessible and useful for women, there was a significant difference between women in Herat and the other three groups (women and men in Badghis and men in Herat). Women in Herat were more focused on practical aspects of accessing services - location, presence and cost of health and violence services (clinics and counselling centres) as well as increasing acceptance of women’s use of such services within the leadership of the community. Women and men in Badghis and men in Herat focused on the need to increase awareness of presence of services and women’s right to access services for both people and community leaders through awareness and training and through advertising widely on television and through radio and mosques. They also suggested that increasing the number of health services through building clinics and counselling centres would help make violence services more accessible and useful.

Key informants in Herat suggested that to make violence services more accessible to and useful for women, there needed to be an increase in the number and coverage of health facilities and corresponding increases in staffing. They would also need to increase community elders’ awareness of the importance of health and education, provide free health services and extend these services throughout remote and rural areas. To answer the same question, key informants in Badghis suggested that to make health services more accessible to women, there was a need to increase community and family knowledge about women’s rights, work to strengthen women to access services, provide more appropriate better quality services and reduce the burden of illiteracy. Their final suggestion was to introduce organisations to help women access services.

Key informants also suggested that the gender norms and attitudes held by staff of NGOs and government may impact on their ability to reduce violence and that they should participate in awareness on GBV and focus on implementing the laws.

National data on exposure to mass media indicates that both women and men in Badghis and Herat have limited exposure to mass media (newspaper, television and radio). 92% of women in Badghis do not access any of the three media sources, whilst women in Herat have more access but at least one third (38%) is still not accessing any media. 55.6% of women in Badghis have access to television, 12.5% to radio and only 1.9% to newspapers. Men’s access is more than that of women, with 71.5% of men in Badghis not accessing any of the three forms of media and only 27% not accessing media in
Herat. Television has the greatest coverage of the three mediums in Herat (women 55.6% and men 57.3\%)\(^6\). This data does not cover access to the internet and that may be a more prevalent source of communication and information dissemination that could be explored.

5.5. Social and economic barriers

5.5.1. Political leadership

Community respondents were asked about the basis on which political positions should be decided (either on gender, on merit or that there should be equal representation from both women and men). None of the groups thought that political positions should be open to women only. 29\% of all respondents indicated that political leadership roles should be open to men only with the highest percentage (40\%) from males in Herat and lowest (17\%) from men in Badghis. The majority of groups agreed that political leadership positions should be merit based with 40\% of all respondents voting for this choice (women in Badghis 43\%, men in Herat 40\% and men in Badghis 50\%). The highest choice for women in Herat was equal representation (50\%).

Within each category, the people who chose men only included housewives (50\%), female students (30\%), male community leaders/elders (14\%) and adult working and self-employed men (14\%). The people who chose equal representation included housewives 42\%, female students 28\%, male adults 21\%, and male students 7\%. Those choosing based on merit included housewives 50\%, male and female community leaders 25\%, adult males - employed and unemployed 16\%, and male students 8\%.

This reflects the results of nationwide surveys that indicated 60\% of Afghans are happy with women representing them in elected institutions.\(^6\) It could also be a reflection on people’s thoughts on the quota system\(^vii\) both positive and critical – those who feel it has worked well and brought women into the political sphere and those who have a desire to see women compete based on their own merit rather than having seats assured through reservation.

\(^{vii}\) Quota systems introduced to ensure a percentage of seats are reserved for women in parliament, the upper house and provincial councils have proven to be an effective entry point for women in politics. There have been problems with the system as the general public perceives the quota as a ceiling rather than a floor for women’s elected seats and men in parliament who refuse to listen to women because they are seen as ‘quota’ candidates.
5.5.2. Decision making
Respondents were asked if women were free to make decisions on their issues independently. There was a difference of opinion between women and men in Badghis. Men in Badghis 100% agreed that women are free to make decisions but a significant percentage of women in the province (71%) indicated that they felt that women were not free to make decisions independently. The results from Herat were closer between women and men as can be seen in Figure 17.

5.5.3. Control of income
When asked if women can control their income, it is possible to see that women are reflecting a different reality to that of men. In Herat, women feel they have less control than men perceive they have and in Badghis there is a significant difference in opinion between women and men. The difference between the two women’s groups is also significant with 83% of women in Herat considering that they can control their own income but only 36% in Badghis. According to the National Demographic and Health Survey, the control over women’s income in rural areas in Afghanistan is 40.8% controlled by mainly the wife, 30.7% jointly with the husband and 25% is mainly controlled by the husband. In comparison, women have virtually no control over the husband’s income except jointly together with the husband in both Badghis and Herat. In Badghis, men report that women have no control over their income and only 16.8% jointly whereas 76.3% of men mainly control their income. In Herat, women seem to have greater joint control over men’s incomes at 48.3% but 50.9% of men report that they still mainly control their own income but that 0.8% of women mainly control men’s income. From women’s perspective, they report that a small percentage (1% in Badghis and 1.5% in Herat) perceive that they control men’s income, a third in both Badghis and Herat feel that the income is jointly controlled but women report that more than 63% of men control their own income.67

5.5.4. Voting in elections
Everyone (96%) with the exception of one female respondent in Herat felt that women should be allowed to vote in elections. There was no data collected on the reason this respondent felt that women should not be allowed to vote. Overall women and men agreed that women should decide who they vote for (85% women, 86% men). Within each province however there were some differences. Herat province was more conservative with a quarter of women (25%) and a third of men (33%) indicating that men should decide who
women vote for. Those respondents indicating that men should decide who women vote for included all male students in Herat and the women were all housewives.

Nationally 87.6% of Afghans support women’s right to vote which is less than the local data gathered. This support however is not necessarily related to action with 23% of women indicating that they cannot vote as they have no permission from their spouses.\textsuperscript{68} In 2018, 59.2% of women and 53.9% of men said that women should decide independently whom to vote for.\textsuperscript{69}

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{figure.png}
\caption{20. Who decides who women vote for}
\end{figure}

5.5.5. Age for marriage
When asked what the best age is for women and men to marry, the response varied in female respondents from a range of 10 years up to 25 years of age for girls and from 12 years of age up to the age of 30 for boys. The youngest age for girls that male respondents suggested was 15 years and the latest age for girls was 25 years. Male respondents felt that boys could marry anytime from 15 years until 25 years.

The most popular age for girls to marry among female respondents in Herat was 20 years of age (42%), followed by 18 years (33%) and 16 years of age (17%). The earliest age for girls in Herat was 16 years of age (17%) and the oldest 21 years (8%). In Badghis, the most popular age for marriage from female respondents for girls was 18 years (57%), followed by 19 years (14%). The earliest age for girls in Badghis was 10 years of age (7%) and the oldest 25 years (7%).

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{figure.png}
\caption{21. Age girls should marry}
\end{figure}
The most popular age for boys to marry according to female respondents in Herat was 20 years at 50% followed by 21 years at 33%. They indicated the earliest boys should marry is 20 years and oldest at 30 years (8%). In Badghis, female respondents favoured 18 years for boys (29%), followed by 20 years (21%), 22 years and 25 years at 14% each. The youngest age boys should marry for Badghis female respondents was 12 years (7%) and the oldest was 30 years also at 7%. The national survey identifies the median age of first marriage nationally is 18.5 years for women and 22.9 years for men. The median age for marriage in Badghis is 16.6 years for women and 23.2 years for men and in Herat 18 years for women and 22.5 years for men.

Most respondents agreed that the father and mother should be the people who decide at what age the boy or girl marries. In Badghis however, 14% of female respondents (all housewives) and 33% of men (community leaders and jobless men) indicated that the decision should lie with the boy or girl. Considering people’s perceptions as to who is responsible for different decisions in the household it would appear that it is mainly men who make the final decision around the marriage for children of the house. See Figure 23.

5.5.6. Decision making in the household.

Respondents were asked about what decisions women and men take, and they indicated that women generally take decisions in the domestic sphere around the care and education of children, domestic work, and household shopping. Some respondents suggested however that women are responsible for making no decisions. Respondents indicated that men are responsible for all the big family finance related decisions, some also suggesting that all the decisions as well as children’s marriage decisions and education decisions are men’s responsibility.
5.5.7. Employment opportunities open to men and women

Respondents were asked to list the different employment opportunities that were open to women and to men. For women the majority of respondents indicated that tailoring, spinning weaving and livestock and agriculture were the main employment areas that women could work in with women in Herat also convinced that there was nothing that women could do to earn money.

According to the National Demographic and Health Survey, in Badghis, only 2.6% of women are currently employed and 97.4% unemployed. In Herat 4.3% of women are currently employed and
95.5% unemployed. The survey indicated that of women who are employed in urban areas they are predominantly working in professional/technical managerial roles (77%), as well as skilled manual labour (11.5%) and sales and services (1.4%). In rural areas, they work in professional/technical managerial roles (40.5%), skilled manual labour (29.4%), agriculture (21.6%) and unskilled manual labour (2.8%).

In Badghis 73.9% of men are employed, 22.8% are not currently employed but have been in the past 12 months before the survey and 3.3% are unemployed. In Herat 90.5% of men are employed, 7.1% not currently employed but have been in the past 12 months and 2.4% unemployed. Men in Badghis are predominantly working in agriculture (69.6%) with 12.2% in professional, technical or managerial roles, 7.6% in sales and services, 7.1% in skilled manual labour, 2.8% in unskilled manual labour and 0.8% clerical. In Herat for men, things are more balanced across the different employment areas with 35.8% in agriculture, 24.4% in unskilled manual labour, 16.3% in sales and services, 14.6% in skilled manual labour, 5.7% in professional, technical and managerial and 3.2% in clerical roles.
6. Conclusions

Afghanistan is committed to addressing the issues related to violence against women, which have a huge impact on health and welfare of women and children in particular, and the country in general. This is explicitly recognized in the National Action Plan. This analysis has investigated GBV related challenges facing women and adolescents in IDP, returnee and host communities of Herat and Badghis provinces. The intention of the lines of inquiry were to understand extent and nature of violence being experienced in these communities; to understand the services options available and the extent of knowledge and awareness about services; to understand the barriers to accessing the services that are available; to explore the perception and the level of community acceptance of GBV; and to explore the social and economic acceptance and barriers for women and girls. The analysis was guided to provide information about gender roles, responsibilities and power dynamics in the targeted locations, and to provide feasible recommendations for CARE and other external parties to address the issue. In line with our data and analysis, a set of conclusions on the key findings are described below:

6.1. GBV experienced by women and adolescents

Our data indicates that there are high levels of violence experienced by women and adolescents in both provinces as reported by both women and men. There was a slight difference in levels for women in Herat in comparison to the national/provincial averages as reported in the Afghanistan Demographic and Health Survey 2018 (91% provincial and 75% CARE data).

The main perpetrators reported by both women and men were fathers and brothers. Large numbers of women respondents indicated that husbands were perpetrators, while large numbers of male respondents stated that mothers were also perpetrators. The phrasing of the question could have skewed the data somewhat with men possibly indicating their own experience of violence rather than that of women and adolescents. There is a considerable difference in the identification of perpetrators in comparison to the national survey which indicates that 94% of perpetrators were husbands but our research reported from women that only 16% of husbands were perpetrating violence. It is possible that there is much caution around discussing violence due to the risks associated with reporting family violence and so it may have been safer for women to simply indicate father and brothers. In relation to sources of violence – women reported 11 different perpetrators whilst men only reported seven.

The causes of violence cited by key informants interviewed were poverty, cultural traditions and social norms in which violence was accepted by both women and men, lack of education and high levels of illiteracy in both women and men, lack of awareness of women’s rights and political insecurity. These were corroborated by research that confirms the high levels of acceptance of violence against women by both women (80%) and men (72%). There is considerable poverty in Badghis with more than half of the province’s population (53.5%) in the lowest quintile for wealth and a quarter of the population of Herat province in the lowest wealth quintile. Education levels in both provinces are very low with 83.9% of girls and 63.4% of boys in Herat having had no schooling and 95.6% of women and 71.7% of men in Badghis are illiterate.

In terms of personal experience of violence only 33% of women in Herat indicated they had experienced violence which is considerably below the average for the province as reported in the Afghan Demographic and Health Survey (91.3%). Conversely women in Badghis reported 71% had experienced violence which is much higher than the National survey which indicates 49% of women in Badghis had experienced violence. The types of violence experienced by women in both Herat and
Badghis were mainly physical but also some emotional and economic violence. There were no reports of sexual violence by women; the result is consistent with the reporting at the national level which is relatively low. The low level of reporting could be due to shame and safety concerns. Women in both Heart and Badghis indicated that more than half had sometimes experienced violence (between 1-3 times per year) 50% in Herat and 31% in Badghis indicated that they had often experienced or witnessed violence (between 4-12 times per year).

Women experience significant amounts of violence both physical, emotional and economic. Cultural norms and acceptance of violence combined with lack of access to education continue to reinforce gender inequality in both Herat and Badghis.

6.2. Referral and response options available to GBV survivors

In Herat, the majority of women (67%) did not know of any available services and the remainder cited health centres, counselling and safe houses. Two thirds of women were aware of services in Badghis and cited NGOs, the Directorate of Women’s Affairs and community leaders as service providers for violence and the vast majority of men were able to cite available services. Key informants provided more detail and identified livelihoods support as a violence service. They also indicated that awareness raising on gender and women’s rights was an available service in Herat but with the clear lack of awareness of available services, awareness raising is perhaps missing the mark and awareness raising strategies should be reviewed.

Women are generally not using the services; 92% in Herat and 64% in Badghis did not use any services when they experienced violence because they were either unaware of their availability, restricted by family or culture including their inability to leave the house or they thought the services were too far away. Men also did not use the services due to lack of awareness or they simply felt that they did not need them, or they were too young when the violence happened. When they did use services, women used the health centre, women’s group or the Jirga; Men used the police, Jirga, health service, NGO or women’s group. There was not enough information gathered to understand how the experience was for women or men and whether their decision to access these services were considered satisfactory or not.

When asked if those who had experienced violence had sought further help 60% indicated that they did not and did not tell anyone about the violence which corresponds with the provincial statistics of 72% in Badghis and 51% in Herat not pursing further help. Those who did seek help from family or friends indicated that they were not satisfied with the help.

The key informants reported that available services are inadequate. Most indicated that services where available, were limited and basic and concentrated in urban areas. In Badghis, informants said that there were not enough organisations working on the issues. Informants from both provinces indicated that the government plans and policies in place were good but their implementation was not.

6.3. Barriers and restrictions to accessing services

There was considerable difference between women and men’s perceptions about barriers to service provision. Men essentially felt there were no barriers beyond the lack of services, illiteracy and some cultural restrictions. Women considered that there were significant barriers to accessing services from lack of services, fear of families, cultural restrictions, lack of information, lack of money, the distance to travel and illiteracy.

100% of men in Herat felt that women had the freedom to decide when to access health and counselling services. In Herat, 64% of women agreed but 36% did not, indicating that they felt they were not able to make those decisions without men. In Badghis, around one third of the women felt
they had the freedom to make decisions about when to access services but around two thirds indicated that that would not be possible citing fear of family. Key informants confirmed that men generally make decisions on what services women can access and that men, family and community elders are influencing women’s access to services. This is an important point to note in terms of influencing strategy and engaging men and community leaders in making change.

On average women estimated any services were 3.75 km away and men estimated 5.8 km. Women mentioned that distance to services was a barrier to access and if they also had not access to transport (many indicated they would walk), these distances would impede easy access.

The vast majority of women indicated that they had no access to information about available services and that lack of awareness of services was a key a barrier to access. Provincial data also indicated that 100% of women in Herat and 62% of women in Badghis had no exposure to mass media (TV, radio, newspapers) but other research indicates that 80% of women had access to telephones. This is vital information for teams developing awareness strategies.

6.4. Level of community acceptance of GBV and how to address accessibility of services
Most women thought that community leaders were not aware or comfortable/willing to discuss GBV, but most men thought they were. Most women in Herat felt that there was nothing being done at the community level to either deal with perpetrators or support survivors. This was confirmed by key informants who also indicated that community leaders pay attention to violence against men and act on that but not when it is happening to women. They reported that families were currently dealing with issues of violence but inappropriately and that many women were considered as perpetrators not survivors.

Women in Badghis suggested prevention strategies required for minimising GBV such as preventing underage or obligated marriage or exchange of girls. They indicated that this was not happening now but that it was required to reduce the potential for GBV. Key informants in Badghis reported that community elders were punishing perpetrators and supporting victims but also that if violence was done to men, it was followed up and taken seriously but not if it was against women. They stated that women were not valued.

Two thirds of respondents (66%) suggested that community leaders would not be resistant if women and men discussed violence together and 34% thought that they would be resistant. Key informants were mixed in their reaction.

Suggestions from respondents (community members and key informants) on how to make services more accessible included:

1. Increase the quantity and coverage of services – make them available in rural areas and provide more services
2. Improve the quality of the services
3. Reduce the cost of services or make them free
4. Work with community leaders to help them understand the importance of women having access to services and their rights to access to these services
5. Work with community leaders to encourage them to actively support women’s access to such services
6. Conduct GBV awareness with organization and government staff to increase their capacity
7. Increase the number of organizations to help access to services.
6.5. Social and economic barriers
In political representation, women and men in general supported merit-based political representation, followed by equal representation. Interestingly there were female and male respondents who supported male only political representation (housewives and young men). The support for electing someone who has the capacity to effectively represent their constituents and implement the work rather than elected primarily on gender, may be a reflection on attitudes towards the quota system.

Women are not free to make their own decisions according to women in Badghis, strongly disagreeing with men in Badghis. Female respondents from Herat feel they can control their income more so than women from Badghis; and only men effectively control their own income in the both provinces. Everyone except one woman agreed that women should be able to vote which reflects national attitudes but not practice where 23% of women have been prevented from registering to vote as they are “not allowed”. Most people agreed that women should be able to decide who they vote for except young men who indicate that who women vote for should be a decision for men.

The appropriate age for marriage for women ranged from 10 to 25 years and for men from 12 to 30 years. The extremely low end of the range was suggested by a woman (10 for girls, 12 for boys). The most popular age for women was 18 years and for men 20 years. Most people indicated that mothers and fathers should be the ones to decide about marriage choice but one third of men in Badghis suggested that the girl or boy should be responsible for deciding when to marry.

Within the household, most decisions about care of the children and other reproductive labour should be that of women and men are responsible for most other decisions including children’s marriage choices, family financial decisions and other big decisions such as purchase of a house or a car.

The most frequently cited types of employment opportunities for women include tailoring, spinning, weaving and agriculture and for men include labourer, farmer and shopkeeper. In Herat 95.5% of women are not employed and in Badghis 97.4% are not employed.

7. Recommendations
Based on the above analysis and conclusions, four overarching recommendations are categorized and addressed to humanitarian actors, civil society organisations and NGOs, and local and national authorities.

All actors should integrate gender and respond to GBV in their interventions to address both immediate needs and effect long-term impact in the targeted communities. Identifying the needs and rights of women and girls and the critical GBV issues in the community must be identified as a key program/project and policy design and implementation process. Actors should respond to immediate needs and also strive to take steps to address unequal power relations and gender inequality that perpetuate GBV in the targeted communities. All actors should also ensure essential internal protection policies and child safeguarding mechanisms are in place to prevent, mitigate and respond to sexual exploitation and abuse. Humanitarian, civil society organisations, NGOs and government authorities should ensure systematic, meaningful engagement of women and girls in IDP and returnee groups. International and national agencies should ensure allocation of funding, resources and technical support to ensure gender and GBV adequately integrated and addressed in all sectoral interventions.

Through our analysis we identified four key areas of recommendations:
Improve or develop GBV support and referral systems, including access to services for Sexual, Reproductive Health and Rights (SRHR) for the IDP and returnee communities in Herat and Badghis.

Ensure community engagement, especially focusing on women’s meaningful engagement in leadership and decision-making.

Provide or strengthen livelihood opportunities.

Strengthen information dissemination, awareness creation and strategic advocacy.

The above recommendations are categorized for humanitarian, civil society organisations and NGOs and government authorities.

7.1. Recommendations for humanitarian actors

Improve or develop GBV support and referral systems, including access to services for Sexual Reproductive Health and Rights (SRHR) for the IDP and returnee communities in Herat and Badghis.

- Identify existing services (i.e. health facilities/clinics, psychosocial, and legal services) and critical gaps in the existing system. Design humanitarian responses that provide advice, support and essential services for survivors of GBV and other violence.
- Prioritise advocacy for GBV services as essential, life-saving interventions.
- Establish protocols and standards with relevant service providers for referrals, when possible provide training and orientation to service providers on issues such as access, restrictions, perceptions, and acceptability in order to improve responsiveness.
- Take a “Do No Harm” approach and ensure that program strategies have been analysed for potential harm they may cause with staff, partners and participants. Ensure that violence referral mapping, protocols and training for staff on response to disclosures of violence is conducted at a minimum.
- Consider women’s mobility issues; when possible provide home-to-home services and consider transport support options as part of the service.
- Ensure appropriate staffing of female service providers to ensure women seek and access services.
- Ensure the provision of essential health services for women and girls, including sexual and reproductive health services.
- Consider if appropriate, the introduction of the Community Scorecard process for communities to engage with service providers to provide direct feedback on service provision (see Annex 2 for more detail on the Community Scorecard process).

Ensure community engagement, especially focusing on women’s meaningful engagement in leadership and decision-making.

- Identify and utilise existing community platforms to identify need and design humanitarian interventions accordingly. Collaborate with community elders, leaders and religious leaders to foster community led response against GBV and to enable community support women to access GBV services.
- Strengthen women groups and ensure women’s meaningful participation in community decision-making platforms.
- When possible funding and other support should be provided to women’s rights and women-led associations and organisations.
- Consider IDP’s unique conditions and settlements and engage host communities to mitigate potential conflict and violence between IDPs, returnees and their host communities.
• Engage men and boys to raise their awareness on GBV, gender equality and women’s empowerment.

⇒ Provide or strengthen livelihood opportunities.

• Provide humanitarian assistance, including in-kind and cash transfer support.
• Provision of livelihood support and distribution of basic items should consider the gender dynamics by ensuring priority to women and girls.
• When possible identify women-friendly income generating activities as part of the humanitarian support and collaborate with civil society organisations and the private sector to implement long-term livelihood interventions.
• When possible utilise the humanitarian response to create job opportunities for local community members, prioritising women – such as community mobilisers, distributors, etc.

⇒ Strengthen information dissemination, awareness creation and strategic advocacy.

• Identify information gaps and support data collection (qualitative and quantitative data) to ensure availability of information in order to understand underlying causes.
• Ensure data and assessments are sex-disaggregated and include other consideration such as disability, age, etc.
• Provide awareness creation on gender and GBV to community members by using accessible media and platforms.
• Provide information on GBV and referral and support systems, ensure this information is accessible for women and girls and other vulnerable groups.
• Identify key humanitarian issues and evidence around GBV and advocate for the targeted community, focusing on women and girls in national, regional and international platforms.

7.2. Recommendations for civil society organisations and NGOs

⇒ Improve or develop GBV support and referral systems, including access to services for Sexual Reproductive Health and Rights (SRHR) for the IDP and returnee communities in Herat and Badghis.

• Identify existing services (i.e. health facilities/clinics, psychosocial, and legal services) and critical gaps in the existing system through participatory mapping exercise and assessment.
• Partner with GBV actors and service providers to provide capacity building for service providers and other relevant organisations to improve the quantity and quality of GBV services. Develop and provide training to service providers on GBV and develop standards of service delivery.
• Strengthen a system to share referrals to GBV support services and support case management, GBV assessment and overall service delivery.
• Design and implement community outreach regarding available services and referrals and support the provision and implementation of safe spaces for women and girls at risk of gender-based and domestic violence.
• Integrate GBV prevention, mitigation and response measures across projects and programming.
• Consider women’s mobility issues; when possible provide home-to-home services and consider transport support options as part of the service.
• Ensure appropriate staffing of female service providers to ensure women seek and access services. Ensure Gender and/or GBV specialist staffing.
• Design and implement programs that respond to key sexual reproductive health and rights needs of women and girls, including clinical and psychosocial services.
Ensure community engagement, especially focusing on women’s meaningful engagement in leadership and decision-making.

- Identify and utilise existing community platforms to identify need and design interventions and collaborate with community elders, leaders and religious leaders to foster community led response. Engage women in community participation and decision making, when possible, provide village to village consultation, as most women are not allowed to travel to districts and provinces by themselves.
- Encourage engagements of community and religious leaders to provide community-based protection and support for women and girls at risk of GBV.
- Strengthen or create women groups like savings and loan groups, solidarity groups to strengthen economic and emotional support within the community among groups (see Annex 2 for more details on savings and loan associations).
- Prioritise working with men (elites and elders) and formal and non-formal authorities in addressing social norms and barriers. Design strategic interventions to engage men and boys and key norm influencers in the community to reflect, challenge and transform the gender dynamics and unhealthy masculine behaviors.
- Address gender inequitable social and cultural norms and facilitate community led reflections, and change process to transform the root causes of the gender power imbalance.

Provide or strengthen livelihood opportunities.

- Design interventions to enhance women’s economic and livelihood opportunities in the targeted communities. This could be cash for work or longer-term livelihoods activities planned such as income generation activities. Strengthen women groups and identify opportunities for more women-friendly business opportunities.
- Ensure gender and GBV issues are mainstreamed throughout the design, and implementation of livelihood programs/projects. Ensure the gender change desired is articulated in the program outcomes and indicators identified and relevant data gathered on a regular basis to track gender change.
- Engage and partner with relevant institutions with specific objective of targeting the IDP and returnee communities.
- Collaborate with private actors to facilitate job training, employment, access to finance, etc. opportunities for IDPs, especially to women and girls.
- Livelihood strategies should be used as an entry points to develop women’s capacity, skills, confidence and self-esteem. Including basic literacy and numeracy and provide women with leadership opportunities.
- Collaborate with government economic and financial sectors to ensure IDPs business initiatives, access to finance and livelihood are supported by local government and receives necessary legal and institutional protections.

Strengthen information dissemination, awareness creation and strategic advocacy.

- Identify information gaps and support data collection (qualitative and quantitative data) to ensure availability of information in order to understand underlying causes. Ensure data are sex-disaggregated and include other consideration such as disability, age, etc.
- An awareness raising strategy should be part of the wider programmatic approach – and a communications plan should be developed – working with all relevant service providers, radio and other media outlets, clinics etc. Development of strategies to increase knowledge and awareness of service providers should take into account the results of this analysis where it has been found that women’s access to information is severely inhibited and available information channels are limited. Risk analysis should
be undertaken in relation to engagement through household assets such as telephones to ensure that program strategies do no harm to women.

- Ensure messages are designed and use the appropriate channels to reach adolescent boys and girls and women. Messaging should incorporate visuals to reach out to illiterate community members.
- Leverage the community and religious leaders to support the information dissemination and become change agents. Promote women's engagement in information dissemination and awareness creation initiative.
- Include women's and girls' rights in awareness-raising and information campaigns.
- Generate and use relevant information to inform programmatic actions – including strategic advocacy.

7.3. Recommendations for national and local government authorities

⇒ Improve or develop GBV support and referral systems, including access to services for Sexual Reproductive Health and Rights (SRHR) for the IDP and returnee communities in Herat and Badghis.
- Strengthen line ministries and directorates such as Ministry of Women Affairs, and Ministry of Public Health to mobilise and allocate funding for GBV support and referral systems.
- Collaborate with service providers, humanitarian agencies, civil society organisations and international organisations to identify and map appropriate referral systems for GBV and violence survivors.
- Strengthen the implementation of basic rights through policy, legal and the justice system, when possible provide training for police, prosecutors and judges to be responsive to survivors of GBV and GBV cases.
- Identify policy and implementation gaps and develop key policy measures and indicators to ensure effective implementation of the National Action Plan. Ensure policy decisions and service provisions are gender responsive and transformative.

⇒ Ensure community engagement, especially focusing on women’s meaningful engagement in leadership and decision-making.
- Ensure community engagement at all levels of decision making. Ensure IDPs, women and girls are included and foster an inclusive participation and decision-making process at district, province and national level.
- Ensure women’s meaningful participation and engagement in decision-making in district, provincial, and national level policy, strategy and action planning process.
- Strengthen institutional accountability mechanisms through community engagement to ensure effective integration and implementation of gender and GBV issues.

⇒ Provide or strengthen livelihood opportunities.
- Provide livelihood opportunities and legal protection for IDPs, especially women to strengthen their income.
- Partner with civil society organisations and the private sector to facilitate economic opportunities such as cash transfer, loan, employment and job training opportunities.

⇒ Strengthen information dissemination, awareness creation and strategic advocacy.
- Strengthen availability of data on IDPs and returnees and overall host community disaggregated by sex, age and disability by strengthening province and district level ability to collect and disseminate data.
- Encourage directorates at province level/district level to collect and disseminate GBV data, GBV cases and related information.
• Collaborate with other actors to support dissemination of information, and awareness creation on gender and GBV. Identify national coverage to transform gender inequitable norms through media, schools and the education curriculum that advocate gender equitable behaviors.
Sources


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Annex 1 Gender Equality Framework Example

CARE INTERNATIONAL GENDER EQUALITY FRAMEWORK

For example an analysis of the access to service needs to consider the following:

At an individual agency level, individual women need to have the information and understanding about the available services for referral to following incident of violence. They need to know what their rights are to access these services and the need increased confidence and capacity to engage with the services. Individual men need to be supported to advocate for better service access for women and others in the community.

At the relations level, women and men and communities need to start dismantling the barriers that exist to access of services and engage to increase support for women to access services when required. Increasing understanding and respect within partnerships between women and men will help increase the ability and confidence of women to access services if they need them. Networks for women will provide women with stronger support systems when required. Support networks can also be engaged at the structural level to advocate for change.

At the structural level, service providers and those responsible for service provision need to be engaged to make services more accessible, appropriate, available and survivor-centred. Justice systems need to support the needs and priorities of survivors and take responsibility for implementing the current violence laws and policies of the country. At the community level, norms need to shift to loosen restrictions on women’s behaviour and community leaders need to have increased understanding of the importance of protection of women’s rights, health and well-being to the well-being of the whole community.
Annex 2 Description of approaches

Village Savings and Loans groups (VSLA)

- Groups of 15-25 women who use their weekly savings to build a collective fund from which members borrow and then repay into the fund with interest.
- Women develop financial skills, build their understanding of how financial markets work, connect to formal financial services (sometimes)
- VSLAs are a platform to connect to other services such as reproductive health, building political education around gender and power and foster women’s leadership and collective action.
- In Benin the CARE nutrition program uses VSLA for men to influence feeding and sanitation practices
- Men can participate in women’s VSLAs but women should remain as the leaders

https://youtu.be/kHgYLVcPGJ8

CARE’s Family Business Management Training (FBMT)

CARE in Papua New Guinea works with smallholder coffee producer families that typically run their business at the household level, sharing tasks inside the family. Women bear the burden of both productive and reproductive work, while men control the budget decisions. The FBMT engages both men and women to improve their financial and management skills and, at the same time, share the workload inside and outside the house in a more equitable manner that makes the whole family happier and more productive. In Vanuatu this is adapted for the Vanuatu context and renamed Family Financial Management Training (FFMT). The training materials are appropriate for low literacy settings and can be adapted.

CARE’s Community Score Card© (CSC)

Brings together service users, service providers and local government to identify challenges to access, utilisation and provision challenges, and generate solutions that can be collectively tracked.

1. CSC facilitators are trained
2. Then use the CSC with community focus groups (i.e. men, women, youth) to identify their issues and experiences using the service that is in focus.
3. CSC is also used with service providers to record the issues and barriers they face.
4. An interface meeting is held with community members, service provider and government staff
5. A joint action plan is developed to resolve the problems identified. The implementation of the action plan is monitored in much the same way, on a six-month cycle.


Social Analysis and Action (SAA)

- Is CARE’s model for gender transformation. It is a community led social change process through which individuals and communities explore and challenge social norms, beliefs and practices around gender and sexuality that shape their lives.
- SAA uses participatory tools to achieve the long term goal of empowering vulnerable communities through the advancement of equitable gender social and power norms
- It is not stand alone but should be integrated into sector focused programs
- SAA is based in critical reflection and dialogue and encourages self-reflection among participants. Creating safe space for reflection and dialogue is central to SAA.
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