

**Rural Expansion of Afghanistan's Community-Based Healthcare
Project (REACH):
Quarterly Report on Gender Activities, November 2004 – January
2005**

February 2005

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Rural Expansion of Afghanistan's Community-Based Healthcare (REACH)
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February 2005

**Quarterly Report on Gender Activities
November, 2004 – January, 2005**

**Rural Expansion of Afghanistan's
Community-Based Health Care (REACH)
Program**

*United States Agency for International Development
Management Sciences for Health*

Contract Number C-00-03-00021-00



The activities related to gender undertaken during the months of November, December, 2004 and January, 2005 are listed under the REACH Intermediate Result (IR) to which they apply.

IR 1: Expanded access to quality BPHS services

Components:

- Expand coverage of basic essential obstetric care, child health and family planning services, & tuberculosis control through increased number of health facilities and community outreach
- Improve the capacity of health providers to provide services in rural areas and in health facilities (recruitment, training, deployment of CHWs, auxiliary midwives, health staff of referral centers)

REACH gender activities undertaken during this reporting period:

- During the field visit to Paktya with REACH Grants Officer, the REACH National Gender Officer identified several gender-related issues and initiated addressing them. The key observations included drop-out of female midwifery students as well as female CHWs from training courses due to the security and family concerns, CHWs' willingness to sell clean delivery kits to the households, and increased cases of depression among female youths (Annex A).
- Gender Unit Participated in face to face meeting with NGO grantees to present activities of REACH Gender Unit as well as the plan of Gender Needs Assessment.

IR2: Improved capacity of individuals, families, and communities to protect their health

Component: Implement behavior change communication to promote healthful practices through public health education programs including interpersonal communication by community health workers and community midwives and through multi-media communication campaign.

REACH gender activities undertaken during this reporting period:

- The Gender Needs Assessment Tool was developed, pilot-tested, finalized, and was distributed to all REACH BPHS grantees with the guides. The assessment will help REACH Gender Unit plan activities to integrate gender into the BPHS projects. (Annex B).
- National Gender Officer compiled Gender Training Manual and its teaching plan in Dari (to be submitted after revisions).
- Presented "Gender and Public Health" in consensus building workshop for the CHW job description and training manual.
- Gender Specialist provided CHW Unit with the additional comments to address gender equality in the revised CHW Training Manual (available upon request).

IR 3: Strengthened health systems

Component: Improve capacity of the MOH to plan, manage, and allocate resources, increase human capacity, strengthen the health information system, monitor and evaluate the BPHS program, make management and policy decisions based on data, and manage the essential drug supply system at national and provincial levels.

REACH gender activities undertaken during this reporting period:

- On November 30, the Group for the Empowerment of Women Health Professional organized a workshop for 59 women health professionals, entitled “Problem Identification for the Empowerment of Women in the Afghan Health Sector” at the MOPH(Annex C). The workshop identified the personal and professional constraints of female health workers in managerial positions and, in light of these issues, discussed possible strategic, financial and advocacy solutions. It is intended that this workshop will lead to the formation of an Afghan Female Health Worker Association. Participants identified both personal as well as professional barriers for female health workers. The group developed strategies to overcome these barriers. To start with, an executive committee has been established in order to formalize the group into association in order for the strategies developed to be materialized (e.g. establishment of the Nursing Department within the new MOPH organogram, provide English courses for those who need them, etc). The Group is currently working on its organogram as well as constitution.
- Gender Specialist prepared a presentation “Increasing Women’s Participation in the Decision Making in Afghan Health Sector” for the Director of Women’s and Reproductive Health Directorate of the MOPH to be presented during the Second National Workshop of the Provincial Public Health Directors on 31 January, 2005 (Annex D).
- Gender unit regularly participated in the weekly meeting of the Group for the Empowerment of Women Health Professional at the MOPH. Currently, the Group plans for dissemination of the workshop report linking with fundraising, drafting of constitution, and looking for patron for the Group.

Other activities that are indirectly contribute to the achievement of the IRs:

- Designed PSI in-house Gender Awareness Workshop to be held on 15 and 16 February.
- National Gender Officer participated in the field testing of the Baseline Household Survey Monitoring tools in Paghman, Kabul.
- Gender Unit in collaboration with CHW Unit, BDF, and IRC conducted TOT workshop for the Gender Liaison Group on teaching methodology (available upon request)
- Developed a schedule for REACH Provincial Gender Awareness Training from February to May 2005
- Gender Unit conducted weekly in-house Gender Liaison Group meetings
- Worked with all REACH Units performing training to determine number of trainers disaggregated by sex (ANNEX E)

Annexes:

- A. Paktya Trip Report
- B. REACH Gender Needs Assessment Questionnaires and Guides (English only; Dari available by request)
- C. Workshop Report: “Problem Identification for the Empowerment of Women in the Afghan Health Sector”
- D. Presentation Slides “Increasing Women’s Participation in the Decision Making in Afghan Health Sector”
- E. Participants to REACH training/workshops/meetings, disaggregated by sex

Annex A - Gender Unit Paktia Trip Report

Date: December 11-12, 2004

Team: Nigor Mouzafarova (AQS), Rahila Juya (PME)

Purpose of the trip: The trip was made in conjunction with the Grants Officer's visit to the Ibn Sina BPHS implementation site.

- To observe the amount of male and female participation in the EPI refresher training course offered at Ibn Sina
- To meet with women in senior positions to learn about the activities and problems of women in this area
- To visit some CHCs and BHCs in the Gardez district to identify how many women have access to contraceptives and delivery in the health facilities
- To find out why some CHW female trainers have dropped out training programs in the area
- To meet the IRC project manager to learn about the state of female education in the area

Findings from Ibn Sina and Provincial Hospital:

- According to the last quarterly report submitted to REACH from Ibn Sina, 48 out of 238 personnel are female; however, the lack of female medical staff continues to exist. Because of family problems, female staff members have quit the job. Reasons for leaving vary. One staff member left when her family withdrew her permission to work due to concerns about security. In another case, one male and one female CHW trainers, who were brother and sister, left Ibn Sina because the brother found a better job in other province. The majority of existing female staff are working with a close relative as a couple.
- Fifteen people (2 females and 13 males) participated on the first day of EPI refresher training. The female participants came from a distant area. All necessary materials and accommodations were provided; during the training, female participants lived in a hostel with a Mahram.
- Of the 25 students enrolled in the community midwife training which began one month ago, 5 have dropped out of the course, one due to marriage and four due to family problems. IRC is continuing the program, though there is a shortage of books in Dari and in Pashto. Accommodations have been arranged for students whose families live in remote areas, and facilities include a nursery for their children. Because the majority don't understand Dari, it is taught as a basic subject in the course.
- IRC will provide a literacy course for the non-literate female CHWs, beginning January 05..
- CHWs are anxious to receive the clean delivery kits, which have still not arrived. They plan to provide them to families who want them and hope to make a profit by distributing them
- According to the female doctors, mental illnesses have increased among young women; the majority suffer from depression, which the doctors believe due to violence against women and the hard work the women do that is beyond their physical abilities.

- In Gardez hospital, more than half the workers are widows. For example, Delbar, a widow and a CHW living in the Kataba district, works at the hospital during the day and at night has at least 20 home delivery patients. Delbar has said that she will bring any woman having complications to the hospital as soon as possible.
- The Gender awareness program has not been taught anywhere in Paktya province.
- Baladi clinic has few deliveries because cases with problems are referred to the Gardez Hospital; otherwise, the delivery takes place at home.

The Said Karam district has approximately 15 deliveries a month (40%); records show 66 women making prenatal care visits in one month. Most pregnant women seem to come to the clinic for a check up during their first and last trimester.

Afghanistan Independent Human Rights Commission:

- There is no support for girl children while there are traditional customs such as the buying and selling of girl children.
- In Gardez city orphaned children under 18 years of age are being trained; in the past six months, 700 children aged between 10 and 18 have been trained.
- Of the 100 children who live in the orphanage in Khost province, 25 girls are supported by AIHRC .
- With UNOPS support, an orphanage has been constructed in the center of Gardez city.
-

Ministry of Women’s Affairs Office in Gardez:

- A literacy course for girls and women aged 13 to 20 has been established for a short time.
- Handicraft activity for women supported by a couple of NGOs has been terminated due their discontinuation of the funding.
- No planning for gender workshop has taken place

A story of Hakima (not her real name):

Hakima is 35 years old and is living with her 8 children (4 daughters and 4 sons) in the Zurmat District. When she was 14 years old, her uncle arranged for her to marry a 38 year old man from Zurmat. At that time Hakima was in the 7th class in school in Kabul. Though she rejected this marriage, unfortunately, she did not have any choice because her parents had already accepted.

After she gave birth to their fourth child in Kabul, her husband brought the family to the Zurmat district. At that time, Hakima she found out that her husband had another wife with young children. None of her daughters are literate due to the lack of girls’ schools. Only Hakima’s sons go to school. Recently she had a psychological problem and came to the hospital. After consultation, she felt a little better than before. She is currently employed as a health worker and came to Gardez with her son to receive training.

People who were contacted during the visit:

Name	Title	Remarks
Dr.Nazdana	Director of Doctors of the Paktya Provincial Hospital	Women Representative for Loya Jirga
Dr. Stoor	Ibn Sina CHC supervisor	EPT Trainer
Halima Khazan	Director of Paktya Provincial office of Women’s Affairs	She is also a principal of the Girls high school in Gardez

Dr .Farahnaz	Midwife Trainer	JRRO NGO manager
Said Shah Maqsood	Children Protection Director of AHRIC Paktya office	
Nafisa	Children's Protection Officer of AHRIC Paktya office	
Lailum	EPI Refresher Trainer	Living in Zurmat district
Rioza	Program Manager of IRC	Midwife, Tanzania
Dr. Fahim	WHC district advisor	
Makia	Midwife Trainer	
Jamila	Women Protection Officer of AHRIC	

REACH Gender Needs Assessment Guide: Questionnaire to REACH grantees: Guide to the NGO Representative of REACH Grantees

WHY GENDER? WHY AN ASSESSMENT?

Gender¹ influences the choices that individuals make in accessing health care. The culture and society that define gender roles and responsibilities differ from one community to another, especially in the context of Afghanistan. Gender is an important, but subtle, factor that affects the healthcare of men and women at all levels of the service delivery system. Therefore, increasing awareness and mainstreaming gender considerations will help achieve the outcomes of BPHS programs.

This assessment aims to identify the needs and the current status of gender mainstreaming among REACH grantees in order to design and plan the most appropriate gender-related Technical Assistance (TA) that help you to meet REACH goals. The expected outcome of gender focused TA will include analysis of gender in your BPHS program, mainstreaming gender into program implementation, and modifying the implementation strategy to make health service delivery more gender-sensitive.

WHO SHOULD FILL OUT THE QUESTIONNAIRE and HOW?

A responsible representative for the NGO is requested to fill out this form. It is expected, however, that s/he will need input from other technical staff persons within the NGO and include all relevant responses in the completed questionnaire.

Please follow the instructions provided in the following pages. It is preferable that all answers are entered electronically, however, handwritten questionnaires will also be accepted. Please feel free to use separate sheet of paper to provide answers if the space is not sufficient.

WHEN IS THE DEADLINE and HOW DO I SUBMIT THIS?

Please email electronic responses to the questionnaire to Miho Sato, msato@msh.org by **Sunday 2 January, 2005**. Please inform Ms. Sato if you would need additional time to complete your responses. For handwritten questionnaires, please send the completed questionnaire to the REACH Program's Kabul office, attention Miho Sato at the following address: House # 24, Darulaman Street, Ayub Khan Mina, Kabul, Afghanistan.

WILL THE RESULTS BE AVAILABLE?

A report of this assessment will be distributed to all REACH grantees (one copy for the HQ office and another for the field office) as soon as the report has been finalized.

QUESTIONS?

For questions and further information on this questionnaire, please contact: Miho Sato, Gender Specialist at email: msato@msh.org, mobile: 070-278-092. From 26 December 2004 to 13 January 2005, please contact Dr. Rahila Juya at email: rjuya@msh.org, mobile: 070-269-553.

Instructions to fill out the questionnaire

¹ For the definition of gender related terminology, please refer to "Gender in Public Health: What does Gender have to do with our BPHS program?" which is attached to this questionnaire.

Annex B1 - REACH Gender Needs Assessment Questionnaire: Guide to the NGO Representative of REACH Grantees

This is ***NOT*** a questionnaire, but rather instructions to assist you in completing the form. Please record your answers on the questionnaire which was sent separately. Your telephone number and email address are asked in order to make follow-up questions in case we need clarifications, etc.

I. ORGANIZATION

1. Have your staff received gender awareness training? If yes, how long was the training?	Category of the staff	Number of men who received training	Number of women who received training	Length of the training
	a. Management Staff	2	2	3 days
	b. Technical Staff	4	1	3 days
	c. Administrative Staff	0	0	
	d. Support Staff	0	0	

Above was filled out as an example.

2. Would you be interested in providing Gender Awareness Training to your staff?	Yes ✓	No x	Comments

Please indicate whether you would be interested in providing gender awareness training to your staff. If yes, REACH Gender Unit can assist you in organizing such training.

3. What is the number of men and women employees working at - national, regional, district, local levels within your organization? And how many women are decision makers and at what level within the organization	Geographical level	Number of male	Number of female	Number of women in decision making positions
	a. Headquarters office in Afghanistan			
	b. Provincial office in Afghanistan			
	c. Clinics			

Annex B1 - REACH Gender Needs Assessment Questionnaire: Guide to the NGO Representative of REACH Grantees

do they work?				
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Decision makers are the ones who would represent the rest of the employee to make decisions at each level. Decision makers are usually in management positions.

4. Do you have anyone on staff whose responsibilities or job description includes the following tasks?	Responsibility	Yes ✓	No x	Title of the position	Description
	a. Promote and advocate gender equality				
	b. Provide gender training to the staff				
	c. Monitor the participation of women in the BPHS project				
	d. Conduct gender analysis ² of the project				
	e. Ensure the fair and equal employment opportunity for men and women				
	f. Receive complaints on harassment/discrimination based on sex				
	g. Other gender-related work considerations (please describe)				

Please tick all the appropriate items (whether yes ✓ or no x). If yes, indicate the title of the position and provide brief description of the role of this person.

5. Do you have any written policies on the following topics?	Type of policy	Yes ✓	No x	Comments
	a. Gender equal policy			
	b. Policy against sexual harassment			
	c. Other gender-relevant policy (specify)			

² Identify the health of men and women and factors affecting their health, e.g., differences between men and women in decision making about their health, higher risk of poverty among women, cultural practices, division of labor, workload or length of working day.

Annex B1 - REACH Gender Needs Assessment Questionnaire: Guide to the NGO Representative of REACH Grantees

Please tick all the appropriate items (whether yes ✓ or no x). If you can share these documents with us, please send them along with the questionnaire.

6. Do female staff have access to the same logistical facilities as male colleagues who work at the same level?	Location of the female staff	Transport ✓	Computer ✓	Housing ✓	Comments
	a. HQ office in Afghanistan				
	b. Provincial office				
	c. Health facility				

If female staff have access to the same facilities as their male colleagues, please tick ✓ the appropriate column(s). If female staff do NOT have access to facilities as their male colleagues, please indicate this in the comments section.

7. Has your organization identified the gender issues facing staff and made institutional arrangements to support change?	Issues	Issues identified ✓	Arrangements made ✓	Comments
	a. Transport			
	b. Flexible working hours for parents			
	c. Adequate and fair wage			
	d. Nursery/Childcare facility			
	e. Allowance/per diem for <i>mahram</i>			
	f. Sexual harassment complaint procedures			
	g. Other (specify)			

Please tick ✓ all the appropriate issues that apply and comment upon how your NGO has supported institutional change.

8. Please describe any success stories and best practices that you may want to share with REACH and other REACH grantee NGOs in issues regarding gender equality?	Area	Description
	a. Recruitment of female CHWs	Example: Originally we faced difficulty but now we successfully met the target of 50% by taking the time to talk to Shura members of the importance of having female CHWs at the community level.
	b. Support to female CHWs	Example: In collaboration with the local school teacher, we provide literacy course for the non-literate female CHWs once a week.
	c. Recruitment of female clinical staff	
	d. Gender equality in the workplace	Example: We encourage qualified female staff to take management positions at all levels.

Annex B1 - REACH Gender Needs Assessment Questionnaire: Guide to the NGO Representative of REACH Grantees

	e. Male involvement in promoting women's health	Example: We developed a strategy to make birth plans for all pregnant women in our catchment area involving Shura members.
	f. Other (specify)	

REACH would like to collect your success stories and/or best practices to share among the REACH grantees to learn from each other. REACH would appreciate your inputs here. If the space provided is not sufficient, please feel free to expand the section.

9. Please describe if you have any suggestions to improve this questionnaire.	
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REACH appreciates your suggestions and comments. Thank you for taking the time to complete this questionnaire.

Annex B2 - REACH Gender Needs Assessment Questionnaire: REACH Grantee Headquarters in Afghanistan

1. REACH Grantee Name	
2. Name and the title of the respondent	
3. Signature	
4. Telephone number	
5. Email address	
6. Date when it was filled out	

I. ORGANIZATION

1. Have your staff received gender awareness training? If yes, how long was the training?	Category of the staff		Number of men who received training	Number of women who received training	Length of the training
	a. Management Staff				
	b. Technical Staff				
	c. Administrative Staff				
	d. Support Staff				
2. Would you be interested in providing Gender Awareness Training to your staff?	Yes ✓	No x	Comments		
3. What is the number of men and women employees working at - national, regional, district, local levels within your organization? And how many women are decision makers and at what level within the organization do they work?	Geographical level		Number of male	Number of female	Number of women in decision making positions
	a. Headquarters office in Afghanistan				
	b. Provincial office in Afghanistan				
	c. Clinics				
4. Do you have anyone on staff whose responsibilities or job	Responsibility	Yes ✓	No x	Title of the position	Description

Annex B2 - REACH Gender Needs Assessment Questionnaire: REACH Grantee Headquarters in Afghanistan

description includes the following tasks?	a. Promote and advocate gender equality				
	b. Provide gender training to the staff				
	c. Monitor the participation of women in the BPHS project				
	d. Conduct gender analysis ¹ of the project				
	e. Ensure the fair and equal employment opportunity for men and women				
	f. Receive complaints on harassment/discrimination based on sex				
	g. Other gender-related work considerations (please describe)				
5. Do you have any written policies on the following topics?	Type of policy	Yes ✓	No x	Comments	
	a. Gender equal policy				
	b. Policy against sexual harassment				
	c. Other gender-relevant policy (specify)				
6. Do female staff have access to the same logistical facilities as male colleagues who work at the same level?	Location of the female staff	Transport ✓	Computer ✓	Housing ✓	Comments
	a. HQ office in Afghanistan				
	b. Provincial office				
	c. Health facility				
7. Has your organization identified the gender issues facing staff and	Issues	Issues identified ✓	Arrangements made ✓	Comments	

¹ Identify the health of men and women and factors affecting their health, e.g., differences between men and women in decision making about their health, higher risk of poverty among women, cultural practices, division of labor, workload or length of working day.

Annex B2 - REACH Gender Needs Assessment Questionnaire: REACH Grantee Headquarters in Afghanistan

made institutional arrangements to support change?	a. Transport			
	b. Flexible working hours for parents			
	c. Adequate and fair wage			
	d. Nursery/Childcare facility			
	e. Allowance/per diem for <i>mahram</i> ²			
	f. Sexual harassment complaint procedures			
	g. Other (specify)			
8. Please describe any success stories and best practices that you may want to share with REACH and other REACH grantee NGOs in issues regarding gender equality?	Area	Description		
	a. Recruitment of female CHWs			
	b. Support to female CHWs			
	c. Recruitment of female clinic staff			
	d. Gender equality in the workplace			
	e. Male involvement in promoting women's health			
f. Other (specify)				
9. Please describe if you have any suggestions to improve this questionnaire.				

Thank you very much for your cooperation. The result will be presented at a workshop (the date to be determined), which you will be invited.

REACH Gender Unit.

² *Mahram* is the husband, or a male companion of a woman to whom her marriage is expressly prohibited by the shariah (e.g., father, brother, uncle, nephew, etc.)

REACH Gender Needs Assessment Questionnaire to REACH grantees: Guide to REACH Grantees in the Provinces

WHY GENDER? WHY AN ASSESSMENT?

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WHO SHOULD FILL OUT THE QUESTIONNAIRE and HOW?

A responsible representative for the NGO and its BPHS program in the province is requested to fill out this form. It is expected, however, s/he will need input from other technical staff persons within the NGO and include all relevant responses in the completed questionnaire.

Please follow the instructions provided in the following pages. . It is preferable that all answers are entered electronically, however, handwritten questionnaires will also be accepted. You can use separate sheet of paper to provide answers if the space provided is not sufficient. For clarification, both Dari and English forms are sent. You can select either one.

WHEN IS THE DEADLINE and HOW DO I SUBMIT THIS?

For handwritten questionnaires, please send the completed questionnaire to the REACH Program's Kabul office, attention Miho Sato at the following address: House # 24, Darulaman Street, Ayub Khan Mina, Kabul, Afghanistan, or you can send your responses back to the REACH Provincial Health Advisor (PHA), based in the REACH field offices, by **Sunday 2 January, 2005**. PHAs will then send the completed questionnaires to REACH Kabul office. For electronic responses, you can email to Miho Sato at the following address: msato@msh.org.

WILL THE RESULTS BE AVAILABLE?

A report of this assessment will be distributed to all REACH grantees (one copy for the HQ office and another for the field office) as soon as the report is finalized.

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¹ For the definition of gender related terminology, please refer to "Gender in Public Health: What does Gender have to do with our BPHS program?" which is attached to this questionnaire.

Instructions to fill out the questionnaire

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I. COMMUNITY

1. Do Shura-e-Sehie (community health committees) exist in your implementation areas?	Composition of Shura	Number of Shura
	a. Male only	
	b. Female only	
	c. Mixed (both male and female)	

Provide the number of Shura-e-Sehie by their composition, male only, female only, or mixed.

If your answer includes a. Male only, **go to question 2.**

If your answer includes b. Female only, **go to question 3.**

If your answer includes c. Mixed (both male and female), **go to question 4.**

2. How does a female CHW communicate with a male-only Shura?	Ways of communication	<input checked="" type="checkbox"/>	Comments
	a. She does not communicate with the male Shura members	<input type="checkbox"/>	
	b. She communicates through her male family member who communicates directly with the male Shura members	<input type="checkbox"/>	
	c. She communicates with a male CHW then he communicates directly with male Shura members	<input type="checkbox"/>	
	d. She communicates with her Supervisor and the Supervisor communicates with male Shura members	<input type="checkbox"/>	
	e. Other	<input type="checkbox"/>	

Tick the way of communication that applies to the majority of female CHWs in your catchment area. If you can't find the answer, please describe in the space under Comments.

3. How does female only Shura communicate with male only Shura?	Ways of communication	<input checked="" type="checkbox"/>	Comments
	a. Female Shura members do not	<input type="checkbox"/>	

	communicate with male Shura members		
	b. They communicate through male family members who communicate directly with male Shura members		
	c. Other		

Tick ✓ the most appropriate way of communication that applies to female Shura in your catchement areas.

4. What is the percentage of women in the mixed Shura?	Percentage	<input checked="" type="checkbox"/>	Comments
	a. less than 20%	<input type="checkbox"/>	
	b. between 20% and 40%	<input type="checkbox"/>	
	c. between 40% and 50%	<input type="checkbox"/>	
	d. More than 50%	<input type="checkbox"/>	

Tick ✓ the appropriate percentage of women who sit in the mixed Shura in your catchement area.

5. What did/does your NGO do to involve women in Shura-e-Sehie?	Activities	<input checked="" type="checkbox"/>	Comments/ Description
	a. Encourage male shura members to create a female shura	<input type="checkbox"/>	
	b. Encourage female community members to create a female shura	<input type="checkbox"/>	
	c. Encourage women's groups/projects (literacy, income-generation, agriculture, water and sanitation, etc.) to form a female shura	<input type="checkbox"/>	
	d. Other	<input type="checkbox"/>	

Tick ✓ those activity, or activities, that are relevant to your NGO (multiple ticks are possible). If you have worked with a women's group, please record the name of the group or NGO in the comment section. Also, describe any other activities your NGO has initiated to involve women in Shura-e-Sehie that are not indicated in a., b., or c.

6. Are there any women's groups in the community? If so, do they have any link with Shura-e-Sehie?	Type of community groups	Link with Shura-e-Sehie (if yes, please describe)
	a. Income generation	
	b. Literacy	
	c. Agriculture	
	d. Animal husbandry	
	e. Water and Sanitation	Example: female CHW is a member of this group and she

		conducts health education sessions on other health topics.
	f. Other (specify)	

If any of the non-health related community groups have a relationship with Shura-e-Sehie, please describe the relationship. Example is shown above.

7. What has been done to involve men in the following activities within the community?	Activities	<input checked="" type="checkbox"/>	Description
	a. Family Planning	<input checked="" type="checkbox"/>	Example: When the female medical staff provide FP counseling, she asks mahram of the female patient to join.
	b. Safe Motherhood	<input checked="" type="checkbox"/>	Example: Male CHWs with Shura-e-Sehie decided to save money for emergency transport for women with danger signs of pregnancy.
	c. Care of the newborn	<input type="checkbox"/>	
	d. Other (specify):	<input type="checkbox"/>	

Tick the appropriate blank space. Above was filled out as an example.

II. CHWs

1. What is the relationship between female CHWs and TBAs?	Relationship	<input checked="" type="checkbox"/>	Comments
	a. There is no TBA	<input type="checkbox"/>	
	b. TBAs and CHWs work independently	<input type="checkbox"/>	
	c. Female CHWs get information from TBAs	<input type="checkbox"/>	
	d. Female CHWs were upgraded from TBAs	<input type="checkbox"/>	
	e. Female CHWs supervise TBAs	<input type="checkbox"/>	
	f. Other (specify)	<input type="checkbox"/>	

Tick the most appropriate relationship between the female CHWs and existing TBAs in the community in your catchment areas.

2. Do you provide literacy training for non-literate CHWs?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Comments
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Example: Literacy course is given to all female CHWs who are not literate. All male CHWs are literate.

Tick ✓ if you provide literacy training for non-literate CHWs. If so, please record if you provide literacy course for women, men or both.

3. Were female CHWs consulted in selection of the CHW training site?	Yes ✓	No x	Comments

If you consulted female CHWs in selecting the CHW training site for them, you would fill out the YES space with tick✓. If you did not, fill out the NO space with an x.

4. How do most female and male CHWs in the same catchment area communicate with each other?	Mode of communication	✓	Comments
	a. They do not communicate at all		
	b. They are couples or close relatives so they have no problem communicating each other		
	c. They meet on weekly basis		
	d. They meet on daily basis		
	e. Other (specify)		

Tick ✓ the most appropriate mode of communication between female and male CHWs within your catchment areas.

III. Health Facility

1. How many and which category of people received gender awareness training?	Health Facility Level	Staff Categories	No. of male	No. of female	Length of training
	Health Post	CHW	15	15	Example: 5 days
	BHC	(MD)			
		Nurse			
		Midwife/Auxiliary Midwife			
		Vaccinator			
		Support Staff			
	CHC	Doctor			
		Midwife			
		Nurse			
		Lab Technician			
		Pharmacy Technician			
		Vaccinator			
		Administrator			

		Support Staff			
	DH	Doctor			
		Surgeon			
		Anesthetist			
		Pediatrician			
		Nurse			
		Midwife			
		X-ray technician			
		Lab Technician			
		Pharmacist			
		Dentist			
		Dental technician			
		Vaccinator			
		Administrator			
		Support Staff			

Tick ✓ the category and number of men and women who have received gender awareness training. Indicate the length of the training. If no one has received the gender awareness training, leave the space blank.

2. What did your facility do with the victim of sexual or gender-based violence ² ?	Action taken by the health facility	✓	Comments
	a. None		
	b. Counseled the victim		
	c. Counseled the perpetrator		
	d. Counseled both the victim and the perpetrator		
	e. Reported to the Shura	✓	Example: The case was reported to the Shura of which the victim is a member of.
	f. Reported to the Human Rights Commission		
	g. Other (specify)		

“Sexual and Gender Based Violence” includes sexual threats, exploitation, humiliation, assaults, molestation, incest, sexual bartering, torture, attempted rape and domestic violence (any violence listed here caused by family or intimate persons).

² The UN defines violence against women as “any act of gender-based violence that results in, or is likely to result in physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life”.

3. Do the health education sessions offered at your facility include the following issues?	Issues	✓	Comments
	a. Gender equality in Islam		
	b. The equal value of men and women/boys and girls		
	c. The need for joint decision-making		
	d. Shared responsibilities in the household		
	e. Women's right to good health		
	f. Women's right to freedom from violence		
	g. Other (specify)		

Tick ✓ the appropriate issue that is offered/included in your health education sessions.

- a. Gender equality in Islam: Women's rights endorsed in Islam (the copy of this document is available from the REACH office)
- b. The equal value of men and women/boys and girls
- c. The need for joint decision-making: The couple jointly decides the number of children they plan to have, education for children, expenditure of the household, etc.
- d. Shared responsibilities in the household: Men help with women's household chores, childrearing, housekeeping, etc.
- e. Women's right to good health
- f. Women's right to freedom from violence

4. Please describe if you have any suggestions to improve this questionnaire.	
---	--

REACH would appreciate your suggestions and comments.

1. REACH Grantee Name	
2. Province	
3. Name and the title of the person who filled out this questionnaire	
4. Signature	
5. Telephone number	
6. Email address	
7. Date when it was filled out	
8. Name and signature of the REACH PHA¹	
9. The date when the PHA received the questionnaire²	

I. Community

1. Do Shura-e-Sehie (community health committees) exist in your implementation areas?	Composition of Shura	Number of Shura	
	a. Male only (if yes, go to question2.)		
	b. Female only (if yes, go to question 3.)		
	c. Mixed (both male and female, if yes, go to question 4.)		
2. How does a female CHW communicate with a male-only Shura?	Ways of communication	✓	Comments
	a. She does not communicate with the male Shura members		
	b. She communicates through her male family member who communicates directly with the male Shura members		
	c. She communicates with a male CHW then he communicates directly with male Shura members		
	d. She communicates with her Supervisor and the Supervisor		

¹ Not necessary when the questionnaire is filled electronically.

² ibid

	communicates with male Shura members		
	e. Other (specify):		
3. How does female only Shura communicate with male only Shura?	Ways of communication	✓	Comments
	a. Female Shura members do not communicate with male Shura members		
	b. They communicate through male family members who communicate directly with male Shura members		
	c. Other (specify)		
4. What is the percentage of women in the mixed Shura?	Percentage	✓	Comments
	a. less than 20%		
	b. between 20% and 40%		
	c. between 40% and 50%		
	d. More than 50%		
5. What did/does your NGO do to involve women in Shura-e-Sehie?	Activities	✓	Comments/ Description
	a. Encourage male shura members to create a female shura		
	b. Encourage female community members to create a female shura		
	b. Encourage women's groups/projects (literacy, income-generation, agriculture, water and sanitation, etc.) to form a female shura		
c. Other (specify):			
6. Are there any women's groups in the community? If so, do they have any link with Shura-e-Sehie?	Type of community groups	Link with Shura-e-Sehie (if yes, please describe)	
	a. Income generation		
	b. Literacy		
	c. Agriculture		
	d. Animal husbandry		
	e. Water and Sanitation		

	f. Other (specify)		
7. What has been done to involve men in the following activities within the community?	Activities	<input checked="" type="checkbox"/>	Description
	a. Family Planning	<input type="checkbox"/>	
	b. Safe Motherhood	<input type="checkbox"/>	
	c. Care of the newborn	<input type="checkbox"/>	
	d. Other (specify):		

II. CHWs (the percentage of female and male CHWs will be obtained from REACH HMIS database)

1. What is the relationship between female CHWs and TBAs?	Relationship		<input checked="" type="checkbox"/>	Comments
	a. There is no TBA		<input type="checkbox"/>	
	b. TBAs and CHWs work independently		<input type="checkbox"/>	
	c. Female CHWs get information from TBAs		<input type="checkbox"/>	
	d. Female CHWs were upgraded from TBAs		<input type="checkbox"/>	
	e. Female CHWs supervise TBAs		<input type="checkbox"/>	
	f. Other (specify)		<input type="checkbox"/>	
2. Do you provide literacy training for non-literate CHWs?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Comments	
3. Were female CHWs consulted in selection of the CHW training site?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Comments	
4. How do most female and male CHWs in the same catchment area communicate with each other?	Mode of communication		<input checked="" type="checkbox"/>	Comments
	a. They work together all the time		<input type="checkbox"/>	
	b. They meet several times a week		<input type="checkbox"/>	
	c. They meet once a week		<input type="checkbox"/>	
	d. They do not communicate at all		<input type="checkbox"/>	

	e. Other (specify)
--	--------------------

III. Health Facility

1. How many and which category of people received gender awareness training?	Health Facility Level	Staff Categories	No. of male	No. of female	Length of training
	Health Post	CHW			
	BHC	(MD)			
		Nurse			
		Midwife/Auxiliary Midwife			
		Vaccinator			
		Support Staff			
	CHC	Doctor			
		Midwife			
		Nurse			
		Lab Technician			
		Pharmacy Technician			
		Vaccinator			
		Administrator			
		Support Staff			
	DH	Doctor			
		Surgeon			
		Anesthetist			
		Pediatrician			
		Nurse			
		Midwife			
		X-ray technician			
		Lab Technician			
		Pharmacist			
		Dentist			
		Dental technician			
		Vaccinator			
	Administrator				
2. What did your facility do with the victim of sexual or gender-	Action taken by the health facility	✓	Comments		

³ The UN defines violence against women as “any act of gender-based violence that results in, or is likely to result in physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life”.

based violence ³ ?	a. None		
	b. Counseled the victim		
	c. Counseled the perpetrator		
	d. Counseled both the victim and the perpetrator		
	e. Reported to the Shura		
	f. Reported to the Human Rights Commission		
	g. Other (specify)		
3. Do the health education sessions offered at your facility include the following issues?	Issues	✓	Comments
	a. Gender equality in Islam		
	b. The equal value of men and women/boys and girls		
	c. The need for joint decision-making		
	d. Shared responsibilities in the household		
	e. Women's right to good health		
	f. Women's right to freedom from violence		
g. Other (specify)			
4. Please describe if you have any suggestions to improve this questionnaire.			

Thank you very much for your cooperation. REACH Gender Unit.

Annex B5 – Gender in Public Health: What does Gender have to do with our BPHS program?

This paper aims to clarify the importance of addressing gender issues in public health programs.

Definition of gender

Gender refers to the economic, social, political, and cultural attributes and opportunities associated with being male or female. The social definitions of what it means to be male or female vary among cultures and change over time. (*OECD, 1999*)

Misconception

Myth 1: Gender is only a woman's issue.

Fact: Gender issues affect both men's and women's lives. Since gender inequality most often impacts women negatively, gender issues highlight women's issues.

Myth 2: Gender is Western ideology.

Fact: Gender terminology may be new in Afghanistan, but gender issues exist in Afghanistan, just as they do in the rest of the world.

Why is gender important in public health?

In Afghanistan, most women are marginalized by their economic, social, and political status. These inequities make women more vulnerable to health risks than men. Here are some examples:

- Socio-cultural norms prevent women from being seen by a male healthcare provider; therefore, if a woman is given no other option, she may choose not to seek care at all.
- A woman's lack of education may contribute to a lack of self-esteem that limits her ability to make demands, to make decisions, etc.
- Men are generally seen as the breadwinners and controllers of money in the family. Therefore, they are most often the ones who make decisions that can affect the family's health. They need to be aware of key health messages on, for example, the need to educate both boys and girls, the importance of good nutrition for pregnant women, the danger signs of pregnancy, family planning choices, etc. so that they can support women's health.

Equity in health aims to increase fairness and justice for both sexes, thus reducing unfairness or disadvantage in the provision of health services. To realize gender equity, women need to be empowered to have joint decision-making power with their male partners, which will benefit the well-being of all the family members, including that of women themselves.

What is gender mainstreaming and how is it done?

Gender considerations are incorporated into the analysis, formulation, and monitoring of strategies and activities that can address and help reduce inequities between women and men. Mainstreaming addresses gender issues in all aspects of development, including decision-making structures and planning processes such as policy making, budgeting, and programming. (*The Manager, Fall/Winter 2000/01*)

How will gender be "mainstreamed" in our BPHS program?

There are five steps your program can take to prepare for successful gender mainstreaming:

Step 1. Introduce gender awareness and concepts at every level of the program.

- Do you and your colleagues know how gender influences and impacts your service delivery?

Step 2. Conduct a gender analysis of your program.

- What are the different constraints experienced by women and men in accessing health care?

Step 3. Assess your program's readiness for gender mainstreaming.

- Is your organization ready to adopt a gender-sensitive approach in your leadership, mission, structure, and management systems?
- Step 4. Determine the desired gender-related goals and objectives, both short- and long-term.
- Are your gender-related goals and objectives consistent with your organizational goals?
 - Are they realistic and attainable?
- Step 5. Identify the strategies and activities to help you meet those goals and objectives.
- In addition to the strategies and activities, what are the indicators of success and the data sources for those indicators? Have they been budgeted?

After you have completed these steps, you and your staff will be ready to deliver gender-sensitive services that will benefit all of your clients—women and men alike. (*The Manager, Fall/Winter 2000/01*)

What kind of Technical Assistance (TA) will USAID/REACH provide?

USAID/REACH can do the following for your organization:

- Organize gender awareness training
- Help design a gender analysis of your project that your organization can then conduct itself
- Monitor how your organization mainstreams gender in the BPHS program
- Provide additional TA as needed

USAID/REACH is ready to assist you in mainstreaming gender approaches in the BPHS program. For questions, further information, and technical assistance, please ask your Grants Officer, or contact Miho Sato, Gender Specialist at email: msato@msh.org, mobile: 070-278-092.

- ADB Gender Checklist: Health
http://www.adb.org/Documents/Manuals/Gender_Checklists/Health/health.pdf
- Exploring Concepts of Gender and Health
<http://www.hc-sc.gc.ca/english/women/exploringconcepts.htm>
- The Manager, Reproductive Health Services with a Gender Perspective”, Fall/Winter 2000/01 Volume IX, Numbers 3&4.
http://erc.msh.org/staticpages_printerfriendly/2.2.8_chs_English_.htm
- “Managing Guidelines for the analysis of Gender and Health”
<http://www.liv.ac.uk/lstm/hsr/GG-1.html>
- OECD, DAC (Development Assistance Committee) Guidelines for Gender Equality and Women's Empowerment in Development Co-Operation, Development Co-operation Guidelines Series, 1999.
<http://www.oecd.org/dataoecd/56/46/28313843.pdf>
- Sippi Azerbaijani-Moghaddam, April 2002, “Report of the EC Rapid Reaction Mechanism Assessment Mission Afghanistan, Gender Guidelines”
http://europa.eu.int/comm/external_relations/cpcm/cp/doc/afgrrm_gen.pdf

Annex

Gender Terms and Concepts (The Manager, Fall/Winter 2000/01)

Sex: The genetic, physiological, and biological characteristics that determine whether a person is female or male.

Gender: The social roles that men and women play, because of the way their society is organized. Gender is expressed in the kinds of relations between sexes that arise from those roles, and in assumptions about “appropriate” behaviors. The gender “mindset” is learned and can change from generation to generation, from culture to culture, and from one social, ethnic, or racial group to

another, within the same culture. Gender roles may evolve through changes in education, technology, and economics, and crises like war or famine.

Sexuality: Feelings, desires, behavior, choices, and values pertaining to sexual relationships.

Gender sensitivity/awareness/perspective: The understanding of socially determined differences between women and men that lead to inequities in their respective access to and control of resources. Gender sensitivity includes the willingness to address these inequities through strategies and actions for social and economic development.

Gender needs—practical and strategic:

Practical gender needs are immediate, often being concerned with shortcomings in living conditions, health care, and employment. Addressing practical gender needs helps both sexes to fulfill their roles and responsibilities. It does not change the social status of either women or men.

Strategic gender needs relate to achieving equal treatment for both sexes over the long term. They encompass the sexual division of labor, and of power and control, and include such issues as legal rights, domestic violence, access to resources, wage differentials, and women's control over their own bodies. Addressing strategic gender needs helps women to challenge their subordinate status vis-à-vis men, and to reduce the inequality between the sexes.

Annex C - Problem Identification for the Empowerment of Women in the Afghan Health Sector



30 November, 2004

Organized in collaboration with
The Afghanistan Ministry of Health
Ibn Sina
USAID-REACH



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Acknowledgements

A group of women health professionals have a dream; a dream that all women health professionals in Afghanistan will have equal opportunities to contribute to the development of this country. We realise that is a long road to travel and that there are many constraints that need to be addressed. We regard these constraints as challenges and opportunities and are hopeful that the dream will be a reality.

We seek to form a membership body that will support the translation of this dream into reality. This body will undertake advocacy for women in the health professions, will seek to identify and make available resources and sources for capacity building and will be a support group for women. We will reach out to other organizations that support women in various fields and seek to contribute to common goals. This nucleus of women in Kabul will take this dream and share it with their sisters in the Provinces and hopefully, form allied groups/associations there.

This workshop is a first step along the journey that we are undertaking. This first step brings together some women from across the health field in Kabul, including students from the medical and allied health fields, in order to discuss the problems that women in Afghanistan face in achieving leadership positions in health. The outcomes of the workshop will be used to develop the mandate and strategies of this group.

We are grateful to Her Excellency, Dr. Sohaila Siddiq, Minister of Health, Her Excellency, Ms. Habiba Sarabi, Minister of Women's Affairs and Dr. Soraya, Deputy Minister Women's Affairs for finding time in their busy schedules to grace this occasion. They are role models for us. We thank Dr. Abdullah Sherzai, Deputy Minister, MOH who provided the initial impetus for this group. He has generously made the resources of his office available for both our meetings and the organization of this workshop. We thank Dr. Noormal, HRD Director, MOH and Dr. Anwarulhaq Jabbarkhail, Country Director, IMC, for sharing their thoughts with us. These two gentlemen have been stalwart supporters of women in the field of health. We look forward to their continuing participation in the partnership development of women and men in the health professions. Thank you Mrs. Zuleikha Anwari, for taking the trouble to enunciate the issues that are faced by women who seek to work in health (Annex 2).

We would like to thank USAID and IbnSina for their support that enabled us to hold this workshop. Thank you, Mr. Anthony Savelli, REACH Program and Dr. Abdul Majeed Siddiqi, IbnSina for their time and commitment to this cause.

Dr. Patricia Omidian has done a wonderful job of shaping and facilitating the workshop. We are grateful to her for having volunteered so much of her time and effort to this cause. She has worked for a long time with the Afghan people in the furtherance of civil society.

And finally, to the women who worked to make this workshop happen and to those who have participated and who have persisted in their work in this country, against such heavy odds - a debt of gratitude and a certainty that you will prevail.

List of acronyms

IHS	Institute of Health Sciences
IMC	International Medical Corps
MCH	Maternal and Child Health
MD	Medical Doctor
MOH	Afghanistan Ministry of Health
OPM	Oxford Policy Management
PRR	Priority Restructuring and Reform

I. Background of the workshop

At the beginning of September 2004, a group of Afghan women health professionals gathered with the goal of increasing the number of women in senior management positions in the health sector. This group, called “the Group for the Empowerment of Women Health Professional”, meets once a week at the Ministry of Health (MOH). This group will act independently from the MOH in coordination with line Ministries as well as concerned agencies.

The Mission Statement and Terms of Reference of the Group are as follows:

The Women Health Professionals Association seeks to empower women so that they are able to fully participate in the reconstruction of Afghanistan and its future. It will coordinate with other similar associations/organization and actively identify resources so that it is able to contribute to developing leadership and management, technical capacities and increase awareness of women’s needs and rights. In the short term, it will work towards the goal of having women in 50% of the decision making positions in health in Afghanistan by 2006. It will later seek to formalize itself as an association or other such organization as the registration processes are time consuming, etc.

- To investigate and identify the main problems/constrains that prevent women from undertaking senior leadership and management roles
- To develop strategies to overcome these constrains, within specified timelines and outputs
- To identify funding and human resources both external and within existing structures to enable the implementation of the proposed strategies
- To address the issue of developing and strengthening capacity of women to undertake leadership, advocacy and management roles
- To coordinate with other groups concerned with women’s empowerment/advancement
- To develop an advocacy role within the MoH and also the broader Afghan context for the empowerment of women health professionals

The members of the group identified two priority activities to get this group started. Initially, the group identified a gap in their own management skills and organized the Basic Management Course in collaboration with the Human Resource Directorate of the MOH and Oxford Policy Management (OPM) from 23 to 29 November, 2004. The total of thirty five participants successfully completed the training. The second activity that the group undertook was to organize a workshop to identify barriers/problems that are preventing women from taking senior management positions and develop strategy to overcome these.

II. The objective of the workshop

The objective of the workshop is twofold:

- To identify and prioritize problems and solutions that an organization could undertake or advocate for
- To initiate a strategy formulation so that appropriate resource identification can be undertaken

III. Schedule of the workshop

Time	Activities	Speakers
8:45 – 9:30	Recitation of Holy Koran Opening remarks Background and history of the group Objectives and overview of the workshop	Ms. Moheba H.E. Minister of Health H.E. Minister of Women’s Affairs H.E. Deputy Minister of Health Dr. Mehr Afzoon Mehr Nessar, Director of Women’s and Reproductive Health Directorate, Ministry of Health Dr. Patricia Omidian, Country Representative, American Friends Service Committee
9:30 – 10:30	Speeches by Afghan senior managers on their views of having women in senior positions	Dr. Noormal, Director of Human Resources Development, Ministry of Health Dr. Anwar, Director of IMC Dr. Amena Hashemi, Malalai Hospital Ms. Mahbouba Seraj, Independent Consultant
10:30 – 11:00	Tea break	
11:00 – 1:00	Problem Identification	
1:00 – 1:45	Lunch/prayer break	
1:45 – 3:00	Advocacy and Response	
3:00 – 3:30	Next Steps	

IV. Workshop proceedings

A. Opening Remarks

H.E. Dr. Suhaila Sidiq, Minister of Health:

Regarding empowerment of women, it is an essential need for women in our society, and I fully support this great step to organize the workshop. We hope women continue their efforts in starting this initial process, which is a positive step towards achieving their goals.

H.E. Habibia Sorabi, Minister of Women's Affairs:

She began by acknowledging all invitees and participants, stating that conducting courses such as this one is a very significant and vital step for Afghan women, She also added that the effort to empower women may encounter many difficulties, but by women working closely together, holding group discussion and coordinating efforts, women's problems could be solved. Furthermore, she added that rights are never given to someone but have to be taken. Using their power and their continuous efforts, women can gain their rights and reach their goals.

For example, she said that annually, an estimated 1,600 woman die due to unsafe delivery and this will continue if we do nothing to reduce the amount of maternal mortality. We must begin our activities to gradually decrease the number of deaths among mothers. In reaching these targets, she promised the cooperation of the Ministry of Women's Affairs.

H.E. Dr. Abdullah Sherzai, Administrative Deputy Minister of Health:

It would have been better if we could start these activities earlier even though now is too late, but we are still hopeful for the member of this committee who have started their work 2 months ago and already 35 of these professional women have finished their courses in leadership management to continue their positive steps towards more competency courses in order for them to obtain higher managerial positions.

B. Presentation of the Background and the History of the Group

Dr. Mehr Afzoon Mehr Nessar, Director of Women's and Reproductive Health Directorate of the MOH presented the background and the History of the Group for the Empowerment of Women Health Professional (Annex 1).

Women do not become empowered in a community while they can not attain the skills of decision making. With implementation of the workplan we hope to achieve 50% of all women in key posts in the near future.

Our workshop today is for the realization of those issues and it is not a meeting for the rights of women.

This workshop was conducted with the financial support of USAID, Ibne Sina and active representative who played a and active role include Miho Sato, Dr. Patricia Omidian, Dr. Panna Erasmus, Dr. Amena Hashemi. The Group for the Empowerment of Women Health Professional is for women professionals in the health sector and we hope to extend our activities with non-health governmental, non-governmental organizations and agencies which have similar goals with the group.

C. Objectives and overview of the workshop

Dr. Patricia Omidian, who was the Chief Facilitator of the workshop welcomed all participants and described the objectives of the workshop in order for women to reach the target. She also clarified that all problems should be determined then arranged by priority, so that we can then know which one is more important than the other in order to prioritize solutions.

D. Speeches by Afghan senior managers on their views of having women in senior positions

Below is English translation of major points of their speeches in Dari.

Dr. Bashir Noormal, Director of the Human Resources Directorate of the MOH:

Conducting such workshop is very significant and should be continued. Among the estimated number of 14,600 health workers in all over Afghanistan, 3,338 are women (which comes to 23%), this is a low percentage and majority of them are employed in lower positions. The reasons are a lack of confidence and family problems, which prevents women from coming forward for training and recruitment.

With the new PRR process, 600 new health workers were assigned in three different provinces, however the number of women whom we have been able to recruit, does not exceed 25 -30 staff. For example, in Panjshir province we have no female Doctors and we had to substitute them with 4-5 midwives.

The target of achieving the placement of women in 50% of leadership positions is unrealistic. At this current moment, the number of women in the MOH is very low.

H.E. Dr. Suraya Sobrang, Deputy Minister of Women's Affairs

Dr. Sobrang started her speech by mentioning difficulties for women in their work place making comparisons about men and women and what they need, like security, shelter education and child care for their children while they are at work. Men are against women progress, they do say they support women's right but do not act upon it.

Since the road to progress has not been accessible to Afghan women they have lost their courage. The only thing which is significant in the eyes of people, is authority and responsibility and obtaining a high level position in the government. This engenders respect and gives authority to in the hierarchy of the health fields. At present the women lack that authority and respect because they are not given a high government position; therefore we ask the committee to stop discriminating against women and permit them to be appointed and employed according to the rules and policies, ignoring relationships and personal recommendations. Appointing a woman to a seat of power will automatically empower her and she will rise to the capacity demanded by that position. Many men are appointed to positions of power; many of them do not have the capacity for these positions; why should this be a criterion only for women?

In response to her speech, H.E. Dr. Abdullah Shirzay, Deputy Minister of Health said:

The Government provides courses of management and leadership for women through which they are empowered and are able to work with full strength. Nobody can prevent women's empowerment, progress, and participation in the key posts in the government.

However, I do not agree that a woman regardless of her capacity should be appointed to positions of leadership. But I feel that women should be given every opportunity to attain the capacity to assume leadership.

Dr. Anwar ul Haq Jabarkhail, Country Director of IMC:

When I graduated from university I joined the Jihad. At that time, I was not aware of these issues that concern

discrimination against women etc. However, later because of my knowledge of the Holy Quoran, which mentions all women's rights, and seeing the problems at hand, I became involved in setting up the first



project in the health field that is run solely by women. We in IMC are very proud of this achievement and hold it up as an example of what can be done.

In 1999, IMC selected a group of talented female doctors. We have established three month long courses for them to become trainers, then managers so that they will be able to participate and teach in courses. We have been training thousands of health workers according to global standards. As a result of the training, all five female doctors who completed training became competent managers. The entire Pakistan operation of IMC is run and managed by women now. This is a successful example of how women can be groomed to assume leadership and is the first of its kind. My recommendation is that we should cooperate with each other and encourage men and women to participate in the training courses and for women to work in the community. For example, IMC has employed 10,000 women in provinces who are working properly. Dr. Zulaikha in Kabul and Dr. Shamayel in Pakistan, who are both working as head of IMC, are the example of women's empowerment. I am confident women can go ahead in assuming leadership positions not only in the MoH but in all Ministries of the government.

Dr. Amena Hashemi, Professor of Malalai Hospital:

Women have not lagged behind but they have been put behind by the years of conflict in this country and the different regimes that have discouraged and discriminated against women.

In our country women are prevented from accessing education; thus the number of educated women is very small, therefore the government does not trust key posts to women.

90% of all women are illiterate. There are several barriers for women to access educational opportunities or opportunities to improve professional skills. I would like to share some of these examples from my own personal experiences:

In the past I was working for seven years in Malalai Hospital; the administrators



of our hospital were three men. For women doctors, the performance of surgical operations was limited up to the level of Cesarean Section. Despite all the difficult work, they were not regarded as hard working. I witnessed one subtotal abdominal hysterectomy case which was performed by Dr. Mehr Afzoon and the

next day instead of encouraging and congratulating her for the successful completion of a major operation, she was discouraged and underwent a series of

inquiries from the authority and that by itself prevents promotion of women in the medical community.

While working with IMC we started up nine clinics and two hospitals to serve people in the remote areas like Lolange, Frengele and Turkman valley. Regarding the issues of training nurses and midwives we faced many problems. But I managed to overcome all these obstacles with the help of my colleagues. Our aim was to train midwives in global standards, which would result in the removal of barriers for women to access quality health care. If we work together, men and women of Afghanistan, we will be able to identify the problems and solve them. Therefore we all should work together to remove the barriers and reach our goals, because as the proverb says “the seeker is the finder”. I ask my brothers and colleagues to extend their full support to the cause of furthering the role of women in health.

Gul Jan, one of the participants said:

If a woman is involved in a problem, all around her humiliate her and in the end she has no space in the community. This is the main reason that women have fear from shame. On the contrary, if a man causes an incident it does not have any effect on him in the community.

One of the participating Medical Doctors declared her problem as follows:

Our head of hospital is a man and he doesn't want that I participate in the management and leadership course but due to my insistence I succeeded to participate and completed the course. He (the head of the Hospital) not only discourages me but also prevents me from leadership course.

Dr. Patricia regarding problems of participants said:

The reason for our meeting today is for you to write all your problems and see that how many problems are shared and repeated among women. These problems are problems for all women over the world. They could be problems in the professional world, social or cultural problems or personal problems. We are women and mothers and we have come here to solve our problems by ourselves; nobody from outside can solve our problems. We should change the system from the base and should create social groups that can work together to solve problems. If we work alone, it will be very



difficult to achieve results, but if we work in an organized manner we can be strong and help ourselves and other women.

Ms. Mahbouba Saraj who has returned to Afghanistan from the United States in this past month stated:

I am not a medical doctor and I was away from Afghanistan for 26 years. I am proud to be a part of this gathering. You have many tasks and responsibilities ahead and we will achieve our goals.

The only thing that nobody can take away from you is knowledge which is the great weapon for your campaign. It is not just women in Afghanistan who have faced problems in achieving equal roles in society. In western countries, it is only a few years ago that women got their rights and it was their knowledge and their strong groups that enabled them to ensure their rights. We should serve for the future generation of Afghanistan especially for Afghan women.

E. Group work: Problem identification

The participants were divided into five groups, namely, 1 group of Midwives, Vaccinators, Pharmacists, and Anesthetists, 1 group of Nurses/Midwives from the IHS and the MOH facilities, 2 groups of Medical Doctors working for the MOH facilities, and 1 group of Medical Doctors working for NGOs or UN agencies. All of the participants were given three pieces of blank cards as they registered. They were asked to fill out the cards with barriers and problems which prevent them from taking senior positions. It was guided that participants come up with ideas from both personal and professional view points.

Brief summary of the group work

Regarding personal barriers, four out of five groups stated that cultural restrictions and security situation are barriers for them to take senior management positions. Following this, three groups expressed that their responsibility to take care of the family also prevents their assuming senior positions.

As to professional barriers, four out of five groups identified that the lack of transparency in recruitment and promotion, and the lack of English knowledge and skills are barriers.

Five groups were divided in terms of their professional category. The barriers indicated thus far are identified as common barriers among all women professionals who gathered at the workshop. However, the group of nurses and midwives stated that their profession as nurses and midwives are the barriers (i.e. the skill development opportunities are given to Medical Doctors therefore they do not have chance, lack of respect for nurses and midwives from the general public, etc.)

Lack of cooperation from men and security concerns are identified as both personal and professional barriers.

Summary of five groups			
Personal barriers		Professional barriers	
• Cultural restrictions for women (to work outside).	4	• Lack of transparency in operational systems. (Recruitment of employees irrespective of merit, qualification, and honesty)	4
• Security concerns	4	• Lack of English knowledge.	4
• Responsibility to take care of the family.	3	• Because of low salary, women work overtime, which prevents them to study and improve their professional knowledge and skills.	3
• Lack of facilities for husbands and children (employment, school and kindergarten).	2	• Lack of encouragement and cooperation (from men)	3
• Men's lack of respect for women.	2	• Lack of great vision, perspective, management.	2
• Having minimal chance to express their opinions.	1	• Underestimation of women's abilities (lack of confidence in women's performance)	2
• Restrictions in working outside (mostly due to low salary).	1	• Being a midwife/nurse	2
• Working till late nights due to heavy load of work, objections to this from the family and concerns about security	1	• Heavy load of various works lessens women's chance of professional preparations.	1
• High expectations for increasing the number of children (particularly sons).	1	• Not being motivated and encouraged in the field of work.	1
• Jealousy in women.	1	• All the efforts made by the personnel ends up to the reputation of the Head of the section.	1
• Concerns about travel without <i>mahram</i>	1	• Lack of regular transportation	1
• Lack of men's cooperation	1	• Lack of adequate salary.	1
• Lack of awareness on women's rights	1	• Lack of tendency in men in recruiting women in key posts)	1
		• Cultural restrictions	1
		• Lack of necessary and appropriate equipments in work place	1
		• Lack of chance in getting eructation, getting scholarships and learn from consultants.	1
		• Unsound competitions	1
		• Responsibility without authority	1

	• Lack of security	1
	• Lack of professional department within MOH organogram (nursing dept.)	1

Below are the barriers presented by five groups.

First Group (Ministry of Health Doctors)	
Personal Barriers	Professional Barriers
<ol style="list-style-type: none"> 1. Having minimal chance to express their opinions. 2. Restrictions in working outside (mostly due to low salary). 3. Cultural restrictions for women to work outside. 4. Lack of facilities for husbands and children (employment, school and kindergarten). 5. Working till late nights due to heavy load of work. 6. High expectations for increasing the number of children (particularly sons). 7. Jealousy in women. 8. Men's lack of respect for women. 	<ol style="list-style-type: none"> 1. Heavy load of various works lessens women's chance of professional preparations. 2. Not being motivated and encouraged in their field of work. 3. All the efforts made by the personnel ends up to the reputation of Head of the section. 4. Because of low salary, women work overtime, which prevents them to study and improve their professional knowledge. 5. Lack of great vision and perspective. 6. Lack of transparency in operational systems. 7. Lack of English knowledge. 8. Lack of regular transportation and adequate salary. 9. Staffing of employees irrespective of merit, qualification and honesty.
Second Group (NGOs Doctors)	
Personal Barriers	Professional Barriers
<ol style="list-style-type: none"> 1. Responsibility of family. 2. Security concerns in travels. 3. Concerns in traveling without family members (Mahram). 	<ol style="list-style-type: none"> 1. Foul and base believes/customs. 2. Lack of chances for professional capacity building. 3. Underestimating women abilities. 4. Lack of required and appropriate equipments in job. 5. Lack of tendency in men for recruiting women in key posts.
Third Group (MOH Doctors)	
Personal Barriers	Professional Barriers
<ol style="list-style-type: none"> 1. Lack of stability and security. 2. Lack of respect for a woman's education and efforts. 3. Lack of men cooperation. 	<ol style="list-style-type: none"> 1. Need for learning English knowledge and computer skills in all hospitals. 2. Problems in education, getting scholarships and benefiting from skills of consultants. 3. Unsound competitions. 4. Lack of encouragement in routine activities of the relevant offices and ministries. 5. Poor management of government. 6. Responsibility without authority. 7. Unsound competitions in government administrations. 8. Employing of employees in governmental

	administrations irrespective of their merit, skills and experience.
Fourth Group (Midwives of NGOs)	
(Personal Barrier)	(Professional barrier)
<ol style="list-style-type: none"> 1. More responsibility for the family. 2. Family and community discriminations 3. Security problems 4. Lack of reliable kindergarten in work and living area. 5. Lack of awareness from women rights. 	<ol style="list-style-type: none"> 1. Being a midwife. 2. Lack of opportunities for upgrading of professional knowledge. 3. Linguistic problems. 4. Lack of confidence on women jobs. 5. Lack of cooperation by the chiefs. 6. Injustice in administration system.
Fifth Group (MoH Nurse/Midwife Group)	
(Personal Barrier)	(Professional Barrier)
<ol style="list-style-type: none"> 1. Lack of security. 2. Professional prevention from the point of view of the public. 3. Family problem (having small and sick children). 	<ol style="list-style-type: none"> 1. Lack of security. 2. Professional prevention (which criteria is required to be a nurse). 3. Lack of encouragement by the authorities. 4. Unfamiliar with foreign languages. 5. Lack of nursing department.

F. Group Work: Identifying the Strategy and Resources for the solution of the problems

After the group presentation, Patricia asked the participants to work on the strategies to overcome the barriers identified in the previous exercise. She briefly described that the participants should discuss in each group the strategies and resources required to carry them out.

Below are the result of the group work from two groups (some participants had to leave due to personal reasons, therefore the number of groups were reduced from five to two.) These groups were therefore not separated by profession.

First Group

Strategy:

- A. Finding financial resources for running the NGO activities.
- B. Increasing the sufficient number of professional personnel in the Ministry
- C. Supporting of the working group of women's affairs in the Ministry of Health of Afghanistan.

Recommendations:

1. Provision of financial resources from NGOs (by presenting the significant and essential methods and providing or establishing training programs about the

- management or administrative affairs and proposal writing for heads of the organizations.)
2. Provision and arrangement of organizational chart.
 3. Job description.
 4. Special training should be given in accordance with the nursing position
 5. Shortening the duration of work divisions in three shifts such as from 8:00am to 1:00 pm, from 1:00 pm to 6:00pm, from 6:00 pm to 12:00 am, and 12:00am to 8:00am.
 6. If possible, work till late on the overtime basis.
 7. Creating a friendly atmosphere in the organizational system
 8. Provision of proper transportation and sufficient salaries.
 9. Giving assignment to qualified people who are honest and trustworthy and determine survey team to investigate whether the qualified people have been assigned or not.
 10. Maintain contact with NGOs and agencies.

Ways to solve personal problems:

Establishing appropriate kindergartens, adequate work place and living area through financial assistance of NGOs and non profit organization and governmental support which is proposed by private sector.

Ways to solve professional problems:

Strengthening and support of Afghanistan Midwifery Association established in March, 2004 during the National Reproductive Health Workshop in accordance with the Ministry of Women Affairs and the Women’s and Reproductive Health Department of the Ministry of Health. Some documents have been submitted, for which we require the emergency assistance of the Ministry of Health, welfare agencies, particularly the women professional improvement association containing the following points.

- Hold national conferences and obtain the financial resources.
- Reorganize the departments of the MoH
- Establish the department of Nursing/Midwifery in the MoH organizational chart. The head of which should be women.

Second Group

Barrier 1: Lack of capacity building opportunities for women

Strategy:

1. Conducting of educational courses relevant to their professions. At least one course for all women either inside or outside of the country.
2. Providing facilities (such as accommodation) for participants of the courses in the centers of provinces where courses are conducted.
3. At least 20% the participants should be women in the courses.
4. 40% of training budget should be allocated for training of women
5. At least 40-50% of medical faculty and IHS students should be women.

Budget:

- For conducting of the course.
- Providing facilities (accommodation, transportation) thus advocacy attracting national and international assistance is necessary.
- Establishing an office which could achieve objectives.

Barrier 2: Shortage and/or lack of required facilities (Kindergarten, school, house for women) in the work place

Strategy:

1. Establishing kindergartens in the workplace.
2. Provision of house and other essential necessities of life.
3. Provision of safe transportation.
4. Establishing schools in the remote area in contract with the Ministry of Education
5. Employing women’s family member (Mahram) in the job.

V. Conclusion

It was the first event in history of Afghanistan in which women of different categories of health service delivery (including students) gathered and identified the barriers that are preventing them from taking senior positions. There are two highlights in this workshop in terms of empowering women in the Afghan Health Sector. Firstly, as Patricia Omidian, the chief facilitator, said during the opening session, this workshop was significant step that would help women participants realize that it is they themselves who need and can solve the problems facing them. Secondly, the involvement of male colleagues in this workshop was crucial in furthering the cause of women health professionals as women alone cannot achieve this. The support of the men in this society will be essential. While this group is a group of women health professionals, it is critical and essential to have support from our male counterparts, such as those who delivered speeches in support of women at the workshop. Therefore, the group reassured that women in Afghan Health Sector should work in close collaboration with male senior managers, not in a confrontational manner.

The Group for the Empowerment of Women Health Professional, which is comprised of women in different categories of health professionals (doctor, nurse, midwife, lab technician, etc.) and expatriate advisors, meets once a week in order to materialize the outcome of the workshop.

Currently the group is looking into formalize the group, whether in the form of an association, an NGO, or a government entity. A team of people are assigned to research what is the best option for this group. One of the positive actions taken from the recommendations of the workshop was the HR policy of the MOH. A member who is Human Resources Advisor to the MOH worked with the Human Resources Department of the MOH so that all vacancy announcements adds a sentence to the effect that the MOH is a equal opportunities employer and women are especially encouraged to apply for the post. Now this sentence has been added to all vacancy announcements.

One of the issues which was not discussed during the workshop was how the women of provinces will participate in activity of the association. The group is well aware of this issue that the forming of the association is not happening only in Kabul but it should be done as national effort. The group will be reminded of this matter and it will be reflected in the strategy when the group will be formalized.

The Group for the Empowerment of Women Health Professional would be very pleased to discuss anyone who would be interested in our activities and possibility of future funding.

The Group for the Empowerment of Women Health Professional can be reached through the following individuals:

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- Ms. Mahbooba Saraj, Temporary vice-president, email: mahboubaseraj@yahoo.com, mobile: 079-116-941
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Sub-Annexes to Annex C

Sub-Annex 1 - Powerpoint presentation by Dr. Mehrafzoon Mehr Nessar

The Group for Empowerment of Women Health Care Professionals in Afghanistan

Workshop on Identification of the problems

30th Nov 2004, 10th Qaus 1383

Library Hall MoPH

By: Dr Mehr Afzoon Mehr Nesaar

Women's & Reproductive Health Director, MoPH

Outline:

- *History of the Group*
- *Mission Statement*
- *Terms of Reference*

History:

- The Group started working since two months (sep 2004)
- Held Regular weekly meetings at MoPH (Deputy Minister's Office)
- Official support of MoPH
- The members are Afghan Health Care Professionals working in Government, UN Agencies and NGOs.
- Currently it has a Committee and few working Groups
- The Group has started at central level and later it will have members from provincial level.
- In future it will be: The Afghan Women Health Care Professionals Association

The Mission Statement:

The Afghan Women Health Care Professionals Association seeks to empower women so that they are able to participate fully in the reconstruction of Afghanistan and its future.

Cont'd.....

It will coordinate with other similar associations /organizations to and actively identify resources so that it is able to contribute to developing leadership and management , technical capacities and increase awareness of women's needs and rights.

Cont'd.....

In the short term, it will work towards the goal of having women in 50% of the decision making positions in health in Afghanistan by 2006.

Later, it will seek to formalize itself as an association or other such organizations (as the registration processes are time consuming).

Terms of Reference:

1. To investigate and identify the main problems /constraints that prevent women undertaking senior leadership and management roles.
2. To develop strategies to overcome these *constraints*, *within* specified timelines and outputs.

Terms of Reference.....

3. To identify funding and human resources both external and within existing structures to enable the implementation of the proposed strategies.
4. To address the issue of developing and strengthening capacity of women to undertake leadership, advocacy and management roles. Terms of Reference.....
5. To coordinate with other groups concerned with women's empowerment advancement.
6. To develop an advocacy role within the MoPH and also the broader Afghan context for the empowerment of women health professionals.

Afghan Women!
You can play an important role in
reconstruction of Afghanistan!

Sub-Annex 2 - Speech prepared by Ms. Zulaikha Haq, International Medical Corps

I have always been impressed by the amazing courage and resilience of the Afghan woman – health professional or not. Despite suffering extremes of oppression and trauma, she has never failed to surprise me by springing back into life and action as soon as a crisis is past, and by going on with the business of living and nurturing life again. In the past couple of decades, more often than not, educated Afghan women have been pushed into decision making and responsibility-shouldering roles in their community and family, whether or not they were prepared for them. With so many men lost to the war, and out-migrations, many women have been left on their own to fend for themselves and their dependents, without any support from their male counterparts. And yet, often they remain one of the most under-appreciated groups in the nation's workforce.

Female Afghan health professionals make up a significant proportion of this workforce. These women working as doctors, nurses, midwives, trainers and managers, juggle long and busy work schedules with full-time family commitments, which often include care for minor children and other dependent members in the extended family system. The fact that they are professionals providing important services in a community severely short of health care personnel and facilities, does not relieve them of any of their familial obligations. With all their academic qualifications and personal and professional abilities, they are usually left way behind their male counterparts, as far as their careers are concerned, limited to the roles of implementers rather than advancing to the level of executive level decision makers holding key positions in government and non-governmental agencies. Why is this so? How can it be changed to the advantage of the women health professionals? The answers are neither easy, nor strictly specific to the Afghanistan situation.

The main reason why fewer professional women can advance to the peak of their career potential is their complex multi-faceted role in the new society. While they are expected to be more actively involved in social developmental initiatives as educated members of the society, they are also expected to retain their roles as traditional women who are the foundation of a secure family – as mothers, wives, and homemakers. Can we do without either of these roles? The fact is society will never stop needing the mother and the homemaker, whether or not she has a totally different 'other' life to live outside the home. Who says we live only one life? Most women are already living at least two, simultaneously. Trying to live these two lives at the same time, and doing justice to both is nothing short of a Herculean task. Therefore typically women go through with it in one of two ways.

Some women bend themselves backwards trying to excel in both their roles, thus speedily rushing to their breaking point where they end up exhausted and defeated, unable to perform in either capacity to their full potential. They live guilt-ridden lives turning their reluctant faces away from the demands of young children or the elderly in the family, only to be criticized or pitied by their social and professional peers. Others learn to survive by skimming the surface without getting too deeply involved in either roles, concentrating on getting by, rather than on giving their very best.

They learn to harden themselves against comment and criticism of their less-than-perfect attitude and lifestyle and accept that one cannot get the best of both worlds – at least when one is trying to be in both at the same time. How many superwomen can there be, who can skillfully juggle both aspects of their lives and come out unscathed? Honestly speaking, I personally don't know any; and this is discounting the handful of single female health professionals in Afghanistan today, who have, as if were married their professions, and can therefore put in a 100% commitment.

Torn between their professional and family commitments, the majority of the female Afghan health professionals are unable to commit time to personal and professional development to improve their skills and qualifications. Often family and social constraints prohibit them from taking advantage of training opportunities away from home, which allows their more independent male counterparts to benefit from all the opportunities for advancement. As a result, the average female health professional remains professionally behind and cannot in fairness, be selected to assume a leadership role she is not groomed towards.

I have personally know of female doctors and trainers considered unfit to hold a key position because of being unable to commit unlimited work hours, or to travel to distant places for fairly long periods of time; her reason-- because she had minor children at home; a valid enough reason, but who is to blame – the woman, the children, or society as a whole? With all the openings and advantages on the side of the men, it is hardly fair to judge women health professionals as less competent to work in key positions.

The question is what, if anything can be done to correct the situation? Should women be forever delegated to secondary positions or are there strategies that can be adopted to help them assume leadership if they have the necessary potential and the drive? The answers are neither easy nor the solutions quick. The fact of the matter is that Afghanistan needs its entire educated workforce, particularly its health professionals and educationists if it has to get back on to its feet without much further delay. To get there it is necessary for Afghan men and women to be initiated into a new way of looking at life, in which men genuinely try to understand the challenges of the lives of female professionals and actively work towards more equitable responsibility sharing. Men have to be willing to share a sizeable amount of family duties with the women, just as the women work with them in their professional fields and accept a lifestyle in which the man's personal or professional needs do not automatically take precedence over the woman's but a fair system of prioritizing is adopted (seems too be good to be possible).

Some practical steps that can be taken to help in this direction are listed below:

- Provide equal employment opportunities to men and women making provisions for the special needs of women first (this means real women-specific constraints be taken into account and creative solutions devised)

- Start assigning key management positions to women professionals and give them time, support and a degree of flexibility, so that they can come up to the required level
- If competent women have young children or other real difficulties, begin by giving them enhanced responsibilities and authority in their own area of work instead of rejecting them on the basis of their inability to travel to far off sites etc.
- All health agencies provide good quality day care facilities for minor children of female health professionals in a secure and nurturing environment (I have had the opportunity to hear of the anxieties of MCH trainers/ officers who leave very young children at home, without proper adult supervision, some of them less than a year old, left in the care of an older sibling. I was struck by the irony of the situation)
- Management training opportunities are brought to the workplace so that more women can benefit from training and build their professional capacity.
- Men contribute equally to domestic obligations just as women share their responsibilities in the work arena
- Both men and women genuinely recognize the necessity to use the full potential of all available men and women professionals as the only way to achieve peace and progress, and are willing to share expertise as well as power and actively educate their own communities about the need for this new way of life.

Sub-Annex 3 - Participant List

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12	Dr. Mahbooba Istanakzai	Gynocology obstetric	Malalai maternitay hospital		079306247
13	Dr. Maryam Mobram Azimi	Deputy of Rabia Balkhi hospital	RBH		070211491
14	Dr. Mastoor Nafi	Head of nursing department	Isteqlal Hospital		079333910
15	Dr. Mehrafzoon Mehrnessar	Director, Women's and Reproductive Health Directorate	MOH		
16	Dr. Nabila	Reproductive health coordinator	AHDS	nabila@ahds.org	079327265
17	Dr. Nahiba Salik	Service person of 102 beds hospital			079319834
18	Dr. Najiba Mahram		Women rights		070288638
19	Dr. Nasreen	Head of Rabial Balkhi hospital	MoH		079326087

20	Dr. Rahila Juya	Gender Officer	USAID/REACH	riuya@msh.org	070269553
21	Dr. Shafiq		IbnSina		
22	Dr. Shah Anwari	Professor Nisae villadi	MoH/RBH		07940064
23	Dr. Soraya	Professional deputy of the ministry of women affairs			
24	Dr. Vatja	MoH consultant	EC	Vatja.schemionelh@web.de	070050904
25	Dr. Zarmena Safi	Nutrition officer	MoH.Nu.Dep	pnutrition-moh@yahoo.com	070246331
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29	Fahima Iffla	Gender specialist	UNFPA		079326449
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31	Farah Deba Abdul Ghafoor	Medical Science Institute			070218826
32	Guljan Jalal	Medical Science Institute			079309030
33	Hajira	Secreteriate of the provinces	Provincial health		079334522
34	Helai				
35	Joyce Smith	Human Resources Advisor	REACH		
36	Kamila	Nurse and Midwife	Indra Gandhi		070236363
37	Madina Aewal	Director of nursing	RBH		070255165
38	Mahbooba Saraj				079116941
39	Majabeen	Student of Medical science Institute			079302957
40	Malalai		IbnSina		

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49	Qabla Fatima	Qarabagh hospital			
50	Razia	Qarabagh hospital			
51	Razia Kakar	Master Trainer of Midwifery	IbnSina		070231852
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54	Salma Saraj	Protocol Assistant	American Embassy		070234555
55	Trina Siddiq				
56	Ustaad Mahbooba Sultqan	Medical Science Institute			070267030
57	Ustaad Nasreen Azimi	Medical Science	Midwifery		
58	Zohra Salat	Student	Institute of Health Sciences		
59	Zubaida	Deputy head of administrative	Indra Gandhi Hospital		070034017

**Annex D -
Powerpoint Presentation: Increasing Women's Participation
in Decision Making in the Health Sector**

Increasing Women's Participation in Decision Making in the Health Sector

For the Second National Workshop of the Provincial Public Health Directors
Kabul, 31 January, 2005

Dr. Mehr Afzoon Mehrnesaar,
Director of Women's and Reproductive Health Directorate,
Ministry of Public Health

Facts

- The new constitution affords all citizens of Afghanistan equal rights and duties before the law.
- The new constitution also reserves one out of every four (25%) of the seats in the House of People for women.

WHY?

- According to a survey, 72% of the people surveyed thought that women should be involved in making decisions about their community and their country, not only about things in their family.
- Reconstruction of Afghanistan requires empowerment of women and full participation of women in all aspects of life.

Past women's participation in provincial health activities

- In 14 out of 16 provinces where Provincial Health Planning Workshops were held, women participated less than 8%.
- Among 26 PHCC meetings held in 11 provinces during three months, no woman was present in 13 meetings in 8 provinces.

Recommendations to the PPHDs

- Encourage women to apply for vacancy post during the PRR process
- Encourage the participation of women in provincial public health decision making body, aiming that women occupy at least 30% of the participants.
- If RH/MCH officer is male or it has not been filled, invite female health professional in the major meetings.
- Involve the Health Section of the provincial MOWA in provincial health activities.

Annex E - Female Participation in REACH Activities from November 2004 to January 2005

Name of the meeting/ Training/ Workshop	REACH Dept.	Province	Date	No. of female participants	No. of male participants	Total participants	% of female participants
Community Mapping TOT for BRAC	TAE	Kabul	7 - 11 Nov 04	3	11	14	21%
Community Mapping TOT for Step	TAE	Kabul	1 - 5 Jan 05	4	9	13	31%
Community Mapping TOT for IMC	TAE	Kabul	1 - 5 Jan 05	2	2	4	50%
Refresher training workshop	TAE	Kabul	8-13 Jan 05	25	35	60	42%
Standard Based Management / PQI workshop for EOC	MOH-CB	Kabul	15-18 Jan 05	8	27	35	23%
Hospital Management Workshop	MOH-CB	Kabul	29-30 Nov-1 Dec 04	48	53	101	48%
IEC Message Design Workshop	TAE	MOH	25-27 Jan. 05	14	21	35	40%
Community Mapping TOT for IMC	TAE	Paktika	26 - 30 Dec 04	0	5	5	0%
Community Mapping TOT for Ibn Sina	TAE	Paktika	26 - 30 Dec 04	0	2	2	0%
Community Mapping TOT for Ibn Sina	TAE	Paktika	1 - 5 Jan 05	0	5	5	0%
Community Mapping TOT for IMC	TAE	Khost	26 - 30 Dec 04	1	5	6	17%
Community Mapping TOTs for AHDS	TAE	Kandahar	19 - 23 Dec 04	8	16	24	33%
Community Mapping TOT for Mediar	TAE	Badakhshan	1 - 5 Jan 05	2	4	6	33%
PHCC	PSS	Badakhshan	21-Dec-04	2	17	19	11%
PHCC	PSS	Ghazni	11-Jan-05	1	11	12	8%
PHCC	PSS	Ghazni	15-Jan-05	1	22	23	4%
PHCC	PSS	Faryab	10-Jan-05	2	11	13	15%
PHCC	PSS	Kandahar	5-Jan-05	1	12	13	7%
PHCC	PSS	Baghlan	24-Dec-04	2	11	13	15%
PHCC	PSS	Baghlan	23-Dec-04	0	10	10	0%
PHCC	PSS	Hirat	6-Jan-05	2	18	20	10%
PHCC	PSS	Hirat	5-Dec-05	0	19	19	0%
PHCC	PSS	Hirat	1-Nov-04	2	18	20	10%
PHCC	PSS	Jawzjan	22-Nov-04	1	12	13	8%
PHCC	PSS	Jawzjan	22-Dec-04	0	12	12	0%
PHCC	PSS	Khost	22-Nov-04	0	11	11	0%
PHCC	PSS	Khost	20-Dec-04	0	11	11	0%
PHCC	PSS	Kabul	27-Dec-04	1	12	13	7%
PHCC	PSS	Kabul	26-Jan-05	3	11	14	21%
PHCC	PSS	Takhar	30-Dec-04	1	15	16	6%
PHCC	PSS	Takhar	30-Jan-05	0	12	12	0%
PHCC	PSS	Paktia	30-Nov-04	0	11	11	0%
Learning for Life Facilitator workshop	TAE	Kabul	2-11 Nov 04	21	15	36	58%
Learning for Life Facilitator workshop	TAE	Hirat	4-8 Dec 04	7	0	7	100%
Learning for Life Faciliator workshop	TAE	Kabul	5-10 Dec 04	41	0	41	100%
Learning for Life Local Staff Training	TAE	Kabul	12-16 Dec 04	21	15	36	58%
Learning for Life All Staff Training	TAE	Kabul	12-26 Dec 04	24	17	41	59%
Quarterly workshop of PPHD	PSS	Kabul	29- 31 Jan 05	20	55	75	27%
Problem identification workshop for the empowerment of women in	PME	Kabul	30-Nov-04	58	1	59	98%
TOTAL				326	554	880	37%