Afghanistan Research and Evaluation Unit

Case Study Series

# Does Women's Participation in the National Solidarity Programme Make a Difference in their Lives?

## A Case Study in Parwan Province


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## Glossary

| | |
|---|---|
| *burqa* | full-length garment that covers a women's face and body |
| *mullah* | religious leader; mosque prayer leader |
| *shura* | community decision-making group |

## Acronyms

| | |
|---|---|
| AREU | Afghanistan Research and Evaluation Unit |
| AWSDC | Afghan Women's Skill Development Council |
| BRAC | Bangladesh Rural Advancement Committee |
| CDC | Community Development Councils |
| FGD | focus group discussion |
| FP | Facilitating Partner |
| GoA | Government of Afghanistan |
| MISFA | Microfinance Investment Support Facility for Afghanistan |
| MOWA | Ministry of Women Affairs |
| MRRD | Ministry of Rehabilitation and Rural Development |
| NAPWA | National Action Plan for the Women of Afghanistan |
| NSP | National Solidarity Programme |
| NGO | non-governmental organisation |
| UN | United Nations |
| UNCHR | United Nations High Commission for Refugees |
| UNDP | United Nations Development Program |
| UNFPA | United Nations Fund for Population Activities |
| UNICEF | United Nations Children's Fund |
| UNIFEM | United Development Fund for Women |
| USAID | United States Agency for International Development |

# Executive Summary

This case study is part of a larger study that explores women's participation in different development programmes and projects in Afghanistan. The research specifically explores women's participation in the National Solidarity Program's (NSP) Community Development Councils (CDCs) as well as non-government organization (NGO)-initiated groups for microfinance under the Microfinance Investment Support Facility for Afghanistan (MISFA). It examines the effects these forms of women's participation are having on gender roles and relations within the family and the local community.

Three provinces are covered in the larger study, namely Parwan, Kabul and Balkh. The Parwan case studies are the first in the series and cover the NSP CDCs with another study covering women's participation in microcredit.

The study utilised a qualitative research approach, collecting data from multiple sources for triangulation. The main method used was semi-structured in-depth interviews supplemented by focus group discussions (FGDs), informal conversations and observations. Ten key informant interviews were conducted and 49 respondents were interviewed representing male and female CDC members, their family members and community residents. Five FGDs were conducted with a total of 27 participants.

***Key Findings***

- The NSP CDCs provided a venue or space for women to gather together, form bonds with fellow women, share problems that they are confronted with and identify possible solutions to said problems.
- Women experienced being "seen and heard" by family members or community members due to the skills and/or knowledge they gained from the NSP CDC training courses.
- Participation in the CDC and related trainings helped build women's self-confidence.
- Concern for other women was developed among women's CDC members. This is an important step in community building and in women's active participation in community development initiatives.
- There was not much change in the gender division of household labour among women involved in CDC programmes; there were instances, however, especially among the officers in the CDC, of other family members assuming the usual domestic work that they would have normally undertaken before becoming officers. Family members acknowledged that an official of the CDC needed to be free of domestic work to avoid the tasks taken on as an officer becoming a burden. Most CDC officers have grown-up children who took over their domestic tasks.
- There was not much change in income among women CDC members and among community members who took the tailoring course offered by the CDC except for three who reported earning income from sewing clothes.
- There were some women CDC members as well as those who attended the CDC courses who were able to make use of the knowledge and skills they gained from the training. Higher self-esteem was reported by the women due to the responsibilities they undertook and the acknowledgment of family and community members of their contribution to the community. Those who learned new skills (e.g. sewing,

literacy) and knowledge about health were also esteemed by family members. Even if some did not earn money from the skills they gained, many families, such as those that no longer had to go to a tailor for their own or their families' clothes to be sewn or repaired, saved money. Knowledge of what to do during an emergency or how to prevent sickness was also acknowledged as valuable by the family members of those who attended health training.

- Women and men highlighted mechanisms that promoted participation and ownership on NSP-initiated projects that made the programme meaningful in their lives. The principle of gender equity in this development initiative was also brought out as an important factor that enhanced women's participation.
- Women recognised that transparency in an organization's money matters as well as maintaining impartiality in the selection of both projects and women beneficiaries can make or break trust and affect solidarity. Non-transparency can cause disunity instead of solidarity of people in the community and among women themselves.

# 1. Introduction

This case study is part of a larger study that examines the effects that initiatives to include women in different development programmes and projects in Afghanistan are having on gender roles and relations within the family and local community[1]. The study focuses on women's participation in the National Solidarity Program (NSP) Community Development Councils (CDCs)[2] and in microfinance initiatives supported under the Microfinance Investment Support Facility for Afghanistan (MISFA). The study is funded by the International Development Research Council.

This study specifically focuses on a community in Jabullusaraj District in Parwan Province where the NSP CDC was implemented in 2006. Three provinces in Afghanistan are covered in the larger study, namely Parwan, Kabul and Balkh. Practical and methodological factors were taken into consideration in the selection of study areas. The security situation of the province was a key concern as well as physical and social access. The three provinces were also selected with the exception of Kabul since the Afghanistan Research and Evaluation Unit (AREU) has not conducted gender-focused research in these provinces. These three provinces are also areas where the NSP has been implemented long enough to observe possible outcomes. To date, research has been completed in Parwan Province. Data collection in Kabul Province is in process while data collection in Balkh will begin in late 2010.

The succeeding two sections in this introductory chapter explain the overall research focus of the larger study and the conceptualisation and operationalisation of the concepts. The conceptualisation and the operationalisation of these concepts are uniform in all the provincial case studies and will be followed in synthesizing the findings across all the cases.

## 1.1 The overall research focus and issues explored

Participation in development initiatives (local politics, community organizing and development projects) is seen as a key route to empowerment for women, both as individuals and as a group. The National Action Plan for the Women of Afghanistan (NAPWA) highlights the twin goals of women's empowerment and gender equality.[3] The NAPWA document adds that the Government of Afghanistan has further acknowledged that women in Afghanistan are currently challenged by severe depletion of intellectual resources due to decades of exclusion and constraints, exposure to violence, and disadvantages in many spheres of life.

Responding to the assumptions regarding participation in empowerment processes and the focus of NAPWA on women's empowerment in particular, this research explores the following issues:

1 Community is an often used but rarely defined term. For the purposes of this research the community is based on residency, e.g. the village community. However, it is acknowledged that a person can be a member of several communities at the same time. For example, an individual may be a member of a religious community or community based on ethnic identity within a village, which also represents a larger community across different villages, cities or even nations. In using the term "community" it is recognised that members of specific communities are not necessarily homogeneous, but instead are heterogeneous in terms of power, resources and interests.

2 CDCs are the decision-making bodies of the NSP programme at the village level.

3 Government of Afghanistan, *National Action Plan for the Women of Afghanistan 2008-2018*, (Kabul: Ministry of Women's Affairs, 2008).

- What are the obstacles for women who desire to participate in development initiatives and community organizing? How might these be overcome?
- What factors encourage women's participation and how might these be replicated by other programmes?
- How does women's participation impact their lives, particularly with regard to any changes in gender relationships in families and in the community?

## 1.2 Conceptualising and operationalising power, politics, empowerment and participation of women in development initiatives

Central to this research is the concept of power. Gender essentially describes a relationship between men and women based on power differentials, whereby neither gender is all-powerful or totally powerless, but in which power is skewed in favour of men in most societies. The power dynamics between Afghan men and women in the the household, among the extended family and in the wider community are addressed in the research. Similarly, the power dynamics between implementing agencies, representatives of the state and development professionals, and women participating in NSP CDCs are also explored.

The research draws on work which recognises both the oppositional and consensual nature of power dynamics.[4] While the research draws on theories of power that recognise strategies of resistance used by those who appear to have the least amount of power in a given social order, it also recognises that this may only provide a limited understanding of power if the dominant power hierarchies based on gender, social class and so forth are ignored.[5,6] It then follows that this investigation into the effects of women's local-level participation on gender relations in families and communities requires a detailed analysis of the various social, cultural and political structures within and around which women operate.

From the outset, the research used a broad definition of politics to incorporate the multiple ways in which women practice politics at the local level. For example, within the Afghan context, a woman simply leaving her home to attend a meeting can be defined as a political act.

In recent years the term empowerment has become a buzzword within mainstream development discourses and as such has lost much of its initial potential for social change. Large-scale projects and programmes are launched with the specific aim of empowering the poor and/or women. Empowerment has come to be seen as a panacea for all social ills, from environmental degradation to low literacy rates. Despite this, not all definitions or understandings agree on what empowerment entails. However, there is a general consensus in the gender and development literature that empowerment involves certain people acquiring more power over their lives, a process whereby a person becomes aware of the power dynamics operating within their own lives and develops the skills and capacities needed to gain control of their life.[7] This is linked to what some

4 Steven Lukes, *Power: A Radical View* (London: McMillan Press Ltd., 1974); Naila Kabeer, "Resources Agency and Achievements: Reflections on the Measurement of Women's Empowerment," *Development and Change* 30 (1999): 435-464.

5 James C. Scott, *Weapons of the Weak: Everyday Forms of Peasant Resistance* (New Haven and London: Yale University Press, 1985).

6 Martha C. Nussbaum, *Sex and Social Justice* (New York: Oxford University Press, 1999).

7 Srilatha Batliwala, "The Meaning of Women's Empowerment: New Concepts from Action," in *Population*

call "power to" which is also associated with agency and decision-making, particularly in areas of strategic importance not already typical for the group in question.[8] Gaining self-confidence and overcoming internalised oppression are often recognised as the key to a process of empowerment, a process of finding one's "power within." It is through a recognition of the multiple ways in which power operates and the changes in the power dynamics of those with the least amount of power in a given society that empowerment can be most easily understood.[9]

While there is no single understanding of what empowerment means there is also no clear consensus on how to go about implementing a process of empowerment. However, it is often assumed that the best way to achieve the empowerment of marginalised groups is through collective organising and group work, or building "power with." Consequently, empowerment has become very closely linked with strategies of participation. Participation is frequently seen as the key route for a process of empowerment to take place and an essential tool in that process.

Participation, as used in development literature, has, in theory, aimed to change the power relations between experts and development professionals and the recipients of development. As with empowerment, participation has become a development buzzword since the late 1980s and, like empowerment, it has lost much of its transformative potential. Instead it has become subsumed within mainstream development discourse, often with a greater emphasis being placed on the efficiency outcomes of participation rather than on any shift in power dynamics as a consequence.[10] Having people participate has become an aim in itself often without a detailed examination of what the consequences of the participation itself may be. Further, there is a need to explore how levels of participation are actually measured, with there being a tendency for presence to be seen as the same as participation. In recent years, the theory and practice of participation has begun to be criticized.[11]

The study operationalised these concepts using the framework reflected in Figure 1. The framework reflects both the expected immediate outcomes and long-term impact of the programme. However, the study can only explore the immediate outcomes that are tangible at the time of the study because the projects have not been operational long enough to capture long-term impacts at the individual, family/household, and community levels.

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*Policies Reconsidered Health, Empowerment, and Rights*, ed. Lincoln C. Chen M.D., Gita Sen and Adrienne Germain, 127-38 (Boston, Massachusetts: Harvard University Press, 1994); Kabeer, "Resources Agency and Achievements," 435-464; Zoî Oxaal and Sally Baden, *Gender and Empowerment: Definitions, Approaches and Implications for Policy* (Brighton: Institute of Development Studies, 1997); Jo Rowlands, "Empowerment Examined," *Development in Practice* 5, no. 2 (1995): 101-107; Rosi Braidotti, Ewa Charkiewicz, Sabine Häuser and Saskia Wieringa, *Women, the Environment and Sustainable Development-Towards a Theoretical Synthesis* (London: Zed Books, 1994).

8 Kabeer, "Resources Agency and Achievements," 435-464; Janet Townsend, "Empowerment Matters: Understanding Power," in *Women and Power*, ed. Janet Gabriel, Emma Zapata and R. Townsend, 19-36 (London: Zed Books, 1999); Jo Rowlands, *Questioning Empowerment* (Oxford: Oxfam, 1997).

9 Michel Foucault, *Power/Knowledge: Selected Interviews and Other Writings, 1972-1977*, ed. Colin Gordon (London and New York: Prentice Hall, 1980).

10 David Mosse, "'People's Knowledge,' Participation and Patronage: Operations and Representations in Rural Development," in *Participation-The New Tyranny?* ed. Bill Cooke and Uma Kothari, 16-35 (London: Zed Books, 2001).

11 Bill Cooke and Uma Kothari, "The Case for Participation as Tyranny," in *Participation-The New Tyranny?* ed. Bill Cooke and Uma Kothari, 1-15 (London: Zed Books, 2001). Mosse, "People's Knowledge," 16-35. David Mosse, *Cultivating Development: An Ethnography of Aid Policy and Practice* (London and Ann Arbor, MI: Pluto Press, 2005).

The study examined how the NSP principles of gender equity and transparency and accountability were operationalised in the NSP CDC's implementation in the study community and what effects the quality of implementation of these principles had on women's participation and the outcomes of participation. It also examined how the community's migration history and educational attainment affected women's participation in the NSP CDC and the related outcomes of participation. Gender equity is specifically examined in terms of women's participation and representation in the CDC, women's decision-making in subproject selection and control of programme assets.

The changes that the study identified as a result of women's participation in the CDCs included an increase in their decision-making power, more equitable division of labor within the home, access to and control over resources, respect within the family, and increased confidence and physical and social mobility. The questions meant to identify these changes were open-ended and gave the respondents the opportunity to express their views on the important changes in their lives. These expected changes were also identified by the NAPWA as outcomes of interest, achieved through investing in programmes that develop women's economic skills, sharpen their political leadership and decision-making capacities, increase their mobility, and promote a change in people's attitudes regarding women's and men's roles in society.[12] The low status of Afghan women generally stems from unequal gender relations, with men having more power both inside and outside the family. Women's inability to decide for themselves, as well as their lack of contribution to the decision-making process within the family, deprives women of self-confidence and weakens their self-image.

At the community level, changes identified as outcomes are increased community-managing roles, including more decision-making power, and increased esteem from people in the community. Social and cultural norms in Afghanistan have prevented women from participating in activities outside the home. Husbands and families convey the message that women cannot be leaders and should stay home.[13] Again, this is a manifestation of discrimination against Afghan women as these limited social, economic and political roles are imposed upon them.[14] The study considers key questions such as, do women CDC leaders actively assume management roles in community activities? How do they participate in the decision-making process in community affairs? How is women's participation in community activities perceived by community members?

## 1.3 Structure of the case study

The case study is structured similarly to the flow of the operational framework in Figure 1. It started with this introductory chapter covering the overall aims of the larger study of which the Parwan case study is a part, the concepts central to the study and their operationalisation. Chapter 2 provides an overview of the research methodology, site selection, ethical considerations, and social and geographical contexts that help explain the data gathered and the dynamics of the community studied. Chapter 3 presents the NSP guiding principles of gender equality and transparency and accountability and how they were operationalised during the programme implementation at the community level. It also explores women's motivation for participating in the CDCs and the challenges they encountered in the process of participating. The facilitating and hindering factors of women's participation are also discussed in this chapter. Chapter 4 focuses on the

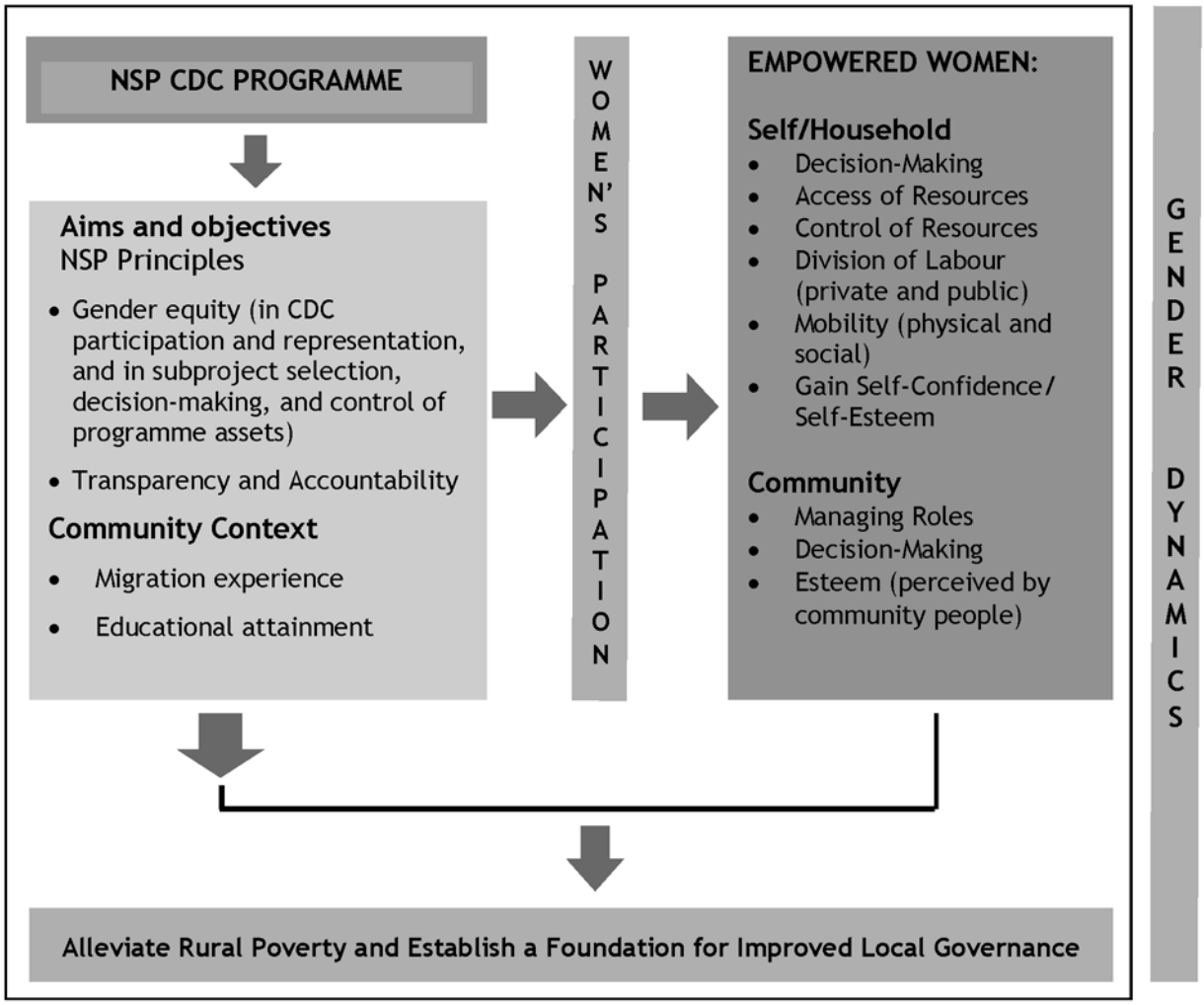
12 Government of Afghanistan, *National Action Plan for the Women of Afghanistan,* 12.

13 United Nations Development Programme, "Power, Voice and Rights-A Turning Point for Gender Equality in Asia and the Pacific" (Macmillan Publishers India Ltd, 2010).

14 Government of Afghanistan, *National Action Plan for the Women of Afghanistan,* 3.

immediate outcomes of women's participation within themselves, the family/household and the community. How did women's participation in NSP CDC impact on their lives with particular regard to the family and community dynamics? Finally, Chapter 5 summarises the findings of the study and their implications. It reviews the answers to the questions/ issues raised in Chapter 1 as well as the issues that need to be addressed further. It presents the conclusions of the study.

**Figure 1. Operational framework of the concepts used in the study**



# 2. Research Methodology, Site Selection and Context

This section outlines the research method adopted, the site selection process, how trust was built in the community, household selection criteria, ethical considerations, and the provincial and community contexts of the study site.

## 2.1 Research methodology

The main method used to collect data was semi-structured in-depth interviews, supplemented by FGDs, informal conversations and observations. A pilot study was conducted in Kabul to test and improve the research tools before field work started in Parwan.[15]

The team sought permission for the study through a meeting with the community elders. The team introduced AREU staff, the research and its objectives, and methodology to the community. Expectations were also leveled off and a clear distinction made by the research team between AREU as a research organization and other welfare/service delivery NGOs.

Fieldwork was conducted in the study community in four phases. The first three phases were spread over a seven-week period from October to November/December 2008 and the team returned to the field for one week for the fourth phase in February 2010.[16]

**Table 1. Phases of data collection, 20 October 2008 – 10 February 2010**

| | |
|---|---|
| **First Phase** | CDC group members, community members, and NGO staff as well as respondents working in the government at either provincial or district levels (21 days) |
| **Second Phase** | Follow up with those who were not available and address questions that arose in the first phase (12 days) |
| **Third Phase** | Interviewing and re-interviewing informants from the women's CDC member household members who are within a sample category; called family members (14 days) |
| **Fourth Phase** | Re-interviewing CDC group members and family members (7 days) |

The research team spent initial weeks chatting informally with community members to: 1) gain contextual understanding of the village, 2) identify CDC members and possible respondents to be interviewed, and 3) identify which projects were implemented and how they and their beneficiaries were chosen.

Subsequent to the first round of interviews some basic information was collected about the implementation of NSP projects, the process of CDC establishment, the election of leaders, men's and women's involvement in the CDC's *shura*, motivation for participation in the CDC, facilitating and hindering factors of women's participation, and whether women gained something from their participation.

15 This was done to ensure that the interview guides were appropriate and the research team could obtain answers from respondents without much difficulty. It allowed testing and refining of the research protocols.

16 There was a wide gap between the third phase and fourth phase due to staff turnover in the unit handling the research at AREU.

During the second round of interviews, the main focus was to discover whether any change occurred with the women themselves and with other household members as well as with the community as a result of their participation.

A third round of interviews was conducted as needed to cover any areas left unexplored. The fourth round was conducted to tie up inconsistencies from the first three rounds of interviews and to delineate unclear timelines regarding when the changes happened.

## 2.2 Site selection

The team conducted extensive activities in order to select an appropriate study site. These included: 1) asking permission from the governor of Parwan Province to conduct research in the area; 2) conducting a series of meetings with officials and stakeholders from the provincial and district levels (officials from the government, NSP and UN-Habitat) on possible study sites; and 3) visits to communities to meet the village head, community elders and community members.

The major considerations for site selection were: 1) security of the area and safety for researchers; 2) openness and willingness of community members to participate in the study; and 3) at least 3 years of experience with a CDC. The last was necessary to ensure that the study could explore the outcomes at the individual, family/household, and community levels. The projects have not been operational long enough to capture long-term impacts.

Taking these meetings and the information gathered in the office and field visits into consideration, the team selected a village in Jabullusaraj District. This is a community where the NSP has been working for the last three years and that met all the criteria set for site selection.

### *Household selection*

Households with female members in the CDC *shura* were easily identified. There were three women who held elected posts and another three who were non-elected but were active in the CDC. Their households were identified so family members could be interviewed. In addition to the participating households, 20 individual community members (11 women and 9 men) were also interviewed to provide a perspective on whether changes occurred among the women who participated in the CDC and those who participated in NSP projects. Of the 11 women community members, three were attendees of the tailoring course. Before interviewing anyone from these households, the research team visited them for informal conversations and to set a convenient time for an interview.

### *Respondent types*

The study interviewed a range of respondent types to obtain detailed information about the functioning of the CDC, male and female CDC members' experiences, experiences of those participating in CDC activities, and the perceptions of CDC members' family members and other community residents about changes in the female *shura* members. CDC members in the participating households were interviewed two to three times. Table 2 illustrates the different respondent types and the number of respondents in each category.

**Table 2. Distribution of respondents in the study**

| Type | Provincial Level | District Level | NGO Staff | Group Members | Community Members | Family Members | Total |
|---|---|---|---|---|---|---|---|
| **Women** | 2 | 0 | 2 | 6 | 11 | 9 | 30 |
| **Men** | 1 | 2 | 3 | 7 | 9 | 7 | 29 |
| **Total** | 3 | 2 | 5 | 13 | 20 | 16 | 59 |

Representatives from the provincial and district governments were interviewed to provide context and representatives of the NGO facilitating partner (FP) provided information on NSP practice in the village.

Within the village, six households that had a female member of the CDC were selected as case study households. In each of these, two to three members, both male and female, were interviewed in addition to the CDC member herself. In total, six female CDC members were interviewed, along with a total of 16 of their family members; seven male CDC members were also interviewed to obtain their perspectives on the CDC. Finally, the team conducted interviews with 20 community members to understand their views of the effects of women's participation. Of the CDC group members, five of the men had elected roles as head, assistant, secretary, treasurer and monitoring officer, while three of the women had roles as head, asssistant and secretary. The rest (two men and four women) contributed substantially to CDC activities even though they did not have elected roles.

Some characteristics of the respondents include older male respondents than female respondents, with the age range for men being 23 to 67 and the age range for women being 23 to 45. Among the female respondents, educational level ranged from no formal education to a 12th class level and, with the men, from no formal education to a masters degree level.[17] Among the CDC group members, the women are mainly housewives but there is a teacher, a midwife and a community health worker. Among the male CDC group members, there are retirees from the civil service, a teacher, a loan officer and a shopkeeper.

Finally, five FGDs were conducted during data collection. One was conducted for female CDC members and one for "white beards" of whom the majority were also members of the men's CDC. Two FGDs were conducted for community members, one for males, one for females; and one for female household members who had a CDC member in the household.

## 2.3 Ethical considerations

The "do no harm" principle regarding not placing informants and participants at any risk by participating in the research was upheld throughout the research process. Permission was sought from community elders before beginning any work in the community and in the introductory meeting as many members of the community as possible were invited so the team could explain the objectives of the study and level off expectations. Informed consent was sought before conducting any in-depth interview or FGD. Since some were not able to affix their signature to the consent form, verbal consent was taken. Informants and participants were assured of the confidentiality of the information and the anonymity of the sources. They were also assured that transcripts and notes of the interviews would be kept in a safe place that only the research team had access to.

17 There were three men who completed a master's degree, but they are not from the community. They are from the NSP office and a facilitating partner.

## 2.4 Parwan: Provincial context

Parwan is a rural province located on the Salang road, the main trade route to the north, at the crossroads to Bamyan Province in the west and Panjshir Province in the east.[18] The province is divided into 10 districts with Charikar as the provincial center. Parwan ranks among the best ten provinces for overall primary school attendance, and among the best 20 provinces for girls' elementary school attendance.[19] It has growth potential due to its proximity to and good infrastructure links with Kabul. Because of this, the population of Parwan suffered from heavy fighting during the war.[20]

Parwan has a population of approximately 560,000 composed of Pashtun, Tajik, Uzbek, Qizilabash, Kuchi, Hazara, and other minority groups. The primary occupations are agriculture and livestock production. The sex ratio varies between 94.1 and 103.8 in Jabulussaraj, and the average for the province is 99.1.[21] A typical household of Parwan has 6.7 persons, a little higher than the national average of 6.3.

The population of Parwan has access to good education facilities and benefits from Kabul's growing network of higher education institutions.[22] A government hospital and health clinics deliver health care services for its residents.

The main crops grown in the province include wheat, maize and barley, though potato, fodder (alfalfa, maize, barley, triticale) and vegetables (carrots, onion, tomatoes, okra) are also grown in the irrigated areas. [23]

***Community context***

Jabulussaraj is one of the 10 districts of Parwan Province. The majority of the population in Parwan Province live in the rural areas; however, Charikar, the provincial center and Jabulussaraj are the two urban centers of the province. Jabulussaraj has a population of 58,500.[24]

The community is not only close geographically to the district center and to Kabul but is also linked via a good road network. The substreets inside the village were concreted with NSP funding. The community resembles an urban area and the houses are built close together. There are about five shops inside the community that sell basic grocery items, such as sugar, tea, oil, etc. The people of the community complain of a lack of safe drinking water.

The people suffered greatly during the Soviet-Mujahiddin war and during the Taliban period. They were located in between two warring camps and almost every household in the community reported having migrated to the Panjshir or to the surrounding districts or

18 Ministry of Rural Rehabilitation and Development and United Nations Development Programme, "Provincial Profile-Parwan," in Regional Rural Economic Regenerations Strategies, 2006.

19 UNICEF, "Best Estimates Provincial Fact Sheet 26 Parwan/Panjshir," http://www.unicef.org/infobycountry/files/Best_Estimates_Fact_Sheet_-_ParwanPanjshir.pdf. 1 January 2003 (accessed 13 March 2010).

20 UNICEF, "Best Estimates Provincial Fact Sheet."

21 United Nations Fund for Population Activities, "Province of Parwan- A Socio-economic and Demographic Profile Household Listing," 2003.

22 Ministry of Rural Rehabilitation and Development, "Provincial Profile-Parwan."

23 Ministry of Rural Rehabilitation and Development, "Provincial Profile-Parwan."

24 Central Statistics Organization, "Estimated Population of Afghanistan (Kabul: Central Statistics Organization, 2010).

to neighbouring countries, particularly during the time of the Taliban. People's experience of migration has affected their outlooks, in particular those of younger members.

This community is made up of 50-55 households with a mainly Tajik population; there are only two Pashaee households. Some residents were from other districts of Parwan Province, such as Gul Bahar, Salang and even from other neighboring Provinces like Kapisa and Panjshir. Most of the residents of the community are government employees that used to work in Jabulussaraj cement factory or other government offices before and during the communist regime. The Deputy Governor of Parwan claimed in an interview that the government bought the area from a resident and distributed the land to government workers. The area is mostly residential and there is no agricultural land; a few farms are located outside the community.

A few NGOs, namely the Bangladesh Rural Advancement Committee (BRAC), OXUS, and the Afghan Women's Skill Development Council (AWSDC), operated in the village before the NSP program was introduced. AWSDC introduced gender awareness in the community and initiated a peace s*hura*. During the study, only BRAC was operating in the community; it had just started a health project that tapped the head of the CDC as its health worker. The work that AWSDC did laid the groundwork for the establishment of the women's *shura* and AWSDC was mentioned as helping raise awareness of women's rights. This was noted by the head of the men's CDC who also happened to be the head of the peace s*hura*.

Most people in the community are employed in government offices, but some work with NGOs. Some people have their own businesses (e.g. small shops); still others do manual labor. Women are mostly housewives while some work from home as tailors. There are also male and female teachers and health workers.

Interestingly, while many women of the community were educated or semi-educated, the head of the CDC Council is a non-literate woman. It was pointed out by most of the interview subjects that literate women are busy with their work outside the home and have no time for voluntary work in the community. During the FGDs and interviews, the respondents noted that two or three families had household heads that were adamant against females joining activities outside the home; the rest were open to women joining in CDC activities once the objectives were explained to them.

Though there is no health clinic in the community, there is one in the neighboring village, which is about a 15-minute walk away, giving people easy access to health services. For serious health cases, they can go to Parwan Provincial Hospital by car within a quarter of an hour.

There are schools located close to the community with the high school for boys nearer than that for the girls. There are no wells or other safe drinking water sources and people use stream water for all their needs. A problem is that during the rainy season flooding occurs and destroys the stream, depriving people of a source of drinking water and obligating them to fetch water from a neighbouring village. There is also no electric power in the village, though some households use their own generators.

# 3. The NSP CDC Programme's Guiding Principles and Women's Participation

The NSP was established in 2003 and is described as "the flagship national priority programme of the Government of the Islamic Republic of Afghanistan."[25] The Ministry of Rehabilitation and Rural Development (MRRD) describes the NSP as a vehicle for promoting good local governance and empowering rural communities including the poorest and most vulnerable groups. It aims to enable communities to "identify, plan, manage and monitor their own development projects."[26] It is implemented through 26 NGO FPs and UN-Habitat and, as of 22 July 2009, covered 41,183 villages across all 34 provinces of Afghanistan.[27] The donors supporting the NSP include the World Bank, the Afghanistan Reconstruction Trust Fund, the Japanese Social Development Fund, several European governments, USAID and the Government of New Zealand.

This section will address the NSP in Parwan Province and how its two guiding principles (gender equity and transparency/accountability) are operationalised. It will also examine how this affected women's participation. The effects or outcomes of women's participation will be discussed in Section 4.

## 3.1 NSP in Parwan Province

The first cycle of the NSP started in 2003 in four districts of Parwan, including the district where the study community is located.[28] The other NSP FPs in Parwan Province are Cooperative for Assistance and Relief Everywhere, the Danish Committee for Aid to Afghan Refugees, and the Aga Khan Foundation. As of 6 August 2009, the NSP covered all 10 districts of Parwan Province and contracted FPs for work in 802 villages; a total of 617 CDCs had been established.[29]

### *Operationalisation of NSP principles in the study community*

The NSP Operational Manual[30] notes that, given Afghan traditions, including *purdah* restrictions that treat men and women differently and limit their interactions in public life, FPs need to make special efforts to ensure equitable access to and control over NSP resources for men and women in each community. How were the NSP principles operationalised by the FP during programme implementation and how do they affect women's participation in the CDC projects and activities?

### *Principle: Gender Equity*

Table 3 shows how the principle of gender equity was reflected in the NSP and FP official documents (e.g. NSP Operational Manual and UN Habitat Trainers' Manual) and how these principles were operationalised in the community where the study was conducted.

25 Ministry of Rural Rehabilitation and Development, "MRRD Strategy and Program Summary: Poverty Reduction through Pro-Poor Growth" (Kabul: Ministry of Rural Rehabilitation and Development, 2008).

26 Ministry of Rural Rehabilitation and Development, "National Solidarity Programme (NSP) Operational Manual" (Kabul: Ministry of Rural Rehabilitation and Development 2007).

27 Ministry of Rural Rehabilitation and Development, "Picturing Afghanistan: Village Views of Development, NSP 2009" (Kabul: Ministry of Rural Rehabilitation and Development, 2009).

28 This is a pseudonym and all informants'/participants' names have been changed.

29 Ministry of Rural Rehabilitation and Development, "Picturing Afghanistan."

30 Ministry of Rural Rehabilitation and Development, "National Solidarity Programme Operational Manual."

**Table 3. NSP Policies and Practices for Promoting Gender Equity**

| Principle | NSP Policies and Practices: Operational Manual[1] | Operationalisation at the Community Level[2] |
|---|---|---|
| Gender equity in NSP participation | • Gain early agreement with community leaders about ways in which women can participate in CDCs in a culturally acceptable manner.<br>• Organise parallel meetings for men and women so that women do not need to mix publicly with men. Even if mixed meetings are acceptable, it may be better for women to hold separate meetings so they can feel free to participate and speak openly.<br>• Maintain records of participants in events and meetings, disaggregated by gender (particularly those related to community development planning.) | • After the introductory meetings initiated by representatives of the FP in the community, objections surfaced from three male household heads regarding the participation of female family members in CDC activities. The mullah explained to the men what the CDC was about. This technique was effective in ironing out objections from these heads of households.<br>• A series of separate meetings was held for men and women during the preparatory stages of CDC implementation. The men met in the mosque while the women met at the house of Farzana who was later elected as head of the CDC. Both male and female community members preferred to hold separate meetings for men and women in the community.<br>• Both the secretary of the men's and women's CDCs reported that they maintained records of participants at CDC events and meetings. |

1 Ministry of Rural Rehabilitation and Development, "National Solidarity Programme Operational Manual."

2 Common answers given by the respondents from the men and CDC.

| Principle | NSP Policies and Practices: Operational Manual[1] | Operationalisation at the Community Level[2] |
|---|---|---|
| Gender equity in CDC representation | • Organise separate voting venues for men and women to encourage more women to vote.<br>• If there are cultural constraints to holding mixed-gender meetings, have the communities elect a male and female representative from each cluster and organise **men's and women's CDC sub-committees**. Explain that male and female subcommittees have equal standing in the CDC.<br>• Help communities identify methods for sharing information and coordinating joint decision-making between the sub-committees.<br>• Officers of each sub-committee should serve on the CDC Executive Coordination Committee, which finalises and approves (signs) all NSP forms.<br>• Minutes of all sub-committee/committee meetings should be shared between groups. | • Two separate voting venues were organised with male representatives voting in the mosque and female representatives in the house of an active female resident who was later chosen as CDC head by the elected women representatives.<br>• The community residents expressed their desire not to have mixed-gender meetings. Two separate CDCs for men and women were formed. The men's CDC had a head, secretary and treasurer, and a buying delegation. The women's CDC had a similar composition but no treasurer and no buying delegation.<br>• It is unclear if officers of the CDC serve on the CDC Executive Coordination Committee. It appears that the representatives of the men's CDC are those who approve (sign) all NSP forms and if ever female representatives sign the forms, it is because they are complying with a requirement rather than giving an approval by a thorough review of requests or other reports to be submitted to the FP and then to the NSP office.<br>• The women's CDC furnishes the men's CDC with the meeting minutes of women CDC but not vice versa. Instead of a formally established mechanism of information exchange between the men's and women's CDCs, information between the two CDCs is transmitted informally by couples in their homes who happen to both be members of the men's and women's CDCs, respectively. |

| Principle | NSP Policies and Practices: Operational Manual[1] | Operationalisation at the Community Level[2] |
|---|---|---|
| Gender equity in decision- making and control of project assets | • Inform community leaders that at least one NSP-funded subproject should be prioritised by women and managed by the women's CDC sub-committee or by a project committee nominated/approved by the women's CDC subcommittee. | • Community projects were identified and prioritised separately by both male and female community members. However, both the men's and women's CDCs classified CDC projects as male and female projects, and these projects fit gender stereotypes in terms of activities. Male projects were concreting sub-streets and installing squat toilets; female projects were a tailoring course, health course, literacy course and an English language course. These were labeled as women's projects as they were identified, prioritised and implemented by the women themselves through the CDC. However, an official from the FP organization rejected the naming of projects as men's or women's projects.<br>• The women's CDC had to rely on the treasurer and buying delegation from the men's CDC to facilitate money matters and for the purchase of materials for projects they took charge of.<br>• The women's CDC reported to the men's CDC and all financial requests needed to be approved by the officials of the men's CDC. |

The involvement of women in CDCs is expected to increase the influence of women in local decision-making.[31] Whether this is realised depends on how the objectives around gender equity are practiced. While the first aim seems to have been achieved, there are gaps in parts of the second aim and most of the third aim which limit women's ability to fully participate in CDC development initiatives. Women's CDC representation seems weak in that they do not seem to have a say in any aspect of the work of the men's CDC. The men's CDC also is not compelled to report to or share minutes with the female *shura*, though the women share reports with the men. Therefore, the men's CDC seems more independent; this is compounded by the lack of a treasurer in the women's CDC. Due to this gap in women's CDC officer posts, none of the elected women's CDC representatives knew how much money was allocated for the projects supposed to be managed by women. This is an area in which the women were particularly dependent on the men's CDC. They relied on the men for the release of the funds as well as the materials for the subprojects that were overseen by women. Both the Head and Deputy of the women's CDC expressed during their interviews that they sought out information from the male representatives, specifically the male treasurer, but had not obtained any information at the time of the study. Together with other members of the women's CDC, they expressed that the men's CDC should inform the representatives of the women's CDC regarding the budget allocation for the projects to be managed by the women. By doing so, women's capacity to plan, implement, and monitor projects would be enhanced with the added skill of financial management. The male domination of the women's CDC is not only the result of "traditional" gender roles, but is also a consequence of the financial setup in

31 Ministry of Rural Rehabilitation and Development, "National Solidarity Programme Operational Manual."

which there is no women's CDC treasurer. The reasons for this were the men's concerns about security and the loss of *nomus*, or honour, when a woman accompanies a group of men who are not her relatives to the bank.

Although there are quite a number of literate women in the community, two of the elected officials in the women's CDC are non-literate. This provided them with a significant opportunity to take on a community level role, from which they could have been excluded if village residents had set literacy as a criteria for participation. While the reason for these women's participation was largely instrumental (i.e. many literate women considered themselves too busy to participate), it still offered them a new experience.

***Principle: Transparency and accountability***

In its Operational Manual, the NSP stipulated the following provision regarding accountability and transparency:

| Accountability | Transparency |
|---|---|
| The CDC shall maintain records of income and expenditure for cash and in-kind contributions. The CDC financial records shall be available for public inspection at all times. The government may ask at any time for an external/social audit of a CDC's financial records. The CDC financial records shall be disclosed for public inspections on a regular basis.[1] | Transparency must be promoted at all levels of subproject management. Communities are required to publicise all project-related information using a variety of techniques decided by the community-wide assembly. Project information (amount of grant received, spent, community contributions mobilised, contractor payment information) may be communicated at community meetings, displayed on public notice boards, announced at Friday prayers, or in local newspapers.[2] |

1 Ministry of Rural Rehabilitation and Development, "National Solidarity Programme Operational Manual," 26.

2 Ministry of Rural Rehabilitation and Development, "National Solidarity Programme Operational Manual," 25.

If the above stipulations had been closely followed at the community level, problems related to accountability and transparency could have been avoided. Instead, complaints about corruption and exclusion surfaced during many of the interviews. They centered around money and material gain; these perceived problems created distrust and suspicion among many CDC members and in the wider community. The community respondents have several grievances, some of which are petty differences based only on suspicion, but the main culprits as far as they are concerned are the treasurer and the head of the men's CDC, as well as the head and assistant of the women's CDC.

Since they did not have a purchasing committee, materials for the women's tailoring project became an issue since there was no transparency on the way goods were purchased. The women's CDC members said that they should have been informed regarding the purchase of the materials so that they could have witnessed the transaction and made it more transparent. There was an issue of overpricing and the purchase of poor quality materials for the amount paid by the treasurer from the men's CDC.

Another problem of transparency arose around the "Save Box." Box 1 describes how the FP social worker explained the purpose of the Save Box mechanism.

In the case of the study community, the outcome of the Save Box mechanism was quite different. The head of the women's CDC collected money as briefed by the field worker of the FP. She collected 5 or 10 Afghani every day or every week depending on the

**Box 1. The Save Box: FP perspective**

We worked in villages where people didn't have money. We told the people in the area that you must have a box, then, everybody puts a little money into it on a weekly basis. When they collected the money, they bought a sheep, then, they took care of that sheep. Then they sold it and they got a profit and distributed that money among themselves. For example, there was a keen woman in a village and she gathered all the women of her own village and she told them that every woman in the village must bring just one spoon of rice on a daily basis for the joint account. They collected a lot of rice then she sold it and bought a few hens. After that she got a lot of eggs from those hens and, then, she sold those and got a lot of money. Then she bought a sheep and, then, she bought a cow. Then, they distributed the milk from the cow on a daily basis to each other. After that they had a box. When they needed to pay for something, then, they took money from that box for marriage ceremonies or for any other reason. Those women are saying that we can solve our problems by our own selves. We don't need to get help from our men. This example was presented in a lot of villages to have this kind of improvement for the solution of problems and to do the same activities. Those women made little banks to be able to have their businesses.

preference of the women who joined. The funds were to be used during emergency situations or given out as a revolving fund to participants on a set schedule. At first the women were enthusiastic about saving but a year later they discovered that the CDC head had used the funds herself for an emergency and had not returned the money. This caused enmity between the members and the CDC head. The lack of accountability threatened the cohesion that may have developed through participation. However, if proper guidance and monitoring had been given, not only to the CDC head but all the women involved in the Save Box mechanism, the incident could have been avoided and the women could have set up a mini-enterprise for the money saved to gain more income.

Aside from monetary issues, there was a need for more transparency in project identification and prioritisation as well as in determining the criteria for selection of project beneficiaries (e.g. participants in CDC courses on tailoring, literacy and health). For the subprojects that women implemented, respondents observed that all the women in the CDC thought differently. Some wanted to raise livestock, some wanted to pursue carpet-making, some wanted to have a literacy course or tailoring, while others wanted a health course. In the end, the FP supported the three projects identified by the elected officials of the CDC.

Some of the women CDC members stopped attending CDC meetings because they were not happy about the projects selected. These were the ordinary CDC members and not the elected representatives. They did not understand the process followed in identifying, prioritising and finally selecting the projects, and therefore while they participated in the women's CDC, the quality of that participation was low. This made them feel frustrated and disappointed about the outcome, and may have influenced what they have gained from their participation (See Chapter 4).

The final selection of the beneficiaries for the tailoring course has become an issue. A number of families wanted to have young women in their household attend the training. They were after the skills that can be learned and the possible income that will be earned when they use the skills. However, only 20 students were accommodated since there were only 10 sewing machines available for the course. Therefore, many were left

out, causing conflict and divisions among the women. This is an example of how aid can cause harm. As a 45-year-old CDC member said:

> *We had discussions but nothing came out of these. It was useless. Only 20 people were able to attend the tailoring course. Some even said that they wanted the CDC budget to be distributed in cash to avail of the benefits if they cannot attend the course at all.*

Also a Pashaee woman accused the head of the CDC of preventing her daughters from attending the course because her family belongs to a different ethnic group.

Other grievances were connected to disputes about who was the best person to teach the various classes since that person makes money as a result of that position. In the case of the tailoring course, the head of the women's CDC was accused of colluding with a CDC assistant to give the latter's daughter the tailoring teacher's job in exchange for money. The head of the FP in this village explained how the selection of trainers was done. He said:

> *For example, if you want to select a teacher for a tailoring course in the CDC, we give an exam to the candidates or applicants, then we select the teacher from the tailoring course based on the highest score obtained by the applicants. We make sure that we selected the right and most qualified person for the work.*

In an interview with the tailoring trainer in the community studied, she told the team that she had to take an exam before she qualified as a trainer. She further claimed that she was trained as a tailor and had a course-completion certificate. She was a practicing tailor in the community and also took in apprentices in her shop. The lack of transparency regarding this process affected other women's continued participation in the CDC.

### *Community context supports to women's participation*

This section looks at how characteristics of the community, particularly its migration experience and level of education among residents, affect women's participation in CDC development initiatives. What aspects of the community might have facilitated women's participation in CDC activities?

The main reason given by respondents as to what has enabled women's participation in CDC activities is education. It is a particular characteristic that differentiates the community from other communities with the presumed conservative Afghan norm. During informal conversations as well as in in-depth interviews, respondents reported that there were a number of residents who lived in Pakistan and Iran during the conflict and who returned to Afghanistan. They learned different ways and acquired different outlooks regarding women's participation in development initiatives that they brought back with them. Respondents Fahim, Nader and Farzana explained their similar experiences:

> *I was in Iran and I was there for five or six years. I learnt lots of things there about women's participation. There in Iran, I saw expressions of freedom and positive attitudes regarding women's lives. I learned lots of things, which I brought with me. I told my wife, if you don't want to wear a burqa, this is no problem and you can wear a simple veil, like an Iranian veil. If I hadn't seen the freedom in Iran, I wouldn't be able to tell my wife that she can wear a simple veil.*
>
> Fahim, Family Member

> *But for some people migration also affected them because they saw different kinds of cultures and behaviours, and women's empowerment and role in the community. Even some tell the story that in Iran there are some families that they [women] are heading the family, and everything is in their hands.*
>
> Nader, Family Member

> *Nowadays, when people are arriving from their migrations from to countries, their attitudes have changed a lot. Now most of the people allow their girls to attend school and most of the women are going outside of the houses and have jobs with government and nongovernmental offices. Comparing the time before the civil war in our country and now, the government and the people really want women to work outside of their houses, and no one prevents women from going to their work and jobs, and now women know about their rights, and also most of the men do not have any problem with regard to their women going to work in some office.*
>
> Farzana, Head of Women's CDC

Jabullusaraj's deputy district governor shared his view that migration has had a significant role in attitudes toward women's participation and the head of the men's *shura* also noted the influence of migration among the people who heard the teachings of mullahs about women's rights in neighbouring countries, as described in Box 2.

The original establishment of the community as a residence for male and female government employees is another reason for their difference. To be able to obtain a government job, one has to have reached a certain level of education. Other residents see their proximity to the district center and local governance structures as another advantage as they are exposed to new government initiatives, such as NSP, first. Furthermore, both factors were responsible for the government support that made women secure enough to go out and participate in activities outside the home. Shams, a community resident and son of the head of the women's CDC, articulated this difference in contrast to other communities and the advantages they bring:

> *The closer we are to the city centre, the greater access we have to information and this is the reason why our women are more active than those women from rural areas.*

Finally, the community respondents gave credit to NGO-initiated activities for providing advantages not available to other communities. They mentioned the peace s*hura* and the NSP CDC. In the FGD for male group members, the group agreed that AWSDC formed the foundation of the ways that they perceive women's participation in development initiatives because they helped them to establish a peace s*hura* and provided them with gender awareness training.

The head of the peace s*hura* is a male elder, and also the head of the CDC, while the deputy is a young woman, Sara. The peace *shura* head said:

> *I think AWSDC had a very important role in the development of the community. It is the first NGO that started for women. It established the peace shura. The peace shura worked for women's participation in the community and in abating community conflict and violence in families.*

**Box 2. Migration and the advantages it brings**

*Sometimes revolution brings positive changes in every part of life. This was an important factor that brought changes with respect to women taking part in meetings and being active in the community. I think this is what happened when the Soviet Union attacked the country, when our people were forced to migrate to different countries. Through the experience of migration, they saw different cultures and different ideas with regard to women and they learned these during three decades of conflict in the country. Our people saw in Iran and Pakistan that the girls can study in the school and in universities and also they can go to the office to work. Now in our district, women can study in schools and in universities. They can go to the offices to work. Our people know that the community is not improving without women's participation.*

Jalil, Deputy District Governor

*The people heard from some mullahs in foreign countries during migration that women have rights to go to school and to do work outside the house, then the people accepted the ideas...This is the reason why women in our community are very active.*

Naeem, Head, Men's *Shura*

The head and his deputy continue to work together even though AWSDC has pulled out of the community.[32] The previous work of AWDSC served as a building block for the CDCs. Awareness of women's rights was raised because of the work of AWSDC.

This section examined the NSP principles of gender equity, transparency and accountability to understand how they were operationalised in the study village. This sheds light on the quality of the opportunities for female participation in the NSP CDC that existed in the study village (depth of participation, participation in the aspects of CDC management or organisation). It also described characteristics of the community context and how they affected women's participation in the CDC. This community had unique features facilitating women's participation in the CDC, with only a few male community members who were known to be against this. That said, the men's CDC appeared to be more dominant due to its handling of financial matters and its seeming unwillingness to report to and engage in a discussion with the women's CDC. There was also evidence of conflict in the women's CDC regarding selection of activities and transparency in managing a savings programme. This limited the cohesion and solidarity outcomes of the group formation process. The next chapter examines the effects these experiences of CDC participation have had on the women members.

32 The significance of AWSDC in the community would require further investigation to understand its full impact; however, the research team was impressed by the respondents' knowledge of gender, its various terminologies and concepts.

# 4. The Women's CDC Members: Then and Now

This section examines the relationship between women's participation in CDCs and women's empowerment as shown through changes in gender relations within the home and in the community. The spheres of change examined include: decision-making, mobility (physical and social), division of labour (private and public), access to and control of resources, and self-esteem and confidence.

## 4.1 Changes: Self and household level

Three officers (the head, the deputy and the secretary) and three ordinary members of the CDC were interviewed to understand any changes that occurred in their lives related to their participation in the CDC. Each subsection that follows addresses one of the spheres of change.

### *Decision-Making among CDC officers*

Central to empowerment is the issue of choice.[33] Choice cuts across all of the empowerment outcomes noted in this study; in this section, however, choice is examined through women's ability to make decisions. Were the women who participated in the CDC enabled to make important life choices such as who to marry, how many children to have or where to work?[34]

Baser, the husband of the head of the women's CDC, said that since his wife became involved with the CDC, she has taken control over the decision-making regarding what their son will do. When he told his son to work instead of go to school, his wife insisted that their son should be in school rather than working.

The deputy head, Nazia, gave details about decision-making in her family before and after she joined the women's *shura* as one of the officials:

In Nazia's married life with her husband, it was her mother-in-law whom her husband consulted in almost everything. Thus, her mother-in-law was the authority in the household.

Nowadays, she claimed that she has gained experience about life and is now consulted in the decision-making process in the home. Her participation in the CDC has changed a number of things, including the dynamics within the family. Both her husband and mother-in-law saw that she can be trusted to do a lot of things, even those that were outside the household, and noted that she is responsible and can deliver what is assigned to her. Nazia recognised that this was not solely because of her participation in the CDC. There were other factors involved but her participation facilitated the change. She said:

> *I suppose these things will still happen even if there were no other intervening factors that happened. My mother-in-law is getting older; however, the process was hastened with my participation in the NSP CDC. I have proven that I can be trusted and I can do things on my own.*

In a way, Nazia found her voice within the household and even if said in jest, she learned how to demand from other family members what is due her. For example, tired and hungry after attending a CDC meeting, she called out to the other household members, "*I have come back from work; make me lunch.*"

33 Kabeer, "Resources: Agency Achievement," 435-464.

34 Kabeer, "Resources: Agency Achievement," 435-464.

Nazifa, the secretary of the women's CDC reported that even before the CDC was introduced in their community, decision-making was a shared responsibility between her and her husband. She said:

> *When I want to do something, I discuss it with my husband and when he wants to do something, he discusses it with me. Both of us have the same authority since we got married. I have the authority to extend credit to people and I have the authority to purchase expensive goods at the bazaar. But I do not have the authority to sell our house. I have to discuss that with my husband.*

Therefore, there is evidence for two of the CDC officers that decision-making involvement has increased and that the change is related in part though not wholly to the women's participation in the CDC. The third officer entered the CDC with considerable decision-making authority in the home.

***Access to and control of resources***

Another dimension of choice considered important to empowerment relates to economic resources and women's access to and control over them. Although part of the community's CDC structure, the women's CDC was excluded from access to and control of resources through its lack of a treasurer or buying delegation. Therefore, did the individual women members show any evidence of having increased their resource control within their households? And did beneficiaries of CDC organised trainings aimed at improving women's skills and knowledge increase their earnings and control over them?

Zeba Gull was one of the ordinary members who had complaints regarding transparency and accountability of the women's CDC. However, she acknowledged changes that happened in her life that she attributed to her participation in the activities of the women's CDC. Before participating in the women's CDC, she always waited for her husband to ask him to buy her the things that she needed from the bazaar. She said that her husband is an educated man but he never told her that she can do the buying for herself. Zeba Gull learned in her discussions with other women that women themselves go to the bazaar and buy what they need. She told herself that she too can do this. She went to the bazaar one day and bought clothes for her daughters and granddaughters. She said:

> *I spent a lot of money that day. At night, I said to my husband, Today, I spent so much money. He asked me what I bought with the money and I showed him what I bought. He laughed at me and said: "Oh wife, I saw so many colourful changes in you. Now, you are courageous enough to buy a lot without telling me first. It is good that you purchased what you need. Now, I feel free that you can go the bazaar without consulting me. Don't ask me again."*

Zeba Gull was happy to have gained access to money and the authority to decide how to spend it.

Nazia, the deputy head of women's *shura* narrated her experience regarding control of resources and the change she experienced after she joined as deputy head of the women's CDC. She said that lately, her mother-in-law started consulting her and when Nazia goes to the shop to buy something, her mother-in-law no longer asks her how she spent the money given to her for shopping. Nazia claimed that nowadays, she can decide what to buy for herself and her family. Nazia recalled that previously she could never go anywhere without the permission of her husband and her mother-in-law. During those

days, Nazia noted that it was either her husband or her mother-in-law who bought things for her. Her husband also used to turn over his earnings to his mother rather than to her; recently it was reported that this has now changed, in part due to her mother-in-law's aging, but also due to Nazia's CDC participation.

***Division of labour***

There was not much change in the division of labour in the household after women joined the CDC. But Nazia, the deputy head of the women's CDC, said that after she gained her position family members took her new responsibilities outside the home into consideration, and helped with household work:

> *My husband said to my children, now your mother has a position in the community and she works for the people. She has lots of responsibilities to do. Do not leave her alone and please help her. Right after the establishment of the women's CDC, I had so many responsibilities. We had a lot of meetings with the women and with the FP.*

The daughters of Farzana, the head of the women's CDC, as well as Zeba Gull, an ordinary member of the women's CDC, now help with household tasks when they return from school. Men in these households still believe that tasks inside the home are to be done by women while those done outside are men's responsibility. This is not an easily changed norm.

***Mobility (social and physical)***

The fact that the women's CDC members attend *shura* meetings is a sign that they are not restricted to the home. The women, both officials and ordinary members, and their family members reported that this is a major change in their lives.

Farzana, the head of the women's CDC, who also recently became a community health worker, said that women who had attended the activities of the CDC also experienced a change in physical mobility. She reported that these women can now go to the doctor by themselves or with a small girl or boy if they are not feeling well. Before, this was unthinkable. These changes were supported by discussions in CDC meetings. It is also noted that women who went out of their homes and become active in community activities had male family members as allies. The women were able to go out with the support of the men in their households.

Fahim, whose mother and wife are ordinary members of the women's CDC, shared the changes that he observed in the women who go out and interact with other women. He explained that as men in the household understood the purpose of the CDC, they did not prohibit women family members from going out and joining in CDC activities:

> *Women gathered in one place and they heard something from each other and also from qualified people. Upon their return to their respective homes, they tell the rest of the family members what they learned. For example, my young sister went to a tailoring course and when she came back to our house she told my mother about tailoring, even though she was already helping my mother in tailoring. So, she was learning something new from the CDC activities. Also, family members who attended the health course were telling stories about health. For example, we learned that we must breastfeed our babies instead of bottle-feeding them. They learned from the experiences of other women participating the course.*

Wakil, the husband of Zeba Gull, gave his observation on the women who participated in the women's CDC activities:

> *The women who go outside the house bring something new into the house. They bring inventiveness and initiatives inside the home and with these, the family changes...*

The desire to know more and aspire for more—to be socially mobile—is a common observation among the officials and ordinary members of the CDC. This was reported by the women themselves and by family members, usually husbands. For example, Zeba Gull remarked on the "power within" which she gained through her participation in these group activities; this opened her eyes to new opportunities and helped her to think she could achieve them.

> *I study the Quran, but I have not studied other books and I cannot read other books. Now, there is something happening in my heart. I wish I can study and read. I learned a lot from the literacy course. When I see books, I love the pictures and appreciate how the children learn...Before the CDC programme, we never had the chance to sit with other women and share our ideas with each other. And I never wished that I could be a teacher; it never entered into my head. But now I wish to be one because now I believe in myself that I can teach other children.*

The secretary of the women's CDC discovered her potential through performing her CDC responsibilities, as she says below.

> *I never told anyone that I completed Year 12. But after performing all the duties of the secretary, for example, preparing reports and the minutes of meetings, filling in tables and forms...I realised that I could work as a teacher.*

Her husband attested to this discovery of talent by his wife:

> *My wife's behavior improved when she attended the CDC activities. She used to stay in the house 24 hours a day. This is because we have no parks to visit. But when she met the other women in the village, it helped her relax, discover what her potential is, and what she wants to pursue in life.*
>
> husband of the secretary of the CDC

Baser, the husband of the head of the women's *shura* also noted a change in aspirations in his wife through her new interest in learning to read and write:

> *My wife did not go to school but after she participated in the NSP CDC as head of women's CDC, she decided to learn how to read and write. She hopes to learn more and she asked me to teach her as I am a teacher.*

### *Personal attributes: Self-esteem/self-confidence, concern for others*

As noted previously, prior to the creation of the NSP women's CDC, the female officers and members did not attend meetings or go to the houses of other women in the village. Therefore, when the women members first attended CDC meetings, they did not have the courage to talk. But now, the women reported that they can talk in the meetings of the CDC and they can talk to men as well. They have gained confidence to make decisions for themselves. They have also developed a concern for other women. This is a common observation of the CDC members and from the family and community. This is the area in which CDC participation ("power with" other women) seems to have had the greatest effect on its members, facilitating a gain in "power within."

The head of the women's CDC recounts gaining a new self-valuation through the authority of her position—the "power to" it provides: "Being the head is a good position and it has a big name too. I am a woman and I have this authority." Her husband also noted the courage and confidence his wife exudes after being elected and having served as head of the women's CDC. He said:

> *She even had the guts to approach high level officials. She approached the Director of Education and I believe that she could not have done that if she had not become a member of the women's CDC.*

Her role in the CDC also gained her a position as volunteer health worker for an NGO that recently entered in the area. She said:

> *Before the CDC, I did not have any responsibility in the community. I worked, but not like this. Now I deal with other women in the community and talk with them on various issues. This women's CDC brought a lot of changes to my life.*

Her husband, Baser, also noted that it was not just his wife who gained confidence. He said that women who joined in the activities of the women's CDC had widened their perspectives and are now confident to talk and meet with people. They are also much better in dealing with people and know how to handle relationships compared to their past attitudes. They are more polite and this has led to less violence within the home.

Nazia, the deputy head of the women's CDC, explained about the courage that she gained through her exposure to other women and to new ideas in the CDC meetings:

> *I was a housewife and I was sitting in my home the whole day and had no information about my surroundings, or even my neighbours. I was unaware what was going on in my own community. When the CDC was established, my eyes were opened to the world. I had no idea that women could sit together and discuss issues. We did not have the opportunity, nor the courage to discuss these issues before. In the beginning, we did not have the confidence to ask questions to the FP; we just agreed to everything they would say. We did not talk because we were afraid to commit mistakes.*

In the FGD with female community members, Sooraya expressed the changes she noticed in the officers and ordinary members of the women's CDC:

> *Women have changed a lot, now they can discuss things with the men [in their households]. They feel confident making decisions together with the men. They advise the men and the rest of the members of the family about their jobs, business, and any other issue that comes up...They also discuss how to solve problems with the men and family members. They have really changed [compared to how they were before the NSP CDC].*

As they learned more from the CDC meetings regarding their rights, among other issues, the women members became more self-confident and less afraid of making mistakes.

> *Before, I was afraid to speak up and talk lest I make a mistake. Then what would have happened to me? It is like losing face. Now, I can argue about anything and stress my point. I became familiar with other women. I go to their houses and they go to mine. Before, we only greet one another "hello" and nothing more afterwards.*

Zeba Gull

Concern for one another was developed as the women members shared their problems and how they managed and coped with their difficulties with one another in the CDC meetings. Husbands of women who participated in the CDC noted the difference of how women brought out the problems of other women. The desire to be of help or to be of assistance to other women was also noted by the husbands. One example is provided by the husband of an ordinary CDC member, Fahim:

> *As they meet, their awareness and concern for one another developed...They try to solve each other's problems. For example, my wife on one occasion told me that a certain woman had a problem, and if it was possible for us to help her. She called me by phone to tell me the story. She told me that she needed the money to take the woman and her baby to the doctor. I readily said "yes."*

The lessons women learned from other women and the experience of "giving and taking" pieces of advice that help women deal with their day-to-day lives were noted by the women themselves. The people who live with the women participating in CDC activities noticed the positive changes. However, there were also downsides, especially among those who were disgruntled and who felt that they did not get the benefit from the CDC (see discussion in Section 3). But in all, even among those who had unsettled issues with the women's CDC, it was acknowledged by most CDC members that concern for other women increased among CDC members. This is an important step in community-building and in women's active participation in community development initiatives.

## 4.2 Community level changes

Gains by women at the community level related to their CDC participation were found more often in relation to the esteem the CDC members gained and through the skills learned by participants in the training organised by the women's CDC. While women in the *shura* made decisions in their group, they have yet to realise more authority in the overall CDC structure, i.e. in relation to the men's CDC.

### *Women's Decision-making at the community level*

The women's CDC has become a venue for discussion on relevant issues such as health, domestic violence and literacy. It is also a space in which women make decisions for the activities they plan to undertake, at times with contention. So, it is a place of debate and consensus-building as well as a place where women can learn a lot from each other.

Marzia, an ordinary member of the women's CDC and the wife of the head of the men's CDC, noted:

> *Women elected as representatives participated in the CDC meeting, shared ideas and identified the projects and decided what projects to undertake in the village.*

While that in itself is positive given the lack of such spaces prior to the CDC's creation, an opportunity has not been taken to facilitate a larger voice for women in the wider CDC structure. Women do not have much of a voice in the men's *shura,* where bigger decisions for the community are made. It is men's voices that are heard or that prevail. Therefore, there is still a need for women to negotiate with the men for full participation in the forums where decisions are made for the wider community. Also, the lack of a treasurer limits women's attainment of full control over the activities they decide to undertake.

***Esteem: Perceived by community people***

In the two men's FGDs, participants shared a similar idea that women who go outside the house bring something new into the house. They noted that the tasks women are doing in the CDC are contributing to the development of the village. The husband of the head of the women's CDC said:

> *I believe that the work women do outside the home is equally important to the work that is done inside the home...I want women to learn something outside the home. They can work outside too and help the family financially. Their participation in outside activities, like that of the NSP CDC, can contribute a lot to the community and to the country's development. I told my wife that it is good to work for the community, to be of help and at the same time learn from other people.*

Almost all of the family members of the officials of the women's CDC, as well as other community members, noted how women's participation in the CDC enabled them to gain respect from other community members for the voluntary work that they did for the community. In the FGD with female community members, Naesma Gull said:

> *When women participated in the NSP CDC and we saw how they worked and mobilised the other women in the community, we realised that women are an important part of the community. When women were elected by women themselves as representatives of women in the CDC, it was a change of idea... Now, we know how much women work in the community and that they have the ability to accomplish tasks comparable to men.*

Women did not have anything to do with community work before the CDC was introduced in the village. Hence, participation in community management work among the women is attributed to the CDC.

## 4.3 Valuing skills learned in the CDC courses

Through the training courses, the women's CDC helped build women's confidence even if there were a number of instances where women were not able to convert the skills into income. This is especially true in the tailoring course. There was not much change in income earned among those who took the courses, except for three who reported earning income from sewing clothes. Lida, an attendee in the tailoring course, was one of these women. However, women were valued and gained respect in and outside their homes for the skills and knowledge gained in the courses. Three beneficiaries of the CDC courses were interviewed to understand the outcomes of the training. Two attended the tailoring course and one attended the health course.

## 4.4 Conclusion

The participation of female members of the CDC had some positive effects signalling the start of a process of empowerment. These women gained a space to meet other women and to discuss new ideas and learn. While discussions and decision-making processes were at times contentious, the members seemed to value this space and the opportunity to decide.

The CDC also increased women's physical mobility, by providing reasons for them to move about the village. This instilled confidence in many and the sharing of experiences made

some of the CDC members aspire to new goals, like teaching. Family and community members also began to respect the women members more, for their role in helping the community. While the training the women's CDC organised did not provide significant economic returns for many, the participants interviewed reported gaining confidence and having their skills valued by family members.

**Box 3. Riya, Lida and Anina: Outcomes of the NSP CDC courses among the attendees**

Aside from being residents in the study community, Riya (28 years old), Lida (30 years old) and Anina (25 years old) also were participants in the courses organised by the women's CDC. Riya and Lida attended the tailoring course while Anina attended the health course. All of them noted that they learned new knowledge and skills through the courses. Lida was able to convert her skills into income though tailoring. Riya is not earning an income, but she claimed to be saving money since she no longer goes to the tailor for her or her family members' clothes.

Riya was clearly proud of her skill, showing off her work to the research team. Her family was also happy that they need not go to a tailor. When the research team talked to Lida's parents, they told the team that they were proud of her and her ability to earn and contribute to the family upkeep.

Anina attended the health course and it was her father who reported the big help she extended with the skills she learned from the course. Her father told the research team:

> *Some days ago, I was not feeling well. Then, my daughter, who was trained in the health course, checked my blood pressure. After knowing my blood pressure, I took my medicine and I felt better. If my daughter had not checked my blood pressure, it would have been difficult for me to go the bazaar and have it checked there. And also, I would have needed to pay money for doctor's fee for checking on me.*

The participants in the health course were trained how to take blood pressure, how to apply a bandage to a wound during emergency cases and even how to apply a drip. Hygienic practice was also taught. After the course, the participants were able to assist a woman in giving birth. Anina and the rest of the participants of the health course appreciated the knowledge and skill they learned from the health course, which was taught by a doctor who is also a resident of the village. In the interviews with the residents of the community, they said that the knowledge and skills learned by the participants in the health course made a difference to the health of their respective family members. The participants shared what they learned with the rest of the members of their households.

# 5. Conclusion

In Afghanistan, participation in local politics, community organizing and development projects are seen as key routes to empowerment for both women as individuals and as a group. This study of women's participation in an NSP CDC in a village in Parwan illustrated the varied effects, as the programme resulted in both unity and conflict, and active participation for some women but drop-out and disenchantment for others. However, even those who were disenchanted due to accountability and transparency issues noted that the CDC has offered women opportunities not previously available. The CDC created a safe space for women to come together and discuss issues, problems and solutions. All the CDC members, even those who had issues concerning the need for better officers of the women's CDC, perceived this particular change as a milestone in their lives. In spite of some issues leveled against the CDC, it was generally seen as a positive programme that brought about positive changes in the community as a whole. Lessons can be gleaned, especially regarding how women's participation was facilitated or hindered by this particular programme.

## 5.1 Lessons Learned: Factors that facilitated women's participation

- The chance to learn new things in the discussions with people from NSP and FP and from the women in the community motivated the CDC members' participation. They pointed out that they learned so many things such as devising coping mechanisms within and outside the household as they shared stories with one another in their meetings. Views from outsiders (NSP and FP) were seen also as "eye openers" on issues that they never entertained before. For the courses offered, women participated because they wanted to learn new knowledge and skills.
- Supportive family members enabled the women to take their roles as CDC members.
- Establishing a secure place within the neighborhood to hold meetings made female participants feel at ease.
- Provision of training activities that are useful to the household and within women's typical role, such as health and tailoring, meant that there was less resistance to female participation in the study village.
- Expectations that the women would earn income after learning the skills offered through the training by the women's CDC was an incentive supporting women's participation.
- Participatory nature of the NSP CDC implementation process.
- Continuing dialogue with community members who held views that limited daughters' abilities to go to school or female household members' participation in community activities proved to be effective and people have discussed this issue in the mosque.
- The security context enabled women to move freely and facilitated women's participation in the projects.
- Relatively educated community members who were open-minded in their acceptance of women participating in activities outside the home facilitated women's participation. In other communities, where this might not be the case, more time should be given to social preparation to explain to community members what the program is all about and the need for women to participate in activities conducted outside their respective homes.

- The presence of other NGOs working in the community or the groundwork that previous NGOs did in the community (like the AWSDC) prepared the community for the NSP CDC project, specifically in helping manage perceptions of women participating in activities conducted outside the home.

## 5.2 Lessons Learned: Factors that hindered women's participation

- Though it is assumed that women have nothing to do and are free to participate in development initiatives that are introduced in communities, women have other commitments such as household work or paid work or both. These commitments can limit them from participating in activities outside the home.
- Among those who initially objected to a family member joining the activities outside the home, the reasons cited were: "Religious" reasons and social gender norms that a *"woman's place is in the home."*
- Two separate CDCs worked in the community; however, there was no mechanism to ensure women's voices were heard by the male CDC. Full autonomy was not enjoyed by the women's CDC because they were not in control of funds. Thus, access to and control of the NSP CDC resources was an issue in the women's CDC that limited their participation.
- Transparency in money matters makes or breaks trust and can affect women's participation in development endeavours such as the NSP as well as levels of solidarity among women and in the larger community.
- Poor organization and planning, and gaps in the transparency and impartiality of the selection of both projects and of women beneficiaries, limited participation and the potential gains from participation. It is very important to improve these factors to ensure that women participate and stay involved in community activities.

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