COUNTRY PROGRAMME DOCUMENT

AFGHANISTAN

August 2020

Programme Title: EU/UN Spotlight Initiative, Afghanistan	Recipient UN Organizations (RUNOs): UNDP, UNFPA, UNICEF, UN Women
Programme Contact: **Name and Title:** Pamela F. Husain Head, Resident Coordinator's Office **Address:** UNOCA, Jalalabad Road, Kabul, Afghanistan **Telephone:** +93 (0) 728997146 **E-mail:** pamela.husain@un.org	**Programme Partner(s):** ● Associated UN Agencies/UN Programme Partners: OHCHR/UNAMA Human Rights, WHO, WFP ● Government of Afghanistan Ministry of Public Health Ministry of Youth Affairs Ministry of Interior Affairs Ministry of Women Affairs Ministry of Hajj and Religious Affairs Ministry of Labour and Social Affairs Ministry of Justice ● CSOs, CBOs, Youth Peer Networks, Afghan Women's Network
Programme Country: Afghanistan	**Programme Location (provinces or priority areas):** Herat, Kandahar, and Paktia

Programme Description:

The Afghanistan SI initiative aims at targeting the most at risk groups, to accelerate efforts towards the elimination sexual gender-based violence and harmful practices. Across the six Pillars, the SI in Afghanistan will bring women and girls, including those with intersecting forms of discrimination and marginalization, to the centre of the interventions, recognizing that the empowerment of women and girls, and their unique experiences and solutions they bring based on their intersectional identities, is the key to design and implement a programme that responds to the needs and priorities of women and girls of Afghanistan in all their diversity.

The SI in Afghanistan will work across the socio-ecological model, using a multi-sectoral and intersectional approach, to prevent and respond to SGBV/HP and impact lasting change at the national, sub-national, community and individual levels. The initiative will be informed by a comprehensive prevention strategy to addresses structural issues through this socio ecological model.

National actions will be connected with efforts at provincial and district level outside the capital (where the vast majority of the population lives) to strengthen the flow of information, expansion and reach of programming and operations as well as the engagement of communities. The functionality and impact of existing coordination mechanisms and institutions working on SGBV/HP will also inform and be informed by provincial and district level programming. In doing so, key coordination and decision-making structures at national level will be informed by the voices and experiences of traditionally marginalized communities

Total Cost of the Spotlight Country Programme (including estimated Unfunded Budget): **USD 21,735,650**

Total Funded Cost of the Spotlight Country Programme (Spotlight Phase I and UN Agency contribution: **USD 16,921,384**

Breakdown of Total Funded Cost by RUNO:

Name of RUNOs	Spotlight Phase I (USD)	UN Agency Contributions (USD)
UNICEF	3,084,040	127,992
UNFPA	4,804,967	293,393
UN Women	7,342,196	0
UNDP	1,268,797	0
TOTAL	**16,500,000**	**421,385**

Other sources of funding:
● Government Input (including in-kind): none
● Other Donors:

The programme was designed through collaborative process with government, civil society partners, and other key actors. The continued involvement of these partners will be critical throughout implementation.	
Estimated No. of Beneficiaries Direct beneficiaries are only from Pillar 4, 5 and 6. They engage different beneficiaries, represent the largest population and overlap with Pillar 3. Indirect beneficiaries are the whole population under Pillar 1 and 2. For direct men beneficiaries, Pillar 1, 3, 4, 5 and 6 were counted considering mostly different stakeholders under each Pillar.	**Start Date:** As per OSC decision[1] **End Date:** 31 December 2022

Indicative numbers	Direct	Indirect
Women	**167,884**	8,601,973
Girls	**254,179**	10,198,650
Men	**56,359**	9,142,148
Boys	**234,957**	10,711,641
Totals	**713,843**	**38,654,412**

Recipient UN Organization *Name of Representative:* Ms. Aleta Miller *Signature* ***United Nations Entity for Gender Equality and the*** ***Empowerment of Women (UN Women)*** *Date & Seal:*	**Government of Afghanistan** *Name of Representative Minister:* Mr. Mohammad *Naser Sidiqee* Dty. Minister of Finance *Name of Ministry: Ministry of Finance* *Signature* *Date & Seal*
Recipient UN Organization *Name of Representative* Mr. Koffi Kouame *Signature* ***United Nations Population Fund (UNFPA)*** *Date & Seal*	

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[1] Pre-funding start date from 1 October 2019 as per OSC decision.

Recipient UN Organization	
Name of Representative: Mr. Aboubacar Kampo	
Signature	
United Nations Children's Fund (UNICEF)	
Date & Seal	
Recipient UN Organization	
Name of Representative Mr. Knut Ostby (RR a.i.)	
Signature	
United Nations Development Programme (UNDP)	
Date & Seal	
UN Resident Coordinator	
Name:	
Deputy Special Representative of the Secretary-General/Resident and Humanitarian Coordinator	
Signature	
Date & Seal	

The UN Executive Office of the Secretary General:

Ms. Amina J. Mohammed

Signature: _____

Date: _____

Initiated by the European Union and the United Nations:

List of Acronyms

AGE	Anti-Government Element
AGO	Attorney General's Office
AfDHS	Afghanistan Demographic and Health Survey
AIHRC	Afghanistan Independent Human Rights Commission
ALC	Accelerated Learning Center
ALCS	Afghanistan Living Conditions Survey
ANPDF	Afghanistan National Peace and Development Framework
AOP	Administrative Office of the President
Co-EVAW	Provincial Commission for EVAW
COVID-19	Novel Corona Virus
CSO	Civil Society Organization
DGB	Director General of Budget
DMoYA	Deputy Minister of Youth Affairs
DOWA	Department of Women's Affairs
DV	Domestic Violence
EHAW Law	Elimination of Harassment Against Women Law
EMIS	Education Management Information System
ESP	Essential Services Package
EVAW Law	Elimination of Violence Against Women Law 2009
FGC	Family Guidance Center
FPC	Family Protection Center
GBS	Gender Budget Statement
GBV	Gender- Based Violence
GBV IMS	Gender-Based Violence Information Management System
GII	Gender Inequality Index
GFS	Girls Friendly Space
GoIRA	Government of the Islamic Republic of Afghanistan
High Co-EVAW	The National High Commission for EVAW
HRSD	Human Rights Support Directorate
IDLG	Independent Directorate of Local Governance
IMS	Information Management System
IPV	Intimate Partner Violence
LOTFA	Law and Order Trust Fund for Afghanistan
M&E	Monitoring and Evaluation
MAG	Multi-Purpose Adolescent Group
MAIL	Ministry of Agriculture, Irrigation and Livestock
MEAL	Monitoring, Evaluation, Accountability, and Learning
MoEC	Ministry of Economy
MoF	Ministry of Finance
MoHE	Ministry of Higher Education
MoHRA	Ministry of Hajj and Religious Affairs
MoIA	Ministry of Interior Affairs
MoJ	Ministry of Justice
MoLSA	Ministry of Labour and Social Affairs
MoPH	Ministry of Public Health

MoWA	Ministry of Women Affairs
NAP EECM	National Action Plan to Eliminate Early and Child Marriage 2017 – 2022
NAP EVAW	National Strategy and National Action Plan on the Elimination of Violence against Women 2016 – 2020
NAPWA	National Action Plan for Women of Afghanistan
NGO	Non-Governmental Organisation
OHCHR	Office of the High Commissioner for Human Rights
RCCE	Risk Communication and Community Engagement Working Group
SDGs	Sustainable Development Goals
SGBV	Sexual and Gender-Based Violence
SI	Spotlight Initiative
SRHR	Sexual and Reproductive Health Rights
SOP	Standard Operating Procedure
TDRMS	Traditional Dispute Resolution Mechanisms
ToRs	Terms of Reference
UNAMA	United Nations Assistance Mission in Afghanistan
UNDP	United Nations Development Programme
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
VAWG	Violence Against Women and Girls
WHO	World Health Organisation
WHRD	Women's Human Rights Defender
WPC	Women's Protection Center
WPS	Women Peace and Security

Contents

Executive Summary

The issues of Sexual and Gender Based Violence (SGBV) and harmful practices (HP) continue to be a challenge in Afghanistan although there have been attempts by stakeholders in making some normative progress towards gender equality over the past years. The Law on the Elimination of Violence against Women was passed in 2009 and institutional mechanisms to address SGBV/HP have been established. However, women and girls of Afghanistan continue to experience high levels of SGBV and HP. According to the Afghanistan Demographic and Health Survey (AfDHS) 2015, up to 56 percent of ever-married women have experienced spousal violence in their lives, and 52 percent in the last 12 months. Sexual and domestic violence, the most common forms of SGBV, continue to be viewed as a 'private family matter', preventing women and girls from getting the support they need. In addition to domestic violence, forced and child marriage remain widespread in the country, with harmful practices such as *baad* and *badal* reinforcing the practice, and increasing vulnerability and experience of SGBV. Data show that almost one in two women (46.6 percent) were married before the age of 18, and 15.2 percent of women were married before the age of 15.

In 2019, Afghanistan ranked 170 out of 189 on the Gender Development Index.[2] Gender inequality, harmful norms and rigid definitions of masculinities and femininities, often marked by men's disproportionate power and control over women based on patriarchal beliefs, lie at the heart of SGBV/HPs. The effective implementation of SGBV/HP related legislation and policies are also hindered by the deeply embedded patriarchal cultural values, social attitudes and unequal power relations which continues to be used to condone SGBV/HP.

Furthermore, decades of conflict and insecurity have further contributed to the normalization of violence. SGBV/HP is a significant barrier to peace, security and the country's development. The Afghanistan National Peace and Development Framework (ANPDF) recognizes that women's participation in the economy and society is vital for expediting peace and development process[3]. Addressing SGBV/HP in Afghanistan is a significant part of the peacebuilding process, and of a process of transformation that supports rebuilding of trust between communities, civil society, institutions and the state. By raising the profile of SGBV/HP, the Spotlight Initiative (SI) will support the integration of SGBV/HP issues in the peacebuilding agenda. The creation of a more enabling environment at the national, institutional and community level will support the process of peacebuilding from the ground up.

While gender inequality and harmful social norms lie at the heart of SGBV/HP, the limitations of the implementation of legal and policy frameworks, lack of knowledge and institutional capacity for the government and authorities to prevent and respond to SGBV/HP, the deficiencies of comprehensive disaggregated data, limited availability of essential services, and participation of women's rights groups in policy and programming of SGBV/HP, remain major challenges to end SGBV/HP in Afghanistan. The Programme is comprehensive and seeks to support capacity development of partners including government, civil society, women's organisations, religious leaders and scholars to prevent and respond to SGBV/HP.

The SI, bringing together government, civil society, the European Union and the United Nations, offers Afghanistan an opportunity to consolidate and accelerate efforts aimed at reducing SGBV/HP, drawing on both national and global evidence. Across the six Pillars, the SI in Afghanistan will bring women and girls including those with intersecting forms of discrimination and marginalization to the centre of the interventions, recognizing that the empowerment of women and girls, and their unique experiences and solutions they bring based on their intersectional identities, is the key to design and implement a programme that responds to the needs and priorities of women and girls of Afghanistan in all their diversity.

Across all the Pillars, the SI in Afghanistan will support civil society to play a significant role as a

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[2] UNDP (2019). Human Development Reports. Gender Inequality Index (GII)

[3] Islamic Republic of Afghanistan (2016). Afghanistan National Peace and Development Framework 2017 – 2021 (ANPDF), p. 9.

key partner of the SI Afghanistan in preventing, responding to SGBV/HP, and strengthening its watchdog role to hold the government accountable for its international and national women's rights obligations. The SI will provide opportunities for women and girls with intersectional identities, who have historically been excluded from the women's movement, to gather collective voice and deliver so their needs and priorities are heard within national and international agenda for women's human rights. The women's movement will be strengthened through the creation of shared platforms, organizational development, capacity development, mentorship and through working with traditional and state community level mechanisms. The SI will build the capacity of civil society, including women's groups, so they have the skills and tools necessary to monitor the government's commitments to international human rights norms and standards. The CEDAW Committee's review of Afghanistan in 2020 provides an opportunity for both the government and Civil Society Organisations (CSOs) to develop follow-up processes aimed at ensuring effective implementation of the Committee's recommendation.

The SI in Afghanistan will work across the socio-ecological model to prevent and respond to SGBV/HP and impact lasting change at the national, sub-national, community and individual levels. National actions will be connected with efforts at provincial and district level outside the capital (where the vast majority of the population lives) to strengthen the flow of information, expansion and reach of programming and operations as well as the engagement of communities. The functionality and impact of existing coordination mechanisms and institutions working on SGBV/HP will also inform and be informed by provincial and district level programming. In doing so, key coordination and decision-making structures at national level will be informed by the voices and experiences of traditionally marginalized communities.

The programme's main target will be women and girls, but will also engage with men and boys, recognizing their critical role as agents of change. Recognizing the intergenerational cycle and continuum of violence that women and girls may experience, as well as the need to adapt the prevention and responses accordingly, the programme will apply a lifecycle approach to violence. Considering that Afghanistan has a young population, and adolescent girls and young women are particularly at risk of HPs (child marriage, *baad* and *badal*) which contributes to experiencing other forms of SGBV (in particular, domestic violence and intimate partner violence) and access to reproductive health information, the SI will have a critical focus on youth, particularly adolescent girls and young women as rights holders. This approach recognizes that violence starts early in life, the young population's specific needs related to service provision and its instrumental role in driving changes in social and cultural norms that perpetuate SGBV/HP. Additionally, in keeping with the SI's core principle of "Leaving No One Behind", the programme will take an explicit approach to integrating the experiences of women who face multiple forms of discrimination, including women and girls with disabilities and women and girls who are survivors of early child and forced marriages. The SI will target more remote and rural populations, and where possible populations that have historically been inaccessible due to the ongoing conflict situation.

Working in close partnership with the European Union, the government and civil society, the SI in Afghanistan will implement comprehensive programming to prevent and respond to SGBV/HP at the national level and in defined geographic locations in Afghanistan. The Spotlight initiative in Afghanistan will focus on prevention of SGBV/HP through social norm change which aim to support the creation of more enabling environments, institutions and communities, where the human rights of women and girls can be realized and where all forms of violence and harmful practices against women and girls are no longer tolerated or practiced. Building on UN agencies' access, ongoing/previous programmes, and established partnerships and given the isolation resulting from the conflict and high rates of SGBV/HP in those provinces, the programme will be implemented in three provinces: Herat, Kandahar, and Paktia.

At the national level, the SI will support the Support the Afghanistan Independent Human Rights Commission (AIHRC) to conduct nation-wide inquiries on SGBV/HP and gender equality, supporting civil society to monitor and government to implement the existing international and national law and policy frameworks, including the National Action Plan to Eliminate Early and Child Marriage 2017 – 2022 (NAP EECM) implementation. In addition, it will aim to increase

women and girls' legal awareness, facilitating their access to justice and enforcement of national laws and policies. Following a mapping of stakeholders, gaps and needs, the SI will also support the localization of SGBV/HPs plans at the sub-national level, with a specific focus on women and girls who are facing multiple forms of discrimination.

An important component of the SI in Afghanistan is the prevention of SGBV/HP. Building on evidence-based approaches and working across the socio-ecological model, the SI will support the development of a comprehensive prevention framework and implement a community-based model for the prevention of SGBV/HP, targeting the most marginalized groups, women and girls, men and boys. It will consistently engage a wide range of community stakeholders, including community and religious leaders, to change harmful social norms and gender inequality that drive SGBV/HP, and ensure Sexual and Reproductive Health Rights (SRHR). Complementing the prevention work, and guided by the Essential Services Package (ESP), the SI will advocate for and strengthen multi-sectoral response services for survivors, using a survivor-centred approach, to increase access and use of SGBV/HP response services in Afghanistan. To inform efforts to prevent and respond to SGBV/HP, the SI will support the Ministry of Interior (MOI) and the National Police Force to establish a functional computerized GBV Information Management System in targeted provinces and at national level.

In recognition of the sweeping and deep impact of Novel Corona virus (COVID-19) on Afghanistan as a whole and its women and girls in particular, all activities and approaches will be implemented with a COVID-19 lens, ensuring protection as well as information sharing. This will include the final selection of target communities and partners, as well as the integration of risk education and mitigation measures throughout the programme. Particular attention will be paid to those who have been made more vulnerable by the virus, through negative coping mechanisms, increased exposure to and threat of SGBV, including child marriage, economic isolation, and forced marriage.

Country programme document Afghanistan

I.   Situational Analysis:

After decades of war and political instability, **Afghanistan remains one of the poorest countries in the world.** In 2019, the country ranked 170th out of 189 countries in the UNDP Human Development Index.[4] The ranking position reflects the challenges faced by the majority of the country's population. Despite advances in gender equality over the last decade, Afghanistan ranks 170 on the Gender Inequality Index (GII)- among the least favourable scores, reflecting **high levels of inequality in reproductive health, women's empowerment, and economic activity**.

Afghanistan's population has a very young age structure, with 48 percent of children under the age of 15[5]**,** a figure that places Afghanistan among the four countries in the world with the highest proportion of persons in that age range.

Population by age and gender 2017-18. Source: (CSO, 2018a)
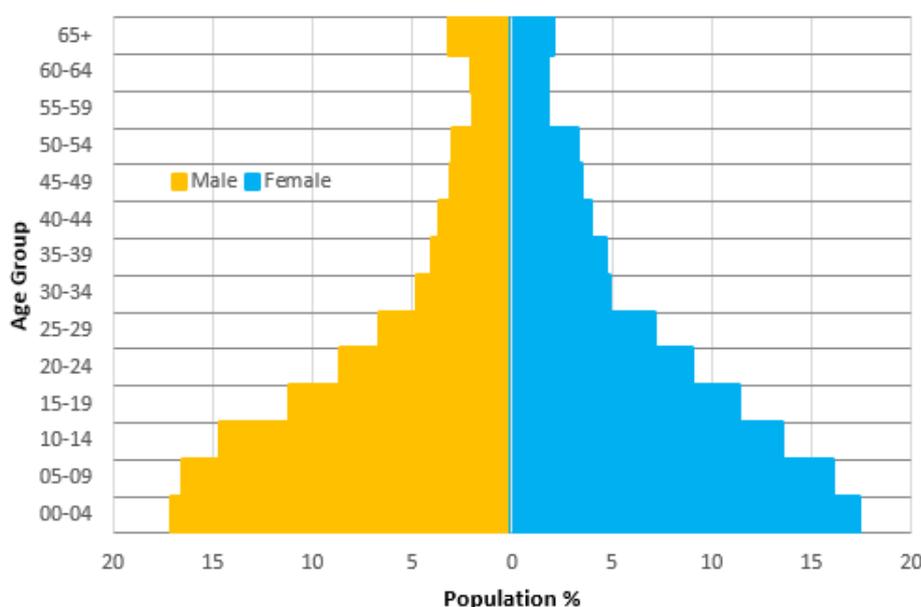
Literacy rate for women and girls is among the lowest in the world (female: 24.2% (2015 est.). Although the number of students going to primary school has jumped from just over one million in 2002 to more than 9.6 million to date, an estimated 3.7 million children remain out-of-school of which 60% are girls[6].

Women and girls make up 50% of the Afghan population and continue to face widespread discrimination and human rights abuses.[7] According the Survey of the Afghan People 2019, major problems faced by women are unemployment (23.9%), followed by domestic violence (16.9%), lack of women's rights (13.5%), forced marriage (12.2%), and poverty (8.7%).[8] The turbulent political, economic, security and humanitarian situation in Afghanistan contributes to a steady increase in the fragility of women's rights and gender equality. Severe limitations around

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[5] Central Statistics Organization (2018). Afghanistan Living Conditions Survey 2016-17.
[6] Islamic Republic of Afghanistan (2017). The National Education Strategic Plan (2017-2021).
[7] For further information, please consult: https://www.unicef.org/afghanistan/gender-focus
[8] The Asia Foundation (2019). Survey of the Afghan People.

women's freedoms, movement, access to information, education, public and political spheres, and ability to earn income or control resources, are all connected to violence against women.

The National Action Plan for Women of the Afghanistan (NAPWA) explicitly recognizes that violence against women and girls is pervasive and that this violence includes forced marriage, child marriage, immolation, and physical violence. Self-immolation, as a way to commit suicide, is often the last recourse of women to escape domestic violence, as help or leaving a violent situation may not seem like an option for many in Afghanistan. According to the 2015 Afghanistan Demographic and Health Survey, **over half of Afghan women have experienced at least one form of domestic violence in their lifetime.**[9] Sexual and domestic violence, the most common form of Sexual and Gender-based Violence (SGBV) against women and girls in Afghanistan remain considered as a 'private family matter'.

Women and girls of Afghanistan experience multiple, frequent and severe forms of violence. Rates of spousal violence vary across Afghanistan, as shown in the map below. The levels of violence experienced by women and girls in the selected provinces are particularly high, as shown in the map below.

Map – Percent of ever-married women age 15-49 who have experienced physical, sexual or emotional violence[10]

Furthermore, 16 percent of women age 15-49 reported that they experienced violence during pregnancy. **Violence starts early in marriage** with 28.5 percent of ever-married women first experiencing spousal physical or sexual violence in the first two years of marriage. A small-scale survey in seven provinces found that 93 percent of women and girls experienced sexual harassment in public spaces, 87 percent in the workplace and 89 percent in educational settings[11]. According to Government reports, murder of women represents the second most prevalent form of violence against women and girls in Afghanistan (with the first being battery and laceration).[12] In addition to spousal violence and child marriage, research also suggest that harmful traditional

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[9] Central Statistics Organization (CSO), Ministry of Public Health (MoPH), and ICF (2017). Afghanistan Demographic and Health Survey 2015.

[10] Ibid.

[11] Women and Children Legal Research Foundation (2015). Research on sexual harassment against women in public spaces, workplaces and educational institutions of Afghanistan.

[12] The Ministry documented 371 cases of murder of women out of 4541 registered cases in 2014. United Nations Assistance Mission in Afghanistan (UNAMA) and the Office of the United Nations High Commissioner for Human Rights (OHCHR) (2018). Injustice and Impunity: Mediation of Criminal Offences of Violence against Women.

practices like forced marriages, and *baad[13] and badal,[14]* are still prevalent and are major causes for SGBV.[15]

Forced and child marriages remain widespread in the country, especially for girls. Such marriages are a direct manifestation of gender inequality and compromises girl's development and advancement by resulting in early pregnancy, social isolation, interruption of education and, consequently, limited opportunities for career and vocational advancement. The Afghanistan Multiple Indicator Cluster Survey (MICS) (2011–2012) reported that 15 percent of women aged 15–49 years were married before the age of 15, while 46 percent were married before the age of 18.[16] It found that **10 percent of women aged 15–19 had already given birth and four percent were pregnant with their first child.**[17] A**dolescent pregnancy-related complications contribute to 40% of all maternal deaths. A girl under 15 years is five times more likely to die in childbirth than a grown woman**. Moreover, in Afghanistan, women are legally able to marry at 16 years, and men 18 years; however, women can be married at a younger age with the consent of her father or a court under the Civil Code 1977.[18] Research on urban displaced youth in Afghanistan, showed strong evidence of child marriage practices in IDP populations. The Findings of the research indicated that "young women reported having children as early as 16. Many may have married younger, however, given that some young women at the age of 18 reported having three or more children."[19] This represents a significant potential challenge for Afghanistan, with the current context seeing a rise in the number of IDPs and returnees. **Harmful cultural practices such as exchange of brides, bride price, engagement before birth, and as a method of solving community disputes[20] contribute to child marriage.** Other factors contributing to child marriage and early childbirth is the limited access to comprehensive SRH education and services, stigma around young women's sexuality acting as a barrier to accessing to health services, absence of youth-friendly health facilities in Afghanistan.

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[13] *Baad* refers to the traditional practice of giving a girl to another family, to resolve a dispute.
[14] *Badal* refers to the exchange of daughters between two families, for marriage.
[15] United Nations Populations Fund (UNFPA) (2016). Knowledge, Attitudes and Practices Survey on Gender-Based Violence in five Provinces in Afghanistan. Baseline Assessment – Final Report. Kabul: UNFPA.
[16] Central Statistics Organization (CSO), Ministry of Public Health (MoPH), and ICF (2017). Afghanistan Demographic and Health Survey 2015.
[17] Ibid.
[18] OECDE (2019). Social Institutions and Gender Index (SIGI) Global Report Summary – Afghanistan.
[19] Norwegian Refugee Council & The Liaison Office (2015). Listening to Women and Girls Displaced to Urban Afghanistan.
[20] OECDE (2019). Social Institutions and Gender Index (SIGI) Global Report Summary – Afghanistan.

Figure 2: Child marriage by five years cohort in Afghanistan[21]
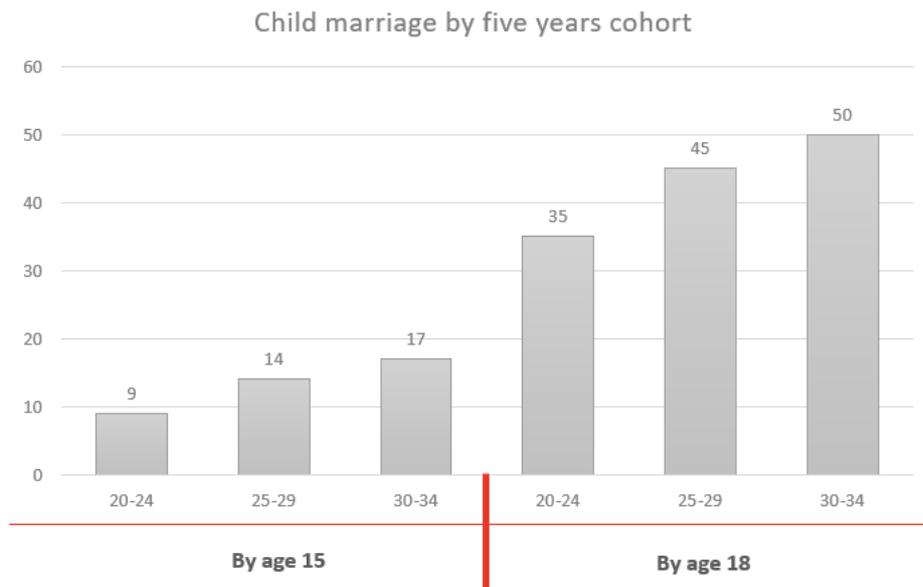
Women survivors of sexual violence, including rape, are often blamed for the violence and, in some cases, may be forced to self-immolate or be killed by their family members to restore their honour[22], or convicted of moral crimes including *zina* (adultery). The Afghanistan Independent Human Rights Commission (AIHRC) registered more than 280 women who had been killed by family members during 2011 and 2012, of which 50 percent of honour killings were due to women suspected to commit zina and attempted zina[23].

SGBV and HPs are rooted in gender inequality, discrimination and harmful cultural and social norms. The growing body of research on gender in Afghanistan underscores the widespread cultural acceptance of violence as well as men's disproportionate power and control over women's lives. Harmful social norms including rigid definitions of masculinities and femininities, present persistent and multifaceted threats to Afghan women. Gender inequality and violence are manifested throughout the life cycle of women and girls and are widely accepted as a norm. According to both the International Men and Gender Equality Survey (IMAGES) in Afghanistan[24] and the AfDHS[25], SGBV is normalized as a way of life, with high rates of acceptance of it. The normalization of SGBV/HP also affects the level of importance and priority given to addressing this significant threat to the security, lives and well-being of women and girls in Afghanistan.

72 % of ever-married men believed that a husband is justified in beating his wife under certain circumstances

80 % of ever-married women believed that a husband is justified in beating his wife under certain circumstances [26]

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[21] UNICEF (2019). Child marriage, adolescent pregnancy and school dropout in South Asia. p. 30
[22] Afghanistan Independent Human Rights Commission (2013). National Inquiry Report on Factors and Causes of Rape and Honor Killing in Afghanistan.
[23] Afghanistan Independent Human Rights Commission (AIHRC) (2018). Summary of the Report on Violence Against Women The causes, context, and situation of violence against women in Afghanistan,
[24] Gereš, N., Heilman, B., Hashimi, S. I., Kakar, R., Kelberg, M., Hakobyan, L., ElFeki, S., And Barker, G. (2018). Reflections on Gender, Patriarchy, and Peace: Results from the International Men and Gender Equality Survey (IMAGES) in Afghanistan. Washington, DC. Promundo-US. UN Women, and the Global Affairs Canada
[25] Central Statistics Organization (CSO), Ministry of Public Health (MoPH), and ICF (2017). Afghanistan Demographic and Health Survey 2015.
[26] Ibid.

Family structure and dynamics, including the presence of different generations living in the same household also influence the levels of SGBV. According to the Women for Women International study, other factors increasing women's risk of experiencing Intimate Partner Violence (IPV) from a husband included experiencing violence from another family member, including mothers-in-law, fathers, or siblings.[27] Women reporting that their husband had more than one wife were also more likely to experience emotional IPV.[28] According to the latest Afghanistan Living Conditions Survey, eight percent of women were in a polygamous marriage in Afghanistan.[29] Women and girls may also be subject to violence from other family members in the household including mothers-in-law, father-in-law and siblings-in-law.

Protracted conflict and humanitarian crisis further exacerbate gender inequality and SGBV/HP – both directly and indirectly. **The conflict has resulted in deliberate attacks on public infrastructure which in turn has a direct impact on resources, access to education and services for women and girls.** Although there is insufficient data on the prevalence of sexual violence in Afghanistan, global evidence suggests rates of sexual violence is high in conflict settings and there is an **increase in child marriage as a result of conflict**. Women and girls are at increased risk of violence in conflict due to displacement, the breakdown of social structures, a lack of law enforcement, the potential further entrenchment of harmful gender norms, and the loss of livelihood opportunities for both men and women in the community.[30] Data in Afghanistan showed that **people who have experienced conflict-related trauma were more likely to have experienced IPV in their lifetime**[31]. **High rates of conflict and insurgence have also created narratives in Afghanistan that women and girls need to be 'protected' which may result in high rates of controlling behaviours** and patriarchal protective measures against women[32]. Conflict, among other things, affects definitions and manifestations of masculinity. In Afghanistan, **the majority of men and women have witnessed violence directly related to conflict and war**[33]. Children also grow up witnessing violence related to war and other criminal activities[34]. This context serves to normalize violence, feeding into the cycle of violence.

While SGBV and HP cuts across all ages, economic, geographical and cultural spheres, particular groups of women and girls in Afghanistan are particularly at-risk due to intersecting forms of discrimination and vulnerability. Within this context, those women and girls that are most at-risk of being left behind are those also exposed to poverty, lack of education, distance/remoteness from government services (women and girls under AGE controlled areas), adolescent girls and female headed household including women and girls with disability[35]. **Uneducated, rural women and girls face multiple forms of discrimination. In rural and remote areas, where approximately 60% of the population reside, infrastructure and service provisions is further limited compared to urban areas.** There is a general lack of data about women and girls with disability in Afghanistan, but it is known that **girls and women with disabilities are**

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[27] World Health Organization (WHO) (2019). Afghanistan Country Office 2019 report.

[28] Ibid.

[29] Central Statistics Organization (2018). Afghanistan Living Conditions Survey 2016-17.

[30] Maureen Murphy, Diana Arango, Amber Hill, Manuel Contreras, MairiMacRae, and Mary Ellsberg (2016). Evidence brief - What works to prevent and respond to violence against women and girls in conflict and humanitarian settings?

[31] Siddiq, W., Hemat, O., &Corboz, J. (2018). What Works to Prevent Violence Against Children in Afghanistan? Findings from an evaluation of a school-based peace education and community social norms intervention. South African Medical Research Council & Help the Afghan Children.

[32] Gereš, N., Heilman, B., Hashimi, S. I., Kakar, R., Kelberg, M., Hakobyan, L., ElFeki, S., And Barker, G. (2018). Reflections on Gender, Patriarchy, and Peace: Results from the International Men and Gender Equality Survey (IMAGES) in Afghanistan. Washington, DC. Promundo-US. UN Women, and the Global Affairs Canada

[33] Ibid.

[34] Mateja Zupancic (2017). Knowledge, Attitudes and Practices on Violence and Harmful Practices Against Children in Afghanistan: A baseline study.

[35] There is a general lack of data about women and girls with disability in Afghanistan, but it is known that girls and women with disabilities are often among the most exposed to violence. Limited social protection is available to women and girls with disabilities, which leaves them dependent on their immediate families and vulnerable to violence, exploitation and abuse

often among the most exposed to violence. Limited social protection is available to women and girls with disabilities, which leaves them dependent on their immediate families and vulnerable to violence, exploitation and abuse. The 'Leave No One Behind' will therefore be a guiding principle for implementation with a special focus on the aforementioned at-risk population.

COVID-19 Epidemic and SGBV - While all crisis-affected settings are associated with an increased risk of GBV, there are unique factors about COVID-19 that make it particularly alarming. In light of the physical distancing and movement restrictions that have been put in place to curb the pandemic, women and girls face an increased risk of experiencing violence at the hands of family members, intimate partners or others living within their homes. The risks of experiencing household violence during times of crisis are often exacerbated by factors such as emotional stress, economic strain, and shifting roles and responsibilities among family members.[36] All of these factors are likely to increase within the context of COVID-19, in light of the widespread job loss, economic strain, disruption of normal routines, and ongoing stress associated with actual or potential illness that have resulted in affected regions across the world. When combined with lockdowns and other movement restrictions, homes within the context of COVID-19 can become potential pressure cookers of GBV, as drivers of violence increase, while survivors and those at risk are more restricted than ever in terms of their ability to seek safety or other necessary forms of support.

The other factors that has contributed to level of SGBV in Afghanistan are as follows:

- SGBV/HP often competes with a broader national security agenda and does not therefore get the level of attention or priority necessary to ensure that women and girls are able to live free from all forms of violence.
- Lack of capacity of human resources and availability of female human **resources**. Female human resources including medical personnel, teachers etc. is limited, resulting in a barrier to women and girls accessing education and services.

In the targeted provinces, Paktia, Herat and Kandahar, the prevalence of the different forms of SGBV/HP, see Figure 1 below, are particularly high compared to the national average. This is linked to the high rates of acceptance of SGBV, as norms justifying partner violence are one of the root causes of SGBV/HP. Child marriages rates are also higher than the national average. The particularly high rates of violence can be explained by increased risk factors and drivers for SGBV/HP including high poverty rates, low levels of education, conflict, insecurity and food insecurity.[37] Data for each province is detailed in *Table 1 - Performance on key indicators as relates to SGBV,* under programme intervention sites.

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[36] Care International (2020). Gender-Based Violence and COVID-19: The Complexities of Responding to the "Shadow" Pandemic, Policy Brief.

[37] United Nations (2015). A Framework to Underpin Action to Prevent Violence against Women.

Figure 1 - Forms of violence against ever-married in Afghanistan[38]

Form of violence	National	Herat	Kandahar	Paktia
Physical violence	53 %	91.3 %	71.4 %	51.6 %
Spousal violence	56 %	92.2 %	84.7 %	46.5 %
Physical spousal violence	46 %	91 %	70.5 %	79.9 %
Emotional spousal violence	34 %	84.9 %	59.8 %	64.2 %
Sexual spousal violence	6 %	0.2 %	2.5 %	2.1 %
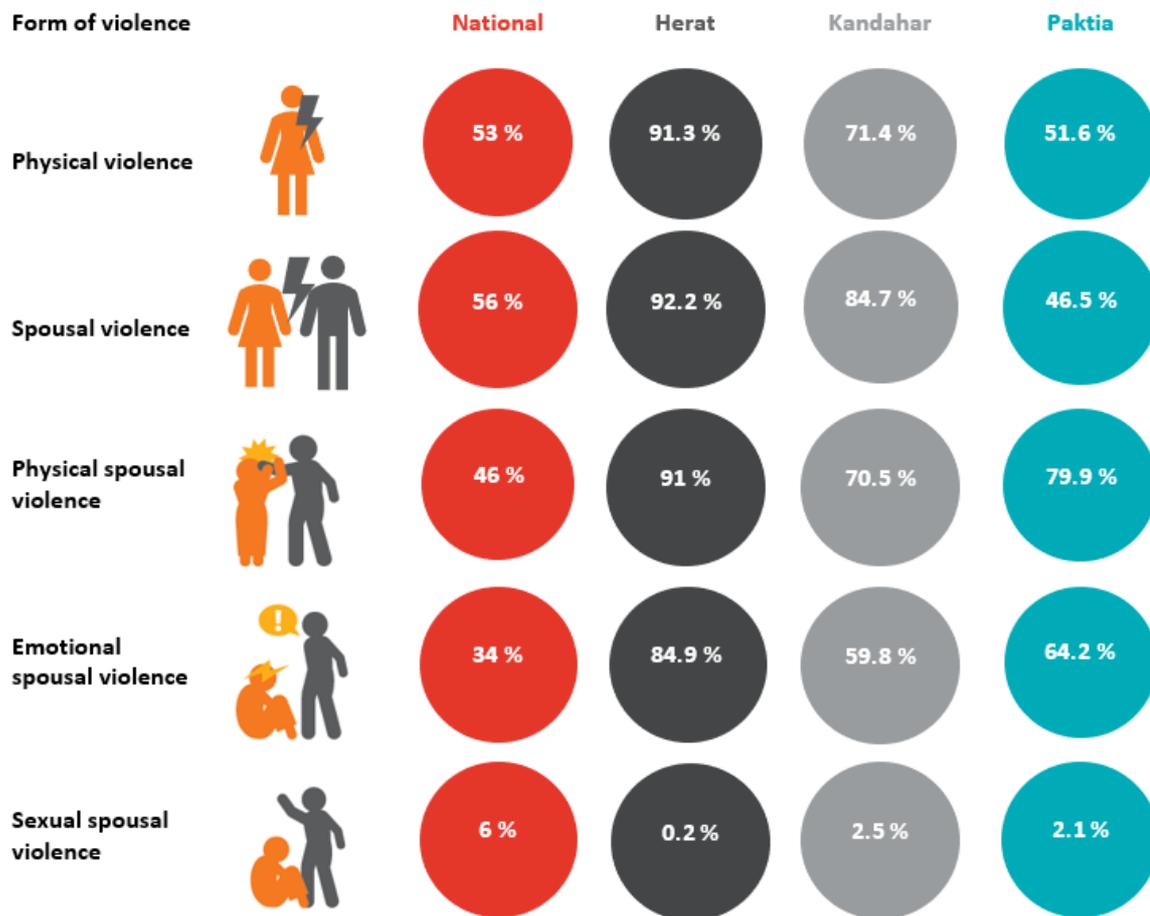
Outcome 1- Laws and Policies

Afghanistan signed and ratified various international and regional human rights instruments with provision for gender equality and women empowerment including recognising VAWG as a form of discrimination. Therefore, safeguarding and addressing women and children's rights is a critical component of Afghan legislative framework although with gaps including lack of implementation of the pieces of legislation as a major setback. The following are some of the pieces of legislation and policies:

- The **Constitution of Afghanistan 2004 (Constitution)** paved the way for the concrete alignment of domestic laws and policies with Afghanistan's international treaty obligations, including on gender equality, non-discrimination and the rights of women. It afforded Afghan women equal rights as men on social, economic, civil, political and cultural rights. This was reflected in Afghanistan's successive **Justice Sector Reform Plans**, the latest being in 2016.[39] The result has been the development and enactment, by Presidential Decree, of laws that safeguard and advance women's rights, including accountability mechanisms regarding

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[38] Central Statistics Organization (CSO), Ministry of Public Health (MoPH), and ICF (2017). Afghanistan Demographic and Health Survey 2015.

[39] For a copy of the National Justice and Reform Plan, see at http://policymof.gov.af/home/national-priority-programs/the-new-npps/ and http://policymof.gov.af/home/wp-content/uploads/2019/01/Justice-Sector-National-Reform-Plan.pdf. For information on a review of the Justice Sector Reforms under implementation, see at http://policymof.gov.af/home/reforms-in-review-part-1-the-justice-sector/.

their implementation. There are also policies, national strategies, action plans and programmes in place and under implementation that articulate legislative provisions aimed at fulfilling Afghanistan's international and domestic obligations and guarantees of the rights of women and girls, including protection from violence.

- The **Elimination of Violence against Women Law of 2009 (EVAW Law)** is widely considered as a progressive law within the context of Afghanistan and was brought to force through a Presidential Decree in 2009. In addition to a broad-based approach to the issue of violence against women and girls, including harassment, the law also addresses forced and early marriage and for the first time in Afghanistan history, polygamy.

- The **Elimination of Harassment against Women and Children Law, 2017 (EHAW Law)** was properly enacted by Parliament. The law stemmed from Afghan women's rights activists lobbying and advocacy for the fine-tuning of the EVAW Law's definition and procedures related to the crime of harassment, as they were considered to be not specific enough.[40]

- The revised **Penal Code of 2017 (Penal Code)** was brought to force by a Presidential Decree and excludes any reference to criminal offences of VAWG due to opposition from Afghan women's rights activists. A Presidential Decree of March 2018 ensured that the EVAW Law remained a standalone and special law[41] with all 22 criminal offences of VAWG intact with their corresponding criminal punitive measures. Another Presidential Decree of March 2018 also ensured that the alternatives to imprisonment availed to judges for the punishment of minor crimes in the Penal Code did not apply to any of the crimes in the EVAW Law. Nevertheless, given the enactment of these laws through a Presidential Decree rather than a Parliamentary Legislative Procedure, they continue to remain weak in enforcement and implementation across Afghanistan, in addition to the traditional patriarchal systems within the society and the resistance from religious leaders who refuse to accept the western defined women's rights as not being compliant with the Islamic Principled of the Shari'ah.

- The **National Action Plan for Women of Afghanistan (NAPWA) 2007 – 2017** is an element of the larger Afghanistan National Development Strategy (ANDS). It explicitly recognizes that SGBV is pervasive and that this violence includes forced marriage, child marriage, self-immolation and physical violence.[42] The **National Strategy and National Action Plan on the Elimination of Violence against Women 2016 – 2020 (NAP EVAW)** articulates the strengthening of oversight, coordination and advocacy by stakeholders to end SGBV. At the difference of the NAP 1325 and the WEE-NPP, implementation of the NAP EVAW has been very limited and the plan expires in 2020. As a critical national guiding framework focusing comprehensively and exclusively on EVAW, the SI in Afghanistan will aim to work with CSO and the government under the EVAW forum created in Pillar 2 to revise, extend it and support its implementation and monitoring.

- The Government of the Islamic Republic of Afghanistan, with the support of its partners especially UNFPA, and under the leadership of the Deputy Ministry for Youth Affairs (DMoYA) and MoWA, have developed a **National Action Plan to End Early and Child Marriage in Afghanistan (2017–2022) (NAP EECM)**. The NAP EECM was developed using a participatory and cooperative approach, involving several working groups comprising sectoral ministries, United Nations agencies, international organizations and civil society organizations. Consultative workshops were held with key stakeholders at central and regional levels, coordinated by DMoYA and MoWA. The National Action Plan to Eliminate Early and Child Marriage 2017 – 2022 (NAP EECM) revolves around two approaches:

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[40] Ehsan Qaane (2017). Harassment of Women in Afghanistan: A hidden phenomenon addressed in too many laws. Accessed on September 13, 2019.

[41] A special law – overrides a general law that is common to all. For example, the EVAW Law 2009, on account of being a special legislation is supposed to override the general provisions of the Criminal Law Code, 2018 of Afghanistan. This is of similar status to special legislative acts such as the Child Protection Act etc. which are special legislations to protect the rights of certain vulnerable groups – beyond the scope of general laws such as Penal Code and Juvenile Code

[42] Islamic Republic of Afghanistan (2008). Afghanistan National Development Strategy.

developing and supporting initiatives to prevent and end child marriage; and improving the implementation of laws and provision of services to people affected by child marriage.

The Geneva Conference in November 2018 agreed to **the Geneva Mutual Accountability Framework (GMAF) deliverables.** In specific, GMAF short-term deliverable 4 provides 3 indicators to strengthen the GoIRA's response to EVAW. They include the establishment of special EVAW courts in all 34 provinces by end of 2020, with additional female prosecutors and judges along with 23% of women in justice institutions and comprehensive trainings on EVAW law for the judicial sector. As of date, 28 special EVAW courts have been established at the provincial capitals in 28 provinces; with a special EVAW prosecutions unit established under the AGO consisting of 72 special EVAW prosecutors for all 34 provinces. 80 female judges for EVAW special courts have also completed the judicial stage training at the Supreme Court, but have not assumed their duty in the established 28 provincial EVAW courts due to insecurity and the request for facilities such as housing and mahram support as all of them are from Kabul province and requires additional support for relation to provinces. Special training on EVAW Law at the AGO and SC are ongoing and supported through multiple organisations such as IDLO, UNDP – Afghanistan, and GiZ.

Effective implementation of laws and policies would have far-reaching positive impact on the lives of Afghan women and girls, including their ability to participate – without discrimination – in Afghan civic, social, economic and political life. Advocacy on SGBV issues has been conducted in an ad-hoc, issue-specific way, and progressive CSOs do not necessarily hear or deliver into the national and international agenda the voices of most marginalized women and girls, including grassroots women, women with disability, young women and other women with intersecting forms of discrimination and marginalization. CSOs' knowledge and capacity to use social accountability mechanisms is limited, undermining their ability to play stronger roles in pushing the 'End SGBV/HP agenda forward and holding the government accountable. For example, despite the women's network role in reporting the country situation to the CEDAW Committee, there is no follow-up mechanism established to ensure the government's implementation of the recommendations made by the Committee. Faith-based organizations (Ulama[43] shura[44] and community based religious institutions including clergies) have often been left behind in CSOs' advocacy promoting gender equality, women's empowerment and ending VAWG, limiting CSOs' potential influence in transforming harmful social norms and addressing discrimination against women and girls.

Building on current initiatives and the gaps identified, the Spotlight Initiative will support civil society, including women's organizations, to monitor the government's commitment to international human rights norms and standards (link to Pillar 6). The Universal Periodic Review (UPR) of Afghanistan in 2019 and the CEDAW Committee's review of Afghanistan's Third State Report in 2020 provides an opportunity for both the government and CSOs to develop follow-up processes aimed at ensuring effective implementation of the UPR and Committee's recommendations pertaining to VAWG**. In addition, the Spotlight Initiative will provide opportunities for faith-based organizations to access knowledge, including positive interpretations of Islamic tenets in family relationships, and promoting alternative masculinities (link to Pillar 3).**

Outcome 2- Institutional Strengthening

Institutional advances have been made towards the promotion of human rights broadly and women's rights in particular. **The institutional framework for addressing women's rights includes a number of governmental bodies and institutions, both at the capital and the provincial levels**, which have similar mandates and functions. **While progress has been**

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[43] Scholars, the guardians, transmitters and interpreters of religious knowledge in Islam
[44] Counselor in Islam

achieved to develop laws and policies including establishment of institution to coordinate and implement the same, institutional capacities and accountability mechanisms largely remain weak and incapable of efficiently implementing multi-sectoral programming approaches to plan, implement and monitor interventions to prevent and respond to SGBV/HP at the national and subnational levels, due to the limited technical and financial capacity of public and private institutions –including traditional, religious, civil society, and private sector bodies – specifically on: gender responsive and rights-based, health, education, and welfare, financial, legal, and paralegal service provision.

The Ministry of Women's Affairs is responsible for monitoring, supporting and coordinating the implementation of policies and legislation and developing and contributing to the development of policies for the advancement of women. While the establishment of the Ministry of Women's Affairs has been considered a positive sign, it has not been fully able to exercise its mandate effectively, owing to such challenges as inadequate budgetary allocation by the State resulting in international donor funding dependency, recruitment of technically competent government officer, socio-cultural perceptions of gender norms that limits the effectiveness of the ministry's mandate delivery, and a lack of adequate security in the workplace. In comparison to other ministries, MOWA does not appear to enjoy 'priority status' in terms of national budget prioritisation despite being mandated to ensure that half of the population are not 'left behind' - Afghan women and girls. This does affect their convening power necessary to ensure that coordination mechanisms on gender equality and SGBV, especially, work.

Currently there is no forum to bring all relevant actors and stakeholders at the central and provincial levels (government, civil society, service providers, development partners and donors) together to share information and coordinate actions. The lack of space for government and CSO to get together contributes to marginalize the voice and concerns of historically marginalized Afghan women and girls. **It is also critical that a multi-sectoral knowledge platform on what works for SGBV/HP programming and the NAP EVAW and NAP EECM implementation - among others - be created, to ensure alignment with Afghanistan's international human rights standards.**

The Deputy Ministry of Youth Affairs (DMoYA) is the designated Government body to lead the youth related matters including SGBV under the EVAW law Article 15. DMoYA as constituted now lacks the desired institutional capacities to implement the mentioned article under EVAW law and lack of capacity to effectively support the youth address SGBV from the institutional angle. The desired capacities include infrastructure such as human, financial and technical resources/capacities including manuals, SOPs, guidelines etc.

Apart from Government, the AIHRC - as a quasi-State institution, launched in 2002 as a national human rights body under the Bonn Agreement and President's Decree, working as a national human rights institution to defend and protect the rights and freedom of the people in Afghanistan - has a clear, mandated role under the EVAW Law in addressing SGBV/HP in Afghanistan. Its **funding constraints and ongoing insecurity, however, limit its territorial presence and activities. The AIHRC** has offices in 14 (out of 32) provinces of Afghanistan, with the expectation that those offices will geographically cover neighbouring provinces. Lack of funding - particularly for operational costs in their field offices - limits their human rights and 'elimination of VAWG' outreach capabilities. A strengthened AIHRC presence across Afghanistan would contribute to improved AIHRC monitoring and reporting of the SGBV/HP-related rule of law situation: the culture of impunity, alleged corruption in the criminal justice system and a weak justice sector (including institutionally, infrastructure and technical capacity of personnel).

Below is a summary of limited capacity of institutions to address SGBV/HP manifests in the following ways in Afghanistan.

- Existing protection systems and services are fragmented and weak.

- Decentralised and more inclusive institutions are important in enhancing responsiveness and accountability of decision-making within State structures particularly on SGBV/HP.

- There is also weak implementation of rights-based approaches, and inefficiencies in programming and implementation of gender-responsive interventions for access to justice, Sexual and Reproductive Health and Rights (SRHR), and children's rights.

- Poor multi-sectoral coordination. There is a critical need for strengthened multi-sectoral coordination (within and between institutions, including with non-governmental actors) to harmonise gender-responsive Standard Operating Procedures (SOPs), manuals, curricula, tools and referral pathways, including to create effective synergies with CSOs

- Capacity building for duty bearers is fragmented, ad hoc, uncoordinated a, leading to duplication and wastage of resources.

- Current secondary school curriculum on SRHR education ("Family Life Education" -a contextualized comprehensive sexuality education) does not cover necessary information or knowledge for women and girls to make informed decisions about their own bodies. The curriculum also lacks information related to intimate relationships, sexual desires, safe sex and sexual transmitted diseases, with massive knowledge gap among the teachers.

Outcome 3 – Prevention

Gender inequality and deep-rooted patriarchal norms, gender stereotypes and gender inequality reinforce and perpetuate SGBV/HP in Afghanistan. Women and girls are not given equal access to rights, privileges or power as men and boys, including access to education and employment.[45] Men's role lies in 'providing' for the family while women's role lies in raising children and taking care of the households. Women and girls are given limited roles in decision making that alter their lives. Decision about women and adolescent girls' health care is often decided by their husbands or other family members. Women and girls may have a voice in discussions, but fathers and/or other male family members often make the final decision about her marriage, regardless of her consent[46]. Younger wives are considered better to marry, and divorced women are seen less worthy. Women are not considered as good leaders because they are too emotional[47]. High rates of harassment and targeted attacks against high-profile women occur with impunity and often serve as a warning to other women who aspire to hold such positions[48].

Men and boys' views are less gender equitable than women's and fewer women support traditional gender roles compared to men. **Young men are more likely than older men to reject gender equality and uphold harmful masculinities[49]**. This suggests that the engagement of men and boys and intergenerational tailored approaches targeting men and boys are necessary to transform patriarchal norms and harmful masculinities.

The IMAGES study shows that conflict and war in Afghanistan have also contributed to forming harmful masculinities among men, particularly young men. The study suggests that high financial insecurity and political instability, combined with the deliberate promotion of conservative interpretation of Islam, have a greater impact on young men who, fearing their masculinity identity as 'providers' be threatened, reinforce rigid patriarchal and religious prescriptions for the control

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[45] For example, half of men and one third of women prefer to send sons over daughters to school, and only 5% of women make decisions independently on their own health care. Gereš, et al. (2018). Reflections on Gender, Patriarchy, and Peace: Results from the International Men and Gender Equality Survey (IMAGES) in Afghanistan. Promundo-US. UN Women, and the Global Affairs Canada

[46] The Government of the Islamic Republic of Afghanistan (2018) Child Marriage in Afghanistan: Changing the Narrative; commissioned by MoLSAMD and supported by UNICEF Afghanistan.

[47] Gereš, et al. (2018). Reflections on Gender, Patriarchy, and Peace: Results from the International Men and Gender Equality Survey (IMAGES) in Afghanistan. Promundo-US. UN Women, and the Global Affairs Canada

[48] UN Human Rights Council (2015). Report of the Special Rapporteur on violence against women, its causes and consequences, Addendum: Mission to Afghanistan. A/HRC/29/27/Add.3

[49] For example, 85 % of men and 41 % of women believe that a woman's most important role is to take care of the home and cook for the family. 70 % of men and 37 % of women believe a man should make decisions at home. 15 % of men and 72 % of women believe married women have the right to work outside the house.

of women and girls[50]. This suggests a critical need to engage men and boys to transform harmful norms, to promote alternative masculinities and to involve faith communities as effective entry points in social norm transformation.

Both men and women accept and justify SGBV. According to the 2015 Demographic and Health Survey, 80 percent of women and 72 percent of men believe that a husband is justified in beating his wife in at least one circumstance[51]. Yet, one in five men and women believe that women should tolerate violence to keep the family together[52]. Marital rape, child marriage, forced marriage, *baad* and *badal* are often accepted in the context of tradition and religion[53]. The general acceptance of SGBV/HP is higher in rural areas and economically marginalized populations[54].

Although there are no data available, a gender analysis of the DHS study shows that the acceptance of SGBV/HP at the community level is likely to be high[55]. A study on child marriage in Afghanistan found that, while child marriage was often more negative than positive at individual levels, the perceived community's approval of child marriage was high[56]. Expectation of community's approval of SGBV/HP influences personal approval of SGBV/HP[57]. This indicates the need to address the norms at the community-level through a whole-of-community approach. There is evidence of intergenerational cycle of violence as women who experience child abuse or witness violence are more likely to experience violence[58]. The majority of Afghans are exposed to violence beginning at an early age, including physical abuse at home by parents and relatives as well as corporal punishment in schools[59]. In addition, the experience of violence from another family member including mothers-in-law, fathers, or siblings increases women's risk of experiencing violence from a husband[60]. In Afghanistan where different generations live in the same household, where power is contested not only among men and women, but between different generations and among women, intergenerational interventions are required to prevent violence.

Norms, values and traditional societal views prevent adolescents and youth, especially girls, from accessing sexual and reproductive health related information or discussing issues related to relationships and safe sex. The school curriculum lacks age-appropriate comprehensive sexuality education. Adolescent girls and young women are amongst the further behind when it comes to making decisions about their own SRHR.

Afghanistan's NAP EVAW[61] includes SGBV prevention through social norm change as a priority area. The Plan includes a dedicated Pillar on prevention, to be addressed through media campaigns, educational curricula and enhancing women's access to economic resources. The NAP EECM[62] launched in 2017 aims to develop initiatives designed to prevent and end early and

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[50] Gereš, et al. (2018). Reflections on Gender, Patriarchy, and Peace: Results from the International Men and Gender Equality Survey (IMAGES) in Afghanistan. Promundo-US. UN Women, and the Global Affairs Canada

[51] Central Statistics Organization, Demographic and Health Survey 2015.

[52] Gereš, et al. (2018). Reflections on Gender, Patriarchy, and Peace: Results from the International Men and Gender Equality Survey (IMAGES) in Afghanistan. Promundo-US. UN Women, and the Global Affairs Canada

[53] UNICEF and UNFPA (2019). Child Marriage in South Asia: An evidence review.

[54] Central Statistics Organization (CSO), Ministry of Public Health (MoPH), and ICF (2017). Afghanistan Demographic and Health Survey 2015. Kabul, Afghanistan: Central Statistics Organization.

[55] Gereš, et al. (2018). Reflections on Gender, Patriarchy, and Peace: Results from the International Men and Gender Equality Survey (IMAGES) in Afghanistan. Promundo-US. UN Women, and the Global Affairs Canada.

[56] The Government of the Islamic Republic of Afghanistan (2018) Child Marriage in Afghanistan: Changing the Narrative, commissioned by MoLSAMD and supported by UNICEF Afghanistan

[57] Central Statistics Organization (CSO), Ministry of Public Health (MoPH), and ICF (2017). Afghanistan Demographic and Health Survey 2015. Kabul, Afghanistan: Central Statistics Organization.

[58] Rachel Jewkes, Julienne Corboz, Andrew Gibbs (2018). Factors Associated with Recent Intimate Partner Violence Experience Amongst Currently Married Women in Afghanistan and Health Impacts of IPV: A Cross Sectional Study, BMC Public Health.

[59] Mateja Zupancic (2017). Knowledge, Attitudes and Practices on Violence and Harmful Practices Against Children in Afghanistan: A baseline study.

[60] Ibid.

[61] Government of the Islamic Republic of Afghanistan (2016). Strategy and National Action Plan on Eliminating Violence Against Women 2016-2020

[62] See more at https://afghanistan.unfpa.org/en/news/together-we-can-end-child-marriage

child marriage. The Plan takes preventive approach and strengthen the implementation of laws and services. The National Education Strategic Plan 2017-2021[63] includes "equitable and inclusive access to relevant, safe and quality learning opportunities especially women and girls" and this is achieved partly by curriculum development on social values.

Addressing SGBV/HP requires an holistic, gender transformative strategy that employs multi-sectoral, multi-faceted, rights-based approach that address the root cause of SGBV/HP through social norm transformation, based on local and international best practices and informed by the needs and priorities of women and girls experiencing intersecting forms of discrimination and marginalization.

Building on international best practices and critical gaps identified, in line with the national policy framework, the SI will dedicate attention to generating the evidence on what-works and strengthen the ownership of key government and non-governmental stakeholders in developing a comprehensive prevention strategy through social norm change and invest in key interventions across the socio-ecological model to transform harmful social norms within individual, families and communities to end SGBV and HPs to have maximum impact. This will need to importantly give visibility and voice to a wider range of women, girls, men and boys as prevention actors, valuing lived experiences and recognizing the journey of individual change is a long-term investment.

Outcome 4 – Services

The ratification of the EVAW Law has led to the establishment of mechanisms mandated to address VAWG, such as Family Response Unit (FRU) within Police Departments, specialized EVAW units within the government, the establishments of EVAW courts and EVAW Commissions in Kabul and other provinces, and ratification of the regulation on Women's Protection Centers (WPCs). The NAP EVAW 2016-2020 extends the government commitment to end SGBV through a survivor-centered, rights-based approach, which includes provision of key response service for survivors, from social services, such as access to crisis information and shelters (WPCs), to health and justice services.

The Government of Afghanistan recognizes violence against women and girls (VAWG) as a violation of human rights and as an impediment to gender equality, the empowerment of women and girls, and the development of society, and has made numerous investments to ensure that quality essential services are available and accessible to survivors. Although stakeholders have invested to ensure that survivors of violence receive a full range of services from medical care to counselling to legal support, gaps still exist in ensuring quality and universal access to these services, especially for those left behind. The lack of a comprehensive gender-sensitive and child centred SGBV response continuum to ensure that essential services of all sectors are coordinated and governed to respond in a comprehensive way, are women centred (and where necessary, child centred), and are accountable to survivors greatly contributes to the existing gaps between the prevalence of violence, the disclosure of incidents, and the receipt of services.

While services such as Family protection centres (FPCs), Family Guidance Centers (FGCs), CPAN, multi-purpose Adolescent group (MAGs) centre are present in many of the provinces other community shura platforms – evidence shows that women and girls continue to experience violence without seeking/receiving any services. According to AFDHS (2015) most women do not tell anyone about the violence they experienced nor do they access services, with only 20% of women who have experienced any form of physical or sexual violence have sought help from any source, 61 percent of ever-married women who have never sought help and never told anyone about the violence. When they seek help, in majority they turn to their own family (80 percent), their husband's family (34 percent) or neighbours (18 percent). In Afghanistan, women who seek

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[63] Government of the Islamic Republic of Afghanistan (2016). National Education Strategic Plan 2017-2021.

help to stop the violence are unlikely to seek help from doctors (0.3 percent), police (0.2 percent), or any other civil or social organization (0.1 percent).

Non-reporting of GBV cases is often the result of inadequate information on services for GBV survivors. This is exacerbated by deep-rooted gender discriminatory attitudes and stereotypes among service providers and community members that result in women and girls facing barriers to accessing quality services. This is collaborated in UNFPA Afghanistan (2011) assessment of the quality of services provided to survivors of SGBV by State and Non-State Agencies in Nangarhar, Bamyan and Kabul provinces. The assessment identified, cultural norms as a key factor that hinder women and girls' survivors' access and use of available services. The shortage of healthcare facilities in Afghanistan results in long lines, overcrowded facilities and huge workload of the healthcare personnel often unable them to dedicate sufficient time to every patient[64].

Afghanistan has over 25 Family Protection Centres (FPCs)[65] in 22 provinces in regional and provincial hospitals, 27 Women Protection Centers, with over 204 CPANs in all 34 Provinces and 170 Districts, coupled with a total of 172 social workers country wide. However, there is a lack of a comprehensive gender and age sensitive SGBV response continuum of care to ensure that essential services of all sectors are coordinated and governed to respond in a comprehensive way, are survivor-women centred (and where necessary, girl child centred) due to the fact that majority these service providers are male and stationed in provincial capitals. The number of social workers per 100,000 survivors are unacceptably low, hence the need for the Ministry of Labour and Social Affairs (MOLSA) to increase the number of trained social workers, especially women to address this gap. Where community-social workers do not exist, and, even when the provincial social workers travel to communities, many of them are inaccessible, as they are controlled by Armed Government-Opposition Groups, and government civil servants are unwelcome and at risk. Further work is needed to build the capacity of institutions to deliver essential services for survivors.

More needs to be done to ensure that protection and response services are inclusive, age appropriate, readily available, and accessible even in hard to reach areas. SGBV for women and girls case referral systems need to be harmonized to ensure that service providers are linked and synergies are harnessed across all sectors.

Outcome 5 – Data

Afghanistan has only limited population representative data regarding SGBV and early and child marriage, with the Afghanistan Demographic and Health Survey 2015, and the 2008 Global Right Survey.

In regard to administrative data including the data generated from the GBVIMS in the health sector, each agency and sector has their own data collection systems, and often-times the data collection system is based on a specific project. Gaps still exist when it comes to reliability, availability, disaggregation, quality, and effective use, including the generation of evidence for planning and programming at all levels. Issues include: lack of harmonized and standardized comparable data collection approaches, methodologies, and tools; limited technical and financial capacity of key stakeholders at all levels to collect, disaggregate, manage, use, and disseminate VAWG administrative data through routine data systems; limited technical and financial capacity of district councils and research institutions to collect, analyse, and generate evidence for VAWG, SGBV/HP, using standard global methodologies with accepted ethical standards and safety procedures; and, most importantly, lack of a harmonized GBV information management system

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[64] UNFPA (2011). Assessment of Services Provided to Victims of Gender-based Violence 2011.

[65] The Family Protection Center, a global model of One Stop Crisis Management Centre, is a service hub incorporated into a health facility, that ensures that SGBV survivors are provided with integrated services under one roof.

across the sectors to support effective collection, dissemination of, access to, and use of SGBV data for development planning and programming.

For example:

- In 2014, the Ministry of Public Health with the support of UNFPA developed GBV information management system (GBVIMS) for the health sector adopted from the global GBVIMS.

- The adapted GBV IMS system for MoPH collects GBV administrative (incident) data from 25 FPCs in 22 provinces, and up to date 59300 GBV cases were registered from the 25 FPCs across 22 provinces in Afghanistan. The Ministry of Women Affairs with the support of the UN, developed a VAW database which is not functional.

- In addition to the NAPWA database, the Law and Order Trust Fund for Afghanistan (LOTFA) is investing strongly in establishing a robust Monitoring & Evaluation (M&E) system, which includes a case management database for law enforcement chain in cooperation with the Ministry of Justice, and data collection and SGBV SOP for the police is in the process to build the capacity of justice related ministries to utilize the data in evidence-based policymaking, monitoring and budgeting.

- The Family Response Unit (FRU) is another entry point for SGBV survivors which is a part of the Criminal Investigation Department responsible for the investigation of domestic violence cases that involve physical violence within families. Under the Family Response Unit there is no proper SGBV data collection system, the FRU is using form No1 for registering of the SGBV cases, there is no SOP, Guideline, data collection tools, SGBV database and in addition to that confidential and data protection is also an issue in the police sector.

The need for a harmonized system or indeed to link all information management systems (IMS) platforms in Afghanistan cannot be overemphasized and this requires additional support e.g. to expand the current GBVIMS through increasing data gathering from key service providers, including CSO. Expanding GBVIMS beyond the health sector and beyond Ministries but to expand to CSO GBV case management agency is critical.

Despite having various data collection systems, lack of robust sharing systems and analysis is a key inhibiting factor to data access and utilization including advocacy among partners in Afghanistan. Overall, at the country level there is a need for unified data collection system, population representative survey on SGBV/HP and Knowledge Attitude and Practices survey in regard to SGBV/HP to guide policy maker and improve programming.

Outcome 6 – Women's Movement and Civil Society Organisations (CSO's)

Advocacy by women's organizations have had a significant influence in the area of SGBV/HP related laws and policies, including the Law on Violence against Women 2009 and the NAP EVAW. Civil society including women's organizations maintains a collaborative relationship with the Government and is often included in law and policy drafting processes, as members of drafting teams. However, the implementation remains a challenge, and there is no proper plan or mechanism available for civil society to monitor the government implementation of SGBV/HP related laws, policies or services to hold the government accountable. Despite the positive achievements, the women movement has remained weak with mainly those present in the cities having voice while grassroot CSOs and those grassroot women in Anti-Government areas (AGE) controlled areas remained with less voice. The generalized context of insecurity limits the presence of civil society to the least volatile areas and attacks against gender advocates silence them.

This combined with challenges in accessing funding that enables sustainability, grassroots women's groups, informal groups and CBOs tend to be few and weak with limited connections to

centralized women's networks. Low investment in women's organisations, lack of technical and organisation capacity for smaller organisations to apply to bigger funding streams and reliance on project-based funding, contribute to organisations working on short-term, small scale, project-based and fragmented ways. Grassroots women, young women, illiterate women, refugee/returnee women and women with other intersecting identities, have had less support to establish organizations, and often, they might not meet the language or education criteria or have knowledge of the processes to access opportunities for funding and exposure to SGBV/HP practices. This context creates barriers to sustained collaboration between centralized and grassroots women's organizations.

The umbrella network for women's organizations is the Afghan Women Network (AWN).[66] Bringing together various women's organizations and gender advocates, the AWN's aim is to support growth and link between women's organizations and implement gender related programming including SGBV. Over the past two decades, the AWN has become the face of women's movement in Afghanistan and often represents women's groups and organizations at national and international fora. However, the AWN does not represent all women's organisations and its representation is often dominated by centralized, elite women's groups and individuals, often failing to capture and deliver the voices of grassroots women, young women and those with intersecting forms of discrimination and marginalization, such as illiterate women, refugee or returnee women, women with disabilities, religious minority women and rural women.

Working alongside often male-dominated community *shura*, women *shura*[67] in each community aims to bring women's voices and perspectives in community decision making platforms. Although some women shura are strong and vibrant, many women shura do not have a clear mandate, lack access to funding and remain symbolic. While the existence of *women shura* at the community level is a valuable asset for the country, it requires a long-term investment to strengthen their capacity and coordination to ensure they have adequate means to deliver their voices to influence GBV/HP efforts at local and national levels.

In terms of knowledge sharing, progressive women's groups and large NGOs have access to regional networks such as SWAN[68] and the AWN provides a platform for its members to share knowledge and jointly advocate for gender equality and ending SGBV/HP. For grassroots women's groups and young women's groups, access to sub-national, national and international knowledge sharing platforms is largely limited. Women groups representing those with intersecting identities especially face barriers in this regard, precisely due to their intersecting identities (including disabilities, age, conflict etc. combined with socio-economic and geographical barriers) coupled with limited capacity, funding, network and support mechanism.

Many of the challenges that civil society organizations face is linked to low investment in women's organizations, tendency to fund international or large NGOs, coupled with growing demands by donors for visibility. Many local organizations are perpetually having to prove themselves as a viable partner for donor investment, rather than being recognised for their expertise. This context has reduced grassroots women's groups, young women's groups and other historically marginalized groups to access opportunities and flourish, creating barriers to sustained collaboration between centralized and grassroots women's organizations, and reduces the potential impact of each organization to advance gender equality in Afghanistan.

Supporting women's movement from the grassroots level and creating a safe space for young women, gender advocates and activists as well as those representing women and adolescent girls with intersecting identities, creates an opportunity to address these barriers, strengthen horizontal and vertical relationships of solidarity and shifting power imbalances within the women's movement and across civil society. There is a need to strengthen inclusivity, in particular in creating opportunities and capacity for grassroot organisation, those in AGE controlled areas, youth and non-traditional actors and groups like women shuras and those that representing

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[66] Afghan Women's Network website http://awn-af.net/index.php/cms
[67] Community Shuras as organized community groups, in this case are considered as CSOs as well.
[68] More information: https://www.swaninterface.net

women groups that face multiple forms of discrimination. Capacity building should include strengthening efforts for their voice, their participation and influencing national accountability.

Building the capacity of young women and especially those furthest behind is critical. With limited access to education and political participation, there are few opportunities in Afghanistan for young girls and women to have a voice and a say in addressing issues around SGBV/HP, SRHR and overall socio-economic development. Considering Afghanistan's young population, it is important and innovative to use the Spotlight initiative to specifically engage and include young girls and women who are furthest behind in the districts and at the grassroots level to have a voice and become "ambassadors" at their district and community levels on issues around SGBV/HP.

II. Programme Strategy

The Spotlight initiative (SI) in Afghanistan, following the Spotlight Theory of Change, will implement comprehensive programming to address SGBV/HP in defined geographic locations (provinces) in Afghanistan.

It will address sexual and gender-based violence, including all forms of intimate partner violence, non-partner violence and family violence (physical, sexual, emotional and economic). Additionally, harmful practices against women and girls including child marriage and practices such as *baad* and *badal* will be addressed through programme strategies.

The SI will be implemented at provincial level along alongside national level interventions with key institutions and stakeholders, This approach will enable the SI to showcase its impact as a SDG demonstration fund, while also catalysing national-level change that can be sustained beyond the three-year intervention.

The programme strategy was informed by a series of formal and informal consultations with key stakeholders including government and civil society. Meaningful consultations with the government have been limited by the political and health crisis in 2019 and 2020. The COVID-19 outbreak also significantly limited opportunities to engage with civil society organisations. However a consultation was organized with CSOs and women's organisation on 1 October 2019, to inform the development of Pillar 1, 4 and 6. Formal consultations are attached in Annex 1. The government has been engaged in the development of the document through a series of informal and formal consultations with key ministries including the Ministry of Education, Ministry of Public Health, Ministry of Women's Affairs and the Deputy Ministry of Youth Affairs. Engagement with key stakeholders has been mapped for each activity and modalities for engagement will be further defined during the inception period, now that the government is in place. The inception period will also be used to continue to engage with CSOs, as a core cross-cutting component of the SI, to inform the implementation of the SI in Afghanistan, and ensure meaningful engagement and influence of civil society over the programme.

It will focus on core strategic approaches which aim to support the creation of more enabling environments, institutions and communities, where the human rights of women and girls can be realized and where all forms of violence and harmful practices against women and girls are no longer tolerated or practiced. The SI will support implementation of legal and policy frameworks, service provision and data gaps, working with government and civil society to effectively prevent and respond to SGBV/HP.

The Afghanistan country programme will coordinate its activities with the Asia Regional Programme covering Central Asia and Afghanistan. In particular, the Spotlight team will ensure appropriate sharing of knowledge, lessons-learned and good practices generated by respective Spotlight Programmes. Afghanistan will also benefit from the the Regional SI initiative through regional peer mentoring, peer monitoring and cross-border learning among the three participating countries capitalizing on innovative partnership. Further, increasingly there is a need for a safe

and enabling environment for a broad range of rights holders and duty bearers to meet, discuss, brainstorm and develop positions, advocacy messages and tools which are nationally relevant. Collaboration with the regional SI countries and will also help to develop synergies and avoid gaps and duplications.

Considering that SI implementation in Afghanistan will commence while the country is affected by the COVID-19 pandemic, all activities will be implemented in due consideration of the risks, and will integrate approaches to support services providers to prevent and respond to COVID-19 and continue to be able to safely operate, contribute to create and share information about the pandemic and increased risks of SGBV/HP as well as raise awareness on services available to survivors available. COVID-19 considerations are mainstreamed across all activities of the programme and the SI will ensure that women and girls' vulnerability to COVID-19, as well as the specific needs of survivors of violence are considered throughout the programme. Details of how SI partners will implement initiatives amidst the crisis are in Annex 3.

Core strategies of the SI include: **baseline research** to support the design and tailoring of interventions**; advocacy** to implement existing legal frameworks and support changes in cultural and religious norms that inform those institutional structures and cultures that act as barriers to the achievement of women's human rights, and; **comprehensive education** related to laws, and gendered and social norms that act as drivers of SGBV/HP and limit SRHR. Other components of the strategies will include: **capacity development** of institutions and of human resources which will serve to strengthen and to complement efforts **aimed at legislative and institutional change,** informed by knowledge and understanding of gender equality and SGBV/HP and through building a network of skilled experts and champions who can reinforce structural and institutional change, with the aim to impact sustainable change and promote gender equality and social norms within institutions and organisations. **The development of specific tools** such as protocols and referral pathways will support the tangible implementation of institutional reforms. **Community social mobilization, young women's engagement and women's movement building** will serve to create a groundswell of activism and advocacy aimed at accelerating changes in social and cultural gender norms as well as in all other priority areas of the Spotlight initiative. The **Spotlight principle of "leave no one behind"** will also be a strategic priority. The SI will address challenges in some of the most inaccessible locations where the UN has operational presence or to create a presence through community outreach and SGBV mobile teams.

The SI has spent significant time reflecting on the usual 'capacity building' agenda of the past. In this vein, SI Afghanistan understands that the one-off workshop model must change - particularly in addressing complex issues related to SGBV/HP. This has led to a reimagining of previous technical training agendas. All capacity building initiatives under SI Afghanistan seek to include more effective approaches that align with adult learning principles and a whole-of-organisation approach aiming to change social norms within organisations. Examples include, experiential learning opportunities, supportive supervision and mentoring, identification of 'gender champions' within institutions identified for specific support to lead changing of social norms in their respective organizations, on-job training, professional development networking/exchange and ICT learning tools that promote survivor-centred perspectives. Across each Pillar, initiatives that work to build capacity and institutional commitment will be bolstered through this approach, with the aim to lead changing of social norms in their respective organizations.

In conjunction with civil society, the women's movement, the Spotlight Initiative in Afghanistan will advocate for the enhancement and implementation in the national law and policy frameworks and work extensively to advocate among lawmakers and political actors to extend support to and strengthen provisions for SGBV/HP in Afghanistan. In addition, to increasing women and girls' legal awareness, facilitating their access to justice and enforcement of national laws and policies, actions related to outcome one will include the development of new national and sub-national level evidence-based, costed and funded action plans and monitoring and evaluation frameworks on SGBV/HP that responds to the rights of all women and girls. This will additionally look at using

legislative and policy frameworks and their enforcement to induce socio – behavioural changes and discussions surrounding national norms and harmful practices that will contribute to the prevention of SGBV/HP across Afghanistan.

Programme intervention sites[69]

Given the context outlined above, the UN Country team have chosen provinces for which it has been able to secure access and for which there are ongoing interventions. Security measures and the development of contingency plans are some of the measures that are and will be put in place to mitigate risks that will arise from operation in the fragile context of Afghanistan, including for the CSOs and NGOs who will be engaged as a core component of this programme. Selection of target provinces was done taking into account SGBV and child marriage prevalence rates, current SGBV/child marriage programming coverage and partner presence. Based on these criteria, a **preliminary mapping** was done using available data from the Multiple Indicator Cluster Surveys (MICS) and Demographic Household Survey (DHS) as per table below.

Specifically, to ensure effective and meaningful impact of the SI in Afghanistan, the Programme will focus on a comprehensive set of actions at the national level to be complemented by community-based interventions in select provinces. In order to reach the most vulnerable women and girls living in the most remote areas, the initiative's interventions will be implemented in 12 districts in total in the 3 provinces of Herat, Kandahar and Paktia, sustained by the work at the national level taking place in Kabul.

Influenced by the principle of "leave no one behind", consideration was also given to remote and under-resourced communities. The selection criteria sought to avoid duplication with on-going/planned initiatives, it also sought to strengthen complementarity with UN existing programmes. To maximise its impact and reach, the SI will build on the UN's access, infrastructure, existing programmes.

There were two main criteria informing the selection process:

1. Performance on key indicators as relates to SGBV/HP, VAWG (see below matrix), and
2. Presence of UN agencies and other partners on the ground (see Table Coherence with existing programmes).

Based on these two criteria, the following provinces were identified:

1. Paktia was selected due to the high prevalence of domestic violence (67.2% of women have experienced spousal sexual or physical violence in the last 12 months), child marriage (30.8% of women married between 15-19 years of age), poverty levels (73.7%), and high levels of tolerance of SGBV (96.7 % of men and 93.6 of women agree a man is justified to beat his wife).

2. Kandahar was selected due to high prevalence of SGBV (70.4% of women have experienced spousal sexual or physical violence in the last 12 months); limited availability of SRHR with a fertility rate of 6.5, poverty level (80%), and high levels of tolerance of SGBV (82.7 % of men and 85.5 % of women agree a man is justified to beat his wife).

3. Herat was selected due to high prevalence of SGBV (89.9% of women have experienced spousal sexual or physical violence in the last 12 months) and child marriage (17.8%).

4. **Kabul** has been chosen for implementation of National level Capacity building and policy and legal systems aspects.

Security measures and the development of contingency plans are some of the measures that are and will be put in place to mitigate risks that will arise from operation in the fragile context of Afghanistan, including for the CSOs and NGOs who will be engaged as a core component of this programme.

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[69] The exact sites will be finalized/confirmed at the time of start-up in consultation with stakeholders, when an assessment of the COVID-19 impact on communities can be made.

Table 1 - Performance on key indicators as relates to SGBV

Province	Population				Women Empowerment Women's participation in decision making by background characteristics Source: AfDHS Table 15.6.1				Child Marriage (Women aged 15-19 currently married)	GBV Physical or sexual violence Source: AfDHS 2015					Geographical Presence of WHO, UNICEF, UNDP, UN WOMEN, UNFPA		Security and Risk Level (High, Medium, Low)
	Male Source: Central Statistics Organization	Female Source: Central Statistics Organization	Total Source: Central Statistics Organization	Total fertility Source: AfDHS Table 5.2	Woman's own health care	Making major household purchases	Visits to her family or relatives	All three decisions	Source: Provincial Profile 2018	Percentage of women who has experienced physical or sexual violence in the past 12 months from any husband	Prevalence of domestic violence (DHS): % women who has ever experienced physical violence since age 15	Percentage of ever-married women age 15-49 who believe a husband is justified in hitting/ beating his wife for at least one specified reason	Percentage of ever-married men age 15-49 who believe a husband is justified in hitting/ beating his wife for at least one specified reason	Percent of women age 15-49 who have ever experienced physical or sexual violence and who never sought help/ never told anyone	Physical presence (office/ sub office)	Presence based on project/ IP/ Focal points	
Kabul	2 337 151	2 186 567	4 523 718	4,6	43,8	40,4	54,9	28,6	8,8	36,4	42,0	74,9	57,2	74,9	All		High
Kapisa	226 206	222 039	448 245	4,8	29,8	28,3	29,2	27,1	10,8	15,8	26,6	94,6	77,3	86,8		UNWOMEN, WHO	High
Parwan	341 826	333 969	675 795	5,7	59,5	58,6	70,5	51,4	13,5	50,7	59,4	76,2	36,5	70,9		WHO	High
Wardak	309 320	296 757	606 077	4,2	31,6	34,8	52,9	21,5	8,6	84,1	87,1	93,8	85,4	76,0		WHO, UNFPA	High
Logar	202 749	195 786	398 535	4,2	43,3	32,1	64,2	22,8	19,6	75,9	83,5	87,4	87,4	64,0		WHO, UNFPA	
Nangarhar	791 061	754 387	1 545 448	6,4	29,6	34,1	50	25,9	17,8	50,5	64,1	95,5	83,6	64,9	UNFPA	UNWOMEN, WHO	High
Laghman	232 082	220 840	452 922	7,3	57,6	57,2	57,8	52,4	26,4	53,1	61,2	85,7	91,3	67,5		UNFPA, WHO	High
Panjsher	79 769	76 232	156 001	3,2	74,8	78,8	90,7	70,6	3,5	23,2	25,7	55,6	25,4	88,7		UNFPA, WHO	High
Baghlan	475 082	451 887	926 969	4,4	62,8	78,6	51,5	48,9	19,1	72	73,7	91,5	80,9	54,6		UNWOMEN, WHO, UNFPA	High
Bamyan	230 427	224 206	454 633	5,4	69,6	68	73,8	65,9	10,9	14,9	24,5	70,6	38,4	71,6	All	WHO	Medium
Ghazni	638 400	610 976	1 249 376	2,8	56	58,6	68,2	38,9	3,5	64,9	76,7	84,1	73,9	81,9		WHO	Medium
Paktika	226 745	215 138	441 883	5,3	3,2	12,6	18,9	2,2	16,4	41,9	51,6	82,9	88,0	66,6		WHO, UNFPA, UNICEF	Medium
Paktya	286 902	274 298	561 200	5,2	31,7	31,8	35,9	21,2	30,8	67,2	83,2	93,6	96,7	89,9	UNFPA, WHO, UNICEF	UNICEF	Medium
Khost	299 066	285 009	584 075	5,6	63,4	58,4	59,5	55,2	24,2	21,4	22,3	52,2	73,7	88,8		WHO, UNFPA	Medium
Kunarha	234 513	223 617	458 130	6,8	59,8	66,3	68,4	56,3	21,4	45	45,9	93,9	84,9	82,6		WHO, UNFPA, UNWOMEN	High
Nooristan	76 720	73 671	150 391	8,9	33,1	26,2	27,9	24,4	35,3	40,2	53,6	85,4	92,6	67,3		WHO	High
Badakhshan	492 578	474 211	966 789	5,3	87,3	90,8	93,4	85,7	25,4	5,5	7,2	77,5	64,3	67,4	WHO, UNICEF	WHO, UNFPA	High
Takhar	510 190	490 146	1 000 336	5,7	70,7	80,1	83,5	67,6	21,4	22	44,6	83,2	34,7	40,3		UNWOMEN, WHO, UNFPA	High

Province															Agency 1	Agency 2	Priority
Kunduz	523 974	505 499	1 029 473	4,4	30,9	31,4	47,1	26,4	11,8	37,3	41,4	33,1	77,2	79,4	WHO	UNICEF	High
Samangan	201 939	192 548	394 487	5,1	47,3	50	72,7	46,5	20,8	20	33,1	79,7	90,8	82,9		WHO, UNFPA	Medium
Balkh	692 436	661 190	1 353 626	5,5	62,7	57,6	71,6	49,4	10,8	18	26,2	84,6	51,0	41,7	WHO, UNICEF, UNDP	UNFPA	Medium
Sar-E-Pul	291 347	277 696	569 043	4,8	47,2	55,9	70,1	37,7	21,1	51,7	59,9	767,0	67,3	54,9		WHO	Medium
Ghor	358 394	343 259	701 653	5,8	27,9	22,7	61,1	20,3	17	90,3	93,2	92,6	93,1	39,2	UNICEF	WHO, UNFPA	Medium
Daykundi	240 436	227 742	468 178	5,2	86,1	82,3	82,5	74,2	22,9	12,9	17,7	81,9	15,3	70,4	UNICEF	WHO, UNFPA, UNWOMEN	Medium
Urozgan	183 498	172 866	356 364	8,8	3,8	3,7	5,1	3	14,7	26,5	46,1	44,2	66,5	58,9		WHO	High
Zabul	158 576	150 616	309 192	6,9	21,9	8,12	13	6	17,6	23						WHO, UNFPA	High
Kandahar	642 642	610 144	1 252 786	6,5	26,7	13,6	14,4	7,1	9,7	70,4	71,4	85,4	82,7	56,3	UNICEF, WHO	UNFPA, UNWOMEN	High
Jawzjan	279 845	270 055	549 900	3,9	64,7	39,8	72,6	36,2	10,8	29,9	29,9	91,6	68,8	77,6		WHO, UNWOMEN, UNFPA,	Medium
Faryab	518 178	497 157	1 015 335	6,2	72,1	36,3	68,2	23,9	24,3	43,4	58,3	82,7	76,9	76,4		UNWOMEN, WHO, UNFPA	Medium
Helmand	482 723	457 514	940 237	4,7	0,2	0,2	0,5	0,2	28,2	4,5	5,7	65,1	65,2	75,5		WHO	High
Badghis	257 719	246 466	504 185	6,6	48,8	39,2	48,4	34	50,7	44	49,1	80,1	79,7	58,3	UNICEF	WHO	Medium
Herat	976 878	951 449	1 928 327	4,8	49,8	28,5	46,8	18,9	17,8	89,9	91,3	90,6	84,3	33,7	WHO, UNICEF, UNDP, UNFPA		Medium
Farah	264 624	251 349	515 973	5,4	25,7	24,1	35	11,7	31,7	46,4	52,6	84,3	81,9	46,1		WHO, UNFPA	Medium
Nimroz	85 842	82 021	167 863	5,4	51,9	45	62,5	38	30,8	9,2	18,7	93,2	74,3	64,8		WHO, UNFPA	High
Totals/ Averages	**14 149 838**	**13 507 307**	**27 657 145**	**5.3**	**47.6**	**42.1**	**53.7**	**32.6**	**20.0**	**46.1**	**52.9**	**80.2**	**72.4**	**61.3**			

Spotlight
Initiative
To eliminate violence
against women and girls

Outcome 1 – Laws and Policy

Theory of Change:

If (1) women and gender advocates in Afghanistan are engaged in assessing, developing and implementing policies and legislation on SGBV/HP; and **if (2)** the implementation of legislations and policies is monitored, **then (3)** an enabling legislative and policy environment on SGBV/HP and other forms of discrimination is in place and translated into plans, guaranteeing the rights of women and girls, **because (4)** effectively implemented legislative and policy frameworks address impunity and provide for coordinated action, including in the areas of prevention, services and data collection, and laws and programmes that integrate SGBV/HPs into SRH services are developed, implemented and monitored in Afghanistan.

Outcome 1: Legislative and policy frameworks, based on evidence and in line with international human rights standards, on all forms of SGBV and harmful practices are in place and translated into action plans in Afghanistan.

This outcome will support the GoIRA (Government of the Islamic Republic of Afghanistan) to ensure that women and girls in Afghanistan benefit from robust national legislative policies and laws that protects their rights along with avenues for enforcement (as rights holders) through justice, judicial institutions, vital statistics including birth and marriage registration. States are the primary duty bearers for addressing violence. State responsibility is not limited to responding only to SGBV/HP but extends to identifying underlying root causes, risk factors and patterns of inequality that could result in violence and taking steps to overcome them. To address gender inequality, as the root cause and consequence of such violence, it is essential for States to adopt evidence based (through national inquiries) laws that provide for gender equality and minimum age in marriage, divorce, property, inheritance, access to/control over assets and services, identity, nationality, child custody. In addition, national policy must also be implemented effectively and extensively across the country to ensure that prevention of SGBV / HP as well as protection of SGBV / HP survivors are well addressed through a comprehensive implementation of the Legislative and policy frameworks.

Scale, scope and modality of the support:

Afghanistan already has an EVAW Law of 2009, which is in line with international human rights standards, on all forms of SGBV / HP and translated into effective implementation through action plans across Afghanistan. The EVAW Law 2009 not only underlines criminal and punitive measures on all forms of SGBV and harmful practices in Afghanistan, but also provides an extensive section on the Preventive and Protection aspects, to ensure a comprehensive approach to reduce all forms of SGBV and harmful practices in Afghanistan. Thus, the Spotlight Initiative in Afghanistan will focus more on Pillar 3 and 4 i.e. strengthening the prevention and protection-based measures across Afghanistan to ensure the full implementation of the EVAW law 2009 that clearly underlines these aspects for comprehensive SGBV response.

Output 1.1: National and regional partners[70] have strengthened evidence-based knowledge and capacities to assess gaps and draft new and/or strengthen existing legislation on ending SGBV/HP and/or gender equality and non-discrimination that respond to the rights of the most groups facing multiple and intersecting forms of discrimination and are in line with international HR standards and treaty bodies' recommendations

Activity 1.1.1 Support the AIHRC to conduct specific nation-wide inquiries on SGBV/HP and/or gender equality and non-discrimination: Work with the AIHRC to conduct nation-wide inquiries and reports on specific matters related to SGBV and HP, including the status of implementation of national legislation and policies and their impact in reducing the prevalence of SGBV and HP in Afghanistan and improving prevention of SGBV through addressing harmful gender norms and narratives and means of changing those narratives across Afghanistan. Currently, UN is working

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[70] Parliamentarians, human rights institutions and women's rights advocates.

closely with the AIHRC to extend technical and institutional support for the conduct of human rights inquiries in Afghanistan. Thus, the Spotlight Initiative can use this established relation and platform to engage in specific inquiries on SGBV and HP across Afghanistan and generate evidence-based prevention strategies and the enforcement of laws, legislations and policies as both punitive and prevention measures across Afghanistan. This will support and build national dialogue on the need for reviewing and strengthening national laws and policies aimed at reducing SGBV and HPs in Afghanistan, as well as ensure their effective implementation and prevention through behavioural changes and improvement in social order and respect for human rights of women and girls. The AIHRC can play a central role in strengthening advocacy and engagement with parliamentarians and political actors by women's rights groups, autonomous social movements, CSOs, women human rights defenders and feminist activists.

Output 1.1: National and regional partners have strengthened evidence-based knowledge and capacities to assess gaps and draft new and/or strengthen existing legislation on ending SGBV/HP and/or gender equality and non-discrimination that respond to the rights of the most groups facing multiple and intersecting forms of discrimination and are in line with international HR standards and treaty bodies' recommendations			
Indicators 1.1.2 Number of inquiries conducted by human rights institutions on VAWG and/or gender equality and non-discrimination			
Activity	**RUNO**	**Ways of implementation**	**Partners**
1.1.1 Support the AIHRC to conduct specific nation-wide inquiries on SGBV/HP and/or gender equality and non-discrimination	UNDP	Support to AIHRC	AIHRC

Target Groups and Geographic Scope: The target group for Pillar 1 activities is the National Human Rights Commission that will be supported in conducting national level inquiries on SGBV/HP and/or gender equality and non-discrimination. These inquiries will allow the examination of the systemic patterns of human rights violations regarding SGBV/HP and/or gender equality and non-discrimination practices in Afghanistan. The national inquiry will involve public evidence from witnesses and experts, directed towards the investigation of systemic patterns of human rights violation regarding SGBV/HP and/or gender equality and non-discrimination practices across the entire country i.e. all 34 provinces to the extent that the security conditions allow.

The target audience for the resultant report from the National inquiry will be the law makers, government representatives, CSOs, women's groups and women's grassroot movement etc. A comprehensive recommendation for the Government of Afghanistan to improve the human rights protection of victims and survivors regarding SGBV/HP and/or gender equality and non-discrimination practices in Afghanistan. This is directly linked to Pillar 3 and 4 of the Spotlight Initiative, wherein recommendation from the national inquiries can support to strengthen the prevention and access to essential services for victims and survivors. In addition, the national inquiry will play a critical role in identifying ways to shift the socio-political narratives that tolerate SGBV/HP and/or gender equality and non-discrimination practices in Afghanistan to one in which society as a whole can eliminate such practices and respect human rights.

Signature intervention: The national inquiry constitutes a signature intervention in itself as it constitutes a nationally owned and led inquiry into the reasons why SGBV/HP and/or gender equality and non-discrimination practices in Afghanistan continue to be tolerated and practiced – the ways in which it harms the society & the several aspects of human rights violations all captured

through an evidence based and participatory approach of the public at large across the country. The results of the inquiry also provide recommendations and measures for paradigm shifts within the country to do away with SGBV/HP and/or gender equality and non-discrimination practices. This also directly contributes to Pillars 3 and 4.

Past programming and Lessons Learned:

The UN in Afghanistan (UN Women, UNDP and OHCHR/UNAMA) have remained directly engaged in supporting law and policy development and/or reforms in Afghanistan, particularly since the 2001 fall of the Taliban, all aimed at ensuring and strengthening Afghanistan's compliance with its international and national human rights obligations. The most pressing challenge in legislative reforms pertains to backlash from conservative leaders in Afghanistan who challenge the application of international human rights norms – citing it as a western value – over the primacy of Islamic Sharia Law tenets and principles. An example is the recent Child Rights Act which was not approved in Parliament because of the harmonisation of the age of marriage for boys and girls to 18 years old.

Additionally, women's rights groups and all civil society representatives have maintained that the EVAW Law of 2009 must remain a standalone law to ensure that it is effectively implemented to protect all forms of SGBV and harmful practices across Afghanistan. There has been resistance in the past from these representatives from including the punitive measures under the EVAW Law 2009, encapsulated within the Criminal Penal Code 2018.

The following are some of the lessons and challenges in work related to law reform and implementation in Afghanistan. This information was also collaborated by feedback from the provincial consultations (annex 1).

1. Lack of commitment and responsive government to implement the law by the relevant authorities.
2. Political issues and corruption are another issue for the implementation of existing laws and policies.
3. Laws exist but there are important gaps in implementation, with no proper mechanism, for instance for the law on women's access to justice. When they exist, mechanisms are weak with no proper utilization of those mechanisms.
4. Local communities lack of access to formal redress mechanisms and authorities, particularly in remote and rural areas.

Sustainability:

The activities outlined under Outcome 1 builds on the existing work and programme structures of the UN agencies, funds and programmes in Afghanistan by working with the AIHRC. The results of the inquiry will allow the UN to engage widely with the law makers, CSO's, community representatives and all other beneficiaries under Pillars 3, 4 and 6 in brining shifts in narratives towards SGBV/HP and/or gender equality and non-discrimination practices in Afghanistan .

Beneficiaries breakdown:

The beneficiaries have been identified on an approximate basis in respect of the nature of the activities to be undertaken under outcome 1. Kindly note that the primary direct beneficiary will be the AIHRC, which as an institution will receive grants for implementing the national inquiry.

Beneficiaries Pillar 1		
	Direct	Indirect
Women	-	8,601,973
Girls	-	10,198,650

Men	-	9,142,148
Boys	-	10,711,641
Total	0	38,654,412

Outcome 2- Institutional Strengthening

Theory of Change

If (1) relevant decision-makers and stakeholders in all sectors of government are informed and mobilized to address SGBV/HP; and **if (2)** institutions at all levels and relevant stakeholders have strengthened capacity on SGBV/HP; and **if (3)** national and subnational bargaining processes are effective in overcoming the hurdles of collective action to address and prevent SGBV/HP and; **if (4)** adequate budgets are allocated, **then (5)** institutions will develop, coordinate and implement programmes that integrate the elimination of SGBV/HP and other SDG targets into development planning processes, **because (6)** institutional change requires appropriate capacity, adequate funding as well as political engagement and leadership to sustainably address SGBV/HP.

Outcome 2. National and sub-national systems and institutions plan, fund and deliver evidence-based programmes that prevent and respond to SGBV and harmful practices, including in other sectors

Scope and Scale of Support

Pillar 2 will focus on strengthening Institutional capacities, on establishing a multi-sectoral coordination mechanism, and mechanisms on SGBV through the coordination work across institutions. It will build on UN's ongoing programme on gender mainstreaming, which is focused on building an enabling government and institutions, to 1) implement national and international commitments impacting women, and to 2) monitor and report on national and international commitments affecting women. It also will ensure alignment with SDGs targets on SGBV.

Output 2.1 Key officials at national and/or sub-national levels in all relevant institutions are better able to develop and deliver evidence-based programmes that prevent and respond to SGBV, especially for those groups of women and girls facing intersecting and multiple forms of discrimination, including in other sectors.

Institutional strengthening**:** The Spotlight Initiative will be fully in line with the framework of SDGs. As the integrator of SDGs, UN provides technical and financial support for SDG implementation and towards monitoring its progress during implementation, as well as playing a leading role in integrating the development agenda in national and sub national planning. The UN will support the localisation of SDG Goal 5 at the national and sub-national level in Afghanistan. To strengthen institutional capacity, the Spotlight Initiative in Afghanistan will work to establish the enabling environment, institutional structure (MOWA, High Commissioner of Human Rights, and Cabinet Sub-committee on Gender) mechanisms (implementation of EVAW law, and accountability mechanism for ministries) and human resource (individual capacity especially those who are at the senior decision making positions and to increase the number of female staff within the institution) which will facilitate institution building to address SGBV/HP in Afghanistan. In addition, building the monitoring/oversight mechanisms at national and local levels result-oriented institutions and evidence-based mechanism can be an effective way to strengthening institutional capacity to monitor the impact of the initiative.

Institutional Strengthening, in support of the activities under Pillars 3 and 4, will be advanced through the following activities under this output:

ACTIVITIES

Activity 2.1.1 Conduct the stakeholder mapping and beneficiary analysis which includes women and girls who are facing multiple forms of discrimination; Design a framework and methodology for the definition of vulnerable groups especially women who are facing multiple forms of discrimination in targeted provinces/communities (including types of vulnerability and geographical locations); Assess the targeted provinces/communities to determine a baseline; Existing legislation/policies/plans/programmes targeted towards addressing the needs of vulnerable groups; Existing responsible institutions/Institutional arrangements as well as institutional gaps/ requirements and recommendations on institutional mechanism.

Activity 2.1.2 Based on the collected data, SI will develop the localized programmes, including action plans developed by Provincial Government Officers, in cooperation with IDLG, to prevent and respond to SGBV. This activity will be targeted to sub national institutions, especially focused on capacity building of Provincial Government Officers to develop evidence based local plans.[71]

Activity 2.1.3 Provide technical assistance to the Deputy Youth Minister to oversee the implementation of NAP on Child Marriage and empowerment of the young girls.
A high-level ECM NAP Steering Committee (SC) under the leadership of MoWA and DMoYA will be supported to monitor the progress of implementation of the National Action Plan to Eliminate Early and Child Marriage 2017 – 2022 (NAP EECM). The ECM NAP SC is composed of high-level representation from MoWA, DMoYA, MoHRA, MoPH and UNFPA.

Output 2.1 Key officials at national and/or sub-national levels in all relevant institutions are better able to develop and deliver evidence-based programmes that prevent and respond to SGBV, especially for those groups of women and girls facing intersecting and multiple forms of discrimination, including in other sectors			
Indicators 2.1.3 Number of strategies, plans and programmes of other relevant sectors that integrate efforts to combat VAWG developed in line with international HR standards 2.1.8 Number of key government officials with strengthened capacities to integrate efforts to combat VAWG into the development plans of other sectors			
Activity	**RUNO**	**Ways of implementation**	**Partners**
Activity 2.1.1 Conduct the stakeholder mapping and beneficiary analysis which includes women and girls who are facing multiple forms of discrimination	UNDP	CSO with technical support	CSOs
Activity 2.1.2 Based on the collected data, SI will develop the localized programmes including action plans developed by Provincial Government Officers, in cooperation with IDLG, to prevent and respond to SGBV	UNDP	CSO with technical support	CSOs
Activity 2.1.3 Provide technical assistance to the Deputy Youth Minister to oversee the implementation of NAP on Child Marriage and empowerment of the young girls;	UNFPA	CSO with technical support	DMoYA

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[71] This activity adds value to the work already done by the UN on strengthening sub-national governance initiatives i.e. the development of plans at the PGOs. However, the added value of this specific intervention is to ensure that SGBV/HP and/or gender equality and non-discrimination practices in Afghanistan are also mainstreamed across the PGO planning processes – which the sub national governance intervention did not focus on.

Output 2.2 Multi-stakeholder national and/or sub-national coordination mechanisms established at the highest level and strengthened, adequately funded, and include multi-sectoral representation and representation from the most marginalized groups

ACTIVITIES

<u>Activity 2.2.1 Establish an EVAW Forum as a platform for knowledge sharing and advocacy, and convenes regular meetings in accordance with the annual work plan</u>

Since the EVAW Commission is comprised of government institutions, and focuses mainly on case management coordination, the purpose of the EVAW Forum is to create an advocacy and knowledge exchange multi-stakeholder platform. UN Women has been supporting the EVAW Commission since it was created and is already providing technical support to the EVAW Commission under existing programme. Hence, t**he SI will support the establishment of a multi-sectoral EVAW Forum.** The EVAW Forum aims to bring all relevant actors and stakeholders at the central and provincial levels (government, civil society, service providers, development partners and donors) together to share information and coordinate actions to accelerate implementation of NAP VAW in Afghanistan. It will advocate for the extension, revision and implementation of the NAP EVAW. In particular, the EVAW Forum will provide technical advice to the government on policy formulation, operationalization and implementation on SGBV/HP issues, support civil society including historically marginalized women's groups to develop stronger oversight mechanisms and advocacy to shape policy dialogue and hold the government accountable. The EVAW Forum provides a platform to share best practices and lessons learned from a wider stakeholder working on SGBV programmes; share common language for advocacy and activities related to SGBV based on international standards; conduct regular follow-up meetings with the EVAW High Commission to share recommendation of the EVAW Forum; establish stronger relationships with the government and civil society; monitor implementation of NAP VAW in Afghanistan, conduct an annual review of NAP implementation and provide recommendations to the government institutions. To bring the needs and priorities of women with intersecting forms of discrimination and marginalization, the EVAW Forum brings the needs and priorities of grassroots women at the forefront of its advocacy effort (link to Pillar 6). The model of EVAW Forum is built on the successful Women, Peace and Security (WPS) Working Group[72] convened by UN Women. The WPS Working Group is an intergovernmental working group comprised of over 200 individuals and 70 donors (including the EU), government bodies and ministries, CSOs, NGOS and UN agencies focused on collectively advancing the WPS Agenda in Afghanistan and supporting the Islamic Republic of Afghanistan to implement its National Action Plan on UNSCR 1325. Briefings and meetings of the WPS Working Group are informing concrete actions aimed at advancing the WPS Agenda and supporting the Government to implement the second phase of the National Action Plan on UNSCR 1325.

The SI will support the establishment of EVAW forums at the provincial levels in the three targeted areas. The Provincial EVAW Forums will bring together local and grassroot women's movements and activists to discuss local and communities' issues and concerns, including links to women's economic empowerment, engaging with the private sector for income generation opportunities. This will also promote the localization of national frameworks and ensure the meaningful engagement of local and grassroot activities. The engagement of these groups and organisations links to Pillar 6. Community-based activists, networks and movements mobilised under Pillar 3 at the community-level will be engaged in the provincial level EVAW forums.

The EVAW Forum will be supported by the creation of an online platform that will promote knowledge sharing among members, and allow them to connect with each other, including between the national and provincial levels.

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[72] UN Women has supported the establishment of the Women, Peace and Security Working Group to bring all relevant actors and stakeholders together (including the government, local authorities, civil society, advocates, development partners and donors) to share information and consolidate and coordinate actions to support and accelerate implementation of women, peace and security commitments in Afghanistan.

Differences between the three mechanisms			
	EVAW Forum	**EVAW Commission**	**GBV Sub-Cluster**
Stakeholders involved	Government, donors, NGOs, CSOs CSO and government/donor co-led	Government, civil society invited as observers Government own and led	NGOs, UN, CSOs (humanitarian actors) UN and NGO co-led
Setting	Bridge between development and humanitarian nexus and actors	Development	Humanitarian
Purpose	The EVAW forum will bring relevant actors and stakeholders together to share information, and consolidate and coordinate actions to support and accelerate implementation the NAPWA Phase 2, the NAP EVAW, the EVAW Law, and National Prevention Framework, when drafted. The EVAW Forum will provide a platform for knowledge production, sharing, coordination and advocacy. It will advise the EVAW Commission and provide technical support for the revision, draft and effective implementation of laws and policies related to EVAW. It will enhance civil society's ability to influence and shape policy as well to monitor and evaluate implementation and promote government's accountability.	The EVAW Commissions are a government-led coordination mechanism, established to support coordination and implementation of the EVAW law. They mainly oversee case management of SGBV cases at the national and provincial levels.	To consolidate, coordinate, improve and support the activities of all relevant stakeholders in the prevention of and response to GBV within the context of humanitarian action in Afghanistan

<u>Activity 2.2.2 Support the regular organisation of consultations/discussions/meetings of the EVAW forum at the national and provincial levels</u>

The SI will support the regular organisation of meetings of the EVAW forum at the national and provincial levels in the three targeted provinces, as an advocacy platform supporting knowledge sharing and multi-sectoral engagement.

Output 2.2 Multi-stakeholder national and/or sub-national coordination mechanisms established at the highest level and strengthened that are adequately funded and include multi-sectoral representation and representation from the most marginalized groups			
Indicators 2.2.1 Proportion of supported multi-stakeholder coordination mechanisms established at the highest level and/or strengthened composed of relevant stakeholders, with a clear mandate and governance structure and with annual work plans 2.2.2 Proportion of national and sub-national multi-stakeholder coordination mechanisms that include representatives of groups facing multiple and intersecting forms of discrimination			
Activity	**RUNO**	**Ways of**	**Partners**

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Initiative
To eliminate violence
against women and girls

		implementation	
Activity 2.2.1 Establish an EVAW Forum as a platform for knowledge sharing and advocacy, and convenes regular meetings in accordance to the annual work plan	UN Women	CSO with technical support	CSOs
Activity 2.2.2 Support the organization of regular consultations/discussions/ meetings with the EVAW forum at national and provincial levels.	UN Women	CSO with technical support	CSOs

Target Groups and Geographic Scope

The EVAW Forum will engage relevant actors from the central and provincial levels including the government, civil society, service providers, development partners and donors. In terms of geographic scope, Pillar 2 activities focuses in Kabul, however, though national institutions Pillar 2 will cover the whole of Afghanistan.

Signature intervention

This Pillar will strengthen both institutional and individual capacity of national institutions, organizations, and partners especially CSO involved in multi-sectoral programmes to coordinate, implement and operationalize prevention and response measures to address SGBV/HP at all level. Assessment of stakeholder mapping and beneficiary analysis focused on multiple forms of discrimination will be based on reviews of a number of secondary sources and studies that prove that neglecting vulnerable groups resulted in the violation of the human rights of these groups and of their individual members. The assessment will also conduct research based on individual interviews and discussions with local authorities and with women and men from the communities, as well as gender equality advocates and human rights practitioners at the national, regional and community level. After the assessment, the result will be discussed with the local authorities to ensure the financial and policies will be secured and developed and implemented.

Establishment of the EVAW Forum: SI in Afghanistan aims to bring all relevant actors and stakeholders at the central and provincial levels (government, civil society, service providers, development partners and donors) together to share information and coordinate actions to accelerate implementation of NAP VAW in Afghanistan. In particular, the EVAW Forum as a multi-sectoral coordination mechanism at the highest level, will be established, bringing all relevant actors and stakeholders at the national and sub-national levels with a particular emphasis on women's groups and advocates representing historically marginalized women and girls. Building on the successful multi-sectoral coordination mechanism in the country, the EVAW Forum aims to share information related to SGBV/HP, coordinate actions to accelerate implementation of NAP VAW and provides technical advice to the government on policy formulation, operationalization and implementation on SGBV/HP issues. The SI will create a multi-sectoral coordination mechanism that systematically engages survivors and other marginalized women groups, create connection for consultative processes that can be integrated as part of a standard approach to EVAW implementation. This will contribute to ensure the meaningful participation of CSOs and women's grassroot movements, to shape policy dialogue by placing their priorities at the centre of SGBV/HP work.

Past Programming and Lesson Learned

UN Women supported MoWA to build its monitoring and coordination capacities to better meet the needs of women and girls throughout Afghanistan, while supporting civil society to deliver voices, monitor, report on, and advocate for the implementation of national obligations impacting the lives of women and girls including VAWG. UN Women also supported EVAW High Commission to better oversee the implementation of the EVAW Law. Key lessons learned include, that the MOWA limited institutional capacity continues to be a challenge and establishing a link

between duty-bearers and rights-holders (particularly survivors and women experiencing multiple and intersecting forms of discrimination) does not happen systematically. At the same time, the SI will focus on strengthening civil society in their role in monitoring and advocacy to drive changes related to addressing SGBV/HP in Afghanistan.

Sustainability

Pillar 2's interventions build on the existing activities, and programme structures established by UN agencies, programmes and funds. Based on lessons learned to increase impact and build sustainability, especially through strategic multisectoral planning (national and Sub national and CSOs) will ensure that the community-based monitoring of Government's service delivery under Pillar 4 will be strengthened.

Sustainability of the EVAW Forum will be ensured by civil society ownership, with government's engagement.

Sustainability of the EVAW Forum will be ensured through continued support by UN Women, even after the SI ends. Through the SI and after, the capacity of the civil society will be built with the aim for civil society to eventually take over and manage the EVAW forum. The EVAW Forum will be led and co-chaired by civil society, which will support sustainability. The government will be one of the key stakeholders to be engaged in the establishment of the Forum to ensure ownership. Either donor or government will be co-chairing the Forum.

Beneficiaries Information breakdown:

Beneficiaries Pillar 2		
	Direct	Indirect
Women	100	8,601,973
Girls		10,198,650
Men	10	9,142,148
Boys		10,711,641
Total	110	38,654,412

Outcome 3- Prevention

Theory of Change

If (1) there is a shared understanding and approach in line with international standards and evidence on preventing SGBV/HP is available; and **if (2)** community mobilization and education strategies are carried out in an integrated manner based on the shared approach; **then (3)** favourable social norms, attitudes and behaviours are promoted at community and individual level that prevent SGBV/HP; **because (4)** evidence shows that multi-pronged prevention initiatives that mutually reinforce each other can effectively shift individual and socio-cultural norms at all levels, including those affecting women's sexuality and reproduction.

Outcome 3. Gender inequitable social norms, attitudes and behaviours change at community and individual levels to prevent SGBV

Scale, scope and modality of the support:

Spotlight
Initiative
To eliminate violence
against women and girls

Working across the socio-ecological model, the SI will address the negative social-cultural norms, religious and traditional beliefs and practices that drive SGBV/HP at the society, institutional, community, inter-personal and individual levels. The prevention approach involves multi-level mutually reinforcing interventions to facilitate transformative change in society by addressing the root and structural causes of violence. The multi-level approach is illustrated in the table below. The SI Afghanistan will focus on the development of a National Prevention Framework, advocacy, engaging young people, the media, men and boys, and implementing whole-of school and whole-of community approaches to promote gender-equitable norms and respectful relationships.

While harmful social norms and gender inequality lie at the heart of SGBV and HPs, some drivers and risk factors of HPs, including child marriage, may differ from those of SGBV and so should their approaches. Considering this, under Pillar 3, the SI will integrate specific activities for the prevention of HPs. For HPs, link to economic empowerment's initiatives for girls and their families will support girls' agency to make informed decisions and to provide alternative paths to girls and families to avoid HPs.

As social norms, attitudes and practices towards women and girls differ between provinces, community-based interventions will be developed through a participatory process, based on local contexts and informed by international standards, women's experiences and expressed needs. A knowledge, attitudes, practice and behaviour (KAPB) study will be conducted in the three provinces. SI puts women with intersecting identities at the forefront of prevention work, as agents of change, to ensure their knowledge and experiences contribute to the design and implementation of prevention work.

Government will be engaged throughout to ensure their commitment and support for the programme. The stakeholders will be MOWA and other line ministries including Education, Health, Justice, Internal Affairs, Information and Youth and Sports; CSOs, traditional and religious leaders, women's groups, youth groups, service providers including schools, and media. As part of coordination with MoWA, the SI in Afghanistan will liaise with and ensure MoWA's engagement and oversight in the prevention work, particularly in the development of the National Prevention Framework, as well as capacity development, as the institution overseeing civil society organisations working on gender, and all gender related work.

This approach will build evidence on what works in Afghanistan, testing across 12 districts in the three targeted provinces. Through this Pillar, the SI will promote opportunities to strengthen learning and collaboration amongst diverse actors, and address fragmentation in terms of violence prevention programming, and lack of understanding on what works to prevent SGBV/HP. Particularly under this pillar, the SI will collaborate with the SI regional programme to exchange on challenges, best practices, lessons learned, and what works to prevent SGBV/HP in Central and South Asia, to contribute to the global evidence base on SGBV/HP prevention.

The increased demand generated through this Pillar will be matched by accessible and quality service delivery under Pillar 4. Service providers and duty bearers will be further sensitized towards favourable norms and behaviour to ensure systematic change in communities (link to Pillar 4).

Importantly, the SI puts women with intersecting identities at the forefront of the prevention work by bringing their voice as agents of change, to ensure their knowledge and experiences contributes to the design and the implementation of prevention work.

Quick Impact Response to COVID-19: Increased awareness on SGBV/HP risk mitigation during COVID-19

While all crisis-affected settings are associated with an increased risk of SGBV/HP, there are unique factors about COVID-19 that make it particularly alarming in Afghanistan. In light of the physical distancing and movement restrictions that have been put in place to curb the pandemic, women and girls face increased risks of experiencing violence at the hands of family members, intimate partners or others living within their homes. Despite lack of data in Afghanistan, emerging evidence shows that, the number of women and girls experiencing violence, more particularly domestic violence, has increased in all provinces of Afghanistan since the start of the COVID-19 crisis[73]. Women, girls and vulnerable groups are at increased risks of SGBV/HPs during such epidemics due to limited involvement and control in decision-making, mobility, and access to information/services. SI partners will invest in SGBV and COVID-19 message development and dissemination to complement the work undertaken through the Risk Communication and Community Engagement Working Group (RCCE), chaired by WHO.

Materials developed for COVID-19 currently do not integrate the specific risks and information related to SGBV/HP. Through the SI, SGBV/HP and COVID-19 messages will address needs, priorities and concerns of women and girls who have experienced violence in relation to COVID-19. Messaging also will include safe, accessible two-way communications preferred by women and girls, as well as safe, accessible and responsive feedback and complaint mechanisms that meet the unique needs of marginalized sub-groups. This will not only enhance women's and girl's access to life-saving information but also contribute to addressing barriers impeding women's and girls' access to services linked to Pillar 4. Awareness efforts also will address those barriers associated with media channels by focusing on mechanisms preferred by and accessible to women and girls.

Summary of intervention based on the socio-ecological model

Society	- National prevention framework - Advocacy to influence policies and institutions to end SGBV/ HP - Mass media content publications to shift the culture of violence and impunity, provide alternative ideas about gender norms and relations
Institutional	- Support MoE to develop contents for Family Life Education curriculum for secondary education levels that builds life skills and promote gender equality, respectful relationships and conflict resolution, and CSE - Capacity building for the media, government institutions, CSOs including religious organizations on gender equitable norms, reporting and primary prevention - Capacity building for social workers, religious leaders, community leaders, women shuras and youth on violence against girls and child marriage as part of the Communication for Development approach - Development of a toolkit with religious organizations that promote alternative gender norms, relations and promote gender equality and healthy relationships within religious context - School-based interventions (code of conduct for safe school, engagement of parents, Anti-GBV clubs, CSE)

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[73] UN Women (2020). Gender Alert on COVID-19 in Afghanistan | Issue II: Ensuring Access to Services for Survivors of Violence Against Women and Girls.

Community	• KAPB analysis, assess, prioritize and develop community action plans • TOT of community advocates • Peer education and community dialogue through community/social-based networks including religious groups, youth and men networks • Build understanding and involve services providers in prevention efforts • Engagement of community leadership structures -traditional and religious - to enhance community cohesion and cultural/religious integration • Improve and sustain safe environments and create spaces that strengthen social connection • Links to media intervention reinforced by community intervention
Inter personal	• Couples, parents and families targeted dialogue, communication and problem-solving skills • Peer support for men and boys through men's and boys' networks to shift toxic masculinities • Peer support for youth to challenge norms and stereotypes (including through Y-peer) • Couple counselling on SRHR and SGBV
Individuals	• Build skills through community and school programmes to promote nonviolence, respectful behaviours • Curricular on gender equality, healthy relationships and conflict resolutions • Self-reflection and internalization of norms, self-affirmation, collective activism through community networks • Face-to-face dialogue and self-reflection

Output 3.1: National and/or sub-national evidence-based programmes are developed to promote gender-equitable norms, attitudes and behaviours, including on Comprehensive Sexuality Education in line with international standards, for in and out of school settings

Considering the young population of Afghanistan and the inter-generational aspect of SGBV/HP (including corporal punishment at school), SI Afghanistan will engage students and young people as well as parents and teachers using school-based approaches to prevent school-based violence and promote gender-equitable and respectful relationships in schools and communities. The activities will be sustained and complemented by community-based interventions under Output 3.2 to create a supportive environment at community level. Under this output, the SI in Afghanistan will work with the Ministry of Education to foster ownership and sustainability, linking to Pillar 2.

ACTIVITIES:

3.1.1 Support the Ministry of Education to develop contents for Family Life Education curriculum for secondary education levels that builds life skills and promote gender equality, respectful relationships, conflict resolution, and CSE.

At first phase MoPH will lead the designing of FLE (Family Life Education) materials, and will support MoE (health and sport directorate) to implement the stated program in the targeted

provinces, the MoE will be fully on board through steering committee which is composed on MoPH, MoE, President Office and developing partners. Phase two will ideally be led by MoE to scale-up the FLE program nation-wide.

Secondary schools in the targeted communities will partner to implement school-based prevention, using multiple types of interventions. Through the support to the Ministry of Education, contextualized model of comprehensive sexuality education will be integrated into the Family Life Education curriculum at the national level and rolled out in targeted schools. The curriculum covers SRHR as well as gender equality, SGBV/HPs, and life skills to strengthen self-empowerment, promote a culture of positive sexuality and encourage youth to stop treating sex and sexuality discussion as a taboo.

3.1.2 Provide training to young people, including girls, young leaders and young civil activists, on SRHR through peer education.

At youth resource centres, Multi-purpose Adolescent Group (MAG),[74] girl friendly spaces, schools and universities, youth, especially adolescent girls will gain skills to reject SGBV/HP, promote gender equality and ensure SRHR. Trained youth volunteers and MAG peer to peer volunteers will provide peer education to their peers (Y-peer) and engage them in discussions about gender equality, GBV including dating violence and age-appropriate SRHR for adolescents. It also provides youth with skills necessary to avoid violence in relationships such as communication, reconciliation, problem solving and conflict resolution skills, as well as engaging them in self-reflection to critically challenge gender stereotypes and gender norms, and to provide information about available support services. Comprehensive sexuality education will also be rolled out at youth resource centres, MAGs and universities.

3.1.3 Support safe schools through the development of Code of Conduct, anti-SGBV/HP clubs and engagement of teachers and parents

Code of Conduct will be developed jointly by MoE, students, teachers, and community members including women's organizations, to promote safe school environment. In order to address SGBV/HP risks and facilitate referrals, Anti-SGBV/HP clubs will be established at schools, led by trained teachers and multi-purpose adolescent group members. At PTAs, parents will also be engaged to promote positive social norms and practices, and behaviour change as a means of ensuring an environment free from all forms of violence.

Output 3.1: National and/or sub-national evidence-based programmes are developed to promote gender-equitable norms, attitudes and behaviours, including on Comprehensive Sexuality Education in line with international standards, for in and out of school settings

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[74] MAG is a platform that provides opportunities for adolescent girls by providing life skills, self-expression and other training opportunities as well as mentoring to become peer educators, to enhance their resilience and nurture their ability to act as agents of change in their communities and for future generations.

Indicators
3.1.2 Number of young women and girls, young men and boys who participate in in and out of school programmes that promote gender-equitable norms, attitudes and behaviours and exercise of rights, including reproductive rights
3.1.1 Proportion of countries with draft new and/or strengthened Comprehensive Sexuality Education Programmes in line with international standards
3.1.3 Number of national and/or sub-national programmes developed for inclusion in educational curricula to promote gender-equitable norms, attitudes and behaviours, including targeting young women and girls, young men and boys facing multiple and intersecting forms of discrimination

Activity	RUNO	Ways of implementation	Partners
3.1.1 Support the Ministry of Education to develop contents for Family Life Education curriculum for secondary education levels that builds life skills and promote gender equality, respectful relationships, conflict resolution, and CSE	UNFPA	A CSO will receive technical support to work with the Ministry of Education	MoE (health and sport directorate), MoPH President's Office
3.1.2 Provide training to the young people, including girls, young leaders, and young civil activists, on SRHR through peer education.	UNFPA	CSO, with technical support	MoPH
3.1.3 Support safe schools through the development of Code of Conduct and anti-SGBV/HP clubs including training of teachers Code of conduct. This will include mainstream of it into pre-service training in training college.	UNICEF	CSO, with technical support	MoE

Output 3.2: Community advocacy platforms are established/strengthened to implement the National Prevention Framework and C4D action plan[75] including community dialogues, public information and advocacy campaigns, to promote gender-equitable norms, attitudes and behaviours, including in relation to women and girls' sexuality and reproduction, self-confidence and self-esteem and transforming harmful masculinities

While output 3.1 is focused on school-based interventions, this output focuses on building and implementing community mobilization and social change activities in 12 districts of the targeted three provinces. It will sustain and create the necessary supportive environment for school interventions with parents, community members and leaders. Approaches will be evidence-based and evidence generating on what works to prevent SGBV/HP in the context of Afghanistan. The SI will focus on community-based prevention, targeting the most marginalized groups, women and girls, men and boys. Using a whole-of-community approach, it will engage a wide range of community stakeholders in a systematic manner to strengthen demand and change of harmful social norms and gender inequality that drive SGBV/HP, and to ensure enjoyment of SRHR. The SI will provide skills and tools to community activists to act as agents of change to purposefully engage both men and women and adolescents to affect change in their communities. The trained social workers, religious leaders, community leaders, women *shuras* and youth will work as change agents, to promote recommended behaviours and encourage to practice them.

Ensuring that the community-based project reaches the critical mass, a wide community accountability mechanism and ownership will be reinforced, including through involvement of

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[75] Including informing parenting skills around gender socialization through early childhood development programmes

business sectors, leveraging the agents of change, community activists and action groups and male networks to prevent SGBV/HP. In addition, community leadership structures, particularly religious leaders who are gatekeepers towards certain SGBV/HP will be strategically engaged and extensive dialogue and skill building will be provided to ensure changes in their attitudes towards gender equality, beliefs and practices to reject SGBV/HP. They will in turn lead social change in the community and are further expected to promote community cohesion on gender-equitable norms that are against SGBV/HP. Engaging them will also ensure safety of community activists particularly women activists, and provides a platform to engage further men, boys and women through their structures.

ACTIVITIES:

3.2.1 Conduct a Knowledge, attitudes, practice and behaviour (KAPB) study in the three target provinces

Under UN Women's leadership, in coordination with UNICEF and UNFPA, with the aim to inform the design of the community action plan, a KAPB study will be conducted to inform the prevention work under Pillar 3. It will identify specific norms and stereotypes, various attitudes and practices related to SGBV/HPs, and SRHR and knowledge in each of the three target provinces. The design of study will engage and be informed by women and girls, including those with intersectional identities, and led by local research organization(s). The study will be guided by human rights, gender and leave no one behind principles, as well as by a life-cycle approach.

3.2.2 Develop a community-mobilization action plan to transform harmful norms to prevent SGBV/HP

Informed by the KAPB study, a community mobilization plan will be developed through a participatory process engaging community members and existing women groups and networks (women and girls including those with intersectional identities, CSOs, community leadership structure –both traditional leader and religious leader-, and other community members) that will include stakeholder analysis and mapping, identifying specific gatekeepers/community influencers, analysis of gender-power dynamics, identifying at-risk women and girls and developing specific interventions for the different stakeholders for the community-mobilization plan. This will ensure the intervention is locally owned, addresses the specific needs of the community, and enables development of knowledge and capacities of the local partners to design, implement and monitor their programming for sustainability. In order to ensure successful results, great attention will be placed on preserving the effective elements of community mobilization work -a gender-power analysis, a phased-in approach, a holistic community engagement, and the importance placed into activism[76]. Based on evidence on what works in conflict-affected countries and the Afghan context, the community-mobilization action plan will include peaceful conflict resolution in its interventions. To ensure strong monitoring and evaluation to inform prevention programming and to generate evidence about what works, the community mobilisation plan will include a M&E framework with key interventions, key monitoring indicators and their targets, means of verifications, risks and assumptions.

Certain issues such as violence against girls, child marriage and unwanted pregnancy have specific right holders (girls and women) and duty bearers (parents/guardians, intimate partners, teachers, police, religious leaders etc) and these will be mapped out, to be addressed by UNICEF under activity 3.2.5. Recognizing that men's engagement is critical to effective prevention approaches, this will be conducted by UNICEF under Activity 3.2.4, under the umbrella of the community action plan that will coordinate all prevention activities at the community level, under UN Women's leadership.

3.2.3 Roll-out of the community mobilization action plan through various platforms

The approach will conduct multiple interventions targeting multi-stakeholders at the community level to reach critical mass in the community and affect change. The SI will support civil society

organisations to build and implement successful evidence-based community mobilization models in selected communities of the target provinces and generate evidence on what works and what to scale. Under this activity, the SI in Afghanistan will work support the development of community-mobilisation tools and materials and support capacity development for community activists. All materials will be carefully crafted to be culturally appropriate and inclusive, with materials for people with disability, illiterate people, in different languages, and be tested prior to their use, in order to ensure its effectiveness. Different entry points at the community level will provide platforms for disseminating information, engaging various stakeholders on a regular basis, and facilitating sensitization, peer-education, dialogue, and actions.

Existing local organisations and groups that have well-trusted and strong influence and capacity to mobilize the community, will be identified and engaged as key implementing partners. They will be trained to sensitize and mobilize community members to facilitate behaviour change. Partners and community advocates will be supported through on-going technical assistance, capacity development and mentoring and regular trainings on planning, monitoring and evaluation. They will provide TOT trainings and provide regular follow-up support to selected community activists to facilitate regular community dialogues. Community dialogue will engage religious leaders, community leaders, shuras, service providers, community members, youth groups, men's and boys' networks, social behaviour change to address SGBV/HP and acceptance of marginalized groups including persons with disability. Other participatory methods such as role plays and drama will be used. Community activists will disseminate information and call for action as advocates to promote gender-equitable norms, attitudes and behaviours and address harmful masculinities at the community level. The community activists will engage influential existing networks (such as sports clubs, religious groups, workplaces etc.); establish safe spaces for certain groups to come together (such as families, couples, women-only spaces); and conduct outreach for hard-to-reach and high-risk population (such as remote population, displaced population, women and girls in child/forced marriage etc.,).

Community based interventions will engage faith-based organisations and groups through specific interventions, as key community influencers. The intervention will involve the organisation of a knowledge exchange forum with international religious scholars working on transforming the gender norms and relations in the religious context; the development of tools for the use of religious organization to transform gender norms based on the latest evidence and knowledge; and the organisation of dialogues, including intergenerational dialogues between religious leaders and young people, to promote awareness on SGBV/HP prevention, DV, IPV and child marriage.

3.2.4 Establish a community network of men and boys for the promotion of gender equality and respectful relationships.

This intervention involves establishing a community platform of men and boys as change agents of negative social norms at community level. During implementation of the men initiative, the UN and its partners will ensure that gender equality and women's rights remains a key principle and clearly internalised. The SI will support and link women's groups and women's organizations to work hand in hand with the male champions and to lead the design and implementation of men engage initiatives as a means of promoting transparency and accountability, as well as to hold a critical analysis of how best to use a limited amount of resources for women's agenda within the context of the SI programme. The men network will be doing community mobilisation and engagement targeting their fellow men, key religious leaders including ensuring tackling negative masculinity. The SI initiative in Afghanistan will also leverage from the approaches and best practices implemented by the regional SI initiative, through the MenEngage platform, and other regional level movements.

3.2.5 Social mobilisation on social and behaviour change with CSOs, teachers, community leaders, and women *Shuras*, focusing on violence against girls and child marriage

As part of a Communication for Development Action Plan (link to activity 3.3.5 under Output 3.3) working across the socio-ecological model in four articulated and coordinated approaches to specifically address violence against girls and child marriage, in recognition of its different drivers, risk factors and stakeholders prevent SGBV and child marriage, in support of the intergenerational approach targeting specific issues of girls , adolescents and women, will be implemented at the community level. The activities on violence against girls and child marriage will be coordinated under the community action plan developed under activity 3.2.2. A close coordination between UN Women, UNFPA, and UNICEF, under UN Women's overall leadership, will contribute to avoid duplication and ensure consistent and complementary messaging in selected communities.

For issues related to COVID-19, the SI will also collaborate with the World Health Organisation (WHO) and the Risk Communication and Community Engagement (RCCE) Working Group to ensure to effectively address the increased risks of SGBV and child marriage for women and girls in light of the COVID-19 pandemic. UNICEF C4D team, with the technical support of the spotlight RUNOs, will develop the messaging including communication and information materials that address SGBV risk mitigation and information on available services. These will be distributed through SGBV service delivery points under Pillar 4 managed by UNFPA, UNICEF and UN Women, including through the women and youth networks under Pillar 6. To ensure adherence to the "do no harm", when raising awareness about the SGBV/HP risks and available services, partners will be oriented under the capacity building components outlined in Pillar 4 about do-no-harm and survivor-centered approaches. To enhance survivors and their families' access to all SGBV multisectoral services, communication materials showcasing different types of services and referrals will be disseminated and communicated. Particular attention will be paid to those with intersecting forms of discrimination and marginalization, including illiterate women, women and girls in marriage without consent, disabled women, adolescent girls, rural women etc., who may not be reached through mainstream communication. Tailored communication materials will be developed and disseminated (such as illustration, comics, different languages, pictorials) through multiple channels (such as community radio, community theatres, house visits, outreach).

1) *Advocacy* – Community-led social accountability on violence against girls and child marriage to develop and implement community own ordinances.

2) *Social Mobilization* will engage civil society including NGOs, faith-based organisations (FBOs) and religious leaders, teachers and women Shuras, women and adolescent networks around prevention of violence against girls and child marriage, to raise awareness, educate and provide support to communities and families. Monthly social mobilization meetings will be conducted among these groups to discuss the issues, and increased women and girls' vulnerability to SGBV and child marriage in the context of COVID-19.

3) *Community-led Social Change Communication*: multiple strategies will be used (capacity building, community dialogue, advocacy, IEC etc.) targeting multiple layers of the community (including local councils, men and boys, women and adolescent girls, families, parents, teachers and school shuras, community and religious leaders, service providers, media etc.) on various topics (gender equality, conflict resolution, healthy relationships, harmful masculinities, violence, SRHR etc.)

4) *Behaviour Change Communication (BCC)* approach will use a combination of approaches, including participatory communication, to help inform, influence and support households, community groups and opinion leaders for the adoption and sustained practice on violence against girls and child marriage. Interpersonal communication training modules will be adapted to address the issues around violence against girls and child marriage for women and school Shuras, community health workers (CHW), social workers. In addition, human rights, gender, prevention of violence against girls and child marriage will be intensively discussed in the trainings and community interventions. These groups will conduct community dialogues with community members, women and men and adolescent girls

and boys and encourage them to change their attitude and behaviours to prevent violence against girls and child marriage. All behavioural change communication and related community interventions will be supported by the Prevention Specialist (P3) and UNICEF C4D team based in Kabul and all Field Offices. The support will include technical support to implementing partners and the frontline and community groups that will be implementing all behavioural changes related interventions

Activity 3.2.6: Provide pre-marriage counselling on SRHR and SGBV for young couples

Pre-Marriage counselling (PMC) program will be initiated in the existing health youth health corners. Each youth health corner will have a PMC counsellor. A ToT training will be arranged for the newly hired PMC Counsellors through MoPH trainers (Adolescent health department) in order to make them well equipped with the knowledge and information needed for PMC. Given the context of Afghanistan, Pre- Marriage Counselling sessions will focus on Sexual and Reproductive Health, Family Conflicts, Domestic Violence and the ultimate impact of managing resources, parenting skills and family communication. Young people in the targeted provinces will be mobilised to access pre-marriage counselling through Youth Health Corners that are within the MoPH specific health facilities.

Since Pre-Marriage Counselling is a new concept in Afghanistan, the program will require a great deal of advocacy at different levels. Partners will ensure working with Deputy Youth Ministry and the Cricket board to advocate for pre-marriage and SRHR counselling including utilisation of community mobilisation under this pillar and service delivery structures outlined in pillar 4 as a vessel for awareness raising and outreach to increase demand for PMC services. The SI will also provide the Deputy Youth Ministry and sports organisations with capacity building on pre-marriage counselling for young peoples on SRHR and SGBV.

Output 3.2: Community advocacy platforms are established/strengthened to implement the National Prevention Framework and C4D action plan[77] including community dialogues, public information and advocacy campaigns, to promote gender-equitable norms, attitudes and behaviours, including in relation to women and girls' sexuality and reproduction, self-confidence and self-esteem and transforming harmful masculinities			
Indicators 3.2.4 Number of communities with advocacy platforms established and/or strengthened to promote gender-equitable norms, attitudes and behaviours, including in relation to women and girls' sexuality and reproduction 3.2.6 Number of networks of men and boys developed and/or strengthened to advocate against VAWG and stand for promoting gender equitable values and behaviours			
Activity	**RUNO**	**Ways of implementation**	**Partners**
3.2.1 Conduct a Knowledge, Attitudes, Practice and Behaviour (KAPB) study in the three target provinces	UN Women	CSO, with technical support	CSOs
3.2.2 Develop a community-mobilization action plan to transform harmful norms to prevent SGBV/HP	UN Women	CSOs and community groups, with technical support	CSOs
3.2.3 Roll-out the community mobilization action plan through various platforms	UN Women	CSOs and community groups, with technical support	CSOs

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[77] Including informing parenting skills around gender socialization through early childhood development programmes

3.2.4 Establish a community network of men and boys for the promotion of gender equality and respectful relationships.	UNICEF	CSO, with technical support	CSOs
3.2.5 Social mobilisation on social and behaviour change with CSOs, teachers, community leaders, and women *Shuras*, focusing on violence against girls and child marriage	UNICEF	CSO, with technical support	CSOs, MoE
3.2.6 Provide pre-marriage counselling on SRHR and SGBV for young couples	UNFPA	CSO, with technical support	Youth Ministry, Sports organisations

Output 3.3 Decision makers in relevant institutions[78] and key informal decision makers[79] are better able to advocate for implementation of legislation and policies on ending SGBV and for gender-equitable norms, attitudes and behaviours, and women's and girls' rights

At the society level, the National Prevention framework coupled with the mass media intervention will contribute to create a policy and societal enabling environment. The National Prevention Framework will lay the ground and guide current and future prevention work in Afghanistan, to promote coordinated and evidence-based programming. In Afghanistan where the diversity of ideas around gender is limited, based on international evidence, mass media intervention have the potential to shape new ways of thinking about gender and gender relations[80]. Media play a critical role in influencing social norms, including gender-equitable norms and facilitate behaviour change, and reaching out to the public at large, particularly hard-to-reach population (e.g. remote areas, illiterate population, women and girls experiencing violence). Mass media interventions will aim to break the silence around SGBV/HP and impunity, change the narratives of SGBV/HP and encourage people to speak up against violence, including patriarchy, power imbalances, toxic masculinity and gender inequality. Mass media communication will be delivered through national and community wide channels (TV, radio, newspapers, social media, etc.), and complemented and reinforced through community level face-to-face extended interventions for behaviour change targeting different groups. Through consistent and coordinated messaging, mass media interventions under this Output will contribute to and be reinforced by community mobilization interventions under Output 3.2, whereby community members are provided with a platform for self-reflection and community dialogues following the media interventions. This multi-level approach will promote gender-equitable norms, attitudes and behaviours, healthy relationships, self-esteem and respectful masculinities.

ACTIVITIES:

3.3.1 Develop the National Prevention Framework

The SI will support national actors to advance the national dialogue and action on primary prevention. The SI will bring together national and sub-national government, civil society, development partners and international experts to co-develop a National Prevention Framework and support its implementation, building on the existing NAP VAW and NAP CM, informed by local and international best practices and lessons learned, and aligned with international standards. The overall vision of the prevention framework is to address harmful social norms and masculinities to reduce SGBV/HP and will include key principles and approaches for prevention

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[78] Including the media, sports, workplaces, etc.

[79] Will differ from region to region and includes decision makers from informal institutions, e.g. traditional, religious and community leaders

[80] Jewkes R (2017). What Works Evidence Review: Social norms and violence against women and girls.

of SGBV.

Based on the model of the UN Prevention Framework[81] and on the RESPECT Framework[82], adapted and localized to the Afghanistan context, the national framework will be an agreed tool by national and subnational actors, to guide the prevention work nationally and promote coordinated and evidence-work for key sectors, including education. Since SGBV prevention is a new area of work in Afghanistan, little guidance and information is available. The National Action Plan it is meant to be a technical document to build knowledge, understanding as well as coordinate and guide prevention work in Afghanistan, to ensure it is grounded in best practices and evidence, and follows key prevention principles, including do-no harm approach. Using a social and behavioural change approach, the National Prevention Framework will guide the prevention work across the socio-ecological model at the individual, inter-personal and community/societal and institutional levels, linking these levels to ensure sustainability and effectiveness. The Framework will contain a set of action-oriented steps to support policymakers and partners to design, plan, implement, monitor and evaluate prevention interventions and programmes. It will identify key priorities areas and evidence-based initiatives to guide the work of all stakeholders and list the potential and affordable activities and approaches which are suitable to the Afghan context. The National Prevention Framework will include a monitoring framework to ensure accountability and assess its implementation and progresses.

The National Framework will be developed through a collaborative process involving donors, civil society and government representatives, ensuring representation of women with intersecting identities and women's grassroot organisations. Government, particularly the Ministry of Women's Affairs and possibly the Ministry of Finance, will be engaged as a key actor through the development and implementation of the Framework to ensure ownership and its effective implementation. As part of the development of the National Prevention Framework, a capacity building plan will be developed to increase knowledge about primary prevention principles and approaches. Capacity assessment of different stakeholders (both rights holders and duty bearers) at the national and sub-national level will be conducted to identify competencies that are required for specific stakeholders, this will form a basis for capacity development plan. The development of National Prevention Framework and capacity building plan will involve and include the following stakeholders: MOWA, key ministries (Justice, Education, Finance, Rural Development, Information and Culture, Public Health), CSOs, women's groups, religious organisations, service providers and media.

Prior consultation between UN Women, the government and civil society identified the general lack of knowledge and understanding about what primary prevention means and entails. Capacity building aims to engage the government, particularly MOWA, as a duty bearer to commit to the continuous support of the programme aligned with their national laws and policies and enhance the multi-sectoral partnerships and ownerships.

After finalisation, the National Prevention Framework will be disseminated and socialized at the national and provincial levels, in the three targeted provinces. The SI will support implementation and monitoring of the framework. The Framework will be implemented by government and civil society, supported by the EVAW Forum. Civil Society will support monitoring and evaluation of its implementation through the EVAW Forum. The National Prevention Framework will be operationalized through a series of workshops and trainings, to contribute to building the understanding on evidence-based and effective SGBV initiatives, to support government and partners to better design, plan, implement, monitor and evaluate evidence-based and effective prevention interventions and programmes.

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[81] United Nations (2015). A Framework to Underpin Action to Prevent Violence against Women.
[82] UN (2019). RESPECT women: preventing violence against women – a framework aimed primarily at policy-makers.

3.3.2 Capacity development of media organisations, including standards of ethical and gender-sensitive reporting

Media must be capacitated and mobilized to influence existing social norms, including gender-inequitable norms and facilitate behaviour change. Existing trainings and past activities will be mapped and assessed. This process will also explore gaps, needs and lesson learnt from past work with the media. Standards on ethical and gender-sensitive reporting will be developed, used or revised as needed based on international standards and best practices, with the involvement of media stakeholders and organisations through a participatory process. Capacity assessment of media agencies will be conducted to identify the capacity gaps. Based on ethnical and gender-sensitive reporting, key media stakeholders from national and sub-national levels will be trained on gender equality, gender stereotypes, harmful social norms and gender sensitive reporting on SGBV/HP cases from survivors' rights perspectives to transform the gender biased media reporting. Local media agencies, journalists and reporters from the community-based project sites will also be equipped with knowledge and skills for gender sensitive reporting, and highlight the work of community mobilization, results and advocacy messages at the local and national levels.

3.3.3. Develop a media communication plan

Guided by the National Prevention Framework and the C4D plan, the SI will support media agencies to develop and implement a multi-media communication plan. The media plan is a key component prevention work under this Pillar, specifically focusing on working with the media. The media plan includes identification of; 1) target groups (e.g. women and girls, women survivors of violence, men and boys, youth, parents, religious leaders, service providers, policymakers); 2) key messages and topics for each target groups; and 3) channels through which the message is disseminated (e.g. soap opera, talk shows, newspapers, community radio, dialogue, social media).

The media plan will also involve famous sportsmen as male champions, and a child marriage ambassador in conveying a variety of messages in the Afghan context. Competition on challenging harmful norms and stereotypes among the general public will be conducted to further engage the public (such as comic and cartoon contest picturing gender equal society, photo contest on men/women challenging gender stereotypes, music contests on healthy relationships, short film contest portraying SGBV etc.).

3.3.4. Develop communication products

Media communication products will be disseminated through nationwide channels (TV, radio, newspapers, social media, etc.), and community channels (community radio, theatres, papers, dialogue, events etc.) and complemented and reinforced through community level face-to-face extended interventions for social norm change. The developed products will be utilized across the different Spotlight activities under Prevention, ensuring the same overarching strategy but also targeted messages for different groups, and targeted materials for persons with disabilities, illiterate, different languages, religious beliefs, survivors of SGBV, aligned with the principle of leaving no one behind. Given the high illiteracy rate in Afghanistan, the use of visual materials (posters, comics, cartoons, videos, theatres etc.) that facilitate dialogue among community members will be prioritized. Media will also be engaged in highlighting the activities under the Spotlight Initiatives.

3.3.5 Advocate on violence against girls and child marriage at national and provincial levels

In complement of community-level activities implemented under Activity 3.2.5 Output 3.2, and as part of the C4D Action Plan to prevent violence against girls and child marriage, this will aim to help develop mechanisms to ensure that the perspectives, concerns and voices of women and adolescent girls from marginalized groups, are reflected in upstream policy dialogue and decision making. Activities on violence against girls and child marriage at national and provincial levels will include:

Spotlight
Initiative
To eliminate violence
against women and girls

- Advocacy and engagement meeting with parliamentary committee on child rights, sector ministers, media and CSOs on violence against girls and child marriage.
- Meetings at provincial and district levels to develop and implement joint advocacy plan with representatives of adolescent girls and communities on SGBV issues and child rights committee.
- Advocacy/ awareness /Engagement with electronic and traditional media on VAWG and child marriage

Output 3.3 Decision makers in relevant institutions[83] and key informal decision makers[84] are better able to advocate for implementation of legislation and policies on ending SGBV and for gender-equitable norms, attitudes and behaviours and women and girls' rights

| Indicators
3.3.1 Number of news outlets that develop standards on ethical and gender-sensitive reporting
3.3.2 Number of relevant non-state institutions that have developed and/or strengthened strategies/policies on ending VAWG and promoting gender-equitable norms, attitudes and behaviours and women and girls' rights, including those groups facing multiple and intersecting forms of discrimination, in line with international HR standards |
|---|

Activity	RUNO	Ways of implementation	Partners
3.3.1 Develop the National Prevention Framework	UN Women	CSO, with technical support	MOWA, key ministries (Justice, Education, Finance, Rural Development, Information and Culture, Public Health), CSOs, women's groups, religious organisations, service providers and media.
3.3.2 Capacity development of media organisations, including standards of ethical and gender-sensitive reporting	UN Women	CSOs and community groups, with technical support	Media organisations
3.3.3. Develop a media communication plan	UN Women	Media organisations	Media organisations
3.3.4. Develop communication products	UN Women	Media organisations	Media organisations
3.3.5 Advocate on VAWG & child marriage at national and provincial levels	UNICEF and UNFPA	CSOs with technical support	Youth Ministry, MOWA, Department of Youth, CSOs, Community Leaders, media

Innovations – To strengthen social accountability, Spotlight will introduce:

Formal social accountability mechanisms within communities, through support to community leaders and members to agree on ordinances that address child marriage. The communities

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[83] Including the media, sports, workplaces, etc.
[84] Will differ from region to region and includes decision makers from informal institutions, e.g. traditional, religious and community leaders

identify mechanisms to enforce and monitor agreed ordinances among themselves.

RapidPro is designed to support programmes in sending personalized messages over SMS, voice, social media, and internet-based channels with responses analysed in real-time. UNICEF's Rapid pro real-time monitoring systems will be used to address programme bottlenecks, better understanding of needs that allow adequate planning as well as taking corrective actions within ongoing project and programme interventions. RapidPro is one of the recognized and highly recommended ways from UNICEF to make affected populations accountable when it comes to participation in response decisions and local actions. This platform is a technology-based solution are recommended for facilitating two-ways communication approaches via mobile phones (voice calls, short message services), social media platforms (like Facebook, Twitter, Instagram, Weibo and others) or messaging apps (e.g. WhatsApp, Viber, etc.).

Target groups and Geographic Scope

Target groups are men, women, boys, girls, youth, students, families, media, religious groups, and other community groups (school management shura, women shura, teachers, parents, multi-purpose adolescent groups, sports clubs, social workers, health workers etc). Particular stakeholders will be further defined during the development of whole-of-community interventions that fit in each community context.

Signature intervention

Evidence-based community mobilization model to build evidence based on what-works in Afghan context: Informed by the KAPB study, the SI will build on global evidence to adapt comprehensive prevention interventions across the ecological model and generate evidence on effective prevention approaches. The SI will support sub-national stakeholders to build and implement successful evidence-based community mobilization models in selected communities of the target provinces to find what works and what to scale. The design of the community action plan will be inclusive and participatory to ensure ownership and effectiveness of the interventions. Key community leaders will be engaged.

Empowering young girls to challenge negative gender norms and stereotypes through multi-purpose adolescent group (MAG) - girls only clubs: These will be girls only MAG groups for Adolescent girls as a platform that empowers adolescent girls by providing life skills, self-expression and other training opportunities as well as mentoring to become peer educators. The MAGS will promote the creation of girls only networks (including those marginalized/ out of school) to engage and enhance their voice and agency. The girls only MAGs will be the first of its kind/ girl centred in Afghanistan, that will ensure a platform for enhancing their agency and discussions on issues that concern them.

Network of men and boys- the SI will pilot working with men and boys' models as change agents to reduce violence and promoting gender equality and respectful relationship. During implementation of the men initiative, the UN and its partners will ensure that gender equality and women's rights remains a key principle and clearly internalised. Women's groups and women's organizations will be empowered to work hand in hand with the male champions and lead the design and implementation of men engage initiatives that address negative masculinity and promotes women's rights and gender equality within the context of the SI programme.

Past Programming and Lessons Learned:

To date, there has been very limited programming focused on social norm change that address the root causes of SGBV/HP in Afghanistan and evidence base on the effectiveness of these interventions in the country is also limited, since most of the interventions were not comprehensively evaluated. While some prevention interventions to address harmful practices and norms have been conducted, most prevention initiatives tend to be short-term, ad-hoc and focus on a single strategy with limited connections to larger programming or promising practices. Most target women and girls, but not men and boys.

Community mobilization interventions often failed to gain local ownership, because they did not

involve community members in the design, failing to meet the needs and priorities of the particular community or the local ownership[85]. Similarly, **current interventions often fail to fully take grassroots women's and adolescent girls' work on the experience of local women into account in its design, implementation and assessment**. Thus, there is a **tendency to treat women and girls as a homogenous group and fail to acknowledge diversity among women and girls**.

Additional lessons learned from the past interventions include; targeting children in schools are insufficient if interventions are not targeting adults in the communities[86]; the need for evidence-based approach to be contextualized using a participatory gender transformative approach, targeting multiple layers of the community; prevention intervention to be implemented alongside SGBV services; collaborate fully with communities throughout the process to maximize buy-in and ownership; ongoing capacity building for the team. The proposed intervention needs to use existing structures and framework to facilitate local ownership, support and scalability.

In addition, the use of multidimensional and coordinated approach and multi-stakeholder partnerships lead to community ownership and more sustained results. This include engagement of community-based organizations, influential persons (religious leaders, community leaders and individual influential persons), workforce at the communities (school and male and female madrassa teachers, health workers, CHW) and community groups (School Management Shuras, women shuras, multi-purpose adolescent groups (MAG)) at all levels. Male involvement is essential particularly for prevention of SGBV and HP. As social and behaviour change can take a longer timeframe, prevention Pillar also requires a medium-term and long-term planning and investment.

Sustainability:

By working through local communities and existing structures, community mobilization is more likely to be sustained. The community intervention will engage with local partners with similar mandates and the community interventions will be designed in a participatory approach with community members by CSO to build capacity on prevention and ensure community acceptance and ownership. Impact and sustainability are ensured by linking the prevention work with essential services, building skills of the programme teams engaged in SGBV/HP work. Putting adolescents and young people, especially girls and women in the centre of the prevention interventions and empower them as change agents in their respective communities is another way to sustain the impact of the programmes. Regular monitoring of shifts in behaviours and practices related to SGBV/HP will make sure that the interventions have an impact at community level and adjust as necessary, while ensuring community accountability and responsiveness.

Beneficiary Information:

Pillar 3 interventions will be implemented in 12 districts of the three targeted provinces. **Direct beneficiaries** include both general estimations (for example, based on experienced uptake of services previously provided within this field by RUNOs) but also detailed estimates based on number of districts expected to be targeted and percentage of population reached through mass media. **Indirect beneficiaries** include almost the entire population of Afghanistan due to the nationwide media strategy.

Estimated No. of Beneficiaries – Pillar 3		
	Direct	Indirect
Women	47645	136130
Girls	30970	88485

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[85] UN Consultation meeting on 6 October 2019

[86] What Works to Prevent Violence (2018). What Works to Prevent Violence Against Children in Afghanistan? Findings from an Evaluation of a School-Based Peace Education and Community Social Norms Intervention.

Men	47837	136676
Boys	31094	88839
Total	95482	272806

Outcome 4- Services

Theory of Change

If (1) service providers have the capacity to deliver essential services, including SRH services, and to prosecute perpetrators in line with international human rights standards and guidelines ; and if (2) these services are made available and accessible to women and girls, and women and girls are informed and empowered to exercise their rights to services; then (3) women and girls who experience SGBV and harmful practices will increase their use of services and recover from violence, while perpetrators will be prosecuted; because (4) underlying barriers to women and girls' access to services have been addressed, including those to gender and socio-cultural norms affecting women's sexuality and reproduction.

Outcome 4. Women and girls who experience SGBV and harmful practices use available, accessible, acceptable, and quality essential services including for long term recovery from violence

Scale, scope and modality of the support:

The demand generated through increased awareness and knowledge from the prevention efforts in Pillar 3 and strengthened laws and policy implementation in Pillar 1, that are backed by evidence generated from implementation of Pillar 5, will be systematically matched and complemented with increased access to SGBV/ HP response services as part of an integrated package of services (including family planning) prioritizing accessibility by women, girls, marginalized groups and those in the most hard to reach rural communities. Integrated package of services hereby entails new channels/mechanisms to improve the accessibility of the vulnerable groups, especially women and girls, including modalities for service provision in times of COVID-19 to address acute SGBV/ HP issues through interlinked services with protective and preventive nature and supported by different agencies as follow:

> **SGBV Service provision during COVID- 19**
>
> Before the pandemic, many survivors already lacked access to basic services for their safety, protection and recovery, such as emergency helplines, police and justice sector response, health care, safe accommodation and counselling. Since the SI implementation will start during the COVID-19 pandemic, SI partners will ensure to create an enabling environment for women and girls who have experienced violence to seek support by increasing women and girls' knowledge about available services, while also raising awareness on the risks of increased SGBV/HP during the crisis. The enhancement of women and girls' knowledge about where to get support will be complemented by support to service providers, especially training on safe service provision during COVID-19 particularly health and social workers, in order to safely meet the demand, building the capacity of services providers to follow all necessary precautions related to COVID-19 risk mitigation, and to provide services to SGBV survivors in a survivor-centered approach, where women and girls' wishes are placed at the centre, in a dignified and empowering way.

a) As per the Ministry of Public Health Gender and Human Rights Strategy health facilities around the country are the best entry points for women and girls' survivors of violence to seek assistance and protection outside of family circle, so MOPH with support of UNFPA developed health sector response to GBV model, approved and integrated in to the National Priority Program of MOPH in 2012; where, to date, 25 Family Protection Centres-FPC were established in 22 provinces of Afghanistan with Heart, Kandahar and Paktia included. Also, since 2014, UNFPA has been piloting key prevention interventions such as the Youth Health Line which provides information and counselling on Adolescent Sexual and Reproductive Health, SGBV as well as pre-marriage counselling to young people to around 100,000 adolescents and youth annually from around the country

through a toll-free number call centre based in Kabul. In addition, UNFPA supports 22 Youth Health Corners-YHC in seven provinces but Heart, Kandahar and Paktia are not included. The interventions are culturally sensitive and tailored to the local context and ensure greater accessibility to avail basic services for women and girls in the larger public sector services. The FPC services are designed to address the basic SGBV needs, reduce vulnerabilities to various SGBV related issues and promote dignity of women and girls. The FPCs are managed and facilitated by female caregivers. Referrals and follow ups are also administered by qualified female caregivers to ensure confidentiality and dignity of the women and girl survivors through the existing referral pathway.

b) As per the EVAW Law, MoWA has the responsibility to oversee the protection services in country including the operations of Women Protection Centres, Family Guidance Centres and civil society organizations that provide live saving services to survivors of violence. Whereas FPCs are located in health facilities, the adaptation of the One Stop Crisis Center model for the Afghan context, providing health and PSS services, FGCs are located in communities and provide vocational training, psycho-social services, family mediation and counselling. UN Women is supporting protection services through WPCs and FGCs. There are 26 WPCs across the country out of which 11 are supported by UN Women. Out of 26, three are located in Kabul while the rest are in the provinces. There is one WPC in Herat funded by Colombo Plan while none in Kandahar and Paktia. UN Women is supporting five FGCs in Afghanistan, out of which one is in Kandahar, that provides legal and psychosocial services to survivors of violence. There is one FGC in Herat, supported by Bureau of International Narcotics and Law Enforcement Affairs (INL) while there are no FGCs in Paktia. There are number of coordination forums for WPCs and FGCs including Afghan Shelter Network (ASN) and coordination meeting/forums at the provincial level co-lead by CSOs and DoWAs. UN Women supported by DFAT is establishing a WPC Trust Fund to ensure sustainability, coordination and improve the quality of services provided in WPCs. Administered by UN Women, with the involvement of the Afghanistan Ministries of Women and Finance, EVAW advocates, donors, CSOs, and experts, the WPC Trust fund will promote sustainability and efficient and structured management of WPCs across Afghanistan. The Trust fund will promote coordination and cost-efficiency, while standardizing services provided in all WPCs.

Through the Spotlight Initiative, the United Nation in Afghanistan will propose a coordinated multi sectoral response services to survivors of SGBV/HP using survivors centred approach to increase access and use of SGBV response services in Afghanistan. The response shall be guided by the Essential Services Package (ESP) to ensure quality and timely SGBV services are ensured in the focused provinces including advocacy at all levels to eliminate SGBV/ HP. The program introduces the specific entry points of SGBV response, which is capitalized on the existing successful mechanisms supporting SGBV survivors in agencies and organizations across service providers in Afghanistan. The provision of SGBV services will also adhere to the joint UNFPA, UN Women, UNICEF and WHO in Afghanistan (2020) guidance note on provision of SGBV services to women and girls in light of COVID- 19 for Family Guidance Centers/Family Protection Centers/Women and Girls Safe spaces[87] and the guidance note for Women Protection Centers, developed with Colombo Plan and WHO.[88]

This Pillar aims to strengthen the ability of women and girls' survivors of SGBV/HP to effectively access quality, survivor and child-centered essential services, and strengthen the capacity of partners to deliver services, while ensuring that perpetrators of SGBV/HP are being held accountable.

Following the ESP and within the guiding principle of leaving no one behind and unique needs of

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[87] UN Women, UNICEF, UNFPA and WHO (2020). Guidance Note for Family Protection Centers, Family Guidance Centers and Women and Girl Safe Spaces operating during the COVID-19 pandemic.
[88] UN Women, Colombo Plan and WHO (2020). Guidance Note for Women Protection Centers operating during the COVID-19 pandemic.

women and girls including women and girls with disability, rural women, young women, girl children and other women and girls with intersecting forms of discrimination and marginalization are put at forefront under this Pillar. The SI will address the stigma and discrimination that hinder access to SGBV by survivors and extend the current service provision to support them for longer term recovery and reintegration into families and communities. The focus under this Pillar will access challenges in some of the most inaccessible locations through community outreach and SGBV mobile teams. CSOs' capacity will be strengthened to facilitate monitoring and supervision of service delivery and the overall impact on the target beneficiaries. Using skills gained by CSOs on effective social accountability mechanisms under Pillar 6, CSOs will monitor service provision under this Pillar to advocate for the government ownership and long-term state responsibility to provide services to fulfil the government's national and international commitment. In addition to that, the program will introduce necessary unified tools for screening SGBV survivors; and ensure that the healthcare facilities have the resources necessary for conducting forensic medical examination and coordinate with the police and Prosecutor's office on the issues of SGBV evidence collection.

The programme uses three inter-linked modes of engagements to be delivered as a package (and not implemented in isolation) of interventions to meet the concept of the "coordinated multi sectoral response to GBV." These include: (1) capacity development of targeted institutions and duty bearers; (2) direct survivor-centred/ and child centred GBV service provision including clinical management, psycho-social counselling, legal advice and referrals, using multiple entry points with connected facilitated referral system; and (3) CSO's outreach, provision and monitoring of services will be strengthened with subsequent policy advocacy for the institutionalization of the GBV services and improved inter-sectoral coordination with police, legal and social sectors for effective GBV case management.

ACTIVITIES:

Output 4.1 Relevant government authorities and women's rights organisations at national and sub-national levels have better knowledge and capacity to deliver quality and coordinated essential services, including SRH services and access to justice, to women and girls' survivors of violence, especially those facing multiple and intersecting forms of discrimination.

The SI will further address support to the delivery and implementation of core elements of the essential services package (ESP), to ensure they are effective and of high quality to address the needs of women and girls-survivors. Development of quality SOPs, tools and guidelines provided 'the how to' for services to be delivered within a human rights-based, culturally sensitive, and women's-empowerment approach. The following is some of the work that has been done in the country, and what SI initiative will build on:

- UNFPA in collaboration with MOPH and MOI developed tools and built the capacity of healthcare providers, law enforcement officials, including the judiciary and the police, to adopt decisions to protect women from violence and ensure redress and reparations.
- UNFPA supported different sectors in development of: 1) GBV Health Sector Response Model, including police and legal sector response; 2) Operational manual for Family Protection Centres; 3) GBV psychosocial counselling manual for healthcare and non-healthcare providers endorsed by the MOPH; 4) Guidelines for the Planning, Implementing and Monitoring of Community Dialogues - Supporting the Implementation of 25 FPCs; 5) GBV Information Management System (GBV IMS) in the health sector including GBV database and GBV data collection tools; 6) GBV Information Sharing Protocol; 7) Manual on Police taking Action on GBV and its data collection tool and SOPs for the National Police Academy.
- WHO in collaboration with UN women supported MoPH to develop GBV treatment protocol for Afghanistan including rolled out training to health care providers in all 34 provinces.

Spotlight
Initiative
To eliminate violence
against women and girls

- **UN WOMEN** in collaboration with CSO and MoWA developed the WPC guidelines. The guideline is a government endorsed document that offers the necessary guidance to run WPCs efficiently and to provide the best possible services to the women protected in these centers. The guidelines also aim to encourage and strengthen communication between WPCs and the Ministry of Women's Affairs (MoWA) for better coordination

- **UNICEF,** in collaboration with MOLSA, has developed SoP for child protection case management, to improve and standardise capacity on various forms of child survivor case management. MOLSA has been supported to develop Social worker degree and Master's curriculum; to date over 170 social workers have graduated and deployed to support child survivor case handling.

With multi sectoral service providers in place including relevant tools and SoP, service response has not be effectively coordinated across sectors and a gross capacity on caring for child survivors has also been a greatest challenge both at community and school level which hampered effective care and referral of such cases. Through the SI, the ESP package will support to ensure setting out a clear roadmap on how to ensure the provision and coordination of quality services of all sectors including in schools (linking Pillar 4 with Pillar 3) in a comprehensive way, that are women-centred and child centred. The protocols will be taken down to Sub national level across all sectors implementing the SI initiative. Below are some of the activities:

Activity 4.1.1 Develop/adapt guidelines, SOP and tools for GBV case management and for GBV referral:

Streamlining capacity of service providers for provision of quality care including improve timely and confidential referrals at all levels especially hard to reach areas, is critical; this includes the strengthening of inter-province exchange and with all other relevant services and from these various services delivery points, to the health system, including FPC and Youth Health Corners, Girl-Friendly Spaces and CPAN. The following activities will be implemented in the 3 targeted provinces:

- **Develop and update location specific referral pathways for SGBV services**. In the target locations, multi sector referral pathways will be developed or expanded, building on existing protocols. The referral pathways will map existing SGBV services providers, and will be instituted in targeted provinces to ensure women, girls and other at-risk groups have access to appropriate multi-sector GBV prevention and response services in a timely and safe manner. The referral pathways, and regularly updated where various services are including girls- friendly services. The referral pathways will also serve as a tool for awareness raising on available multisectoral and age appropriate services and alternative modalities available in light of COVID-19 for survivors of violence across all partners implementing SI and complementing/ existing interventions.
- **The Adolescent tool kit will outline guidelines to service providers on caring for girl child survivors during identification and GBV case management in all service delivery points in line with guidelines**. All service providers (health, police, social workers, teachers, Judges) will be oriented on the adolescent girls tool kit. This will ensure facilitation of access to child centred services to girls by improving girls' access to quality services by competent service providers.

Activity 4.1.2 Capacity building on community structures for confidential referrals

According to DHS 2015, eight in 10 women who seek help ask their own family for help and about one third (34%) ask their husband's family for help and the next most common source of help is neighbours (18%). This means family and community members as first entry point for seeking help or GBV cases. Considering this factor, there is need for capacity building on *dos and don'ts* to avoid causing any harm to survivors. Through Spotlight, partners will work to strengthen partnership and capacity with district committees, religious and cultural institutions to enhance effective service delivery, reporting, and referrals, including targeted training to informal institutions, such as, school shuras, CDCs, on identification, counselling, reporting and

confidential referral of cases of SGBV and HPs.

Capacity building with less follow up and mentorship has proved to yield less results on capacity building of these informal community structures. The recent study by Magenta (2020)[89] on training for school management shuras (SMS) on social mobilization and behaviour change revealed that low ability by partners to systematically support and mentor school management shuras resulted in less effective and low quality delivery of their work. These lessons learnt will be incorporated to effectively implement the training with a robust plan for follow up and mentorship to ensure effective and sustained capacity of these community structures. Through SI, the various structures including communities will support awareness raising on available SGBV services for women and girls through various existing entry points at national, provincial and community level, including schools.

Activity 4.1.3 Train service providers including health, police, judges, prosecutors, and social workers, on GBV case management and youth- and adolescent- friendly services in three targeted provinces:

Various UN agencies (UNFPA, UNICEF, WHO and UN Women) have supported various partners with training to multi sectoral service providers and frontline workers on quality SGBV response across the provinces including the three targeted provinces under SI, however reaching out to those in rural areas has been a challenge. An assessment carried out by WHO Afghanistan in 2015 showed major weaknesses in health service provision to GBV survivors: only 10% of facilities were well prepared to address GBV. The assessment also showed major gaps in health care providers' knowledge and attitudes regarding gender-based violence, its health consequences and the role of health care providers in helping survivors. Ensuring capacity of service providers under SI especially targeting hard to reach areas will further help to quality service provision and strengthen the multi-sectoral response to GBV between different service delivery points such as FPCs, FGCs, WPCs and other services where they exist. This will present opportunities for SGBV survivors to enter into the framework of the survivor-centred approach to GBV services. Below are details:

- **GBV case management** capacity for service providers: - FPC units, youth health corner, CPAN, GFS, mobile team and WPC staff will be targeted with a GBV case management training as part of capacity strengthening, skills upgrading to manage survivors from Survivor centred and adolescent girls centred approach. The training will utilise a standardised case management manual that has been developed by Ministry of labour and Social Affairs (MOLSA) in Afghanistan; this will be complemented by the adolescent girls' tool kit and joint guidance note on provision of SGBV services to women and girls during COVID-19 to ensure the special concerns and needs of adolescent girls are addressed in the service provision, which has been a major concern in this context. In this design, SGBV survivors can enter the care point from any sector and get needed complementary quality services through referral to other sectors.

- **Deployment of Social work**. Strengthen the social work force including female social workers at provincial and community level to ensure availability of social workers even in hard to reach areas for quality care is important. The UNICEF will train Social workers within the targeted provinces through specialized training of social workers on case management in both static and mobile services. The tailor-made training will ensure availability and provision of quality GBV case management at provincial and community level, including various refreshers during the implementation process. The trained social workers will continue to work under mentorship and support supervision from MOLSA, as a professional body governing social work in Afghanistan and the UN. MOLSA has already established the Social workers working group, which will also be a great platform to champion the mentoring and quality assurance of the social workers.

Capacity building of law-enforcement bodies and other sectors staff in GBV case

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[89] MAGENTA (2020). Operational Assessment of Social Mobilization and Behaviour Change Training. April 2020

management and investigation to address VAWG: UNFPA will facilitate the capacity building of three primary target groups of i) National Police Academy, Staff College and NPA Training Centre's teaching staff; ii) Police officers from the Family Response Unit (FRU) and Criminal Investigation Department (CID), and other security personnel working/functioning in target provinces; and iii) legal actors – prosecutors, judges and private lawyers who are the point of contact and assistance for SGBV/ HP survivors.

Activity 4.1.4 Capacity development for service providers on stigma, discrimination, harmful norms, gender stereotypes, and victim-blaming to promote women's access to services
Guided by the principle of leaving no one behind and informed by the perception survey and building on the norm change among service providers under Pillar 3, the SI will further engage service providers including justice, health and social service providers to enhance knowledge and build capacity to address SGBV cases using key guiding principles of survivor-centered approach, based on international standards, including the Essential Services Package. Illustrated materials will be prepared for easy communication of key principles, which will be used for service providers' capacity building and dissemination, as well as for the general public and survivors who may seek to access services. Training and mentoring will be provided on on-going basis to build and maintain knowledge and skills of service providers.

Activity 4.1.5. Capacity building on GBV case management at district and sub-district levels
The GBV case management capacity will be expanded to the FPC units at levels lower than provincial/ District hospitals. A number of healthcare staff from the lower-level health facilities at districts/sub-districts level will be trained and capacitated on GBV case management to create a group of GBV Focal Persons at the CHC levels to treat the SGBV cases at Basic Health Centre and Community Health Centre levels. This is less costly and is best investment in capacity strengthening, skills upgrading (basic clinical skills and survivor centred approaches) are needed.

Output 4.1 Relevant government authorities and women's rights organisations at national and sub-national levels have better knowledge and capacity to deliver quality and coordinated essential services, including SRH services and access to justice, to women and girls' survivors of violence, especially those facing multiple and intersecting forms of discrimination.			
Indicators 4.1.3 Proportion of countries that have developed and/or strengthened national guidelines or protocols in line with the guidance and tools for essential services 4.1.4 Number of government service providers who have increased knowledge and capacities to deliver quality and coordinated essential services to women and girls' survivors of violence 4.1.9. Proportion of countries that have developed and/or strengthened national guidelines or protocols for essential services that specifically address the needs of women and girls facing multiple and intersecting forms of discrimination			
Activity	**RUNO**	**Ways of implementation**	**Partners**
Activity 4.1.1 Develop/adapt guidelines, SOPs and tools for GBV case management and for GBV referrals	UNICEF	CSOs with technical support MOLSA, MoPH	Service providers
Activity 4.1.2 Capacity building on community structures for confidential referrals	UNICEF	CSOs with technical support	Service providers
Activity 4.1.3 Train service providers, including health, police, judges, prosecutors, and social workers, on GBV case management and youth- and adolescent-friendly services in three targeted	UNFPA and UNICEF	CSOs	Services Providers

provinces.			
Sub-Activity 4.1.3.1: Train forensic medicine focal points in forensic evidence collection from the survivors of SGBV in the targeted provinces	UNFPA		
Sub-Activity 4.1.3.2: Conduct two trainings for police, Judges, prosecutors and social actors, on SOPs and case management in the targeted provinces	UNFPA& UNICEF		
Activity 4.1.4 Capacity development for services providers on stigma, discrimination, harmful norms, gender stereotypes, and victim-blaming to promote women's access to services	UN Women	CSOs	Services Providers
Activity 4.1.5. Capacity building on SGBV case management at district and sub-district level	UNICEF and UNFPA	CSO, MoPH, MOLSA	Service providers
Sub Activity 4.1.5.1: Conduct 5 trainings for health workers in GBV SOPs for health sector response (5 days' training) in the targeted provinces	UNFPA		
Sub Activity 4.1.5.2: Conduct 5 trainings for health workers in SGBV psychosocial counselling (10 days) in the targeted provinces	UNFPA& UNICEF		
Sub Activity 4.1.5.3: Conduct two trainings for frontline police (guards) in the targeted provinces	UNFPA		

Output 4.2 Women and girl survivors of violence and their families are informed of and can access quality essential services, including longer term recovery services and opportunities

The SI will use the essential service approach to ensure community outreach through GBV case management agencies as well as BPHS partners in the selected provinces, provision of legal and para legal services and health related SGBV services (psychosocial, clinical management of rape, etc), and referral. Employing the core principles of quality essential service delivery, service providers will be equipped with knowledge and skills to provide survivor-centred and rights-based service delivery, and includes tailored services for adolescent girls such as creation of Girls Friendly Safe Spaces (UNICEF), Youth Health Lines and Youth Health Corners (UNFPA). YHL and YHC both provides GBV and ASRH services including information and referrals for family planning. Recognizing that stigma and discrimination widely held by service providers that hinder survivors' access to services and may further victimize survivors and their families, a perception survey will be conducted by UN Women at service delivery hubs to assess and develop a plan to address norms, stigma and discrimination in service delivery, building on the initiatives under Pillar 3. Information on available services will be disseminated to service users in both static and mobile teams, their families and the general public in the targeted provinces so they understand where service delivery points are to increase utilisation. Specific communication materials will be delivered to those who may be left behind due to their intersectionality (such as illiterate, disabled, displaced or those currently experiencing violence) through various modalities (for example mobile clinics, house visits, use of visuals or audio, different languages etc). Both the mobile teams and Family Protection Centres at the district hospitals will enable the provision of adequate care through health systems. In addition, SGBV cases will be referred from the CHCs at district and sub-districts level to the FPC coordinated through the referral pathways agreed upon by GBV and CP Sub-cluster in coordination with health cluster accordingly.

Guided by the principle of leaving no one behind, areas hard to reach will be provided with SGBV/ HP services through already existing medical mobile units with child marriage information, awareness raising, emergency counselling including referrals of SGBV survivors. The UNFPA and UNICEF supported mobile health clinics in Herat, Kandahar and Paktia are functional and providing health and psychosocial outreach services to the affected population in these two provinces. The existing mobile teams will have a social workers and members of community advocacy networks as additional team members who will conduct community outreach for women and girls with intersecting forms of discrimination and marginalization.

Furthermore, in order to facilitate survivors' longer-term recovery, the UN Women Women Protection Centers (WPCs) and Family Guidance Centers (FGCs) will expand their current service provision and strengthen its longer-term recovery initiatives. WPCs and FGCs offer different and complementary services for survivors of violence. The expansion of WPCs and FGCs will be carefully mapped based on needs and gaps to ensure services availability and accessibility, to avoid duplication. This includes creating linkages between WPCs and FGCs, trade unions, and/or community-based women's economic empowerment opportunities to support integration of women survivors into the workforce. Police will be engaged to ensure prompt service of protection orders for survivors and ensure immediate and urgent protection measures are accessible for all survivors which meet the needs of the survivor and her family.

ACTIVITIES:

Activity 4.2.1. Conduct a Perception Survey on women's access to services
A Perception Survey will be conducted at service delivery points of targeted provinces to understand the factors that encourage women and girls to access services, myths and barriers that prevent access to services and determine opportunities and risks related to survivors' access to services. Survivors will be included in the design of the initial and end-line surveys. The Findings will also inform the design of accessible service delivery that meet the needs of women survivors in the context of Afghanistan and support the development of training topics for service providers to better provide survivor-centred services with a principle of "do no harm". An end line survey will be conducted on attitudes, beliefs and trust in and awareness of services to measure the impact of the intervention.

Activity 4.2.2. Engagement of CSOs to provide legal and para-legal services to enhance access to quality information on justice for survivors

In complement of the community outreach that will communicate on available services, CSOs will provide free legal aid services and accompany survivors during the justice process. With its local reach, the engagement of CSOs in the provision of legal services and information will strengthen access to justice to vulnerable groups. A number of CSOs are providing legal services to survivors of violence through professional lawyers and paralegals. Law students, paralegals, lawyers and lawyers working for the CSOs who provide legal and para-legal services to SGBV survivors, including through the Women Protection Centers and Family Guidance Centers, will receive on-going training and mentoring to provide services to survivors of violence, following a survivor-centered approach. Training will be provided on an on-going basis, to build and maintain knowledge and skills related to quality provision of services for survivors. Women laws students, paralegals and lawyers will be identified and prioritized for the trainings to respond to the lack of women lawyers and paralegals. Women and young paralegals at the community level will be trained as first responders to identify and refer to professional services. This can empower women and youth, and support them to become inspiring agents of change. This will contribute to generate demand and options for survivors, advocacy for longer-term formal justice services, and promote women's access to justice.

Voices of survivors and partnership with women's organizations are critical for supporting the development of sustainable justice solutions for all women, aligned with the principle of leaving no one behind. To ensure the government's buy-in and sustainability, CSOs will share best practices and lessons learned with the EVAW Forum (Pillar 2) involving the government, development partners and donors. With the skills gained under Pillar 6, CSOs will acquire skills

to monitor service provision. Advocacy will be conducted at subnational and national levels within EVAW forums to encourage government to fulfil its national and international commitments, by assuming management of services provided by CSOs.

<u>Activity 4.2.3. Establish Family Protection Centres at the District Hospital level in the three targeted provinces</u>
To scale up Survivor centred and girls, centred GBV services through health sector response, the SI will set up a dedicated FPC unit within the district hospital and linking it with integrated GBV services in lower-level health facilities (CHCs) to increase service uptake where many of the cases will referred from lower-level health facilities using the available referral pathways at provincial/ district level. The UNFPA country-specific model of health sector response to GBV was built on international best practices examples and incorporates the elements of several models of coordinated multi-sectoral response to GBV (or domestic violence) operating in the communities across the globe. The Model generates a coherent set of relationships among agencies and organizations that would allow the survivors of gender-based violence to receive specialised health including screening and clinical management of rape cases and psychosocial counselling and referrals to other service delivery points, such as WPCs, FGCs, WHFSs, and others services for further assistance and protection while investing minimum resources using the existing referral pathways. At the same time the model aims to expand the choices of victims in Finding their sustainable ways out of violent situations, the Family Protection Centre is a main component of the health sector response to GBV, coordinating all efforts under the health sector.

<u>Activity 4.2.4. Expand adolescent-centred SGBV services through establishment of Girls' Safe Spaces[90].</u>

The creation of 'girls safe spaces' that is culturally-appropriate and tailored to the context of Afghanistan is a key strategy in the protection and empowerment of girls. Due to cultural restrictions and sensitivities, there are very few places where parents would feel free to send their girls for information and access to services. So without 'girls friendly safe spaces', (GFS) there would be no space for girls and young women to meet and get the needed help. GFS can thus provide girls with a safe place to gather in order to access services and information. SI will strengthen their mechanisms and ensure that a comprehensive response system is in place to provide easily accessible and quality SGBV services for adolescent girls and young women, who otherwise find it difficult to access services from traditional service delivery points. Key activities will range from establishment of one girls GFS in each of the target districts at community level as dedicated safe space for adolescent girls only to gather and socialise, access information, and access to specialised and tailored SGBV services. The GFS will also be linked to the mobile teams and their services for effective and timely referrals of cases. Within the safe spaces UNICEF, with its partners, will ensure recruitment of at least two female social workers per facility to better respond to the needs of adolescent girls within the Afghanistan context. The social workers will be recruited from the same community to ensure sustainability.

The SI will ensure capacity building of these social workers and all the other frontline workers for the SI project thus case-managers, educators, health workers, police officers and judges in contact with girls experiencing violence, abuse, exploitation and/or neglect on adolescent girls sensitive service delivery using the adolescent girls tool kit that will be developed under this project in order augment the existence of the girls friendly space model, as well as to establish a much wider support system in the programme provinces for adolescent girls.

<u>Activity 4.2.5. Establish and maintain the Child Protection Action Networks (CPANs).</u>
The Child Protection Action Network (CPAN) was initiated to prevent and respond to the reality of the child protection concerns. CPAN is currently present in 170 districts in 34 provinces of

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[90] A girls safe space is a formal or informal place where girls feel physically and emotionally safe, comfortable, and able to express themselves. The safe space also enable to get information on their protection including accessing case management services

Spotlight
Initiative
To eliminate violence
against women and girls

Afghanistan. To ensure CPAN effectiveness where there are available, MOLSA has a pool of master trainers who rolled out the training at sub-national levels to improve the functionality of CPAN to effectively carry out prevention and response interventions protecting children at risk. CPAN continues to take a holistic approach to strengthening child protection mechanisms and implementing both prevention and response activities, even more so at grassroot / community levels. SI will ensure to use CPAN existing structures and establish new ones at District level for a more focused attention to the needs of adolescent girls, which has not been their specialised focus yet. It will also ensure access to the CPAN services by the girls through CPAN female social workers that will be recruited under SI initiative and community mobilisers. It will also facilitate referrals to other specialised services. The new CPAN will be established at community level to facilitate timely attention and referral to district CPAN and other structures for service provision to adolescent girls. All new social workers in the CPANs will be trained on caring for adolescent girl survivors and how to provide tailored, adolescent girl-sensitive services. This will be complemented with referral pathways for girl-child survivors as part of the multi sectoral response under SI and beyond.

Activity 4.2.6. Set up SGBV/ HP Mobile team
To ensure reach to otherwise difficult to reach areas, the SI will ensure establishment of SGBV mobile teams through utilization of existing four medical mobile units in each of the targeted provinces[91] (with integrated SGBV and child marriage information, awareness, and referrals). The current health mobile team have proven effective in reaching hard to reach areas with maternal and neonatal and nutrition services, however there is a huge gap in applying the same mobile team approach to provide crisis counselling and management referrals for SGBV survivors where static services are not available. SI will tag a trained social worker to the existing medical mobile team for basic counselling and timely referral to specialized delivery points for SGBV survivors including adolescent girls. All medical mobile team members will also be targeted with capacity building trainings planned under SI initiative.

Activity 4.2.7 Expand and support WPCs and FGCs to support longer term recovery for survivors.
Building on the WPC model, and under the potential WPC Trust Fund, in order to fill the gaps in their availability in targeted provinces, the SI in Afghanistan will build on and expand the WPC and FGC models, and support the provision quality coordinated services in a survivor-centred approach. Where not available, based on gaps and needs identified, new WPCs will be established under the WPC Trust Fund to provide shelter, food and clothing, legal aid, healthcare, basic literacy and numeracy, vocational training, psycho-social services, family mediation and counselling, and support for reunification with their families, as well as follow-up visits and telephone calls to ensure the safety of the women survivors after the reintegration into the community/family. The police will ensure prompt service of protection orders for survivors including those who have been reintegrated, and immediate and urgent protection measures are accessible for all survivors which meet the needs of the survivor and her family. Similarly, when not available, new FGCs will be established to provide psycho-social counselling, legal services, vocational training and other services for women and girls who have experienced violence. In addition, both WPCs and FGCs will extend its longer-term support to survivors by creating linkages to trade unions and/or community-based women's economic empowerment opportunities to support integration of women survivors into the workforce, and provide training and supports for women survivors leaving WPCs, including women with disabilities, through CSOs providing WPCs.

Activity 4.2.8. Support the Youth Health Line (YHL)
The YHL telephone counsellors will receive additional refresher training on GBV guiding principles, GBV referral pathways and specific needs of young girls with disability (especially women's and girl's needs). The YHL is a nation-wide toll-free advice phone line which is accessible from all over the country. The majority of the population in Afghanistan has mobile coverage and through calling the YHL young people, especially girls, are able to receive

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[91] Priority will be locations with high risk SGBV and Child marriage cases- to be agreed by the provincial teams.

immediate, anonymous and professional telephone counselling interventions in order to help them make well informed, safe decisions through guided exploration of all possible options. SI will be using the existing line (established in 2012 by MoPH and supported by UNFPA) which will also complement the sexual and **YHL Telephone counselling services for young people especially girls**: informing young callers of the local services available and making local referrals for GBV and SRH services. YHL telephone counsellors are medical doctors, specifically trained in Youth Friendly Services (YFS), which are based on an understanding of lived realities of young people, their needs and how to deliver information in the most accessible means to this younger audience.

Activity 4.2.9. Establish Youth Health Corners
Youth Health Corners (YHC) will also be established within existing health facilities across the targeted provinces. Youth Health Corners are a separate place within a health facility, but with a separate entrance, specifically operational for young people aged 10 to 24, regardless of their marital status. YHCs are youth-friendly spaces, specifically designed to make the young people (and specifically young women and girls) visiting the health facility feel comfortable and welcomed thus reducing the barriers that young people often face when having been referred/are seeking health information in person. The link between youth corners and the main health facility is crucial in achieving access to effective service provision. Many adolescents, especially young girls are exposed to violence and fear on a daily basis. The YHC is an integrated approach with the local health facilities which creates a space for the local youth population to receive vital health advice, treatment and further referrals. Youth Friendly Services through Youth Health Corners is an agreed intervention by MOPH and it is part of RMNACH strategy 2017-2021. The Youth Health Corner will be owned by existing staff of the health facility but trained on youth friendly services to ensure sustainability of the program, only one staff will be recruited to manage the operational and reporting system. Therefore, the YHC attached to the health centre will provide a hub for service delivery in providing health information and referrals to clinical services.

Output 4.2 Women and girls' survivors of violence and their families are informed of and can access quality essential services, including longer term recovery services and opportunities			
Indicators 4.2.2 Number of women and girls' survivors/victims and their families, including groups facing multiple and intersecting forms or discrimination, that have increased knowledge of and access to accompaniment/support initiatives, including longer-term recovery services 4.2.1 Number of women and girls' survivors of violence that have increased knowledge of and access to quality essential services			
Activity	**RUNO**	**Ways of implementation**	**Partners**
Activity 4.2.1. Conduct a Perception Survey on women's access to services	UN Women	CSOs with technical support	
Activity 4.2.2. Engage CSOs to provide legal and para-legal services to enhance access to quality information on justice for survivors	UN Women	CSOs	CSOs
Activity 4.2.3. Establish Family Protection Centres at the District Hospital level in the three targeted provinces	UNFPA	MoPH	
Activity 4.2.4. Expand adolescent-centred SGBV services through establishment of Girls' Safe Spaces	UNICEF	CSO	

Spotlight
Initiative
To eliminate violence
against women and girls

Activity 4.2.5. Establish and maintain the Child Protection Action Networks (CPANs).	UNICEF	MOLSA, CSO	CPAN, MOLSA
Activity 4.2.6. Set up SGBV/ HP Mobile team	UNFPA/ UNICEF	MoPH	MoPH/CSO partner
Activity 4.2.7 Expand and support WPCs and FGCs to support longer term recovery for survivors	UN Women	MOWA	CSOs
Activity 4.2.8. Support the Youth Health Line (YHL)	UNFPA	MoPH, CSO	Service providers
Activity 4.2.9. Establish Youth Health Corners	UNFPA	MoPH	MoPH/CSO partners

Target Groups and Geographical Scope

Target groups are women, girls, families, and service providers, in healthcare as well as other sectors. The geographical target is specific districts in the target provinces of Herat, Kandahar and Paktia.

Signature intervention

Mobile services: To ensure the services are able to reach those left behind, The UN in Afghanistan will establish the first of its kind SGBV mobile outreach in Afghanistan to reach the 'hard to reach communities' with emergency SGBV services and information for women and adolescent girls. Social workers, especially female will be recruited to form part of the existing medical mobile team for SGBV case identification, emergency counselling and management of timely and confidential referrals to the next service delivery point at district and provincial level. The deliberate recruitment of female social workers will address cultural sensitivities around access to services by women and girls, who are otherwise not comfortable to see a male service provider within Afghanistan context.

"Do no harm" service delivery: Guided by the ESP principles, stigma, discrimination, gender stereotypes and victim-blaming that hinder survivors' decision to access to services and experiences at service devilry points will be assessed and identified. This will inform to design survivor-centred service delivery and targeted training materials for service providers to provide services guided by key principles of "do no harm". This is a critical step to encourage women and girls' access to services while strengthening the quality of available services and service providers that meet the needs and priorities of women and girl survivors, aligned with international standards of "do no harm".

Past Programming and Lessons learned

In Afghanistan, Health facility has been the most preferred entry point to access GBV service care by most women due to due less stigma, hence the Rolling out of FPC has helped to improve on access to services especially by women and girls without fear from family and society. The FPC provided an opportunity for provision of a multiple services under one roof, which is was a great entry point for multi sectoral collaboration although a lot still needs to be done to ensure FPC and related GBV indicators are part of BPHS/EPHS for sustainability beyond GBV dedicated funding below are some of the lessons:

● Training alone is insufficient to improve the capacity of government partners to provide essential services. Instead, in-service trainings/coaching must be based on a capacity assessment accompanied by hands-on mentoring. Training must be institutionalized into all pre-service trainings for sustainability and scale

- Mentoring models for social workers not only provide capacity, but also provides a platform for social workers to cross pollinate and share lessons and experiences as regards case management.

- Availability of free, accessible, confidential medical and psychosocial social services are the initial services for the majority of SGBV survivors, and healthcare facilities are the first entry point for the survivors. Therefore, huge numbers of SGBV cases are reported to the GBV services hub (Family Protection Center). This has been built on the successful model of the FPC incorporated inside the hospital facilities in 22 provinces in Afghanistan since 2014.

- The adolescent girls are neglected from the entire concept of SGBV and interventions are not designed specifically for their needs.

Sustainability

Spotlight will use systems strengthening approach to improve service delivery, e.g. UNICEF will continue to support MOLSA to train Social workers, who will be absorbed into the Social workforce. Streamlined systems and tools for service delivery – including the one protection, referral, and coordination system and integrated training, guidelines, and protocols – are more efficient and easier to sustain.

By addressing the underlying barriers of women survivors' access to services, UNWOMEN will develop institutional capacity of service providers to provide survivor-centered services, strengthen community advocacy aligned with Pillar 3 and establishing the Women Protection Centers Trust Fund which will be incorporated in the government policy or law through advocacy, women's access to services will be strengthened and sustained.

UNFPA will continue training FPC staff and mentor them and will also provide on-going assistance and advice to managers and care providers and learn from these while using result to advocate for adoption of the model and/or scale up. The project is designed such that "FPC" evolves into a 3-staff separate unit within hospital structure that will be specialised in management of GBV cases and in provision of complementary GBV services through facilitated referral and in close case follow-up across sectors. Therefore, as part of sustainability, UNFPA and in collaboration with the Gender Directorate of MOPH has designed the oversight and management of FPC to be part of hospital management and reporting. This is intended to ease integration of the unit for GBV Management as part of hospital structure and services once donor funding ends. In this way, every hospital structure will be designed with a separate unit for GBV case management – potentially to be staffed by at least 3 staff. The SI with partners will use the result of successful evaluation of the project to advocate for the GBV unit to become part of hospital structure and services for the purpose of sustainability and for scaling up GBV services across the country.

Beneficiary information

- *Direct beneficiaries:* this estimate includes mainly general estimations, based on experienced uptake of services previously provided within this field by RUNOs, notably based on baseline data and reports on service provision to victims of violence

- *Indirect beneficiaries*: are estimated based on the populations in heart, Kandahar and Paktia provinces. This will be refined during the sub-national consultations

Estimated No. of Beneficiaries – Pillar 4		
	Direct	Indirect
Women	149,270	200,220
Girls	247,840	350,330
Men	6050	150,110

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Spotlight
Initiative
To eliminate violence
against women and girls

Boys	229,840	200,220
TOTAL	633,000	900,880

Outcome 5- Data

Theory of Change

If (1) measurement and methodologies for SGBV/HP data collection are improved and strengthened (including monitoring and reporting requirements for SDG target 5.2 indicators); and **if (2)** the capacity of national institutions to collect disaggregated SGBV/HP data in line with globally agreed standards is strengthened; and **if (3)** disaggregated data (including to extent possible on age, ethnicity, location, socio-economic status, disability) are made accessible and disseminated to be used by decision makers and civil society, **then (4)** laws, policies and programmes will be based on evidence and better able to respond to the specific context and realities of women and girls in Afghanistan, including those most marginalized, **because (5)** they will be based on quality, disaggregated and globally comparable data

Scope and Scale of Support

As Afghanistan does not have reliable statistical data regarding gender-based violence offenses, the Spotlight Initiative will support the MOI and National Police Force to establish a functional computerised GBV Information Management System, including database for the police force in targeted provinces and at national level. Since 2013, UNFPA has been working with the MOI/ FRU in building the capacity of law enforcement personnel on GBV case management in 26 provinces of Afghanistan. The database proposed under the SI project will further strengthen MOI's capacities to record, analyse and report GBV incidents managed by police from FRUs across the country. The capacities of MOI personnel will be increased through training and on-the-job mentorships to manage and retain the proposed IMS beyond project life.

The project will also support the linkage between police sector GBV IMS that focuses on specific GBV cases handled within the police system and its referral linkages with judiciary, health, protection shelters, and the overall EVAW database that focuses on overall indicators for VAW that is being set up at the Ministry of Women Affairs (MoWA). Any database to be set up will be assessed against existing ICT infrastructure and system already being used by the MoI/Police force.

The GBV IMS will not only help determine the GBV case load, profile of GBV cases and how they have been addressed as well as referred and the drop-out in referral patterns, but also provide a measure of police engagement in implementation of the EVAW law and other related laws on GBV and domestic violence. The database will assist in identifying groups of women and children, who are at a higher risk of violence, communities in which violence is occurring most, types of violence that occur, all of which will assist the MOI in developing appropriate and coordinated responses to these offenses. The data will also be used by police for planning for effective GBV services and the protection and promotion of the rights of girls and women in Afghanistan. The spotlight initiative will also focus on the development of a standardized tools for accurate reporting, and related SOP's to guide use of such tools. It will support establishment of electronic GBV IMS in targeted provinces for the police sector, produce client intake forms and orient police officers on proper completion of the forms as well as on data analysis and use at each of the police station and nationally for consolidated data.

The police sector GBVIMS shall follow the ethical and safety considerations articulated in the Global GBVIMS guidelines promulgated by the Inter-Agency Standing Committee-IASC. Extreme care and attention are paid to data security, ethical checks and confidentiality through coding system and various filters in the IMS. Data and information sharing shall be done in neutral manner through and agreed/signed information sharing protocol-ISP while explaining the purpose

of the data needs. Additionally, based on the experiences and procedures of the Health Sector Response to GBVIMS, the police sector GBVIMS shall have full package of forms such as intake form (that spells out types of violence, geographic, perpetrators' information, services needed, actions taken etc.), survivor consent form to capture information, referral form and register. The data shall be captured through codes so not only survivor information is kept confidential but also service providers' identity is maintained. The GBVIMS shall also provide information platforms to have the data in various dimensions such as trends, magnitude, types of vulnerabilities on GBV cases especially for women and girls. Capacity building of data officers will support the production of quality reports and information management products which will be used to inform programming and advocacy.

Outcome 5: Quality, disaggregated and globally comparable data on different forms of violence against women and girls and harmful practices, collected, analysed and used in line with international standards to inform laws, policies and programmes

Output 5.1 Key partners, including relevant statistical officers, service providers in the different branches of government, and women's rights advocates, have strengthened capacities to regularly collect data related to SGBV, in line with international and regional standards to inform laws, policies and programmes.

ACTIVITIES:

5.1.1 Assess various SGBV data collection systems currently in use by police/MoI and SGBV data collection platforms used by other partners, including MOPH and MOWA. UNFPA, in partnership with the MoI will secure services of independent external consultant to assess the various GBV data collection system (not client specific data) being used by government and NGOs at both the national and provincial levels. Using data generated through desk reviews, interviews and observation, this consultant will present their Findings and recommendations for strengthening GBV data collection system in general and specifically within MoI and National Police Force and with participation of national level GBV actors in the country through a national level consultation and validation meeting.

5.1.2. Development of police sector SGBV data collection system harmonized with other sectoral SGBV IMS
Based on the Findings of the assessment, UNFPA and MOI will support to develop a harmonized GBV IMS for the police sector in consultation with Ministries of Public Health, Women Affairs and the Interior to harmonise the GBVIMS developed for MOI with the GBV database existing in the Ministry of Public health to unify the coding system, including the GBV classifications, intake forms, etc which allows data flow between the systems. The GBV IMS that will be developed from open source software will be developed with the guidance of a task force constituted of MoPH, NSIA, MoWA, UN agencies and CSOs using GBV database. It is important to mention that the GBV IMS is already disaggregated by age, sex, types of violence, geographical location (urban and rural settings). The GBV IMS will be used vis-a-vis other data in addressing marginalization. All MOI relevant staff will be trained how to use the system and generate the data, so it becomes part of the Ministry structure to ensure the sustainability of the database.

5.1.3 Test and validation of the new system. Once developed, the police sector GBV IMS will go through a broader process of testing and evaluation phase in the targeted provinces. Different police officers using the system will be trained on how to use it and left to use it for a period of time to generate experience in use. The team of consultants and task force members will undertake regular monitoring to assess applicability and use of the new system, and document challenges being experienced in its use.

5.1.4 Capacity building of police staff in use and maintaining the SGBV database. Once the system is developed and tested, first a Training of Trainers (TOT) and a user training at national level will be conducted aimed at creating a team of skilled staff who can use the GBVIMS and provide on-going technical support and mentoring. Following that, the national level team will subsequently conduct training for the key users from each of the police stations in each of the

Spotlight
Initiative
To eliminate violence
against women and girls

three targeted provinces on GBVIMS and GBV database management. This will help creating a team of skilled staff who can use the GBV IMS and provide on-going technical support and mentoring to ensure data protection and data utilization considering ethical and safety recommendation.

5.1.5 Develop abridged version of the Standard Operating Procedures and Protocols for SGBV data collection. Through the spotlight initiative a specific protocol and standard operating procedures (SOPs) for GBV data collection under the police response to GBV will develop. The protocol and SOPs will assist the police to standardized GBV data collection. The protocol provides police with step-by-step guidance in GBV data collection, data analysis and data use considering ethical and safety recommendation. This component will focus on the development of a user guide (pocket manual) for the protocol so that officers in the field have information on the accepted protocol in GBV data collection and management.

5.1.6 Provide technical support for management of the SGBV IMS. Similar to the development of the GBV database, UNFPA will support MoI/National Police Force to develop policies and procedures for the operation of the data-base to include: system security, user and access information, confidentiality of information, end user guides, data entry and input requirements and other related functions.

In addition, the program will provide technical assistance to the MoI to manage the IMS, gather data analyse and disseminate police sector GBV IMS data. Analysis, storage and ethically sound dissemination of data/information on GBV cases managed within the police sector using the lesson learned from the GBVIMS in the health sector will be managed through the technical support. The data will be analysed and used to inform policy and decision making as well as the provision of quality services to beneficiaries.

Output 5.1 Key partners, including relevant statistical officers, service providers in the different branches of government, and women's rights advocates, have strengthened capacities to regularly collect data related to SGBV, in line with international and regional standards to inform laws, policies and programmes.

| Indicators
5.1.2 Percentage of targeted countries with a system to collect administrative data on VAWG/HP, in line with international standards, across different sectors
5.1.4 Number of government personnel, including service providers, from different sectors who have enhanced capacities to collect prevalence and/or incidence data, including qualitative data, on VAWG in line with international and regional standards |
|---|

Activity	RUNO	Ways of implementation	Partners
5.1.1 Assessment of various SGBV data collection systems currently in use by police / MoI and GBV data collection platforms used by other partners, including MOPH and MOWA	UNFPA	Technical support	MOI
5.1.2. Develop a police sector SGBV data collection system harmonized with other sectoral SGBV IMS	UNFPA	Technical support	MOI
5.1.3 Test and validation of the new system	UNFPA	Technical support	MOI
5.1.4 Capacity building of police staff in the use and maintenance of the SGBV database	UNFPA	Technical support	MOI
5.1.5 Develop an abridged version of the Standard Operating Procedures and Protocols for SGBV data collection.	UNFPA	Technical support	MOI
5.1.6 Provide technical support for management of	UNFPA	Technical	MOI

SGBV IMS.		support	

Output 5.2: Quality prevalence and/or incidence data on SGBV are analysed and made publicly available for policy makers to inform evidence-based decision making

This SI will conduct a baseline survey to inform the project indicators as a comprehensive baseline survey was not conducted before the formulation of the project, that includes access of young people 10-24 years old to the existing health facilities.

The interventions under this Output will include capacity building of CSOs, including women's groups and CBOs, to collect and analyse data beyond government bodies, and inform policy advocacy

ACTIVITIES:

5.2.1. Conduct a baseline survey in targeted provinces to inform the indicators in the Results/Resource Framework of this SI. This survey will automatically capture the situation/incidences of SGBV including child marriage, women and girls' access and utilization to services including young girl's, women with disabilities and other women and girls with intersecting forms of discrimination and marginalization.

5.2.2 Build the capacity of CSOs, CBOs and other stakeholders in terms of data collection, analysis and utilization, especially at provincial and district levels.
CSOs and CBOs are deeply involved in the implementation and reporting of projects, including the GBV at the provincial level. Training of CSOs on routine programme data will help to get them involved in effectively monitoring the programme implementation and suggestion for corrective actions during the implementation process. Meanwhile, CSOs' training on primary data collection, analysis, and reporting will guide generation evidence for effectiveness of programme in reducing GBV at the community level.

5.2.3 Support the National Statistic and Information Authority (NSIA) to collect and analyse Gender/Sex and age disaggregated data at the national level.
The NSIA will be supported to conduct in-depth analysis of the existing research, assessment and administrative data collected in regard to Gender or Gender Based Violence and to provide policy makers with evidences to supporting evidence-based policy, strategies and programming. The NSIA is the national body for monitoring the SDG indicators in the country and provide data to government sector for their planning. In-depth and secondary analysis of existing research will provide information on underlying causes of GBV which will guide informed policy and programme formulation.

Output 5.2: Quality prevalence and/or incidence data on SGBV are analysed and made publicly available for policy makers to inform evidence-based decision making			
Indicators
5.2.1 Number of knowledge products developed and disseminated to the relevant stakeholders to inform evidence-based decision making
5.2.3 Number of government personnel, including service providers, from different sectors with strengthened capacities on analysis and dissemination of prevalence and/or incidence data on VAWG			
Activity	**RUNO**	**Ways of implementation**	**Partners**
5.2.1 Conduct a baseline survey in targeted provinces to inform the indicators in the SI Results/Resource Framework	UNFPA	Technical support	NSIA

5.2.2 Build the capacity of CSOs, CBOs and other stakeholders in terms of data collection, analysis and utilization, especially at provincial and district levels.	UNFPA	CSOs technical support	CSOs
5.2.3 Support the National Statistic and Information Authority (NSIA) to collect and analyse Gender/Sex and age disaggregated data at the national level.	UNFPA	Technical support	NSIA

Signature intervention

Assessment of various GBV IMS currently in use by police force/MoI and other partners

Procurement of an independent external consultant to assess the various GBV IMS (not client specific information, data or profile) being used by government and NGOs at both the national and provincial levels. Specific consideration will be made for confidentiality and security of the data accessed and used by the consultant based on ethics and safety recommendations for GBV data management, including creation of dummies for the assessment. Using data generated through desk reviews, interviews and observation, this consultant will present the Findings and recommendations for strengthening GBV IMS in general and specifically within MoI, National Police Force, and NSIA at a national level consultation and validation meeting with other GBV actors.

GBV data collection and data management

Data collection and statistical analysis of GBV information is crucial for the evidence programming which UNFPA will provide technical and expert support to the MOI and ANSIA. Based on request of the Government of Islamic of Afghanistan, the spotlight initiative support to MoI and ANSIA to introduce GBV data collection processes and tools for the GBV response in Afghanistan.

Rollout of the police sector GBV IMS

The harmonized police sector GBV IMS will be rolled out in the target provinces once it has been validated. There will be a (i) Training of Trainers and user training at national level aimed at creating a team of skilled staff who can use the GBV IMS and provide on-going technical support and mentoring.

The national level team will subsequently conduct provincial (ii) training of key users from each police station in each target provinces on GBV IMS and GBV database management. Choice of provinces is dependent on where UNFPA is already implementing police sector GBV prevention and response.

Target groups and geographical Scope

This Pillar will target institutions, police officers from FRU and CID, CSOs, CBOs, women's groups, and national institutions, including NSIA, in the targeted provinces and districts of Herat, Kandahar and Paktia.

Lessons learned and Past Programming

The lack of GBV data from the police sector resulted in having incomplete picture of GBV incident data collected from other sectors, especially from health sector in Afghanistan since 2014, and thus the extent of SGBV, especially at the provincial level. Through the SI project, gaps in GBV incident data collection, including HP and SRHR at the targeted provinces level will be addressed through the GBVIMS, and the institutional survey mechanism by the NSIA. Existing health services are not meeting the needs of adolescents and youth, surveys in many countries suggest that when young people are looking for urgent treatment for what they consider to be sensitive

conditions, health services are often their last resort. [92]. Young people in Afghanistan have inadequate information about their sexual and reproductive health issues and appropriate healthcare services, which is compounded by the difficulty of physically reaching healthcare facilities.[93] Yet adolescents and youth can be excluded by poor service delivery, their own lack of awareness or a combination of legal, physical, economic and psychological barriers.

Sustainability: The MOI has agreed to identify appropriate personnel at the district and provincial levels to serve as focal points to collect GBV related data. District focal points will provide data to their counterparts at the provincial level who in turn will collate and submit the information to the national focal point at the MOI. The aim is to establish a GBV database (adaptation from the global GBVIMS) to collect administrative data from the FRUs. Similarity with GBVIMS and NAPWA databases using a similar coding system that will help in data flow between the two systems where possible, reporting and analysis.

As current structures within the MOI are weak regarding GBV data collection and analysis, UNFPA will assist the MOI in this endeavour. Through this program UN will create and implement a GBV database ensuring its similarity with the on-going development of the EVAW and NAPWA databases.

Beneficiary Information

- Direct beneficiaries: this estimate includes mainly general estimations, based on experienced uptake of services previously provided within this field by RUNOs, notably based on baseline data and reports on service provision to victims of violence

- Indirect beneficiaries: are estimated based on the populations in Herat province. This will be refined during the sub-national consultations

Estimated No. of Beneficiaries – Pillar 5		
	Direct	Indirect
Women	16,324 (members of CSOs, CBOs, Women Groups, NSIA)	188,496
Girls	5,839	16,940
Men	26	100
Boys	4,617	13,104
TOTAL	26,806	218,640

Outcome 6 - Women's Movement and civil society

Theory of Change:

If (1) the knowledge, expertise and capacities of women's rights organisations, autonomous social movements, and CSO, including those representing youth, including youth parliament and groups facing intersecting and multiple forms of discrimination is drawn upon and strengthened; and **if (2)** the space for these organisations is free and conducive to their work; and **if (3)** multi-stakeholder partnerships and networks are established at local, national, regional, and global

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92 Samuel Hall Consulting (2013). Afghanistan s future in transition: A participatory assessment of the Afghan youth. Kabul: DMoYA, UNDP, UNFPA, UNICEF.

93 Samuel Hall Consulting (2013). Afghanistan s future in transition: A participatory assessment of the Afghan youth. Kabul: DMoYA, UNDP, UNFPA, UNICEF

levels with these organisations, **then (4)** women's rights organisations, autonomous social movements, and CSO will be able to influence, sustain, and advance progress on gender equality and women's empowerment, and SGBV against women and girls policies and programmes will respond to the needs of all women and girls, including those facing intersecting and multiple forms of discrimination, **because (5)** the activism of women's rights organisations, autonomous social movements and CSOs, including those representing youth and groups facing intersecting and multiple forms of discrimination, drives progress on ending SGBV.

Scope and Scale of Support

This Pillar aims to empower, create space and provide access to opportunities for women and girls who have historically been excluded from the women's movements, particularly grassroots women, young women and other women with intersectional identities, to take collective action for gender equality, women's rights and violence against women and girls by creating a shared platform and institutional strengthening, support to engage in accountability mechanism, capacity building and mentorship. This Pillar links to all other Pillars, since CSO is an instrumental part of the implementation of the SI in Afghanistan. In particular, Pillar 1 recognizes that strengthening national law and policy framework must include a social movement led by women advocates to ensure the demand for change comes from, and for, the people of Afghanistan. Pillar 3 acknowledges that women's movements, especially at the grassroots level, are an integral part of a whole-of-community approach for prevention of violence. The work undertaken across Pillars also creates an enabling environment for women's rights activists and women's movements.

ACTIVITIES

Outcome 6: Women's rights groups, autonomous social movements and relevant CSOs, including those representing youth and groups facing multiple and intersecting forms of discrimination/ marginalisation, more effectively influence and advance progress on GEWE and SGBV

Output 6.1 Women's rights groups and relevant CSOs[94] have increased opportunities and support to share knowledge, network, partner and jointly advocate for GEWE and ending SGBV with relevant stakeholders at sub-national, national, regional and global levels.

Guided by the principle of leaving no one behind, the SI will invest in grassroots women's movement by creating enabling spaces for historically marginalized women (including grassroots women groups, young women's groups, women's rights advocates and activists, and women with intersecting discrimination and marginalization) to share knowledge, network, partner and jointly advocate to bring the needs and priorities of the most marginalized women at the forefront of the SGBV efforts at national and sub-national levels. As young people's engagement is critical, the approach will have a particular focus on engaging young women and adolescents to strengthen their voice and leadership in addressing SGBV/HPs, including through mentoring, intergenerational dialogues, youth parliament and the creation of youth-led groups that will be leveraged into the advocacy and civil society movement.

Activity 6.1.1 Support convening platforms for the grassroots women's movement, including facilitating the participation of women with intersecting identities

Under this activity, a number of sub-activities will be implemented:

- **Through technical support and core funding, provide capacity development opportunities on laws and policies and support the organisation of regular meetings of CSOs at the national and sub-national levels.** This will support and strengthen capacity of CSOs/women's groups to organise, coordinate and effectively advocate and lobby for change in laws and policies that are discriminatory as well as raising awareness on the existing legal and policy framework.
- **Support the convening of a series of meetings at the national and sub-national**

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[94] Including those representing youth and groups facing multiple and intersecting forms of discrimination/marginalization

levels, that will be inclusive of grassroots women's movement and women with intersecting identities, led by core women's groups that have the ability to reach out to marginalized women in their communities (such as women's shura, youth networks and informal groups). This includes facilitating the participation of women with intersecting identities, funding to hold national and sub-national platform meetings, producing tailored materials for women with disabilities, illiterate women, women with different languages etc.

- **Produce a number of knowledge and advocacy products** to document the collective voices, experiences and solutions of grassroots women's groups, young women and women with intersecting identities, with the aim to develop shared language and analysis of women's different experiences. Their collective voices will be documented and expressed through traditional advocacy tools (e.g. advocacy briefs, position papers, statements etc) as well as non-traditional tools (e.g. art, theatre, poems, music, sports etc) to advocate for the inclusion of their needs and priorities in SGBV efforts through policy advocacy.

- **Support the organisation of inter-generation dialogues and mentoring of women from grassroot and marginalized groups and younger women and their engagement in women's movement**. This will bridge the gap between big and elite organisations at the national level and small and grassroot organisations at the local level and support young women advocates' leadership, advocacy and capacity building capacities.

- **Support the convening of sub-national and national policy dialogue platforms with the government, legislature, judiciary and informal power groups including religious leaders**. These platforms will be used to establish horizontal and vertical networks among women's groups and enable grassroots women and historically marginalized women to voice their needs and priorities to the government and other stakeholders. This will contribute to stronger partnership between women's groups and government, allowing equal voices of rights holders and duty bearers.

- **Conduct a capacity assessment** of women's groups, particularly grassroots women's groups, young women's groups and those historically marginalized women and gender advocates, to inform the **development of a capacity building plan**, and **subsequent capacity building and mentoring support will be provided throughout the programme cycle**. Prioritized areas of capacity building include: feminist leadership, communication, advocacy, knowledge management, documentation and dissemination, and other advocacy skills needed to influence political and governance processes. The capacity assessment will inform the gaps related to social accountability mechanisms (link to Output 6.2), as well as organisational capacity development needs (link to Output 6.3).

Activity 6.1.2 Establish girls-only Multi-purpose Adolescent Groups (MAGs) through CSOs, to promote young women public engagement, and agency.

The establishment and running of Multi-purpose adolescent groups (MAGs) will be supported, including through the provision of life skills and leadership capacity building, on content including adolescent sexual reproductive health and child protection. MAGs will be constituted of out-of-school children, government school students, and Accelerated Learning Centres (ALC) students. The members of MAGs will reach difficult-to reach adolescent girls through peer-to-peer mentoring activities in government schools, and designated community spaces in the communities for out-of-school adolescent girls. Increased self-efficacy of adolescents, particularly girls reduce their vulnerability to violence perpetrated through harmful practices and nurture their ability to act as agents of change in their communities. This activity will provide a key platform for empowering adolescent girls and strengthen their voice and agency. MAGs will continue to remain a voice of young women in targeted communities. MAGs will be leveraged in other activities to ensure the inclusion of young people's voices with the engagement of youth-led groups.

Activity 6.1.3 Youth parliament to support youth participation and deliver their voices in political decision- making processes

Building on UNFPA's ongoing initiatives with the National Parliament and the Deputy Ministry of Youth to engage youth in political decision making, youth parliament brings together collective voices of youth including young women, to deliver their needs and priorities for issues that affect them at sub-national and national levels. The intervention will engage youth in community levels, and they will enhance their knowledge about parliamentary procedures and build capacity to identify challenges and recommendations related to SGBV/HPs and SRH. As youth parliamentarians, trained youth will then deliver collective voices of youth; specifically, youth-specific challenges and recommendations to address SGBV/HPs and SRH at mock youth parliaments. Through the engagement of policymakers and decision makers at sub-national and national levels, as well as activities under 6.1.1, youth parliamentarians will further advocate for SGBV/HP/SRH related policy and law reform, its implementations, as well as equal participation of young girls in decision making at all levels of the society.

<u>Activity 6.1.4 Provide technical assistance to Youth Civil Society organizations, including the Peer network, to advocate for the elimination of SGBV, including elimination of early and child marriage</u>

Technical assistance to Youth Civil Society organizations including the Peer network will be provided to advocate for the elimination of SGBV including elimination of early and child marriage at national level.

<u>Output 6.1</u> Women's rights groups and relevant CSOs[95] have increased opportunities and support to share knowledge, network, partner and jointly advocate for GEWE and ending SGBV with relevant stakeholders at sub-national, national, regional and global levels			
Indicators 6.1.1 Number of jointly agreed recommendations produced as a result of multi-stakeholder dialogues that include including representatives of groups facing multiple and intersecting forms of discrimination 6.1.2 Number of official dialogues with relevant government authorities with the meaningful participation of women's rights groups and relevant CSOs, including representatives of groups facing multiple and intersecting forms of discrimination 6.1.4 Number of women's rights groups, networks and relevant CSOs with strengthened capacities to network, partner and jointly advocate for progress on ending VAWG at local, national, regional and global levels			
Activity	**RUNO**	**Ways of implementation**	**Partners**
Activity 6.1.1 Support convening platforms for the grassroots women's movement, including facilitating the participation of women with intersecting identities.	UN Women	CSOs, with technical support	CSOs
Activity 6.1.2 Establish girls-only Multi-purpose Adolescent Groups (MAGs) through CSOs, to promote young women's public engagement, and agency.	UNICEF	CSO, with technical support	CSOs
Activity 6.1.3 Youth parliament to support youth participation and deliver their voices in political decision-making processes.	UNFPA	CSO, with technical support	CSOs
Activity 6.1.4 Provide technical assistance to Youth Civil Society organizations including	UNFPA	CSO, with technical	CSOs

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[95] Including those representing youth and groups facing multiple and intersecting forms of discrimination/marginalization

| Peer-network to advocate for the elimination of SGBV, including elimination of early and child marriage | | support | |

Output 6.2 Women's rights groups and relevant CSOs are better supported to use social accountability mechanisms to support their advocacy and influence on prevention and response to SGBV and GEWE more broadly

Across all Pillars, the SI supports CSOs to monitor the government initiatives through social accountability mechanism for advocacy for adoption, implementation and financing of selected national, regional and global commitments and standards on GEWE/SGBV.

This Pillar focuses on building capacity of CSOs, women's groups (including progressive groups and networks such as AWN, Agency Coordinating Body for Afghan Relief (ACBAR), Afghan NGOs Coordinating Bureau (ANCB), Civil Society and Human Rights Network (CSHRN)) and gender advocates as rights holders to identify and effectively use social accountability mechanism to hold the government's commitment against global norms, and the implementation of laws, policies, service delivery and financing on GEWE/SBV, particularly the implementation of NAP VAW and NAPWA Phase II.

Activity 6.2.1 Capacity building for CSOs on social accountability mechanisms

- **Provide technical support and capacity development opportunities for the National Civil Society Reference Group** to be capacitated to serve as the overall umbrella group for CSOs working on SGBV/HPs. **The SI will support capacity development on social accountability mechanisms of the National Civil Society Reference Group and other CSOs, women's groups and gender advocates to enhance their knowledge of local and international best practices and tools**. They will be **supported to co-develop and implement an action and monitoring plan for the implementation of laws, policies, service delivery and financing**, employing methods and tools effective in Afghan context, linking and supporting the work under the Pillar 1, 2, 3, 4 and 5. The action and monitoring plan will be used to monitor various stages of law/policy implementation, including public service delivery and expenditure on GEWE/SGBV, particularly the implementation of NAP VAW to hold the government accountable. Linking to Pillar 4 and 5, trained civil society will use the acquired skills to monitor service delivery, using data generated under Pillar 5 and advocate for improved service provision. This will be sustained by **ongoing technical and mentoring support throughout the programme cycle.**
- **The Spotlight Initiative will provide technical support and convene meetings to support civil society, government and other relevant actors to jointly develop a clear plan for the implementation of the CEDAW Committee's recommendations**, expected in 2020, at all levels of governance, with a M&E framework and financing. Civil society organizations, being trained on social accountability mechanisms under Activity 6.2.1, will use the knowledge and skills they gained to develop a monitoring plan of the government's implementation of the CEDAW Committee's recommendations, strengthening its 'watchdog' role and holding the government accountable for its international women's rights obligations. This is both an opportunity to collect more relevant data and a new entry point for CSOs to encourage government transparency and accountability.

6.2.2 Amplify adolescent girls' voices through Hinna Television show

Hinna Asefi Wardak, is UNICEF Afghanistan Youth Ambassador as well as Television presenter. Through her already existing TV show called "HINNASHOW" and the adolescent girls she interviews, as a key political figure on issues affecting the wellbeing of children and adolescents, she can contribute to the civil society platforms at different levels to raise her voice against GBV,

child marriage and its prevention, to help represent the most vulnerable and to be a change agent. Through SI, Hinna will be supported to engage with Young women and leaders from the targeted locations to collect key advocacy issues for influence through the Hinna show that engages policy makers accordingly. Hinna show remains one of the critical platforms for young people as social accountability mechanisms to support their advocacy and influence on prevention and response to SGBV and GEWE.

Output 6.2 **Women's rights groups and relevant CSOs are better supported to use social accountability mechanisms to support their advocacy and influence on prevention and response to SGBV and GEWE more broadly**			
Indicator 6.2.1 Number of supported women's right groups and relevant CSOs using the appropriate accountability mechanisms for advocacy			
Activity	**RUNO**	**Ways of implementation**	**Partners**
Activity 6.2.1 Capacity building for CSOs on social accountability mechanisms	UN Women	CSOs, with technical support	CSOs
Activity 6.2.2 Amplify adolescent girls' voices through Hinna Television show	UNICEF	Partnership with Hinna Asefi Wardak	Hinna Asefi Wardak

Output 6.3 Women's rights groups and relevant CSOs representing groups facing multiple and intersecting forms of discrimination/marginalisation have strengthened capacities and support to design, implement and monitor their own programmes on SGBV

The SI will support the strengthening of practical capacities of the women's movement in particular grassroots organizations, young women and other women with intersecting identities. This includes basic concepts of financial management, basic computer skills, proposal writing, technical skills to design, implement and monitor their own programs, effective advocacy and increasing capacity to access funds, and documenting work and knowledge management.

Activity 6.3.1 Capacity strengthening of women's movement actors, in particular grassroots women's organizations, young women groups and groups representing intersecting identities
The SI will provide on-going capacity development and mentoring to women's groups from selected provinces on programme design, implementation, and monitoring; budgeting and financial accountability; leadership and advocacy; accountability and engaging in government/intergovernmental processes; financing and increasing capacity to access funds/application for call for proposals; and on documenting work, practice-based learning and knowledge management.

Activity 6.3.2 South-South cooperation to identify best practices in CSOs, women's networks/multi-stakeholder platforms to implement and advocate recommendations on issues related to multiple and intersecting forms of violence and discrimination
Support the participation of women's groups, particularly grassroots women's groups, young women's groups and those historically marginalized women and gender advocates in national and regional civil society conferences, and exchange visits, to build regional alliances through for example, EVAW forum (Pillar 2), to enhance knowledge and best practices of grassroots and national women's groups relevant to the Afghan context, and to strengthen national and regional feminist networks.

- A study tour for women's groups and particularly representatives from women with intersectional identities will be organized to visit two countries in the Middle East/North Africa to learn best practices

- Support women's groups to engage in regional and global platforms, particularly representatives of grassroots organizations and groups facing intersecting forms of discrimination, including CSW.

Activity 6.3.3 Strengthen institutional capacity of CSOs/women's groups in the selected provinces in advocacy, collaboration, network and promote rights of the marginalized groups at the national and sub-national levels
- Provide technical support, including tailored institutional capacity development and mentorship support through CSOs for young women advocates to enhance their feminist leadership and advocacy skills

This activity links and will be supported by the Activity 6.1.1, under Output 6.1.

Output 6.3 Women's rights groups and relevant CSOs representing groups facing multiple and intersecting forms of discrimination/marginalisation have strengthened capacities and support to design, implement and monitor their own programmes on SGBV			
Indicator 6.3.1 Number of women's rights groups and relevant CSOs representing groups facing multiple and intersecting forms of discrimination/marginalization that have strengthened capacities and support to design, implement, monitor and evaluate their own programmes on ending VAWG			
Activity	**RUNO**	**Ways of implementation**	**Partners**
Activity 6.3.1 Capacity strengthening of women's movement actors, in particular grassroots women's organizations, young women groups and groups representing intersecting	UN Women	Direct support	CSOs
Activity 6.3.2 South-South cooperation to identify best practices in CSOs, women's networks/multi-stakeholder platforms to implement and advocate recommendations on issues related to multiple and intersecting forms of violence and discrimination	UN Women	Direct support	CSOs
Activity 6.3.3 Strengthen institutional capacity of CSOs/women's groups in the selected provinces in advocacy, collaboration, network and promote rights of the marginalized groups at the national and sub-national levels	UN Women	Direct support	CSOs

Target groups and Geographical Scope

Target groups are grassroots women's groups, young and adolescent women groups and women advocates representing women and girls with intersecting forms of discrimination and marginalization in the targeted provinces for output 6.1, and those as well as the National Civil Society Reference Groups, progressive and/or centralized women's groups and civil society groups for output 6.2 and 6.3.

Geographical Scope: Grassroots women's movement will be created and supported at the community level in the targeted provinces, and they will be engaged at the community, provincial, national levels for advocacy, as well as knowledge sharing forums conducted at the regional and

international levels.

Signature intervention

<u>Creating grassroots women's movement:</u>

By investing in the grassroots women's movement and addressing power dynamics within the women's movement, the SI provides a safe space for women facing multiple and intersecting forms of discrimination and marginalization. It will support their coordination and organisation so that solutions to end SGBV/HPs are informed by their particular experiences and knowledge, and promote their leadership and voice in sub-national, national and global alliances (e.g. online, through sub-national, national and global policy fora). Bringing the collective voices of historically marginalized women and girls, securing funding for priority action, guarding against token participation of these groups, and ensuring that their participation in SGBV/HPs processes and action is meaningful, are the purpose of this intervention, to ensure their needs and priorities are placed at the forefront of SGBV/HPs work across the SI.

<u>Empowerment of women *shura*:</u>

Through capacity building and technical support, the SI will support women's shuras to design and implement community-based interventions, linking to activities under Pillar 3. Women *shura* in each community will be the main vehicle/partner in facilitating the grassroots women's movement. This is done through identifying and reaching out to historically marginalized women and girls' groups and advocates in their communities, organize to bring their voices together at sub-national and national levels with an aim to develop shared language and analysis amongst different women's experiences, and create a safe and enabling environment for these women and girls. Many women shuras themselves have been given little importance to play their role in their communities to address women related issues -the primary purpose women shuras were formed-, partly due to limited technical and institutional capacity and funding, and a lack of clear mandate related to what and how they operate. The SI supports women *shuras* to enhance their capacity and visibility in their communities, create horizontal and vertical partnerships with other women *shuras*, and empowered and part of grassroots women's movement.

Lessons learned and past programming

Women's movement is centralized and do not adequately hear or deliver the voices of historically marginalized women's groups (including grassroots women, young women, women with intersecting identities), and their advocacy effort is often fragmented and issue-based. Grassroots women's movement needs to be strengthened through a bottom-up approach to deliver the voices of marginalized women and girls -with a particular focus on rural women, young women, illiterate women, disabled women and women rights defenders. This will encourage opportunities for women's movements to develop horizontal and vertical networks, and ensure inclusiveness to share a common feminist agenda, informed by experiences and knowledge of diverse women and girls, to advance GEWE/SGBV efforts.

Sustainability:

The Pillar creates a model women's movement with the principle of leaving-no-one-behind, providing opportunities to strengthen grassroots women and historically marginalized women's groups, mobilized to deliver their voices at the forefront of GEWE/SGBV efforts, which can be used to lobby for further investment in women's movement. Linking to Pillar 1, but also to Pillar 2, 3, 4 and 5 creates a platform for policy dialogue with government, civil society and donors to ensure political buy-in to sustaining CSOs in prevention and response to SGBV. By engaging women and girls throughout the initiative under all 6 Pillars, from outreach, planning, coordination, networking, advocacy and programming, ownership will be given to these groups and individuals which will also be a key element for ensuring sustainability.

Beneficiary Information:

- ***Direct beneficiaries:*** general estimations, based on planned engagement with CSOs and

involvement of related stakeholders in knowledge and partnership forum under the Pillar but also the EVAW Forum (Pillar 2), and organizational capacity development exercises. This assumes individuals engaged in Pillar activities are part of networks or groups of at least 5 people, and therefore the messages and key learning will reach at least 5 people for every individual partner reached.

- *Indirect beneficiaries:* Considering knowledge-sharing will be documented and used by women and men to develop new programmes, indirect beneficiaries will include target groups that CSOs work with, as well as other NGOs and CSOs accessing information generated through the SI.

Estimated No. of Beneficiaries – Pillar 6		
	Direct	Indirect
Women	1500	3000
Girls	500	1000
Men	1200	2400
Boys	500	1000
Total	3700	7400

III. Alignment with SDGs and National Development Frameworks

The SI in Afghanistan will contribute primarily to the achievement of SDG 5 (Gender Equality) and its related targets including: target 5.2: Eliminate all forms of violence against all women and girls in public and private spheres, including trafficking and sexual and other types of exploitation and; target 5.3: Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation. Through its contribution to the peace building process at grassroots level, the SI will also contribute to the achievement of SDG Goal 16 (peace, justice and strong institutions). The Afghanistan National Peace and Development Framework (ANPDF) recognizes enabling women to participate in the economy and society as vital for expediting peace and development processes.

The SI cuts across all 10 National Priority Programs (NPPs). The Human Capital and Women Economic Empowerment NPPs are the primary policy instruments with direct contribution to SI. In so doing and through its focus on changing cultural and social gender norms, on improving service provision and data collection and on supporting an enhanced institutional and legislative environment for gender equality and for the fulfilment of the rights and freedoms of women and girls, the SI will also make valuable contribution to the following SDGs and related targets:

- Goal 3. Ensure healthy lives and promote well-being for all at all ages;
- Goal 4. Ensure inclusive and equitable quality education and promote life-long learning opportunities for all;
- Goal 8. Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all;
- Goal 10. Reduce inequality within and among countries;
- Goal 11. Make cities and human settlements inclusive, safe, resilient and sustainable.

IV. Governance Arrangements

As the highest governance structure for the SI, the Country Programme Steering Committee (CP-SC) will be tasked with providing strategic leadership and oversight to the Programme. The CP-SC will have the authority to make decisions in accordance with the achievement of results, strategic focus and scope of the programme. The CP-SC is expected to make key programme decisions, guide RUNOs and implementing partners and responsible parties in the execution of the Programme, and ensure effective oversight through review of, and feedback to, strategic programme documents (e.g. Annual Workplans, Evaluation Management Responses, and potential revisions of the Programme Document).

The specific roles and responsibilities of the CP-SC will be validated through further consultation during programme design and will include the following:

- Ensure proper communication and coordination on the Spotlight initiative at the country level and support a participatory implementation of the country-level programme, in alignment with national priorities, agreed United Nations strategic programming frameworks (One UN for Afghanistan Framework), and European Union priorities.
- Approve annual work plans, review output level results, adjust implementation set-up.
- Review and approve periodic and annual joint programme narrative reports submitted by recipient United Nations organizations.
- Approve any programmatic or budgetary (revisions of less than 25 per cent of the value of the budget) programme revisions within the limits of the approved programme document by the Operational Steering Committee.
- Review risk management strategies and ensure the programme is proactively managing and mitigating risks.
- Manage stakeholder relationships at the country level

The graph below illustrates the relationships between the various stakeholders:

Spotlight Initiative Governance Structure Afghanistan

Country Programme National Steering Committee (CP-SC)
UN Resident Coordination (co-chair), Government of Afghanistan (co-chair)
RC, EU, RUNOs, CSO Reps

EU Delegation to Afghanistan
Collaboration and monitoring

United Nations Resident Coordinator
(Supported by RCO)
- Overall strategic leadership, accountability and oversight of the SI
- Maintains partnership with Govt and EU delegation
- Co chairs NSC

Civil Society National Reference Group (CS-RG)
Advising on programme implementation

UNCT
Gender Working Group
Provides common technical guidance, synergy on approached during implementation

SI Coordination Team (SICT)
Overall programme Coordination, M&E, technical coherence, Communications, Knowledge Management, and Reporting

Overall Coordinator (RCO), M&E (RCO) Technical Lead Coordinator/ Coherence (UN Women) & Communications (UNICEF)
Programmatic and technical coordination and coherence with technical focal points

RUNOs
UN WOMEN, UNICEF, UNFPA, UNDP

The members of CP-SC are listed below. While some members are currently under confirmation, the CP-SC has been designed to ensure adequate and balanced representation of the Government, the EU, the UN Family and Civil Society members, following the SI guidance, while maintaining a manageable size to permit efficient decision-making:

1. UN Resident Coordinator (co-chair)

2. Representative of the Ministry of Finance (co-chair)

3. European Union Ambassador to Afghanistan their representative

4. Representative of UN Women (Country Representative or her representative)

5. Representative of UNICEF (Country Representative or his representative)

6. Representative of UNFPA (Country Representative or his representative)

7. Representative of UNDP (Country Representative or his representative)

8. Three Civil Society National Reference Group representatives (nominated by members of the CS Reference Group, or adjusted ensure at least 20% representation within the SC)

Other stakeholders may be invited to participate in select meetings related to planning, deliberation and monitoring roles of the Committee. This includes representatives from the provincial authorities, academic/research institutions, development partners, local communities and/or the private sector.

The Steering Committee will be co-chaired by the Government of Afghanistan (Ministry of Finance or other relevant institution to be confirmed by the Government following the final formation of the Cabinet) and the UN Resident Coordinator.

Frequency of Meetings

The SC will meet semi-annually at the highest representation to review progress and discuss overall strategy of the SI in Afghanistan. Senior technical representatives delegated by the high-level SC members will meet quarterly to discuss progress on implementation, review opportunities and risks, and prepare for the annual SC meeting.

There will be two main coordination mechanisms: The Technical Lead Coordinator (TLC), hosted by UN Women, and the overall SI Coordination Team (SICT), led by the RC Office. The TLC, in coordination with the SICT, will provide coherence oversight across the technical aspects of the programme through coordination amongst the RUNOs' technical focal points, while the SICT will ensure coordination amongst the RUNOs' focal points for M&E, Communications and Knowledge Management, and Reporting. This will ensure programmatic coordination and coherence in the design and implementation of the Spotlight Initiative, with emphasis on securing overarching technical coherence and coordination across the 6 outcome areas, and effective and harmonized programme management for results. In so doing, a coherent support system will be established and will provide solid foundations for collaborative technical decision-making by the inter-agency technical team, and for strategic decision-making by the Steering Committee, to which the TLC and SICT are accountable.

The combined roles and responsibilities of the Technical Lead Coordinator and the SI Coordination Team in the RCO include:

● Assume technical leadership and provide guidance to the inter-agency technical team in the effective planning, design, implementation and reporting of the SI in Afghanistan and serve as a reference point for a comprehensive overview on the achievement of the SI goals and outcomes;

● Coordinate and monitor the SI roll-out for delivery of meaningful, concrete and cost-effective results;

- Establish linkages and effective integration across the 6 outcomes areas, inclusive of cross-cutting issues and in line with the UN programmatic principles and approaches - in particular the principle of 'leaving no one behind by reaching those furthest behind first';

- Identify and outline opportunities to reach optimal levels of collaborative action with other relevant programs and initiatives to enhance synergies and harmonise actions towards the elimination of SGBV;

- Work in close collaboration with any other inter-agency Spotlight task teams to form a holistic support system for effective decision making by the inter-agency technical team and the Steering Committee.

- Generate knowledge, good practices and lessons learned in relation to the SI, and for effective application to the program.

- Maintain strong linkages with other UN inter-agency fora (such as the PMT, OMT and UNCG) to ensure greater cohesion, and with particular emphasis on the Gender Working Group, under which SI results will be captured.

The full Terms of Reference will be drafted for review during its first meeting and for endorsement by the Steering Committee.

Civil Society

Given the crucial role of civil society to the success of the Initiative, a Civil Society National Reference Group (CS-NRG) will additionally serve as an institutional mechanism to provide advice and advocate to realise the results envisioned in the Afghanistan Spotlight Country Programme. The CS-NRG will be constituted in adherence to the leaving no one behind principle and ensuring representation of groups of women and girls left furthest behind.

The CS-GRG will have the following functions and responsibilities:

- Provide advice on the overall strategic direction of the Spotlight Initiative's Country Programme.

- Provide advice on strategies and methodologies to address SGBV against women and girls in Afghanistan as per the six Spotlight outcome areas.

- Partner on high-level advocacy and communications as well as political dialogue, including by supporting visibility and promotion of the Initiative's goals at the national and local levels.

- Serve as an interactive space and open forum for dialogue between the Spotlight Initiative and women's rights organisations, groups and networks working on eliminating SGBV against women and girls including global, regional, national and local developments, trends and risks related to such work.

- Engage in periodic broader consultations with groups and networks, especially at local and grassroots levels, to update them and solicit input on the performance of the SI, as well as for advocacy, research, learning and action.

- Provide any other relevant information, analysis and lessons learned that could feed into future programming and advocacy efforts of the SI.

In line with the SDG principle of national ownership, national and local CSOs will be prioritised in the membership of the CS-NRG. The call of proposal will be initiated for CSOs to apply as implementing partners. The selected implementing partners will form the CS reference group. Members of the Group serve on it in their individual capacities. The CS-NRG will institute measures to manage any conflicts of interest as when, for example, a civil society representative is associated with a CSO that serves as an Implementing Partner of the Spotlight Afghanistan Country Programme.

Following the principle of a minimum 20 percent representation on the Country Programme Steering Committee, two or more members of the CS-NRG will be nominated to represent the group.

Staffing

All staff will be working across the 6 pillars. Aside from the coordination staff of the RCO indicated above, and the Technical Coordinator shared by all agencies but hosted by UN Women, the following table outlines staffing for the RUNOs to implement the programme. All other personnel (consultants, etc.) are indicated in the budget within the relevant activity line.

RUNO	Position	Role
UN Women	P3 Prevention Specialist	Provide technical expertise and support the implementation of the SI prevention component, particularly on pillar 3.
UN Women	NOB Programme Officer	Oversee and support the implementation of UN Women's activities across pillar 2, 3, 4 and 6.
UN Women	NOA Administrative and Finance Officer	Manage the administrative and finance aspects of the SI programme for UN Women's activities.
UNFPA	National Program Coordinator SB5/5	Lead and coordinate the management of quality, timely and integrated technical and programme support to the SI project, ensuring that the interventions are implemented in the context of the delivering as one and based on the national development processes and frameworks. S/ he will work as part of the Spotlight Programme technical Team. Wwork in close collaboration with the RUNOs, Spotlight Secretariat, EU, Steering Committee and Civil Society Reference Group, and partners as required for resolving complex programme and finance-related issues and exchange of information
UNFPA	National Program & Finance Associate SB3/5	Support financial activities' implementation; support design, planning and effective financial management.
UNFPA	National Program Assistant SB2/5	Support programme and general administrative support services. Assist in the creation of substantive knowledge by compiling, synthesizing and analyzing information relevant to SRHR health and GBV issues. Provide logistical support, monitor project implementation and follow up on recommendations.
UNICEF	Child Protection-GBV Specialist (NoB)	Support the rollout and implementation of the Violence against girls prevention and response. Serve as part of the SI technical Team. Wwork in

		close collaboration with the RUNOs, Spotlight Secretariat, EU, Steering Committee and Civil Society Reference Group
UNICEF	Adolescent Girls Specialist (NUNV)	S/he will work with the Spotlight team in UNICEF dedicated to ensuring support adolescent girls programming and approaches are adhered to and in line with the project.
UNICEF	Gender Specialist (NUNV)	Provide technical support to ensure gender lens; support the implementation of pillar 3, 4, 6 component.
UNICEF	Finance Officer (NoB)	Support financial related activities' implementation, supporting design, planning and effective financial management.
UNICEF	Inter-agency Communication Specialist (NoB)	Hosted by UNICEF. Responsible for all SI communication aspects on behalf of the RUNOs and partners,
UNDP	Policy Support Officer – GBV (NUNV)	Responsible for liaising with AIHRC for the National Inquiry as well as the stakeholder mapping and beneficiary analysis for women and girls facing multiple forms of discrimination.

V.   Accountability

The UN Resident Coordinator (RC) has the final decision-making authority within the UN and is responsible for the overall strategic direction and oversight of the SI Country Programme, including its planning, implementation, communication, monitoring and review, as well as facilitation of collaboration amongst all stakeholders. The RC will draw on the technical expertise of the UN Recipient Organisations.

The RC is accountable to the UN Deputy Secretary-General for the overall design, set-up, implementation and reporting on the Country Programme, including ensuring national ownership at the highest level, sustainability of results, complementing resource mobilization and broad engagement with relevant partners and stakeholders.

The RC and RCO are responsible for overall coordination of the Spotlight initiative in Afghanistan. This includes the coordination and follow up on programme planning, delivery, monitoring, evaluation, reporting and communications. The RCO supports the oversight function of the RC and provides secretariat support to the Country Programme Steering Committee and the CS-NRG.   Interactions and communications with the EOSG, Spotlight Initiative Secretariat, Government, EU Delegation, development partners and the CS-NRG are – in principle – streamlined through the RCO. As such, the RCO will be strengthened with a national Coordinator, a national UNV Communications Officer, and an International UNV Monitoring, Evaluation and Reporting Officer.

The Heads of UN Recipient Organisations are accountable to the RC, and mutually accountable to each other, for programmatic and financial outputs of the Country Programme. The RC will regularly convene a meeting of the Heads of UN Recipient Organisations to periodically review the progress of Country Programme implementation, provide feedback and discuss and agree on

issues that require strategic decision-making. These meetings are aimed at continuous improvement of the implementation.

The RC entrusts the programmatic and technical coordination and coherence of the Country Programme planning, implementation, monitoring and review to the UN Women. UN Women provides day-to-day oversight to the Technical Coordination Team, while the Head of the RCO oversees the SI Coordination Team, both of which are accountable to the RC and the Heads of Recipient Organisations.

The Technical Coordination Team is led by an International Technical Coordinator based in UN Women. Working closely with RUNOs' technical staff, s/he also coordinates with RUNOs' staff responsible for M&E, Reporting, and Communications. Close coordination is also done with the RCO SI Coordination Team.

The Technical Coordinator convenes the Inter-Agency Technical Team, consisting of all RUNOs, EU and National Civil Society Reference Group representatives. The M&E/Knowledge Management Officer will lead the Inter-Agency M&E Task Team; and the Communications Officer will lead the Inter-Agency Communications Task Team.

The RC and the Heads of RUNOs are jointly accountable to the Government and the people of Afghanistan for the delivery of the strategic results. In addition to platforms such as the Country Programme Steering Committee, communications and regular field monitoring visits, the Country Programme also will introduce beneficiary feedback mechanisms to ensure beneficiary accountability.

VI.   RUNO(s) and implementing partners

RUNO	Description of Capacity and expertise	Leadership / Pillar level participation	Overall annual Programme Delivery	Number of Staff
UNICEF	UNICEF globally within its Strategic plan has an extensive experience and capacity on implementing programmes that overcome gender discriminatory roles, expectations and practices mainly through C4D. This includes efforts to address discriminatory policies as well as the socialization processes and narratives that define gendered roles and practices, supporting girls and boys from early childhood through adolescence to adopt and shape more equitable gender norms and behaviours. It also includes prevention and protection services to address harmful practices, as well as implementation of integrated interpersonal and media-based behaviour and social change platforms. Within the current country programme in Afghanistan, UNICEF support the provision of Case management of the survivors of child rights violation including GBV survivors UNICEF has also implemented interventions that has promoted voice and participation of young people including adolescent girls. Through establishment of multi-purpose Adolescent groups and Youth networks that has been providing life skills, self-expression and other training opportunities and their mentoring to become peer educators and a desirable voice for other adolescents (including marginalized /out-of-School) and community members, elders and parents	No Pillar leadership only participation.	$198 million	380 staff
UNFPA	Globally, UNFPA supports reproductive health care for women and youth; prevention of and response to gender-based violence and harmful practices, including early and child marriage; and natural disasters; as conducting censuses, data collection and analyses which are essential for development planning. UNFPA in Afghanistan supports the MoPH, MoWA and MoI in promoting gender equality and addressing the needs of GBV survivors through a multisectoral response to GBV in the country. UNFPA has assisted the MoPH in the development of the *National Gender-Based Violence and Human Rights Strategy* and *health sector response programme to GBV*. UNFPA has also supported the MoPH in the piloting and implementation of *Family Protection Centers (FPC)* ─ a one-stop hub for the delivery of medical, psychosocial services and referral for legal support ─ in 22 provinces At the country office level, UNFPA has a dedicated Gender unit composed of six international and	Lead for Pillars 4 and 5	USD 23 million	67

RUNO	Description of Capacity and expertise	Leadership / Pillar level participation	Overall annual Programme Delivery	Number of Staff
	national professional and support staff. UNFPA supported the MoE to develop the CSE/FLE teaching materials for in school use and has conducted assessment of CSE/FLE in Afghanistan. Hence, UNFPA's role in prevention is closely linked to its comparative advantage working on education and will be implemented in close collaboration with UNICEF and UN Women. Under data, UNFPA supported the National Statistics and Information Authority (NSIA) in conducting the *Socio-Demographic and Economic Survey (SDES)* in 13 provinces of the country. Outside the SI and in 2020 - 2021, UNFPA will undertake a Population projection exercise in Afghanistan to UN agencies in their planning. Under this SI UNFPA based on its comparative advantage will lead all researches, surveys, assessments and knowledge management products on behalf of all partners			
UNDP	UNDP Afghanistan has UNDP Afghanistan has 393 personally. In Afghanistan works directly on legal aid and access to justice extensively. 50% of the beneficiaries under the project are women who suffer from violence. This includes strengthening paralegal through clinical legal education in law schools, paralegal support through CSOs and direct legal aid support from the Bar association and defense lawyers - and the legal aid department of the MoJ which is pretty non-functional right now, but we are working directly to develop a roster and reporting system under the advocates act. Also, for the institutional strengthening, UNDP support ministries assess and revise policies and regulations across government departments, bring legislation in line with international standards and measure progress against targets in the National Action Plan for the Women of Afghanistan (NAPWA1 and NAPWA 2). We also support the mainstreaming of gender issues across the planning, budgeting and service delivery of all government offices. As the lead UN agency for the Sustainable Development Goals, we support government to coordinate action toward the achievement of nationalised targets and to monitor progress with improved data and better methods of analysis.	No Pillar leadership but will be a RUNO in Pillars one and two.	USD 435 mln (2019)	428
UN-Women	UN Women is a lead agency under the current UN Development Assistance Framework on Gender and the empowerment of women, and it will offer its comparative advantage in this area to accelerate the effective coordination and timely implementation of the agreed deliverables of the SI. Since 2002, UN Women (previously UNIFEM) has consistently contributed to the national legal	Technical Coherence lead as well as lead for	USD 9 million (USD 3 million for EVAW) in	55 staff including 7 staff from

92

RUNO	Description of Capacity and expertise	Leadership / Pillar level participation	Overall annual Programme Delivery	Number of Staff
	and policy framework addressing VAW, providing direct support to civil society organizations driving the advocacy behind the legislation, while providing constant technical assistance to the women's machinery. This has included direct support to the development of the Law on Violence Against Women 2009, Anti-Harassment Law 2018, Family Law 2019, Penal Code 2018, Women Protection Centers Regulation 2011, Strategy and Action Plan on Violence Against Women 2016-2020, and National Action Plan for Women of Afghanistan 2007-2017. UN Women, with its coordination mandate chairs/co-chairs in UN Gender working theme Group, Donor Gender Working Groups, and WPS Working Group through multi-stakeholder coordination on gender equality issues, including VAW. UN Women has contributed in knowledgebase on VAW including the recent countrywide study on social norm (Gender, Patriarchy, and Peace 2018), contributed to service provision for VAW survivors' and families' recovery (Women Protection Centers, Family Guidance Center), mobilized community for prevention and has been catalytic in identifying prevention interventions, created opportunities for citizen engagement through public advocacy (#MyRedLine -an online campaign catalogue, 16 Days of Activism etc).UN Women comparative advantages in Afghanistan including: its convening role with civil society to promote engagement with global normative frameworks; its strong partnership with ministries associated with women affairs and UN Women's programme area on Ending Violence Against Women and Girls; grassroots partnerships with local stakeholders and community organizations to drive programming which ranges from support to implementation of government policies and programs to directly implemented community-based solutions; its overarching coordination ability to leverage inter-linkages across programmatic areas; its unique global technical expertise; and its historical programmatic record of successfully delivering large projects and achieving impact in the area of ending violence against women.	Pillars 3 and 6.	2018	EVAW section in 2018 (In in 2019, 3 staff from EVAW section)

VII.   Programme Partners

Government: The key Government partners are the Ministry of Public Health, Deputy Ministry of Youth Affairs, Ministry of Interior, Ministry of Women Affairs, Ministry of Haji and Religious Affairs and Ministry of Justice. The role of these Ministries at the central level is to support policy and key decision-making processes that address SGBV/HP and at the same rely and support work at the provincial and district level of their respective ministries. These Ministries will also play an active role in addressing certain risks by providing support in terms of safety and security.

NGOs: There will be around 12-14 national and local NGOs focusing on SGBV/HP issues who will be working under this SI. The roles of some NGOs will be as Implementing Partners implementing the initiative due to their easy access to the population and understanding the cultural and local dynamics. These partners are also critical in terms of working with local actors and leaders.

CSOs: The role of women and CSOs is paramount and as under Pillar 6 of this initiative, a selected number of CSOs will be a core component of the project as well as implement specific actions. The Women CSOs will also act as a check and balance to ensure that through the implementation the voices and needs of women and girls in the area of SGBV/HP is at the forefront. These Women CSOs will also have representation on the project steering committee. The CSOs and NGOs will be selected through call for proposals and transparent selection bid-based on the criteria which will be set by the steering committee.

VIII.   Partnerships

The programme was designed by the UN Country Team, in consultation with EU Delegation, Government and selected Civil Society Organizations. Participatory methods were used to gather stakeholders' views on the root causes of SGBV in Afghanistan, formal and informal sources of support for women and girls experiencing violence, and current and potential stakeholders in preventing and responding to gender-based violence, and current strengths and challenges at both national and local levels according to each Pillar of the Spotlight Initiative. Key recommendations were developed for relevant Spotlight contributions and these were incorporated into the strategy and activities.

The activities have been planned to involve the broadest possible range of partners at national and local levels. The Government is the main partner of the EU and UN in designing the programme and will lead the National Steering Committee (co-chaired by the Resident Coordinator). The EU will be the key partner in the implementation of the programme and a leading member of the Steering Committee. The EU Delegation will play a crucial role in terms of advocacy, strategic advice and positioning of the Initiative on the agenda of the Government and other development partners. In accordance with the Spotlight Strategy, CSOs, women's groups, and faith-based organizations will be actively involved, both as implementing partners and as beneficiaries. A small number of international NGOs will be engaged as implementing partners, based on needs and the International NGOs comparative advantages.

Partnerships for CPD development phase

A technical team comprised of specialists from UN Women, UNFPA, UNICEF, UNDP and coordinated by RCO was tasked with developing the CPD. The CPD development phase was supported largely with consultations with three partner groups: the EU Delegation in Afghanistan, government and civil society.

The EU Delegation in Afghanistan is a strategic and key partner for the Spotlight Initiative and has been involved in the design of both the programme strategy and CPD from the very beginning. Various consultations were held between the EU Delegation, UN RC, UNCT and the technical team to discuss the overall vision for the Spotlight Initiative Country Programme in Afghanistan,

its activities and timeline. The EU Delegation has actively taken part in consultations with the civil society and the Government during the CPD development phase. RCO has provided regular briefings to the EU Delegation on the CPD process.

CSOs, NGOs and relevant Ministries at Kabul and provincial level have been engaged and consulted on the programme looking at existing interventions, gaps and priority interventions that are catalytic per each Pillar (refer to annex 1: Multi-stakeholder engagement in the Country Programme development process). Direct engagement by the RC with the First Lady H.E. Rula Ghani was also undertaken, and a focal point within her Office has been identified for future engagements and the RCO.

Partnerships for implementation phase

The UN undertook an extensive and inclusive process to ensure that all relevant stakeholders were informed, consulted and engaged in the design of the programme from the onset. Agencies were brought together under the RCO. It should be noted that there have been significant shifts in office holders during this period, and therefore new consultations may be required to confirm/validate elements of the programme's design. Key partners consulted and engaged during the process include other UN agencies and development partners, the EU Delegation, Government, Civil Society (including CSOs representing groups facing multiple and intersecting forms of discrimination), and the private sector.

The following partnerships will be core for Spotlight's implementation in Afghanistan:

- Continued partnership with the EU and other development partners to provide high quality technical assistance for the implementation of Spotlight through knowledge exchange and sharing of best practices, identification of opportunities for coordination in the implementation of programmes with similar objectives being supported by international development partners, leveraging resources for scaling up of some initiatives under Spotlight, and the establishment of platforms for ongoing sharing of information.

- Spotlight will work with government as a key implementing partner. Government will be engaged at the highest level to ensure political support for the programme as well as synergies between Spotlight and existing government initiatives in order to ensure coordination and sustainability. Technical Officers across government agencies will be continuously engaged in planning, capacity development, monitoring and evaluation, and communication around Spotlight implementation.

- CSOs will be engaged at two levels (a) in continued oversight of Spotlight through engagement in the Programme Steering Committee and (b) as beneficiaries and essential partners in the implementation of Spotlight interventions. The team of implementing UN agencies, with support from the EU Delegation, and the Government will ensure that multiple vulnerable women groups (such as victims of violence; rural women; women living with HIV/AIDS; adolescent women; ethnic, language and religious minorities and women and children with disabilities) are represented at programme steering events and its implementation. CSO are key partners for mobilizing and engaging groups facing multiple and intersecting forms of discrimination and as such will play a key role under each Pillar of implementation.

- Traditional and religious leaders will be engaged to address social norms and stereotypes that enable SGBV and HP.

- The programme will work with the private sector and through digital, print and video media to launch campaigns at national, provincial and local levels on SGBV/HP.

IX.   Programme's Results Matrix

This is included in the budget template

X. Intersectional approach

While no woman or girl is exempt from violence, the risks and experiences for some are greater and the responses to their specific needs may be non-existent or weak. Women and girls in certain stages of life (adolescents and older ages), who are migrants, refugees/IDPs, indigenous or from ethnic or racial minorities; those living with disabilities and those living in rural areas, among others, are often the most discriminated against, creating overlapping inequalities and situations of multiple and intersecting disadvantage, explaining how and why certain groups are systematically left behind. Recognising this, the Spotlight Initiative has placed at its centre the principle of "leave no one behind".

At the heart of leaving no one behind, is leaving no one out. It is imperative and a basic principle of the Spotlight Initiative that women and girls, especially those facing multiple and intersecting forms of discrimination, must be meaningfully engaged to elevate their voices and ensure that their experiences, knowledge, recommendations and agency are not only respected, but central to the design of interventions. The Spotlight Initiative is attempting to give the necessary space and support to such women and girls, as well as to the groups that represent them.

Women's rights groups, autonomous social movements and civil society organizations (CSOs) have the capacity to support and organize those voices. They have the capacity to articulate the social perspectives of all groups of women, including youth, marginalized groups and/or groups facing intersecting forms of discrimination/marginalization. It is with this principle at heart that the Spotlight Initiative will ensure that the women's movement and civil society can be meaningfully engaged and involved in decision-making at all levels of the Spotlight Initiative, and that they participate in the design, implementation and monitoring of interventions on VAWG, harmful practices and other relevant technical areas.

Relevant at- risk groups	Outcome areas where specific approaches are required	Key challenges for inclusion	Indicative approaches and methodologies for inclusion	Total numbers (disaggregated by women, girls, men and boys where possible)
Survivors of violence	All Pillars	The voice and agency for survivors is central to the Spotlight Initiative. However, a specific challenge remains with reintegration to communities, engaging survivors in an ethical way that does not trigger trauma and creating spaces for survivors who may not have time or be familiar with policy frameworks to inform legislation, institutional practices and prevention and referral mechanisms	A survivor voice will be explored through the CSO Reference Group, EVAW Forum and women's movement components in particular, and through inclusion of survivors where possible in analysis and capacity development efforts.	**TBD after finalization of geographic area**
Illiterate women	Outcome 1, 3,4,6	Despite a high number of illiterate women and girls across the country, they are often left behind both from policy formulation, and the mainstream women's movement due to illiteracy and associated stigma and discrimination. Low education also is a risk factor for SGBV with women with lower levels of educational attainment experiencing higher lifetime prevalence of violence.	Illiterate women's voices will be explored through the use of visual materials using illustration and tailored materials developed to reach out to these women, document their voices through art and theatres, and facilitate their meaningful participation in women's movement and policy dialogues.	
Women's human rights defenders, activists, lawyers	Outcomes 1, 3 & 6	General context of insecurity, remote often inaccessible areas linked to situation of insecurity. Context of significant inequality for women and girls.	Prevention and Protection framework, Capacity development, safety trainings, whole of community approaches to prevention to reduce risk to WHRD and activists.	
Adolescent girls and girls under 15	Outcomes 3, 4 and 6	Inaccessibility particularly in the case of girls who do not attend school, who are kept at home or who may already be married.	Tailored Protection & health service provision for adolescent girls, mentorship, intergenerational platforms and dialogues, creation of safe spaces for young women and girls. Whole of community approaches	
Rural women and girls	All outcome areas with special emphasis on	Inaccessibility due to geographic remoteness, insecurity, lack of access to education and other services and because of nomadic patterns of social organization among some ethnic groups.	Application of community level prevention strategies, extension of GBV related services to provincial levels. Grassroots women's movement.	***TBD after finalization of geographic***

Spotlight
Initiative
To eliminate violence
against women and girls

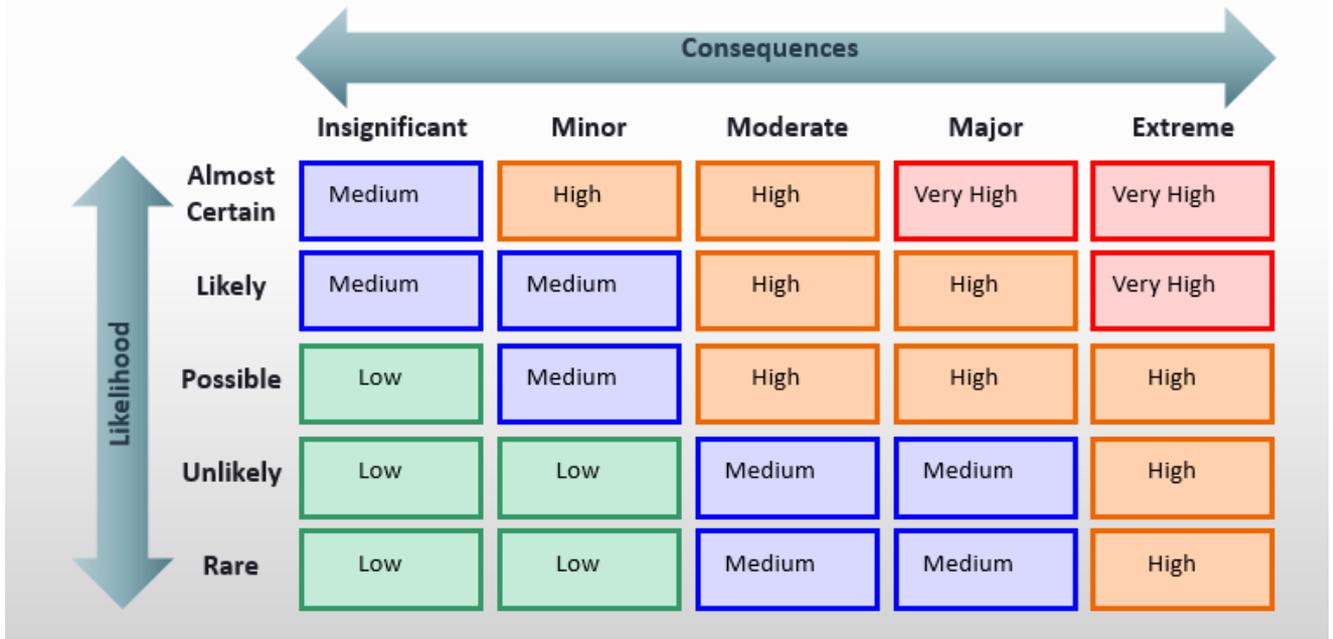|	Pillars 3, 4 & 6			*area*
Married girls under 18 years of age.	Outcomes 1,2,3,4,6	Inaccessibility because of barriers of access to education and other services or being confined to the sphere of the household.	Child-friendly and adolescent-friendly including young married girls' services Targeted action- addressing SRHR of young mothers e.g. at health facility level, and young mothers' platform to enhance their agency (MAGs)	
Women and girls with disabilities	Outcomes 1,2,3,4,6	Access to services and resources to facilitate participation in activities outside the home and school setting (if school is attended)	Application of community-based prevention approach, service delivery, tailored materials development for capacity building, grassroots women's movement	
Girls with low level of education – not attending school	Outcomes 3 & 4	Low education is a risk factor for SGBV with women with lower levels of educational attainment experiencing higher lifetime prevalence of violence. It is also more difficult to access girls outside of the educational system for services and prevention efforts.	Application of community-based prevention approach, service delivery, tailored materials development for capacity building, including opportunities to access complementary basic education (CBEs)	
Widows and divorced women	Outcomes 1,2,3,4,6	May face severe economic and social disadvantage limiting access to services and participation in women's movement building actions	Opportunity to combine access to services, prevention and movement building actions with economic empowerment initiatives already ongoing	

XI. Risk Management

Risks	Risk Level: Very high High Medium Low (Likelihood x impact)	Likelihood: Almost Certain - 5 Likely - 4 Possible - 3 Unlikely - 2 Rare – 1	Impact: Extreme – 5 Major - 4 Moderate - 3 Minor - 2 Insignificant - 1	Mitigating measures
Contextual risks				
Insecurity and conflict occurring in multiple provinces with multiple Anti-government forces in operation.	High	Likely-4	Major-4	Multiple provinces and districts (within a province) selected for geographic focus of programmatic implementation. The SI will work with national and local partners who have safe and easy access to populations.
Programmatic risks				
Slow or delayed start to programme because of installation of new government following elections on the 28th September 2019 and COVID-19	High	Likely-4	Major-4	Early discussions with government and involving the EU about the Spotlight initiative with the view to establishing political support for the initiative and the timelines for implementation.
Geographic areas identified for programming become inaccessible due to extension or upsurge in conflict or COVID-19.	High	Likely-4	Major-4	Multiple provinces and districts (within a province) selected for geographic focus of programmatic implementation will give some flexibility for the SI in case of conflict, which will allow the programme to shift to another geographic area. Influential local and community leaders will also be consulted.
Limited availability of skilled human resources to support implementation of programmatic interventions. Especially limited availability of female human resources at local and provincial levels to support interventions with women and girls.	Medium	Possible -3	Major-4	Build capacity development particularly of female human resources as a specific strategy within the Spotlight programme in Afghanistan. Early recruitment by UN agencies of skilled professional level staff.
Institutional risks				

Limited political will and competing priorities impacts mandate, reach and capacity of state institutional mechanisms responsible for addressing VAWG	High	Likely-4	High	Direct actions under Pillars 1,2 and 6 of the Spotlight initiative for Afghanistan relate to building political will and capacity of state institutions and parliamentarians to prioritize and to address SGBV/HP.
Risk of Sexual Exploitation and Abuse	High	Likely-4	Major - 4	Capacity building of implementing partners on PSEA. SI will ensure that policy and procedures are in place.
Fiduciary risks				
Limited capacity for financial management by smaller NGOs and grassroots organisations.	high	Possible-3	Moderate- 3	Built in strategies of support and capacity development to smaller NGOs and CBOs related to project, programme and financial management.

Assumptions:

✔ Recent ongoing electoral processes do not significantly impact programme implementation timeframes.

✔ Levels of conflict at provincial levels do not escalate but may potentially de-escalate if peace deal is reached

✔ No significant natural disaster including earthquakes or floods (to which Afghanistan is prone) occur during the implementation timeframe of the programme

✔ The COVID-19 pandemic tapers off by the end of 2020, allowing for full-fledged activities as envisaged in the programme design.

Likelihood	Occurrence	Frequency
Very Likely	The event **is expected** to occur in most circumstances	Twice a month or more frequently
Likely	The event **will** probably occur in most circumstances	Once every two months or more frequently
Possibly	The event **might** occur at some time	Once a year or more frequently
Unlikely	The event **could** occur at some time	Once every three years or more frequently
Rare	The event **may** occur in exceptional circumstances	Once every seven years or more frequently

Consequence	Result
Extreme	An event leading to **massive** or **irreparable** damage or disruption
Major	An event leading to **critical** damage or disruption
Moderate	An event leading to **serious** damage or disruption
Minor	An event leading to **some degree** of damage or disruption
Insignificant	An event leading to **limited** damage or disruption

Likelihood	Consequences				
	Insignificant (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
Very likely (5)	Medium (5)	High (10)	High (15)	Very High (20)	Very High (25)
Likely (4)	Medium (4)	Medium (8)	High (12)	High (16)	Very High (20)
Possible (3)	Low (3)	Medium (6)	High (9)	High (12)	High (15
Unlikely (2)	Low (2)	Low (4)	Medium (6)	Medium (8)	High (10)
Rare (1)	Low (1)	Low (3)	Medium (3)	Medium (4)	High (5)

Level of risk	Result
Very High	Immediate action required by executive management. Mitigation activities/treatment options are mandatory to reduce likelihood and/or consequence. Risk cannot be accepted unless this occurs.
High	Immediate action required by senior/ executive management. Mitigation activities/treatment options are mandatory to reduce likelihood and/or consequence. Monitoring strategy to be implemented by Risk Owner.
Medium	Senior Management attention required. Mitigation activities/ treatment options are undertaken to reduce likelihood and/or consequence. Monitoring strategy to be implemented by Risk Owner.
Low	Management attention required. Specified ownership of risk. Mitigation activities/treatment options are recommended to reduce likelihood and/or consequence. Implementation of monitoring strategy by risk owner is recommended.

Likelihood \ Consequences	Insignificant	Minor	Moderate	Major	Extreme
Almost Certain	Medium	High	High	Very High	Very High
Likely	Medium	Medium	High	High	Very High
Possible	Low	Medium	High	High	High
Unlikely	Low	Low	Medium	Medium	High
Rare	Low	Low	Medium	Medium	High

XII. Coherence with existing programmes

The SI has been designed and will be implemented through strong links and connections between the proposed activities, and the initiatives currently implemented by RUNOs and other actors. Below is a list of programmes, with links and complementing the work undertaken under the SI Afghanistan, mapping geographical implementation as well. However, an extensive mapping will be conducted during project inception to ensure adequate synergies, complementarity and collaboration and to avoid duplication.

Project	Sector	Geographical Coverage	Budget (Approximate)	Brief Description of Project	How is it complementary to the Spotlight Initiative
UN Women: Support for Women Protection and Services	VAW services and prevention	Jawjan, Kabul, Kunar, Nangraha, Samanghan and Nangrahar. Kabul, Kandahar	USD 3,800,000	This programme is the second phase of an initiative aiming to provide survivor-centered services for survivors through Women Protection Centers and Family Guidance Centers, while promoting the use of a standardized package of services at provincial level.	This project links to the Pillar 4 of the SI. The SI will utilise the Women Protection Centers and Family Guidance Centers to provide services to survivors. Using the knowledge and learning gained from the implementation of this programme, UN Women will provide capacity development for service providers and stakeholders under the SI. UN Women is supporting 3 WPC in Kabul, and one FGC in Kandahar among SI programme sites. UN Women and its CSO partners providing services through Women Protection Centers and Family Guidance Centers have been implementing community-based initiatives in complement of the service provision to engage community members in the promotion of gender equality and the prevention of SGBV in 9 provinces, including Kabul and Kandahar.
UN Women: Funding to UN Women Strategic Note	VAW services and prevention	Afghanistan	USD 1,868,000 in 2020	UN Women is working to promote favourable social norms, attitudes, and behaviours at individual, community and institutional levels to prevent VAW; to expand access to quality, comprehensive services for	With its focus on VAWG legal frameworks and plans, VAWG prevention and essential services, this programme is complementary and will link to Pillar 1, 3 and 4 of the SI. This covers of all Afghanistan, and particularly Kabul. As part of its broader EVAW programme, UN Women works to support MOWA, through technical support and capacity development. This will be complementary to the work implemented by the SI, throughout all the pillars, and more particularly for Pillar 1, 3, 4

				women survivors of VAWG and to develop and put into action an enabling legislative and policy environment in line with international standards on EVAW.	and 6. UN Women is supporting the establishment of a Trust Fund for Women Protection Centers to ensure that quality, life-saving services are available in every province of Afghanistan through the provision of long term and coordinated funding to shelters for women survivors of violence.
UN Women: Advancing the Women, Peace and Security Agenda	Women, Peace and Security	Afghanistan	USD 2,220,000	UN Women is advancing women's full participation in the peacebuilding process, through localisation of the UNSCR 1325	This project complements the work undertaken under Pillar 1 to promote knowledge and dialogue on CEDAW and UN SCR 1325 to decision makers and stakeholders, with a complementary focus on women, peace and security. This project is being implemented in the 3 targeted provinces of the SI, Herat, Paktia and Kandahar, and in Kabul. A key successful component of this Women, Peace and Security work is the Women, Peace and Security Working Group. The model will be used to inform the establishment and management of the EVAW Forum under Pillar 2 (Output 2.2).
UNDP: Enhancing Gender Equality and Mainstreaming in Afghanistan	Institutional Strengthening	Afghanistan, National and sub national level Ministries (country wide)	USD 5.6M	A capacitated MoWA is better able to sustainably and independently fulfil its mandate at national and sub-national levels. A capacitated MoWA is better able to sustainably and independently fulfil its mandate at national and sub-national levels	The project has been working with the MoWA for GRB, Policy Revision, NAPWA Database. This will complement the activities and the Theory of Change under Spotlight Initiative Pillar 2. By Working with institutional level engagements with the Ministries on Gender Responsive Budgeting, NAPWA and support the comprehensive incorporation of gender responsive policy making at the sub national levels through the support of implementing NAPWA phase – II which is due to be adopted soon – pending Presidential Review and orders. NAPWA – I was comprehensively evaluated and NAPWA – II has been designed on the gains made from NAPWA – 1 and will therefore look at a more comprehensive approach to institutional level gender inclusive policy making and decision making.
UNDP: Promoting and Strengthening Gender Justice in Afghanistan	EVAW	Afghanistan, National and sub national level Ministries (country wide)	USD 3.2M	National policy framework for the adoption and implementation of the international standards on elimination of violence against	The project will start its implementation from July 2020. The project will complement the Spotlight under Pillar 1 and 4, as it will promote and strengthen "gender justice" based initiatives, specifically in collaboration with national justice and judicial institutions such as the Supreme Court of Afghanistan (SC), the

				women is strengthened. (Supply) EVAW institutions (specifically in the justice and judicial sectors – including the EVAW High Commission) are strengthened to become more effective, accountable and gender responsive through targeted institutional support and capacity building. (Supply). Women and Girls are legally empowered on EVAW in Afghanistan. (Demand)	Attorney General's Office (AGO), Office of the Second Vice – President of Afghanistan (2VPO), Ministry of Justice (MoJ), Ministry of Women's Affairs – Legal Department (MoWA). The project will also engage with WHRDs and Provincial Women Networks extensively across all 20 – 23 provinces of Afghanistan. The work on National Policy Framework will be supported through strict adherence to National Ownership and voices and opinion of women led community representatives. All activities under this project will assist the activities of Spotlight Initiative in Afghanistan– by focusing on strengthening justice and judicial initiatives to ensure stricter law enforcement in favour of EVAW implementation in Afghanistan. This is also complementary and supportive of the achievement of the GMAF in Afghanistan.
Capacity building of social workforce	Child protection	Kabul, Herat, Kandahar, Paktia, Bamian	USD2M	Strengthening of social workforce through the development of the following documents: 1. National Occupational Standards for Child Protection Social Workers (2009) 2. Development of Social Work Bachelor (SWB) 3. *Development of* Master of Social Work (MSW) 1. Development of three packages of Case management, Social work and child protection	The Social workforce project contributes to the SI which aims to ensure there will be adequate social workers for GBV Service provision under Pillar 4. The SOP on case management developed by this project will be used to train service providers under Pillar 4 in SI
Afghan 'Children on the Move', particularly	Child Protection	UNICEF works to address protection issues of	USD15M	• Social workers will provide basic case management services: assessment of children-	These initiatives will complement SI initiative, especially pillar 4, in that SI will enhance the targeted care for adolescent girls as

unaccompanied children/ adolescents (especially those returning from Iran, Pakistan and other countries) are protected and receive basic services and a reintegration package		"children on the move" focused in 15 provinces namely: Badakhshan, Baghlan, Balkh, Faryab, Helmand, Herat, Kandahar, Badghis, Ghor, Takhar, Sarepol, Kunduz, Ghazni, Daykundi and Nagharhar.		mainly adolescents wellbeing (including physical and mental health status, nutritional status and family situation), identification of family and/or kinship ties, family tracing, family reintegration and a follow up of children's well - being 3-6 months after their reintegration; • Social workers and child protection bodies in places of return will provide reintegration package of services that include school enrolment and/or linkages to existing vocational training and income generation assistance; • Activities also focus on strengthening child protection structures in the target provinces through mobilization of communities and local authorities.	an area which has been weak in UNICEF and GBV/ CP partners in Afghanistan under Pillar 4
Improving Adolescents' Lives in Afghan (IALA)- IKEA funded	Adolescent programming	Bamyan Province (8 Districts); Badghis Province (3 Districts)	USD3,468,892	Increase self-efficacy of adolescents, particularly girls, to reduce their vulnerability to violence perpetrated through harmful practices and nurture their ability to act as agents to change in their communities	The MAG initiatives are in Bamyan and Badghis, and the model will be replicated in SI area and focusing on Adolescent girls MAGs only that will enhance girls agency in their own right and use this to scale up the girls movement under Pillar 6. This will also contribute greatly to Pillar 3 and 4 , as these will be used as platform for mobilising girls for awareness raising on SGBV and HP prevention including building adolescent girls agency. The MAGs will serve as platform for awareness on available

				services.	
Child Friendly School initiative (ACO/ Afghanistan- Japan funded	Child Protection	Western Region province Herat, Ghor, Farah, Badghis	USD 12.5M	Quality of education in Afghanistan is improved through application of the Child Friendly Schools (CFS) approach	SI will use lessons learnt on CFS model into a package that will allow adolescent girls lens in service provision through establishment of girls- friendly spaces as opposed to CFS. The GFS under SI will be used to scale up beyond the SI locations based on the new lessons and reach to adolescent girls
UNFPA: Health Sector Response to GBV, Family Protection Centre (FPC)	DFID KOREA DFAI	Kabul, Nangarhar, Laghman, Kapisa, Baghlan, Balkh, Samangan, Jowzjan, Badgiz, Faryab, Herat, Ghor, Bamyan, Daikundi, Farah, Nimruz, Kunar, Kandahar, Paktial, Khost, Kunduz, Parwan and Paktia provinces	USD 13 M	Provision of life-saving survivor-centred comprehensive health and PSS services to women and girls' survivors of violence in Afghanistan	This project links to the Pillar 4 of the SI. The SI will utilise the FPCs to provide services to survivors. Using the knowledge and learning gained from the implementation of this programme, UNFPA will provide capacity development for service providers and stakeholders under the SI.
UNFPA: GBVIMS	DFID KOREA	Laghman, Kunar, Kapisa, Baghlan, Balkh, Samangan, jowzjan, Badgiz, Faryab, Herat, Ghor, Bamyan, Daikundi, Farah, Nimruz, Khost, Kandahar, Paktial, Kunduz,	USD 1,000,000	Collection of quality incident GBV data from all FPCs and lower level health facilities in 22 provinces of Afghanistan for generation of evidence to policies and programming in the country	This is linked to Pillar 5 in the SI project. Using the knowledge and expertise gained from this project, UNFPA provide the needed technical support to the MOI under the SI

		Parwan and Paktia provinces			

XIII. Monitoring & Evaluation:

The key functions of the M&E framework are to ensure that the right decisions are taken so that the Spotlight Initiative's activities: (i) are being implemented according to plan; (ii) have the intended impact on the beneficiaries and agents of change; (iii) are effectively delivering benefits and the benefits are being sustainably managed and owned by communities; (iv) are relevant to the needs of, and prioritized by, targeted beneficiaries/agents of change (including those most at risk and facing intersecting forms of discrimination); and (v) are being monitored so as to identify problems and risks early and ensure the progress of the Initiative is on track.

The M&E framework will be customized to the needs of the program and aligned with the objectives of the Spotlight Initiative at regional level. To best ensure that the objectives are achieved, the management of the Spotlight Initiative at regional level will consistently track results at the output and outcome levels. This will enable appropriate results-based management allowing adjustments to program components.

The effectiveness and sustainability of programme benefits will be monitored closely. Ownership by programme stakeholders will ensure that benefits are both effectively delivered and continue beyond program-completion. The development results being tracked need to incorporate the aspirations and challenges of targeted communities to be truly relevant to their needs.

The M&E framework is based on several principles corresponding to the following approaches:

(i) **A results-based management approach**: The aim of the M&E framework is to ultimately enhance results-based management. Therefore, management at global and national level needs to keep abreast of M&E data and tools and use the same in planning.

(ii) **A framework focused on people and beneficiaries/agents of change:** The M&E framework will focus on benefits flowing to all people, including those facing intersecting forms of discrimination; monitoring will not be limited to inputs or activities. Instead the final benefits of each program activity should be measured, wherever possible, in terms of economic and social benefit and number of beneficiaries/agents of change reached. Concurrently, the M&E framework will be community-based with results should be measured by directly involving beneficiaries, agents of change and stakeholders.

(iii) **A targeted M&E framework:** Following the principle to "leave no one behind", the M&E tools and data will give special attention to gender, youth and intersecting forms of discrimination. Wherever possible, gender and youth issues will be highlighted, and results data will also be disaggregated accordingly. The Spotlight Initiative will endeavour for data to be disaggregated at a minimum by income, sex, age, ethnicity, disability and geographic location. Data disaggregation will also be explored to include other characteristics relevant in national contexts over the lifespan of the country programmes. "Other status" or characteristics include discrimination on the basis of age (with attention to youth and older persons), nationality, marital and family status, sexual orientation and gender identity, health status (including HIV), place of residence, economic and social situation, and civil, political or other status.

(iv) **A sustainability-focused framework:** The M&E framework, and related indicators, will place special attention on the sustainability of program initiatives. Given the importance of the Spotlight Initiative as a UN flagship Initiative, sustainability-related indicators and impact measurement indicators will be incorporated in the M&E of all interventions.

Indicators: A menu of indicators has been designed by the Spotlight Secretariat. In keeping with the levels of monitoring (and levels of the results chain) the country Team selected from that menu:

- *Output indicators* which describe the goods and services the project provides to enable the target groups to take the desired action (1st level).

- *Outcome indicators* which describe the action the target groups must take, in order to improve their condition and the benefits they derive from the action (2nd level).

Quantitative or qualitative targets will be associated with each indicator, corresponding to the final objectives to be achieved at the end of the Programme, once the baseline study has been finalised.

Once initial feedback is received on the design of the logical framework and the theories of change, the Country Spotlight Initiative Team will develop a full M&E Framework as well as design a specific M&E Strategy. It is important to note that at this stage of programme design, the following principles have been agreed, following the guidance from the Asia Spotlight Initiative Investment Plan and orientation on Spotlight Training in Almaty, Kazakhstan:

- A comprehensive baseline survey will be initiated in the first quarter of 2020. The baseline will help establish the baseline, milestones and targets for the results framework indicators, as well as collect data in areas where gaps for effective programme management and design may be missing. An institution with significant experience in sexual and gender-based violence and survivor-centred programming will be selected on a competitive basis for this part of the Initiative.

- To best ensure that the objectives of the Afghanistan SI are achieved, the management of the Programme will consistently track results at the output and outcome levels, enabling appropriate results-based management that allow adjustments to program components.

- SI personnel will receive an orientation on ethical approaches to monitoring SGBV programming, considering attention to considering principles of survivor-centred and human-rights-based approaches to monitoring, 'do no harm' and the specific approaches that need to be tailored to interventions with children under 18 (parental consent) and making monitoring processes and tools accessible for partners with disabilities or with mixed-literacy levels.

- The effectiveness and sustainability of programme benefits need to be monitored closely. Ownership by programme stakeholders will ensure that benefits are both effectively delivered and continue beyond program-completion. Implementing partners and stakeholders involved in the development results being tracked will be engaged in determining the best approaches to report on changes identified to incorporate the aspirations and challenges of targeted communities and be truly relevant to their needs.

- RUNOs will be responsible for continuous monitoring of the Programme with the technical support of UNFPA, which will be done in accordance with existing United Nations monitoring and evaluation policies and based on Results Based Management principles as well as the principles set out by the Spotlight Initiative. To ensure this, programme staff members will be responsible for overall coordination of monitoring activities (including Joint EU-UN-Govt monitoring) and will be working closely with the Monitoring and Evaluation Task Team.

- The information from the Spotlight Initiative in Afghanistan will be consolidated by the Secretariat into a central, results-based management system, which is why the result indicators selected come from a common "menu of indicators" [1].

- ToRs for the Baseline Assessment will be developed and advertised in January 2020, incorporating an initial review by RUNOs to map gaps in the existing baseline data (from the Population Census, DHS) and to undertake baseline studies/data collection when data is not already available. Given that the expected timing of the next Demographic and Health survey is not yet determined it may not be feasible to use latest data in terms of the DHS but rely on the 2015 DHS for Afghanistan. Activities to support this are included in the proposed workplan. When funding is available, RUNOs and counterpart government will initiate such data collection exercises to obtain data as early as possible.

- The partners of the initiative, the EU, UN, civil society, Government etc. will be kept informed of progress and challenges identified through the Monitoring of the Initiative, and joint annual UN-EU and Government monitoring will be organized as part of the existing coordination mechanism (the Technical version of the CP-SC). Additional actors, such as CSOs, or media, will be invited to participate in monitoring activities as they are carried out and as relevant. Regular updates will be a standing agenda item for the Steering Committee, comprised of actors at the highest level.

External evaluations and results-based assessments are required to assess the performance of each programme Pillar and will be conducted at the mid-term and at the time of programme closure. Evaluations are used to analyse programme performance and test the Spotlight Initiative's global and regional theories of change. The Operational Steering Committee will commission the mid-term results-based assessments and final evaluations, which will be managed centrally by the Spotlight Secretariat to assess the overall performance of the Spotlight Initiative, inclusive of its design, management, and performance against global objectives. During this evaluation, specific recommendations may be provided to the Operational Steering Committee to guide any revisions to the theory of change, governance arrangements, and/or programming cycles.

The Afghanistan Spotlight Initiative has placed at its centre the principle of "leave no one behind" to ensure that girls and women in all settings, especially the most vulnerable are supported. The M&E Framework will take this into consideration and integrate its principles in the overall vision and in specific mechanisms. Against this background, joint monitoring field visits to the implementation sites will be undertaken by all the RUNOs and implementing partners, including CSOs. This will ensure a common framework in addressing Findings of the field visits for successful implementation of the SI.

As a result, the Spotlight Initiative M&E framework will include the following priorities:

- Design of specific mechanisms for data disaggregation. As for the SDGs, the Spotlight Initiative indicators should be disaggregated, where relevant, by income, sex, age, race, ethnicity, migratory status, disability and geographic location, or other characteristics. When disaggregated data does not exist, it is important that activities under the Programme under Pillar 5 be focused on the production and disaggregation of such data, in line with international standards.

- Set-up specific mechanisms to track and ensure the meaningful participation of women and girls, including those facing intersecting forms of discrimination, and the groups that represent them (CSOs) in decision-making and in the design of the Spotlight Initiative.

- Develop methodologies for the inclusion and participation of selected CSOs (particularly those involved in the CSO Reference Groups) in monitoring processes and monitoring visits.

- Build on lessons learned on other national, regional and global programmes to design strategies that measure the impact of innovative approaches in changing the lives of target groups, notably considering the innovative social impact assessment tools.

- Ensuring that not only good/ promising practices are effectively documented and shared, fostering scalability and replicability, but also that lessons learned on less effective strategies of the interventions are equally documented and shared, to ensure knowledge for the SI implementation but also benefiting other EVAWG programming.

- The UN approach to programming follows the Human Rights Based Approach. Hence, the Monitoring and Evaluation methodology will ensure that an improved ability of rights holders to claim their rights and of duty bearers to provide for those rights will be at the centre of all monitoring and evaluation activities as per standard programming under the UN Sustainable Development Framework (UNSDF) and the future Coordination Framework.

X. Innovation

The Spotlight Initiative provides an unprecedented opportunity to deploy innovative approaches to achieve gender equality at scale in order to eliminate violence against women and girls working through a targeted and concerted investment, comprehensive approach, and evidence-based programmatic theory of change. Thus, the country programme will identify and adapt interventions that have evidence of success and best practices and will incorporate experimental approaches to test new pathways to achieve accelerated results. All innovative approaches in Afghanistan will be closely observed to assess opportunities and risks, in line with the "*Do No Harm*" approach. The purpose of innovation is to accelerate impact; therefore, programmes demonstrating significant outcomes will be scaled up and will be shared as an innovative practice.

To advance the development of creative and innovative ideas and approaches, the Spotlight Initiative will 1) stimulate co-creation in which beneficiaries play an active and ongoing role in the conceptualization, development and implementation of innovative programmes and activities, including through civil society, 2) encourage innovations in partnerships, as well as programmes and activities, and 3) promote innovative uses of non-technology methods and technology applications to reach and serve beneficiaries.

Programmatic Innovation:

- Promote inclusive innovation, focused on supporting the poorest and most vulnerable. Marginalized and vulnerable groups will have a decisive role in the design, testing, learning and adoption of innovative solutions. Effective networks and mechanisms for their participation will be created.

- Learn quickly and ensure the impact of promising innovations before scale-up.

- Facilitate collaboration and co-creation across public, private and civil society sectors.

- Identify and share scalable solutions that demonstrate high potential to achieve and sustain significant impact and cost-effectiveness.

- Introduce new methodologies (e.g. procedures, protocols) or technologies (e.g. devices) to address VAWG (prevention and response).

- Systematize and evaluate experiences to analyse their potential and replicability in order to track and learn from innovation.

'Business as usual' has proven unsustainable in the quest to prevent SGBV and particularly IPV, especially as often this issue has commonly been addressed through parallel vertical processes and many actors working in silos.

To break away from conventional approaches, the SI in Afghanistan will foster innovative practices and solutions, drawing on specific expertise from the RUNOs and Associated Agencies, while also bringing together diverse partners that have not worked together before, to jointly address this common issue.

The approach is also connected with the inputs and participation of civil society and complemented by the voices of VAWG survivors and historically marginalized women and girls. This method in building a joint programme addresses intersection with gender to avoid blind-spots in understanding and delivering services to target groups, designing for scale and enhancing sustainability of interventions.

To accelerate impact, the programmatic activities and solutions focus especially on innovative methods used in preventive interventions, through the whole-of-community approach, or through targeted approaches working with specific groups and with a combination of media outlets to address different angles of the issue. One of the methods will include working with boys and men in same sex groups and working with religious institutions to inspire positive and healthy practices of masculinity.

Past research proves the impact of working with all layers of the community outside of school settings[96] to prevent IPV and the SI in Afghanistan can accelerate this impact through activities on prevention engaging community members (men and boys, women and girls, religious leaders and community leaders, teachers, etc.), service providers and media. In addition, SI will innovate by allying prevention efforts and response to SGBV, notably in the health service provision arena, as well as creating the grassroot women's movement raising from the community levels.

The UN is also doing path-breaking improvements to the delivery of services in Afghanistan. Considering deep-rooted patriarchal norms, gender stereotypes and victim-blaming, and taking a survivor-centered approach, the SI is addressing stigma and discrimination among service providers that hinder women's access to services. Community outreach and CSO's legal and paralegal service provision to support access to justice for the most hard-to-reach women (rural, disabled, illiterate, those in child or forced marriage etc) rather than the conventional and costly approach of bringing survivors to services. These approaches are a means to generate demand and options for survivors alongside advocacy for longer-term formal justice services and infrastructure can be provided, whereby the voices of survivors and partnership with women's organizations will be critical for supporting the development of sustainable justice solutions for women in all their diversity, aligned with the principle of leaving no one behind.

The SI will include an innovative approach by fostering linkages with the women's economic empowerment initiatives in communities to support longer-term recovery for survivors.

By investing in the grassroots women's movement and addressing power dynamics within the women's movement, the SI provides a safe space for women with intersectional forms of discrimination and marginalization to collectively organized so that solutions to SGBV are informed by their particular experiences and knowledge, to elaborate their leadership and voice in sub-national, national and global alliances (e.g. online, through sub-national, national and global policy fora) in sharing their stories about how they experience policies and laws on VAWG and other areas of programming. This includes securing funding for priority action, guarding against token participation of groups, and ensuring that their participation in SGBV processes and action is meaningful.

Finally, to ensure these innovations, the programme must create a conducive environment to generate this innovation and push stakeholders to explore new avenues and test methodologies. This can only be done if there is recognition that innovation requires using iterative approaches where new ideas are tested and results – both positive and negative – are analysed, discussed and integrated in the reflection of how to move forward. This will be part of the partnerships established under the SI implementation, as well as integrated in the M&E and Knowledge Management strategies, for both the RUNOs and the implementing partners.

Operational Innovation

Operationalizing the United Nations Development System (UNDS) reform as a flagship programme and leveraging the comparative advantage of UN Agencies, Funds and Programmes around EVAWG is an opportunity to explore how business operations in Afghanistan can be streamlined through common business operation strategies such as common back office functions to improve operational efficiency.

- Develop new and or enhancing existing modalities: for coordinated management and "Delivering as One" among UN agencies.

- Maximization of cost (Cost savings*): the Afghanistan Programme will tap into various organizational process assets, engage in joint procurement processes where possible, coordinate common operations, and ensure synergies with other ongoing initiatives.

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[96] The Preventing Violence Against Women and Girls project was implemented between 2016-2018. see more at https://apolitical.co/solution_article/peace-lessons-transform-war-torn-schools-and-communities-in-afghanistan/

Increased efficiency in operational procedures will be tracked and measured as a metric of innovation for the Spotlight Initiative in Afghanistan.

Working as One UN Afghanistan

UN Afghanistan's development work is delivered through the One UN *For* Afghanistan Framework. The UNCT is also rolling out the Business Operations Strategy, which focuses on the leveraging of cost-savings and common services in an effort to achieve optimal efficiency and efficacy. The UN has shared premises in the regions and Kabul, which foster interactions between agency presences and offers opportunities to leverage each other's comparative advantage. These tools will offer excellent support and entry points for Spotlight interventions and complementarity of agencies. With challenges in reaching to various provinces, RUNO agencies will draw from the existing flight arrangements under UNHAS and UNAMA as appropriate.

XIV. Knowledge Management

Knowledge Management is a central component of the Spotlight Initiative in Afghanistan. Key principles include people-centred, embedded in all Pillars of the country programme, the dissemination of knowledge to the public and a participatory method to programme delivery and being contextualized and customized to the local environment.

The objectives of the Knowledge Management Strategy will be: 1) to increase awareness and understanding of the SI's implementation and impact in Afghanistan; (2) to communicate and share good practices and lessons that emerge through the implementation of the SI interventions (3) to generate local, context-specific knowledge on 'what works' and 'what does not work' to be shared on regional and global virtual knowledge platforms and (4) to strengthen women's rights groups', civil society groups', and government's capacity to generate, disseminate and use EVAWG knowledge. As such, the Afghanistan country team has identified specific tools and techniques which will effectively manage knowledge and these approaches will be further developed in the Afghanistan KM Framework. Some Activities will include:

- **Knowledge capture**: Collating the evidence-base on Spotlight Pillars from existing national and global resources and conducting a situation analysis improve understanding of EVAWG in the country

- **Addressing knowledge gaps**: Activities will be designed to specifically meet identified knowledge gaps

- **Monitoring and Evaluation**: Strategizing innovative, context-specific monitoring and evaluation strategies of all Spotlight activities to determine 'what works' and 'what does not work'. This knowledge will be shared on regional and global knowledge platforms to encourage peer support, collaborative problem-solving and strategizing, and the sharing of tools and other resources.

- **Dissemination and Public Engagement:** Communicate and share good practices and lessons that emerge through the implementation of the SI interventions and establish participatory mechanisms with multiple stakeholders to continually assess and discuss what works and what does not

- **Build Knowledge Management Capacities**: Conducting national and/or regional knowledge exchange workshops on particular topics/practice to strengthen institutional capacity to generate disseminate and use knowledge products.

A dedicated Monitoring, Evaluation/Knowledge Management Officer will be recruited to oversee knowledge management activities. He/she will also ensure that the outputs from M&E activities are translated into knowledge that informs programme implementation and reporting and that KM activities are closely aligned with the SLI Communication and Visibility Strategy.

A baseline survey will be conducted under this joint program on the Spotlight Initiative. Portfolio reviews for this program involving donors, community beneficiaries will be conducted to ensure that RUNO agencies "pause and reflect" on its implementation. The RCO will strengthen knowledge management by tracking the implementation of this programme and disseminate advocacy messages and good practices. With a series of knowledge products that have been planned to be developed, RCO will ensure that these products (such as the baseline reports, mid-term reviews, and other products etc.), are disseminated at various levels and platforms. The RCO will also develop a strategy on knowledge management focusing on (i) identifying knowledge gaps by assessing and undertaking a mapping of existing knowledge management activities, guidelines and tools within the RCO; (ii) expanding RCO's flow of knowledge and information including on Spotlight; (iii) contributing to and share best practices and knowledge; (iv) effectively communicate and liaise with all RUNO agencies to integrate knowledge management in their systems and processes; and (v) ensuring a constant and consistent flow of information gathered on the quality of the spotlight including on life changing stories.

XV.   Communication and Visibility

The Communication and Visibility Manual for European Union External Action has been used to establish the Communication and Visibility Plan of the Country Programme (see Annex 2).

A communications and visibility strategy has been developed to support implementation of the Spotlight Initiative in Afghanistan (see Annex 2). The communications and visibility strategy has four overall objectives:

1. To raise awareness on issues of SGBV &HP against women and girls with a focus on cultural norms, attitudes, services, policies, laws and prevalence in Afghanistan
2. To illustrate and promote the impact and results of Spotlight-supported interventions
3. Provide communications for development support to strengthen Spotlight Initiative's programme design and implementation
4. To ensure visibility for the Spotlight Initiative, the donor (EU) and partners

Part of the aim of the communication strategy is to highlight the success of the programme across different deliverables during the programme lifespan. This will include a press strategy through which press releases, hard news articles, human interest stories, and special targeted media content will be published in the media in Afghanistan and beyond. The plan also includes a social media strategy through which communications and visibility objectives will be achieved. This will include publishing of regular updates about the SI, as well as infographics with key advocacy messages on Facebook and Twitter.

To instigate change for SGBV , the communications and visibility strategy will also utilize some of the social behavioural change communication tools such as Information Education Communication (IEC) materials, community mobilization/events, and TV and radio programmes to advocate for positive social change around the Spotlight Initiative programmatic issues.

All communications and visibility of the Spotlight Initiative in Afghanistan and beyond will be aligned with the Spotlight Initiative's Global Communications and Visibility Plan and implemented by the UN Resident Coordinator's Office and engaging recipient UN organizations (UN Women, UNICEF, UNDP, and UNFPA) to ensure the visibility of the Spotlight Initiative and raise awareness about how the programme fights against SGBV and HP in the region.

EU branding will be streamlined across all communication activities, with the EU logo included on all communication products such as banners, reports and documents. News stories will also acknowledge EU support to the Spotlight Initiative. All radio or television communication materials will have the EU acknowledged as the donor of the Spotlight Initiative. Media interview opportunities featuring EU representatives will also be created through events and missions/ visits so that the EU officials are identified with the project. Advocacy messages will align with EU's ethical standards

ANNEXES

TABLE 3: BUDGETS and COUNTRY RESULTS FRAMEWORK – see excel document attached.
Once finalised, the following tables will be incorporated to this document.
Table 3 A – 4-YEAR WORK PLAN
Table 3 B – BUDGET BY UNDG CATEGORY
Table 3 C – BUDGET BY OUTCOME
Table 3 D – MENU OF PILLARS/OUTCOMES AND OUTPUTS
Table 3 E – RESULTS FRAMEWORK

Spotlight
Initiative
To eliminate violence
against women and girls

Annex 1: Multi-stakeholder engagement in the Country Programme development process

1A: SI Consultation with the Government Partners in Kabul

Name of institution	Name of focal points	Key recommendations	Date
Ministry of Public Health (MOPH)	General Director of Policy and Planning, Dr. Abdulqadir Qadir. Child and Adolescent Department of MOPH, Dr Sayed Shah Alawi and his entire team. The Gender Directorate of MOPH, former director, Ms. Farzana abkari and her entire team	• Strengthen provincial level for SGBV frontline • enabling environment development/ adaptation of through policies, procedure and protocols; • Need for multi-sectoral coordination of GBV prevention and response to better meet the need of survivors of violence in a holistic manner; • strengthening the system to be responsive to the needs of women and girls survivors of violence through extension/ expansion of GBV service hubs (FPCs), build capacity of health and non-healthcare providers to better process GBV cases • Integrating SGBV in district planning critical • Support Development of training curriculum for all service providers • There is need to strengthen collaboration among Health, Social, Legal and other sector for holistic approach to SGBV in Afghanistan • Considering that two ministries are required to successfully implement the Family Life Education, it is recommended to bring president office on board.	October 2019
Ministry of Youth	Deputy Minister of Youth affairs, H.E Mr. Ajmal Shahpoor	It was recommended to recruit two NTAs at second vice president office to actively follow up the oversight committee proceeding which can oversee the implementation of ASRH and NAP EEC.	November 2019
Ministry of Women Affairs	Deputy of Policy and Planning, Ms. Spozhmai Wardak General Director of Policy and Planning, Ms. Farida Quraish Ms. Halima Paktiani, Director of Women's Empowerment	Enhance MOWA's role on review process of the draft family law This is the great opportunity to ensure the new law on family protection is not only strong on the judicial matters related to family but also on the following (i) prevention and protection of the family e.g. family counseling, positive parenting etc. (ii) clarity on child marriage (iii) clear articulation and the role of MOWA **Coordination** MOWA to be supported with financial and technical capacity to coordinate GBV related issues among sectors budget for monitoring **Child marriage** Need for more resources for MOWA and DOWA to effectively coordinate efforts	Nov 2019 April 2020

	to address Child marriage	

1B: Consultative dialogue with 29 women from women's CSOs and women's groups in Kabul,

01 October 2019

Gaps	Recommendations
Pillar 1	
1.While women groups acknowledged the space given to civil society by the government in law and policy formulation and recognized women group's significant influence over these processes, there is still a large scope to engage civil society and women's groups in all their diversity, and the government needs to ensure their meaningful participation in law and policy drafting and reviewing processes 2.Women human rights defenders continue to face threats and there lacks a legal framework that adequately protect them. There is a gap in CSO's monitoring role of the law and policy implementation and there is no assessment conducted related to the effectiveness of CSO's policy advocacy.	1.Women's groups recommended the SI to support the creation of wider consultation platforms engaging civil society at all levels of the law and policy drafting/implementation/monitoring. In particular, grassroots women advocates and historically marginalized women and girls need to be supported further to take an active role in policy advocacy. 2.Capacity building of CSOs in their social accountability roles to strengthen their 'watchdog' role, including through the use of CEDAW framework.
Pillar 4	
There is a general lack of services available for VAW survivors, but particularly legal services at sub-national levels. Where available, discrimination and abuse by service providers against women survivors of VAW are commonplace and limited understanding of and "do no harm" approach in service delivery may create further harm to survivors. Limited awareness about laws related to VAW hinder survivors' access to justice	1.Link job opportunities/women' economic empowerment initiatives for survivors to support their reintegration into families/communities; raise awareness about existing services among the public; address the stigma and discrimination against women survivors. 2.Ensure to support legal and paralegal services for women and girls in selected communities through CSOs; 3.Support CSOs to implement specific awareness raising among communities about legal framework related to VAWG; strengthen longer-term service delivery by linking shelters to job opportunities for survivors' longer-term recovery.
Pillar 6	
Women's movement has predominantly occurred in urban areas, and	1.Support resources and safe spaces for their rural women's movements'

| grassroots women, young women, illiterate women and women living under security threats, have been left behind from the central women's movement to date | participation and targeted capacity

2.Social media could be used as a platform for advocacy training targeting young women. Media presents opportunities for advocacy led by women's groups. |
|---|---|

Name	Organization	Name	Organization
Mahbouba Seraj	AWRO	Karima Rahimyar	AWEUSO
Kobra Sadat	RSSO	Nasima Sharifi	HPWO
Masoud Kashan	NAEDO	Rahela Razia	HPWO
Hasina Rasul	EIP	Salima Sharifa	AWRO
Hamida Karimi	HAWCA	Morsal Hazrati	Voice of Women
Zohra Tawakoli	AWN	Engineer Sharifa	FRDO
Dr. Sidiqqa Hofiani	WHDO	Mahmouda Stanekzai	AWSDC
Zarifa Sidiqqyar	HPC	Mariam Sadat	Herfwi Zanan e Afghan
Breshna Barakzai	SWRO	Hamasa Azar	AWEC
Golmakai Siawash	KOO	Omaira Rasouli	WJO
Asia Tawakoli	AWN	Shougoufa Walizada	AWSDC
Malika Ganeh	ECW	Nooria Safi	WCDBO
Mahnaz Sadique	FSGO	Hila Mashal	-
Salima Sharifi	AWSDC	Halima Sarwar	-

Anisa Safi Sadat	WCLRE		

1C: Spotlight consultation meeting summary- Herat, Paktia and Kandahar (13 May 2020)

Areas	Situation/best practices	Problems/gaps	Recommendations
Laws and policies			
•How are women's rights advocates ensure to deliver the voices of most marginalized women in their advocacy work? •What kind of mechanisms are available for women's groups to hold the government accountable to implement laws and policies? Are they being used? What other kind of mechanisms could be in place? •Are there any laws/policies what guarantee the ability of women's groups, CSOs and women's human rights defenders to advance the human rights agenda? What are good practices and gaps?	Women's rights advocate to deliver the voices of most marginalized women in their advocacy work through the existed laws and policies. 2. There are mechanisms that could hold the government accountable to implement laws, regulations, and policies through advocacy of exited law by referring to the relevant authorities and social media. 3. There are laws and policies that guarantee the ability of Women's groups, and human rights defenders to advance the human rights agenda.	1. Most of the problem is with the drafted laws that needs reform and revision. Like Laws on marriage (the legal age for a woman to get marry is 16) that this promote child marriage. Or, issuing the Tazkira without mentioning the mother's name, and law on providing two women instead of one to have the witness approval at the court. 2. Lack of commitment and responsive government to implement the law by the relevant authorities. Some laws are written on the paper and is not practiced due to corruption or political issues. 3. Law exists, but there is not a proper mechanism for implementing the law. Like law on easy access of women to justice, but there is not an accurate mechanism for that. In addition, the existed mechanisms are weak as there is no proper practice of these mechanism. 4. Local communities do not have access to the formal authorities.	• There is need to improve SGBV related laws implementation at provincial level. E.g. through establishment of EVAW committees in the community level, district level and provincial level., including targeted trainings to Ulama and community elders to be trained on EVAW, who use Cultural laws in adjudicating GBV cases which often contradicts with EVAW law • Build the capacity of the relevant authorities to properly implement the laws and have the knowledge management skills. • 4. CSOs should facilitate the process of decisions by making the government accountable for their action and have a proper follow up of the decision to make sure the decisions are implemented, and it is not remained on the paper. • There should be capacity building programs for the monitoring committees to properly monitor the implementation of laws and policies. • Community engagement should be taken into consideration like youth engagement as the agent of change. • There is need to enhance mechanism to hold government accountable to implement law/policies • Invest in awareness specially among women on SGBV related laws and their rights, as many women in rural communities due to illiteracy and deliberate mechanism to reach them majority do not know about their rights and the channels to report VAW cases, (case of Gardez and Herat)

			• Need for improved coordination of all organizations working in SGBV. It was recommended to establish joint committees of Ulama, community elders, influential women and government authorities in community level, district level and provincial level for EVAW
Prevention and social norms			
•What kind of interventions have been conducted by civil society and women's groups to transform social norms as prevention of VAW in the community? What are best practices and lessons learned? what are the results of these interventions? •What kind of interventions have been conducted in and out of school settings? what are the results? •How can women's groups take a lead in identifying and responding to the needs of most marginalized women at the community level?	1. There are interventions such as public awareness campaigns and trainings for reducing the negative social norms. 2. There are hygiene programs implemented in schools as well as awareness on reducing the social taboos.	1. Gender sensitivity of some programs. 2. Lack of male engagement in the awareness programs. 3. Negative norms such as exchange marriage and virginity test happen mostly in the communities. 4. There is a gap between mother and daughter as well as among the community due to social taboos. 5. The ministry of education is not accurately responsive to reduce the negative social norms through its education curriculum. 6. there is less cooperation among the NGOs to make sure all projects have a positive impact in the community.	• The capacity of the local religious leaders should be built, so that they could cooperate and raise awareness on reducing negative social norms such as exchange marriage among the people who are coming to pray at the local mosques. • Train the local community doctors, midwives, and women to be educated on issues such as virginity test. • Building the capacity of teacher in the local communities can help the girls at school to solve their problems. • CSOs should advocate for a standardized system of education as the ministry's top priority to have a gender education subject for boys and girls at schools, and provide a well-trained teacher for them. • NGOs should work collectively, and their field of work should be cleared for the other NGOs. • There should be a database for all the projects implemented in the local communities that the other NGOs could use it to make sure there is enough resources for proper implementation of the project • There should be more awareness for women on EVAW radios, round tables trainings, workshops. There is need for specific platform, strategies/programs for the social change, there have only been few activities in the past which are not of significance value to change behavior and practices
Service Provision			

•How do women's groups monitor the quality of services? •How can women's groups contribute in encouraging women survivors to access services	1. There are monitoring team from the relevant governmental authorities as well as the informal system of Shuras that monitor the quality of services.	1. Shuras and Tashkil do not have a proper reporting and monitoring mechanism. 2.The role of female Shuras are symbolic as they do not have the decision-making power, and they follow the male Shuras decisions. Like the male Shura members decide to build a well near to the mosque while the water could be far from the access of women and girls. 3. No separate room specified for GBV counseling. Psycho-social counselors provide psychosocial counselling in a room that they Find empty. It affects the confidentiality of the survivor Gardez).	• The capacity of Shuras should be built to have a proper reporting and monitoring mechanism on GBV cases • There is lack of coordination from government side and CSO service providers for coordinated service provision and identify gaps in services. • No monitoring mechanisms on extent to which women's access to services by CSOs or women groups at all. • In order to encourage women survivors to access services, there should be awareness campaigns for them e.g. through house to house visits by women on available services • Since most of the GBV survivors are poor, the need to blend in transportation cost for survivors when there are referred to other specialized services is critical.eg provision of ambulance dedicated at FPC
Data			
• How do women's group access to the government data (prevalence/incidence data/administrative data? • How and what kind of data do women groups' collect for advocacy to inform legislation and programmes? what are best practices, lessons learned?		CSOs and women groups do not have access to the data about VAW as this data is confidential. They only get number of cases from criminals department at police HQ without more details. They have no access to detailed data to advocate and inform legislation and programs	CSOs and women groups do not have access to the data about VAW as this data is confidential to inform SGBV programming or for necessary advocacy and inform legislation and programs.
Women s movement			
• How strong are women's movement in the country? Who are the main actors? How	1. There are women movements in the country through advocacy on social	1. There is not a strong movement as most of them are project based and lack community engagement.	• There should be a strong network for the others' voice to advocate for the rights of women as well as to have male engagement.

Spotlight
Initiative
To eliminate violence
against women and girls

strong are grassroots women's movement and groups? What are gaps? • What are the best practices in using social accountability mechanism for advocacy? • How to ensure CSOs' EVAW programming meets the needs of the most marginalized women and girls in their community? • Which women's groups have the best access to marginalized women in their community? What is their capacity in implementing programmes?	media and else.	2. There is advocacy mostly through social media, but it is less effective in terms of social accountability. 3. The governmental authorities lack capacity to address the communities' needs.	• Governmental agencies such as DoWA should have the capacity for knowledge management mechanism to get the fund for the implementation of projects.

Provincial consultations: List of participants

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Annex 2: Communication and Visibility Plan and Actions

The Communication and Visibility Plan (2020 -2022), seeks to highlight European Union's support to address SGBV in Afghanistan. The target audiences are EU policymakers, international donors, EU embassies in Afghanistan, regional and international media, and the public in Afghanistan, and Europe.

Below are the Communication strategy objectives:
Objective 1: Raise awareness of SGBV and harmful practices (HP) related to child marriage: By publicizing data and supportive facts, creative messaging to key audiences, exhibiting thought leadership on violence against women and girls, media sensitization and training.
Key indicators
- Number of news outlets that develop standards on ethical and gender-sensitive reporting.
- Number of journalists better able to sensitively report on SGBV and HP.
- Percentage of audience with accurate knowledge on the prevalence of SGBV.
- Percentage of audience with accurate knowledge on the prevalence of Child marriage and other related practices (*baad* and *badal*)
- Percentage of audience with accurate knowledge on the prevalence of child marriage.

Objective 2: Illustrate and promote the impact and results of Spotlight Initiative-supported interventions: By finding, sharing and promoting the stories of women and girls (and men and boys) whose lives have been positively transformed by Spotlight Initiative-supported interventions.
Key indicators:
- Percentage of identified audiences with accurate knowledge of the Spotlight Initiative.
- Percentage of identified audiences with a positive perception of the Spotlight Initiative.
- Number of new and other media stories/reports that sensitively report on SGBV and HP more broadly.

Objective 3: Provide communications for development support to strengthen Spotlight Initiative's programme design and implementation: By influencing the creation and delivery of behaviour-change and culture-shift activities, campaigns and initiatives.
Key indicators:
- Number of people (disaggregated by sex, age, geographical location) reached by campaigns challenging harmful social norms and gender stereotyping.
- Number of campaigns challenging harmful social norms and gender stereotyping, including of women and girls facing intersecting and multiple forms of discrimination, developed and disseminated.

Objective 4: Ensure visibility for the Spotlight Initiative, its donors and partners: By coordinating consistent and coherent branding, high-profile endorsements from social influencers, top-tier media placements, organizing publicity events and campaigns.
Key indicators:
- Percentage growth of Spotlight Initiative audiences (segmented).
- Percentage increase in Spotlight Initiative brand recognition.

Audiences
- Spotlight Initiative programme beneficiaries (women, girls, boys, men)
- Traditional and religious leaders, women and school shuras
- Civil society organizations
- Government entities
- Youth groups and networks
- Women networks
- UN agencies
- EU delegations and development partners
- Private sector
- Women and girls with Disabilities

Matrix of communication interventions

Activity	Where / Responsible	Target Audiences/ Timeline	Implementation Status (w/links to materials developed/disseminated)
UN Afghanistan			
Launch event/press conference	Kabul	Local media; international correspondents; Government representatives; EU and European development partners	
Issue press releases/ statements related to events/launches (2) at key milestone moments over the next two years	Kabul	European Media for EU public Afghan media for public audiences in Afghanistan.	
Field visits by European media to cover Spotlight initiative implementation (2 per year -either external or in country	UNICEF Brussels identify reporters; ACO to facilitate travel	European media; European public.	
Possible joint field visits by in country	Agency operational	European media;	

EU Ambassadors (3 – 1 per year)	areas	European public.	
2 Video documentary showing impact and results of the partnership on target beneficiaries (covering continuum of response)	Kabul	Partners, donors, broadcasters; online audiences (websites and social media).	
Production of 3 PSAs highlighting the situation and voices of champions/ victims of gender-based violence, including how EU * specific agency support has benefited them.	partnership with NatComs for post-production and pitching.	Broadcast media and digital platforms in Afghanistan and Europe	
Four photo missions and photo essays demonstrating progress and impact of the partnership.	RUNOs	Partners, donors, broadcasters, online audiences	
Human interest Stories to populate in country agency, EU and implementing UN agencies websites, and social media platforms demonstrating progress and impact of the partnership.	Kabul, & provincial level	Partners, donors, broadcasters, and online audiences, in Afghanistan and Europe.	
Social media posts, including infographics,	Kabul and targeted provinces	Public audiences in Afghanistan and Europe	

promoting the EU partnership and activities (Facebook, Twitter, Instagram), tagged to Embassies			
Signboards & banners & EU stickers for EU supported events and activities	Kabul, and 3 provinces	Afghanistan public	
Translation services	Kabul	Translations into Dari and Pashto	
Monitoring and Evaluation *(i) indicators and measures objectives and activities.* (ii) Traffic of the Spotlight Initiative webpages/ number of views that online videos have received (iii) Number of people who shared the campaign through social media instruments (iv) Number of testimonials from high profile supporters promoting the Initiative (v) Frequency with which materials concerning awareness and	Kabul		

127

fundraising activities are downloaded or retrieved.			

Human Resources

A Spotlight Communication Officer (100% SI initiative supported) will be based at UNICEF on behalf of the participating RUNOs and partners will oversee the implementation the Communication Strategy. S/he will work closely with EU communications specialist to ensure appropriate branding aligned with EU guidance. Every RUNO in the Spotlight initiative in Afghanistan will appoint a Communication focal point. All Communication focal points from involved partners will ensure support in terms of strategy and content.

The Members of the management team responsible for the Spotlight initiative will ensure the alignment of the implementation of the Communication Strategy with the Spotlight initiative objectives and messages. All necessary messages for SI will be developed through UN communication group and all RUNO appointed communication focal points, with the approval of the Country team.

Annex 3: Mainstreaming COVID-19 in SI implementation

As of May 29th, Afghanistan has registered 3000 confirmed cases of COVID-19. Afghanistan has instituted measures to minimize impact of the disease through self-quarantine, hand washing, a ban on gatherings, etc. During such disease outbreaks, GBV survivors may experience challenges accessing services due to limited movement and access constraints to life-saving services. In some situations, the state may prioritize health interventions, hence resources may be diverted to the health interventions. Consequently, under these circumstances, the provision of direct lifesaving GBV case management/PSS and timely referrals for specialized services may be a challenge for the service providers as well as users.

Globally there is a lack of statistical data to establish plausible impact of the disease outbreaks on different forms of GBV including domestic violence and harmful traditional practices. However, based on the anecdotal evidences shared by the front-line workers as well as survivors of GBV from past outbreaks (including Ebola) , it is easy to argue that under such disease outbreaks, the vulnerabilities of certain groups including but not limited to women and girls, elderly, people living with disabilities, refugees and IDPs are exposed because of the widespread consequences and implications including health, socio-economic, political, to religious and cultural, etc. Family members living in the same house or area (in the case of curfew or lockdown) are left with little means and sources of income, socially restricted to move, emotionally and psychologically tensed and challenged.

The aforementioned situation may increase the likelihood of tensions in households which may fuel domestic violence and other forms of GBV. Therefore, ensuring the continuity of GBV lifesaving interventions during COVID-19 outbreak including case management, PSS/counselling, and referral for services should be a priority so that appropriate services are provided to survivors in a timely, safe and dignified manner.

More so, given that the main objective of the Spotlight Initiative is combatting violence against women and girls, the criticality and timeliness of such a project can-not be overemphasized within this period of COVID-19 outbreak.

Afghanistan SI RUNO's will therefore ensure critical steps or mitigating factors are clearly defined within the proposed interventions so much so that, the SI initiative is able to continue to provide VAWG services as one of the critical life-saving interventions in the country while employing alternative mode of GBV service delivery from the traditional modes of GBV/CP service delivery during the period when COVID-19 may still continue to be an issue in Afghanistan. A flexible and adaptive approach will be defined to ensure that life-saving services continue to be made available without compromising the safety of beneficiaries of our services and frontline workers e.g. GBV caseworkers and how we use the GBV service delivery points to mitigate risks of further spread of COVID-19.

Strategies to mainstream COVID-19 in SI in Afghanistan

Afghanistan UN country team will ensure the following:

● Case management: Case management remains a critical service that is possible to continue in most cases as long as sufficient modification and adaptations are made to uphold public health guidelines. Learning from other Epidemics like Ebola, location of static services is a critical factor: GBV case management services situated within official clinical settings during Ebola were more likely to be able to provide static, face to face services for the duration of the pandemic. Under SI initiatives, the RUNOs and their implementing partners will ensure that family protection centre (GBV service model within health facility) remain the critical case

Initiated by the European Union and the United Nations:

management service delivery points including the existing medical mobile teams. Other alternative ways of provision of case management will be explored e.g. remote case management through hotlines that are already embedded in the SI project documents. Afghanistan team will ensure to develop quick and clear new case management protocols with staff, which will contain information what remote case management will look, if face to face will be extremely challenging.

- Mobile response team. GBV mobile response through Health mobile teams are already part of the SI response. The use of mobile team will therefore be maintained. Moreover, the health sector is already scaling up mobile teams to respond to COVID 19. Under SI advocacy to have a case worker as part of Mobile team was already agreed and its part of the SI proposed initiative.

- Hotlines. Using existing hotlines, RUNOs and their implementing partners will ensure to streamlines and provide capacity to case workers on effective utilization of hotlines for emergency services and referrals. Buying additional mobile phones and creating a shift schedule for caseworkers could be some of the options depending on the need. In-case of caseworkers being on lockdown, feasibility of continued remote case management will be discussed in terms of what is feasible and safe.

- Use of alternative mode of delivery to group awareness or training initiatives. Due to COVID-19 the country has already stopped interventions that will bring people to a mass gathering or formal training. Instead virtual meetings, including use of other social media modalities to reach the target groups is already in force. In the same vain during SI implementation, alternative modes of creating awareness and trainings will be applied accordingly to minimize the spread of COVID 19ibncluding piggybacking on initiatives being put together by other sectors e.g. education sector on virtual teaching.

- Mainstreaming COVID 19 in the training for caseworkers and, the potential impacts of an outbreak on VAWG concerns, and the support services available. Staff will be trained in proper sanitization of women and girls' friendly spaces and all service delivery points. The implementing partners and RUNO's will come up with alternatives to interactive games and activities, and mitigation strategies for disease transmission. The RUNOs and all the implementing partners will ensure VAWG service delivery points e.g. Family protection centres, women, girls safe space, shelters etc., will never become an additional source of disease transmission rather a channel for prevention and response to COVID-19 as well.

- Prioritizing Duty of Care to Staff and prioritizing their wellbeing. RUNO's and their partners will put systems in place to ensure that staff are getting the support they need and to prioritise this as the outbreak continues. This will include (i). Creating space to ask staff about their concerns, their needs, and their ideas for moving forward. A Tip sheet for all frontline workers will be developed and indeed the use of Ministry of Public health guidance notes that have been developed in the country to mitigate the risk of further spread of COVID (ii) Sharing resources for managing stress and maintaining emotional wellbeing.

- Integration of prevention of violence against women and into COVID-19 response plans; hotlines social media, radio and/or TV programmes that specifically address violence against women and girls in the context of COVID-19; such as virtual chat groups.

- Implementation of innovations e.g. Rapid-Pro. Rapid pro is an innovative tool to deliver rapid and vital real-time information in local languages and connect communities through mobile platform (simple text messages using mobile phones) and social media platforms (WhatsApp and Facebook); build capacity of beneficiaries especially adolescents and youth to be educators of preventive practices within their peer groups, families, care services, and

communities, through online and offline platforms. This Innovation is already an intervention that will be implemented under SI and UNICEF will lead to ensure it becomes effective and an alternative mode of delivery of VAWG preventive information across the entire SI target group

● Coordination. RUNOS implementing SI initiative will ensure, the implementation of Spotlight is coordinated with other actors in humanitarian, health, child protection, government and other actors, while ensuring complementarity of SI interventions to the broader country wide COVID 19 response, including using COVID-19 Community mobilization plan and strategies for SI initiative accordingly.

Annex 4: Key Definitions

Violence Against Women and Girls

"any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life" (General Assembly Resolution 48/104 *Declaration on the Elimination of Violence against Women*, 1993).

Sexual and Gender Based Violence

In the context of the Spotlight Initiative to eliminate all forms of violence against women and girls (VAWG), Sexual and Gender-Based Violence is defined as any act that results in, or is likely to result in, physical, sexual, economic or psychological harm or suffering to women, including threats of such acts (…) understood to encompass, but not be limited to, the following:

(a) Physical, sexual, economic and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation;

(b) Physical, sexual, economic and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution;

(c) Physical, sexual, economic and psychological violence perpetrated or condoned by the State, wherever it occurs.

(UN Declaration on Elimination of Violence Against Women: https://www.un.org/documents/ga/res/48/a48r104.html)

Gender- Based Violence

The terms 'gender-based violence' and 'violence against women' are frequently used interchangeably in literature and by advocates, however, the term gender-based violence refers to violence directed against a person because of his or her gender and expectations of his or her role in a society or culture. Gender-based violence highlights the gender dimension of these types of acts; in other words, the relationship between females' subordinate status in society and their increased vulnerability to violence. It is important to note, however, that men and boys may also be victims of gender-based violence, especially sexual violence.

Sexual Violence

Sexual violence is a form of gender-based violence and encompasses any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise

directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting. Sexual violence takes multiple forms and includes rape, sexual abuse, forced pregnancy, forced sterilization, forced abortion, forced prostitution, trafficking, sexual enslavement, forced circumcision, castration and forced nudity. (OHCHR)

Harmful Practices

The Joint general recommendation No. 31 of the Committee on the Elimination of Discrimination against Women/general comment No. 18 of the Committee on the Rights of the Child on harmful practices notes:

> " …………. **that harmful practices are deeply rooted in social attitudes according to which women and girls are regarded as inferior to men and boys based on stereotyped roles.** They also highlight the gender dimension of violence and indicate that sex- and gender-based attitudes and stereotypes, power imbalances, inequalities and discrimination perpetuate the widespread existence of practices that often involve violence or coercion. It is also important to recall that the Committees are concerned that the practices are also used to justify gender-based violence as a form of "protection" or control of women[1] and children in the home or community, at school or in other educational settings and institutions and in wider society. (CEDAW/C/GC/31-CRC/C/GC/18)

For the purpose of the SI in Afghanistan, "Harmful Practices" will include child marriage, *Baad* and *Badal*. These terms are defined below:

Child Marriage

Child marriage, or early marriage, is any marriage or civil union where at least one of the parties is under 18 years of age. It is considered a harmful practice by the United Nations. Forced marriages are marriages in which one and/or both parties have not personally expressed their full and free consent to the union. A child marriage is considered to be a form of forced marriage, given that children cannot give consent and thus one and/or both parties have not expressed full, free and informed consent (United Nations Human Rights Office of the High Commissioner, 2019. Child, Early and Forced Marriage, Including in Humanitarian Settings). Currently, there is a rising incidence of self-initiated or peer unions and marriages and a need to balance protection with the rights of adolescents of similar ages who may be engaging in 'factually consensual and non-exploitative sexual activity (Convention on the Rights of the Child, General Comment 20.).

Baad

Refers to the traditional practice of "giving" a woman or girl as restitution for murder, rape or another crime to resolve a dispute between families, criminalized under the EVAW Law. (UNAMA)

Badal

This refers to an "exchange" of women or girls between families for marriage, usually involving the exchange between men of daughters or sisters as brides, often as a form of dispute settlement.