

# Women's Participation in Community Decision-Making Spaces in Afghanistan

*A Case of Istalif and Kalakan Districts  
in Kabul Province*

# Acknowledgements

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## Acronyms

|             |  |
|-------------|--|
| <b>AWRC</b> | Afghan Women's Resource Center   |
| <b>CDC</b>  | Community Development Council  |
| <b>FP</b>   | Facilitating Partner   |
| <b>FLOW</b> | Funding Leadership and Opportunities for Women                               |
| <b>MDG3</b> | Millennium Development Goal 3<br>(Promote Gender Equality and Empower Women) |
| <b>MRRD</b> | Ministry of Rural Rehabilitation and Development                             |
| <b>NSP</b>  | National Solidarity Programme  |
| <b>VAW</b>  | Violence Against Women   |

## Executive Summary

This research report is part of a larger, multi-country research project conducted in the fourth year of Womankind's Funding Leadership Opportunities for Women (FLOW) grant. The research focuses on gaining a better understanding of what happens when women participate in local-level decision-making spaces or spaces where women meet with decision makers to influence them and in some cases hold them to account. In Afghanistan the research focuses on one all-male and two all-female Community Development Councils (CDCs) established in 2006 by the National Solidarity Program (NSP) in Istalif and Kalakan Districts of Kabul Province.

The CDCs have been part of the capacity-building activities of the FLOW project implemented by the Afghan Women's Resource Center (AWRC), one of Womankind Worldwide's (Womankind's) partners in Afghanistan. Through the FLOW project, the AWRC has been providing training to members of the CDCs including women's rights, leadership, advocacy, human rights and political empowerment.

The CDCs are formed under the National Solidarity Programme (NSP); a nation-wide local governance programme implemented by the Ministry of Rural Rehabilitation and Development (MRRD) that enables the formation of Community Development Councils (CDCs) through a democratic process in order to identify and resolve the development needs of their communities. The NSP has been through a number of phases and in the phase in which the Districts under this research were established, each village has been required to form a women-only CDC along with a male CDC. Across many Districts, including those in this study, women had been registered only on paper. It was only after AWRC's involvement that the women's CDCs became more than a name on paper, and would regularly get together for training and meetings, mainly facilitated by AWRC.

The study selected two of these women-only CDCs to better understand the background of the women who participate in these village-level councils, such as the changes in their social status, knowledge, awareness of development challenges and opportunities in their communities, mobility, interaction with the male members of the community, and self-confidence and self-worth. Discussions were also organised with one male CDC, District Governors, NSP officials, and female non-CDC members.

A general finding of the research was that the CDC structure is different in the field than on paper. While villages are required to have an executive committee of men and women to design and oversee development projects, the female and male CDCs in the villages visited functioned separately. The female and male CDCs also interacted with each other very rarely. Female CDCs, three years after their establishment, were not consulted during the needs identification process, project proposal development, and implementation of a development project. The all-female CDC also did not have a role in the oversight of the money spent by the all-male CDC.

The female CDCs consisted mainly of the members of one family, that of the CDC head. At the start of the project, the female CDCs in the FLOW project's target areas existed only as names on NSP documents. Following the NSP guidelines, elections for both the female and male CDCs had taken place in the community, and within the CDC women had taken on leadership roles, but the women listed as CDC heads or members either did not know about their role or did not carry out any activity expected of a CDC. In many cases, therefore, AWRC had to raise awareness of the existence and purpose of the CDC and mobilise communities to identify and select members for the NSP-registered CDC. In some cases elections were organised, while in other cases the criteria for becoming a member of the CDC were the individual woman's willingness, availability, and permission from her family. The head usually selected new or replaced members (who couldn't continue), without convening elections in the village.

According to the women interviewed, the main purpose of participating in the CDCs was to obtain knowledge. Because women had participated in many training programmes prior to their engagement with the CDC, they perceived the CDC as another learning platform. They could not differentiate between the CDC and other short-term training programmes that also formed groups, but only for the duration of the training. Convenience of access to the meetings also played a role in the participation of women, as those who were not from the same family as the head of the CDC (which were only a few) came from the same neighbourhood.

Women noted the positive changes in the infrastructure of the village, such as roads and bridges, as well as in the change in mentality of the communities about women making it easier for them to move and participate in development activities (i.e. attending a training or meeting). Women believed that the trainings, overall development projects and women-specific projects in particular provided them with a safe space to share and learn by engaging with other women in their communities. Women acknowledged and appreciated the benefits of the trainings on women's rights both to themselves, and other men and women. They appreciated the training in basic health awareness and small business development, and believe that this has contributed to the opening up of communities and women's increased mobility and participation. Women also feel that their increased self-confidence and awareness of their communities has helped them raise their voice, both inside and outside of the home. The ability to speak up may be restricted to the household level, but it is nevertheless a positive start.

# 1) Introduction

Womankind has a 25-year history of supporting partner Women's Rights Organisations (WROs) working on women's participation. Learning from this work highlights the importance of working at different levels – local, District, regional, national and international – engaging a range of formal and informal decision-making structures and supporting both selected individual women and women's groups.

Womankind and its partners recognise that not enough work has been done to meaningfully bridge the gap between women in political structures and their female constituents; instead many programmes focus on strengthening the skills and capacity of women leaders as individuals. Womankind's FLOW programme (2012-2015), funded by the Dutch Government in Afghanistan, Ghana, Kenya and Nepal, prioritises approaches that improve both grassroots women's ability and opportunities to raise issues with women leader, and at the same time, enable women leaders at the local level to hold decision makers to account and to better influence local development plans. It aims to strengthen accountability from national policy structures to local-level structures, and from local-level political structures to communities.

The core strategies adopted by the programme include:

- i) Work with individual women leaders or aspiring leaders through training, mentoring and individual empowerment, to improve their performance in decision-making structures and their accountability to women constituents;
- ii) Establishing women's groups and working with existing women's groups to enhance women's collective voice to raise issues of concern to them and to influence decision makers;
- iii) Creating or accessing decision-making spaces/linking people and bringing individual leaders and women together in groups to discuss, make/change decisions, raise issues of concern and seek to influence the agenda, as well as hold decision makers to account;
- iv) Creating a more enabling environment for women's participation – policy work, media work, building alliances etc.

As part of this programme, a research project was included in the fourth and final year. Through a process of review and reflection, Womankind and its partners agreed that the research should focus on gaining a deeper understanding of what happens when women are able to participate in local-level decision-making spaces or spaces where women meet with decision makers to influence them, and in some cases hold them to account. The research was undertaken with Womankind partners in four countries – Ghana, Nepal, Afghanistan and Zimbabwe<sup>1</sup> – and the methodology in Afghanistan is explained in greater detail in Section 3.

We know that bringing women together into groups increases their confidence, their ability to

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1. Although not included in the FLOW programme, Womankind supports WIPSU to undertake a similar programme in Zimbabwe funded by Comic Relief.

raise issues of concern to them and increases the likelihood of them joining other groups.

However we have limited understanding of:

- How women's involvement in spaces where they are linked to decision makers leads to an increase of confidence, agency (an ability to act) and empowerment;
- What difference the space makes to different women and who benefits most from participating;
- What women's participation in the space enables women to do. The aim is to understand what participation means to women on a personal level and what it means for their communities, and to explore whether being part of these spaces and accessing opportunities for influencing and meeting with decision makers enables women to go on to participate in other decision-making structures, beyond the community level.

The research explores the barriers for women around their participation, the kinds of concerns they are able to raise with decision makers, the actions they are able to take individually and collectively, and identifies what is enabling change.

In each country selected, the research targets a particular kind of space and involves visiting two of these spaces in different locations to undertake qualitative research. The research understands spaces as either formal or informal groups or meetings in which women participate; they can be established by Womankind's partners, other NGOs, Government or set up by women themselves. In the FLOW programme, these are spaces where women meet with each other and with decision makers. This conceptualisation of spaces draws on Andrea Cornwall's work in which she defines different types of spaces as follows:

- **Closed spaces:** hard to enter, decisions taken by specific set of actors behind closed doors, non-participatory;
- **Invited:** spaces created by external agencies in which people are invited to participate; the rules are framed by those who create them. They are often constructed opportunities to participate;
- **Claimed/organic spaces:** created by people from/against power holders; united around a common cause; collective and popular space.<sup>2</sup>

The research examines what happens in the selected spaces, including what participants understand to be the purpose of these spaces, who is included or excluded in the space, what enables issues to get taken up by the group, and what enables women to make the shift from their personal issues to community and political issues. How is collective voice<sup>3</sup> understood and achieved and are women seen as more legitimate by decision makers and the wider community if they are part of a group?

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2. Cornwall, A (2002) Making Spaces, changing places: situating participation in development IDS Working Paper 170 <http://www.drc-citizenship.org/system/assets/1052734369/original/1052734369-cornwall.2002-making.pdf?1289311080>.

3. Womankind understands this to mean having shared principles, speaking for each other and supporting each other speaking.

It also explores to what extent participating in informal decision-making spaces is indeed providing a stepping stone for some women to participate in more formal governance structures. For each location it is important to build an understanding of the local and country context and how this influences or shapes the decision-making spaces and women's experiences.

In Afghanistan, the research focuses on the women's Community Development Councils in two Districts of Kabul Province. Women had been elected to these CDCs prior to the project but were members in name only and were not actively participating. AWRC has been working with these women's CDCs to build their skills and ability to represent other women in their community and influence the members of the male CDC to include issues relating to women in the community development plans.

**How is collective voice understood and achieved and are women seen as more legitimate by decision makers and the wider community if they are part of a group?**

## 2) Womankind's work with AWRC and the FLOW project

Through the FLOW project in Afghanistan, emphasis was placed on building women's capacity through the provision of advice, training and other activities that would increase women's knowledge of their rights. These activities were coupled with a programme aimed at improving the sensitisation of male members of the community's governance structures such as the CDCs. Concerns regarding women's lack of civil and political participation in their communities in the form of leadership were addressed through a programming focus on improving and expanding women's involvement in the CDCs. The specific FLOW project outputs in Afghanistan are listed below:

### **Output 1 – Increased capacity of women to advocate for their needs and proposals at local and national levels**

The focus was on six CDCs in two Districts and their ability to influence decisions and local development plans. The plan was to work with 70 CDC members (approx. 30% women), to strengthen and understand women's rights and needs and better influence local development plans to reflect these. In addition, 4,000 community members were educated on women's rights and a further 11,520 community members were reached through awareness-raising activities.

### **Output 2 – Women leaders demonstrate improved responsiveness and push for increased accountability to female constituents**

Activities aimed to overcome barriers to women's participation in governance and to create spaces for consultation between grassroots women and women in political structures at local levels and to support women to promote accountability from national-level structures to local-level.

CDC community development plans were reviewed and learning between CDCs on development planning shared; male members of CDCs were sensitised to listen to women's views and encourage women's voices; female CDC members were supported to stand for election for leadership positions.

### **Output 3 – Increased opportunities for women's participation in protecting and promoting women's rights and development**

Activities focused on institutionalising affirmative action or increasing women's representation on decision-making structures; strengthening and establishing decision-making structures involving women and enhancing the capacity of the media to communicate on gender issues and to profile women leaders positively.

Advocacy campaigns promoted women's participation at the leadership level of CDCs; meetings were conducted between CDC and NSP staff and Local Government institutions to discuss the participation of women in the leadership of CDCs.

Programme design was completed through a collaborative process involving AWRC, Womankind and other key stakeholders. Outputs, such as improved understanding of women's rights, took on various forms including informational sessions, regular individual engagement and trainings. Training topics were wide-ranging and included subjects such as women's rights, leadership skills, advocacy strategies and trainings with an intention of enabling women to better tackle challenges their communities face.

The FLOW Progress Report of 2014 noted a number of successful outputs, including:

- Change in the consciousness of men and women of the unequal gender power relations and the forces that reproduce and sustain them, with more people interested in promoting greater equity;
- Increased confidence of women beneficiaries associated with a greater 'can-do' attitude and commitment to overcome fear and shame associated with social restrictions;
- Greater social mobility for women;
- Informal learning and information-sharing spaces among women used to empower personal leadership.

These successes represent only a fraction of the work reported in FLOW progress reports. AWRC provided Womankind with regular updates that tracked the progress of their work in the two research Districts. The aim of the present research study is not to duplicate this information, but rather to provide a more in-depth, and qualitatively grounded understanding of the impact of spaces in which women participants of local governance structures, such as CDCs, come together.

**Training topics were wide-ranging and included subjects such as women's rights, leadership skills, advocacy strategies and trainings with an intention of enabling women to better tackle challenges their communities face.**

## 3) Research methodology and limitations

The primary mode of data collection consisted of focus group discussions with two female CDCs and one male CDC, as well as semi-structured interviews with members and heads of selected CDCs, non-CDC women, District Governors, and religious figures. Prior and during fieldwork, with the support of AWRC and Womankind, an extensive literature review was undertaken on NSP and CDCs generally, as well as the specific implementation of FLOW in the concerned Districts.

The research study emphasises a qualitative approach that necessitated detailed conversations between women in groups and individually in order to tease out the personal experiences and perceptions of women who participated in CDCs with the support of AWRC. Differentiation is made in this study between the opinions and situations that belong to the collective (female CDC) and to the individual (each female CDC member), focusing on providing a qualitative cartography of women's entrance and experiences with CDCs in Istalif and Kalakan.

Given this approach, it was of utmost importance to work with and interview AWRC staff members in order to understand their personal and professional experiences with their on-the-ground activities. Staff provided information about the work done to date with the CDCs, what worked, what didn't work and more. They also facilitated introductions to the community leaders, including the women in the CDC, and enabled the researcher to undertake participatory exercises, focus group discussions and individual interviews with the women CDC members. AWRC's work with female CDCs through FLOW forms the basis of the research study's investigation, and provided an important framework through which to explore broader questions of women's participation in decision-making spaces in the two Districts.

### Identification of Interviewees

An AWRC staff member coordinated with CDC heads to identify women for interviews and accompanied the independent researcher in all discussions for the sake of logistics. Although potential bias may have occurred due to the presence of the AWRC staff member, the researcher required this support in order to facilitate introductions to the local community members, as well as build trust between the researcher and interviewees through a familiar face. Although women were initially reluctant to share their experiences pertaining to their personal lives in general and CDCs in particular, they gradually warmed up after a group exercise.

The research was conducted during the harvest season, which meant that in general people are very busy and scheduled interviews were difficult to maintain. The researcher, and AWRC staff, remained flexible and met with interviewees whenever convenient for them. Despite seasonal limitations, interviewees attended the group discussion sessions with enthusiasm, especially in Istalif. No issues were experienced during the interview process for male CDCs and leaders, with all exhibiting willingness to speak with a female researcher.

The women who were not CDC members were identified with the help of the AWRC facilitator, with minimum help from the village *Malik*. While the AWRC staff member and the researcher attempted to avoid potential biases presented by the *Malik* in the identification process, guidance and support from the *Malik* were necessary given his knowledge about the community and well-respected status in the villages. Approximately ten women who were not part of their local CDCs were interviewed during the course of research.

In sum, interviews took place with the members of one male CDC, two female CDC, key community leaders such as the *Malik* and women who were part of the community but did not serve on a CDC.

The overall purpose of discussions was to obtain insight into the workings of the NSP-funded CDCs on the ground, women's participation in community spaces, women's perception of CDCs and women's role and agency, perception of men (District Governors, NSP representatives, and *Maliks*) of female CDCs, and more.

### Research Questions

Focus group discussions and individual interviews were semi-structured, allowing for guidance based on the study's criteria as well as flexibility for the researcher to follow leads in discussions. The issues that were explored in discussions were roughly based on the questions posed in the Terms of Reference (ToR) for this study, such as:

1. Who created the spaces and who set the rules?
2. Purpose of the spaces
3. Who attends? And who does not attend?
4. What are the benefits of the space to individual women?
5. How is the space structured and organised?
6. What happens in the space, and what issues are raised?

A semi-structured interview process enabled the interviewer to explore the overall status of the programme and its impact on the local community while not being constricted with a rigid set of criteria. The exploratory interviews were thus able to remain informal and build trust (further enhanced by the interviewer's own positionality as an Afghan woman) while investigating the research themes and questions detailed in the ToR and discussions with *Womankind*. In addition to the interviews, during a wealth ranking exercise, women were instructed to use dried beans to divide community members into three groups, using their own definition of the wealthy, middle class, and poor; this is a useful way of quickly ascertaining the rough proportion of communities that fall into each group and how the women understand wealth. It also makes it possible to ask questions about the women themselves and other members of their community whilst referring to the groups of beans rather than thinking about themselves or others, so allows for more open discussion.

## Site Selection

Two sites were selected for the research study: Istalif (Tangee Miana village) and Kalakan (Sayed Abad village) Districts in Kabul Province. Criteria for site selection were:

1. Communities and CDCs must have been targeted by the FLOW project;
2. Security of the area and safety for the researchers must be assessed reliable; and
3. Communities and CDCs must be assessed as being generally open and willing to participate in the research.

A total of 52 people (CDC members, District Governors, NSP representatives, and religious figures) were interviewed. Table 1, which can be found below, lists the participating interviewees, excluding only the women CDC members interviewed individually.

The researcher visited each female CDC twice, with discussion sessions spanning an average of three hours each. A discussion session was also held with all twelve members of the male CDC in Istalif. Before formal interviewing began, a group exercise was undertaken by the researcher with the female CDC members in order to build a participatory environment. The activity – a wealth ranking exercise – required the formation of groups that were given beans to arrange in a manner that categorised community members they perceived as wealthy, middle class, and poor. During the focus group discussions, women were also formed in groups to discuss and list the challenges faced by their respective communities, as well as the challenges faced specifically by the women in their communities. The groups presented the challenges they identified to the rest of the groups in an effort to spark a discussion on women's positioning in the particular communities.

In each meeting with women, the researcher aimed to ensure women felt they had the space and time to talk in detail about their experiences and challenges, despite frequent interruptions made to the group discussions either by the children of participating members or other non-CDC members of the host family.

**Table 1. CDC Members and Individuals**

| District     | Group  | Interviews  | Total     |
|--------------|--|---|-----------|
| Istalif      | - 12 members of female CDC in village of Tangee Miana<br>- 12 members of men CDC in the same village | - 1 (# of meetings with the <i>Malik</i> of the village)<br>- 1 (# of meetings with the District Governor)<br>- 1 (# of meetings with the village <i>Mullah</i> (religious figure)) | 27        |
| Kalakan      | - 12 members of Sayed Abad female CDC  | - 1 (# of meetings with the Governor of Kalakan)<br>- 10 (# of non-CDC women interviewed)   | 23        |
| Kabul        |  | 1 interview with the NSP representatives (one male and one female)  | 2         |
| <b>Total</b> |  |   | <b>52</b> |

## Limitations

Several limitations were experienced during the research, but were addressed as effectively as possible. These included:

- **Potential Bias:** The female interviewees who did not serve on the local CDCs were typically introduced to the research team by the AWRC staff member or the *Malik*. Such a process, while necessary to facilitate timely research and ensure trust between the interviewees and researchers, may result in a slight bias or discomfort from interviewees in expressing criticism regarding community leaders despite the research team's stated independence. This bias is also, however, inherent when an external researcher enters the field, given that meeting people in Afghan villages without introductions would require that the researcher be a part of the community she studies. This unavoidable bias was mitigated by the researcher's assurance to interviewees of confidentiality and neutrality.
- **Location of Interviews:** The discussion sessions with the CDCs had to convene at the house of the head of the CDC, thus potentially affecting women's responses. To tackle this issue, individual interviews were held with members, especially those not related to the head of the CDC, to have their unfiltered responses. However, because the meetings were organised in coordination with the CDC head (who was also the liaison between the women and AWRC), CDC members not related to the head of the CDC may have still felt uncomfortable disclosing information, especially if it was critiquing the working of the CDCs or the *Malik's* family in particular.

## 4. Country context

Afghanistan's political stability has significantly deteriorated over the last few decades. While gains have been made in the early 2000s, the last few years have seen some of these political improvements lost. This downward trend became more severe in the aftermath of the transfer of security responsibilities from the International Security Assistance Forces (ISAF) to the Afghan National Army and Afghan National Police. Moreover, the drawn-out process of the 2014 Presidential Elections led to the formation of a weak National Unity Government that is un-constitutional and includes both a President and a Chief Executive Officer with no clear delineation of power. The Taliban and other insurgent and criminal groups have secured the widest reach since the fall of the Taliban Government in 2001, with a presence across the country. The United Nations Assistance Mission in Afghanistan (UNAMA) recently rated the security threat in the country as 'high' or 'extreme.'<sup>4</sup> The increase in violence in historically peaceful Northern Provinces has created great concern among the Afghan population, causing a new wave of migration both internally and internationally.

Afghanistan is a highly aid-dependent country, which has important implications for the macroeconomic environment, socioeconomic indicators and the overall security situation. After a decade of internationally-supported reconstruction efforts and security assistance, the country's transition in 2014 has been anything but stable. The recent turmoil is making it extremely difficult for the Government and its international partners to continue with reconstruction efforts. It will further weaken the links between the peripheries and centre, as provision of security and Government services to rural communities will further be affected by a fragile and unstable Central Government unable to project power beyond urban centres.

Although in the last decade various donor-funded development programmes have attempted to improve food security, economic opportunities, and provide access to basic infrastructure, the incidence of poverty in the rural areas remains high, keeping Afghanistan in the lowest ranks of the Human Development Index.

Since the establishment of post-Taliban governance, one of the major priorities of development in Afghanistan has been to protect and promote women's rights. Whilst it is important to recognise that there have been tremendous gains made in the areas of education (with girls' enrollment increased to 3.2 million girls in school) and health (with maternal mortality reduced by 80%),<sup>5</sup> it is equally vital to recall that the initial point of comparison was very low. Gains have been made, but more are necessary. Overall, on-the-ground improvement in women's rights as well as political and economic empowerment has been slow, despite significant headway in official legislation. While legislation exists to protect women's rights, in practice it is often ignored or dismissed. The biggest problems facing women, according to a survey conducted by the Asia Foundation, are lack of literacy, unemployment, forced marriages, dowry payments, and domestic violence.<sup>6</sup>

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4. "Afghan Taliban's Reach Is Widest Since 2001, U.N. Says". *New York Times*. October 11, 2015.

5. The Asia Foundation (2013). *A Survey of the Afghan People*.

6. The Asia Foundation (2013). *A Survey of the Afghan People*.

## Women living in rural areas face more severe challenges and have to navigate a more conservative and discriminatory environment in order to progress and make their voice heard.

Women living in rural areas face more severe challenges and have to navigate a more conservative and discriminatory environment in order to progress and make their voice heard. Participation in the formal political and economic sphere remains severely limited. Around 36% of Afghanistan's population of 31 million lives in abject poverty, and women are hit the hardest.<sup>7</sup> Those living in the rural areas have limited access to basic amenities such as clean water and electricity. Access to education for girls is also restricted. Literacy rates in Afghanistan are one of the lowest in the world at 32%. Female literacy rates are 17%, with high variation, indicating a strong geographical divide. This high variation between male and female literacy rates is due to a combination of factors, such as the cultural norm of women spending time managing the household, security problems travelling to classes, a long distance to travel to schools in rural areas, families not allowing women to attend classes, and a low demand for women's literacy due to cultural barriers.<sup>8</sup>

There are also persistent employment inequalities in rural areas, with women restricted to low-paid jobs.<sup>9</sup> Only about 3% of women work in the formal economy, while 20% are self-employed workers and 78% work unpaid in income generation within the family.<sup>10</sup> The average household size is seven and they are mainly headed by men.<sup>11</sup> Women head only 2% of households.<sup>12</sup> Marital status is a key principle in the social relations of the Afghan society. Although early marriages for women remain common, the percentage of women married before age of 15 and 20 has slightly declined from, 45% and 66%, to 39% and 60% respectively.<sup>13</sup>

Women are largely excluded from political engagement, despite the appointment of four women to cabinet-level positions in the National Unity Government. Only 32.9% of men support women's access to political leadership positions<sup>14</sup> and only 53.8% of men believe that women should be allowed to work outside the home.<sup>15</sup> There is also a clear correlation between levels of education and progressive views of women's rights: more educated Afghans tend to believe that women should have access to the same political and social rights as men. Furthermore, Afghans who watch television seem to have more liberal attitudes towards women's rights, including dress, education and employment.

The struggle of women in Afghanistan is an uphill battle and they continue to be discriminated against. Their mobility, agency, and power within and outside of their homes remains severely curtailed by a male-dominated patriarchal society.

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7. National Risk and Vulnerability Assessment 2007/8: A profile of Afghanistan. <https://www.wfp.org/content/afghanistan-national-risk-and-vulnerability-assessment-2007-8-2009>

8. UNESCO Office in Kabul, Enhancement of Literacy in Afghanistan Program <http://www.unesco.org/new/en/kabul/education/enhancement-of-literacy-in-afghanistan-ela-program/> (accessed 31/10/2015)

9. National Risk and Vulnerability Assessment 2007/8: A profile of Afghanistan.

10. Ibid.

11. Ibid.

12. Ibid.

13. National Risk and Vulnerability Assessment 2007/8: A profile of Afghanistan

14. <http://asiafoundation.org/in-asia/2015/11/18/survey-reveals-mixed-results-for-womens-gains-in-afghanistan/> (accessed 31/10/15)

15. Ibid.

## 5. Istalif and Kalakan District profiles

This section presents profiles of Istalif and Kalakan Districts. Unless otherwise noted, the information is sourced from historical data and political analyses about the Districts. Where the information is a part of the fieldwork's findings, it is specified with a note indicating the field source. Kalakan and Istalif are two of the 14 Districts of Kabul Province and are part of the Shomali Plain or northern region of Kabul Province. The region was at the forefront of the war between the Mujahideen and the Soviet Army. From 1996-2001, it was taken over by Taliban whose military tactics included razing and burning homes, mining irrigation systems, and uprooting vineyards and orchards.<sup>16</sup> According to interviewees during fieldwork, the Taliban also inflicted atrocities such as abductions and executions. All of this led to the death of thousands of people and the forced eviction of further thousands of others. A survey conducted by UNHCR in 2002 described the Districts of Istalif and Kalakan as 'ghost cities,' where 100% of the houses were destroyed.<sup>17</sup>

Despite their proximity to Kabul (within a two-hour drive) the Districts have remained underdeveloped with low literacy rates, limited access to basic services such as health and education, and weak infrastructure.

### 5.1 ISTALIF

Located 48 kilometres northwest of Kabul, Istalif consists of 31 Sub-Districts/villages, with a predominantly Tajik population and some Pashtuns and Hazaras. Despite being a historical picnic/tourist destination, Istalif has remained underdeveloped.

Like other northern Districts of Kabul Province, Istalif was at the forefront of the conflict during the Soviet invasion and the ensuing civil war. During the Taliban regime, the District was entirely destroyed according to women interviewed during fieldwork. They noted that almost all of the population of Istalif had to leave their houses and settle in Kabul City or neighbouring Pakistan and Iran.

Istalif has historically been reliant on handicraft work (i.e. making embroidered wool vests and ceramics). Women interviewed for the fieldwork noted that the handicraft industry, as well as the limited agricultural land that Istalifis owned, was completely destroyed by the Taliban. They noted that many who returned to Afghanistan in 2002 had to rebuild their houses and communities from scratch. The disruption in social, political and economic spheres has left families impoverished, vulnerable and suspicious of outsiders.<sup>18</sup> Most of Istalif's current residents, according to interviewees, lived in the area before the advent of the Taliban and lived abroad briefly as refugees before returning. As per the study's findings, few families from outside of Istalif currently live in Istalif. Current investment in the District varies. Some residents, such as the head of a female CDC in Istalif interviewed, had invested extensively in their homes in Istalif and indicated a desire to remain in the area for the long term. Others, like the head of the female CDC in Kalakan, noted a desire to move to Kabul soon, given her inability to continue higher education studies in Kalakan.

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16. Cooperation for Peace and Unity (2009) Conflict Analysis: Kalakan and Farza District, Kabul Province.

17. District Profile (2002) UNHCR Sub-Office Central Region

Many in Istalif and Kalakan noted that they would prefer to live and work in Kabul, but that the city was too expensive for them to afford. As such, a sense of community in both Districts differed radically from person to person.

Tangee Miana village is one of the 31 Sub-Districts of Istalif, and is geographically close to the District centre. Although Istalif is well connected to Kabul via good roads, the streets within the villages are unpaved. The majority of the houses are made of plain mud, each surrounded by tall mud walls with a gated entrance. A few brick houses can be seen in the village, which have been built recently (one of them is the *Malik's* house).

According to interviewees, the community is populated by a mainly Tajik population, with pockets of Pashtun houses spread around the village. Residents noted that the *Malik* and his family are also Tajik. According to respondents, sources of employment for the villagers are Government employment, Non-Governmental Organisation (NGO) employment, small businesses (i.e. stores, restaurants, etc.), handicrafts such as ceramic pottery (which is unique to Istalif and is sold to visitors), and farming.

### 5.1.1. Perception of wealth

When asked to define the meaning of wealth for themselves, the women interviewed from Tangee Miana noted that wealth was defined in terms of education, employment, land ownership and ability to do charity work.

The wealthy families were defined as those who live in Kabul City or abroad but own houses (normally two or three stories high) or orchards in the District. The wealthy also included families that traded fruit or clothes nationally and internationally. The women unanimously agreed that none of the wealthy families they know live in the Tangee Miana village anymore. Families that have remained in Istalif have no other option; otherwise they would have left for other, more prosperous places (i.e. Kabul). "Anyone that is rich would not live in Istalif," was a statement made by many of the women in the CDC.

A recurring definition of the wealthy also included having the financial means and willingness to help others, either through distribution of goods to the poor (in times of need, such as during winter, or during religious periods, such as the month of Ramadan or Eid celebrations) or other acts of charity, such as financial support to girls enabling them to attend a private medical college.<sup>19</sup>

The women who identified themselves as middle class did so because they stated that they owned houses, some land/orchards, livestock and cars. An important point to be noted is that owning cars was a sign of wealth but not as much as owning land/orchards was. The *Malik's* family owned a car and a bigger house, however the CDC women, the majority of whom were from the *Malik's* family, did not consider themselves amongst the wealthy but more amongst the middle class. The middle class, according to the women, were also those who were educated and had more stable incomes from their employment with the Government institutions or non-profit organisations. The children in the middle class were also more likely to go to school.

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18. 'Others' could be anyone that is not from the same family, tribe, or ethnic background.

19. The women gave an account of a wealthy Istalif family that owns a house and an orchard in Istalif and currently lives in Germany. The family provides financial support to 21 girls in Istalif, enabling them to attend a private medical college in the neighbouring District of Qarabagh. One of the CDC members and the daughter of the head of the female CDC is part of this group and showed extreme appreciation for the opportunity, without which she wouldn't have been able to study beyond high school.

The poor were, on the other hand, defined as either living in rented houses or owning small mud houses. The belief was that the poor worked as labourers, managing the houses and the orchards that are owned by the wealthy. They also worked as daily cash labourers who may or may not find work all the time, therefore resorting to borrowing from others because they could not make ends meet. Few people commuted daily to Kabul city in search of employment, noting opportunities were too limited to justify the commute. The majority of Istalifis were categorised as poor, illiterate, and unemployed. Unemployment and poverty had driven many young men to seek job opportunities in neighbouring Pakistan and Iran. The implications of seasonal and economic migratory networks on the local community – i.e. whether this resulted in the male population remaining in the village to be older and for there to exist a higher number of women than men left in the village – were not within the scope of questions explored in the research project.

### 5.1.2 Changing trends in the community

Starting from a very low base, the Tangee Miana village has seen tremendous improvement in the infrastructure, from paved roads to improved irrigation systems and drinking water facilities. These improvements were highly appreciated by women in the CDC as they have greatly improved the living standards in their community. The improved irrigation systems have helped to revitalise the vineyards and orchards that were completely destroyed during the war. Women also felt security had improved in Istalif compared to three decades ago, when various factions fought the Russians first and then continued fighting each other once the Soviet army withdrew. The ensuing Taliban control of the District forced the rest of the District residents out to Kabul or Pakistan and Iran. Many families returned after the fall of the Taliban, and since then have been trying to rebuild their homes and communities.

Although the District has remained mainly peaceful in the last decade, women feared a Taliban comeback and expressed their growing concern about Islamic State of Iraq and Syria (ISIS). Furthermore, the women were also concerned about an increase in the incidents of rape, not specific to Istalif but in general across the country (women were especially horrified by frequent accounts of very young girls becoming victims of rape or girls raped by their fathers). Whether there exists an actual rise in the number of rape cases in Afghanistan is probable but not definite. An increase in reporting of cases of rape to the security services, as well as by journalists to the wider public is, however, clear. Women interviewed noted a belief that violence in the country overall, and particularly against women and girls, has increased due to more frequent reporting of such incidents by media outlets. This belief has resulted in increased concern about the safety and security of their daughters by mothers and other female members of families.

Perceptions regarding violence against women (VAW) in the country overall differed from perceptions of VAW in Istalif specifically. Women noted a belief that there has been a reduction in cases of domestic violence and that is because of improved understanding and increased respect of the rights of the women, children, in-laws and neighbours.

Another factor mentioned by women was communities' participation in the CDCs, where members receive various kinds of trainings either by the NSP Facilitating Partners (FP) or other organisations working closely with CDCs, such as the AWRC.

Women also mentioned that an increase in the relative wealth of some families has created competition leading to personal grievances, and at times leading to violent conflict and murder. Families no longer have the good will and empathy for each other that they had it in the past, prior to the civil war. The protracted violent conflict, the displacement of the communities and return to their shattered homes, and the recent unequal distribution of wealth, all in all have created dissatisfaction and scepticism among communities.

### 5.1.3 Women's mobility and access to education in Istalif

Girls' education was one of the main indicators of positive change in the community, according to the women interviewed. The common understanding among the CDC members was that the perception of men about women's role and values has improved, allowing for increased women's attendance in literacy classes, workshops/trainings, and CDC meetings. In the not very distant past, women stated how families did not allow women to leave the house unless it was for visiting the doctor or relatives. The majority of the women in the Tangee Miana CDC were illiterate and married between the ages of 13-16. This was because families were not too keen on educating girls, either girls-only schools did not exist during that time, the school was too far away, or a girl leaving the house was seen as a violation of men's honour.<sup>20</sup>

Although these factors still play a role in girls' limited access to education, things have changed for the better. According to the CDC members, there are now more girls in school than ever before and a new Teacher-Training College in the community has been established, which women can attend to become certified teachers. Interviewees noted that female participation in formal education has increased due to (1) improved access to schools for both boys and girls as more schools have been built during the last several years, (2) the community's exposure to women's rights, and (3) encouragement for girls' education from local and international NGOs. While many girls still do not go to school for other reasons (i.e. fears of girls' schools serving as target locations for Taliban attacks), these positive factors have contributed to an overall higher attrition rate. Nearly all of the older female CDC members were illiterate, despite receiving some level of formal education. These interviewees noted a historical shift in support for women's education over time, with many mothers now encouraging girls' education.

However, as there was an increase in opportunities encouraging women to attend school, seek employment, or participate in trainings, there was also a backlash against women. For instance, the female CDC members noted that young men (instead of the father or head of the family) in the household were the most likely to express strong objections to their female relatives' education. The interviewees noted that older men were less likely to object to girls' education than young men, with the latter group being more protective of family image and vulnerable to judgements of masculinity by their peers. The female CDC members also noted that young men would not only object to girls' education, but were also more likely to force their female relatives to wear burqas or limit their presence in the public sphere. The women stated that young men have been hit hard by decades of war and economic instability, making them more aggressive, religiously conservative, and suspicious of organisations promoting women's rights. No mention of the impact on older men was made in this capacity.

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20. When women leave the house for work or school, the community may blame her family for being shameless and dishonourable for allowing 'a girl leave the house un protected – and also labeling the girl as a 'bad' girl.

## The common understanding among the CDC members was that the perception of men about women's role and values has improved.

These young men, many of whom are unemployed, are a source of concern for the community. Some migrate to Pakistan or Iran to seek employment, while many others linger behind, unemployed, angry, and disillusioned with a weak and corrupt Local Government that is incapable of providing basic services, as well as development organisations promoting more freedom for women.

The families of many of the CDC members support education for girls. However, the presence of many school-age girls in their community who are still not allowed to go to school is an indication that these communities have a long way to go in terms of women's rights and freedom.

### 5.2 KALAKAN

The District is around a half an hour drive from Istalif and maximum two hours from Kabul City. As part of the Shomali Plains, Kalakan shares a lot of similarities with Istalif. The District was similarly completely destroyed during the war and people only began returning in 2001, when the Taliban regime was toppled.

Kalakan is located on a fertile land and the area is historically abundant with fruit orchards, cherries, mulberries, plums, grapes, apples, and wheat. The main activity of women during the harvest season (August-September) is picking grapes and plums – both of which are also sold in dried form. Many families in the village of Sayed Abad, where the female CDC was visited, rely on the income from their fruit orchards and vineyards.

However, the recent continuous drought has affected the production and sale of fruits, leaving some families impoverished.

#### 5.2.1 Perception of wealth

Based on the discussions with the Sayed Abad CDC women, the main factors that determine whether a family is perceived to be wealthy include education, employment with the Government, number of sons, and ownership of land/orchards and cars. Wealth meant having many sons, who would then bring income to the household. Women also thought that the more literate and educated male members in a household, the more the likelihood of a household being wealthy.

Women believed that the wealthy in Kalakan inherited their wealth from their forefathers and that they had not become rich only recently. Unlike Istalif, discontent with the wealthy was more visible in Sayed Abad. The common belief was that the rich remained rich or became richer because, as influential figures, they were better connected to the local or national Government and to the warlords. The women thought the poor remained poor because of lack of such connections.

Middle-income households were defined as farmers and orchard owners, but not necessarily Government employees because working with the Government was considered a luxury enjoyed only by the wealthy. Middle-income households owned stores in the market or were traders.

Literacy levels were low in middle-income households (and perhaps the reason why Government employment, for which high school certificate is the minimum required qualification, was considered the domain of the wealthy). The majority of the CDC members identified themselves as middle class, with a few considering themselves poor because of lack of formal jobs and land ownership.

The poor, who made up the majority of the population in Sayed Abad according to the CDC women, consisted of daily labourers with unstable incomes and who lived in rented houses and had many children. These households could not make ends meet and would be left with insufficient food for long periods of time. Like women in Istalif, borrowing money from others was also considered a sign of poverty because of the instability in employment. Since the poor households worked as labourers (mainly hired by orchard owners during the harvest seasons), they were mainly jobless during the winter months, forcing them to borrow funds from relatives, friends, shopkeepers and occasionally banks.

### 5.2.2 Changing trends in the community

Although security has generally been stable in the last decade, women have increasingly become fearful of a Taliban comeback. Women also spoke about their fear of ISIS. In the Taksana village of Kalakan, close to Sayed Abad, ISIS representatives had announced in the mosques that they would target Government officials and those working with the NGOs but not the farmers. Households are cautious of staying out in the dark. The members of the male CDC in Sayed Abad take turns to stay up at night to guard the schools and houses in the village. They are afraid that the Taliban may place bombs in the schools. Despite an understanding that the CDCs are supported by the Ministry of Rural Rehabilitation and Development (MRRD), CDCs are generally neither viewed as pro-Government nor as part of the Government itself.

Interviewees noted feeling that criminal activity has increased in the community and Afghanistan as a whole, with people more inclined to murder or assault one another for money or power. They believed this was associated with a decrease in religiosity (in terms of both spiritual belief and active practice, i.e. visiting the local mosque) that resulted in lower levels of morality among people. In fact, criminality in Istalif is quite low, and seems to be limited largely to poverty-related robberies and drug use and trafficking.<sup>21</sup>

As for the infrastructure, a lot has been built in the last four to five years, thanks to the small grants from the NSP to the CDCs, as well as from other NGOs operating in the District. Women mentioned better roads, irrigation canals, and access to drinking water. Although power grids have been installed in the District, electricity has yet to be provided to the households. Those who can afford it use solar panels, which are a reliable source of energy in the summer, but can be unreliable in the long harsh winters.

The roads to and from the District connecting it to Kabul and other regions have considerably improved, but roads within the District remain unpaved, making travelling from one village to another very challenging, especially those villages located farther from the centre of the District.

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21. [https://www.cordaid.org/media/publications/Cordaid-TLO\\_Report\\_7\\_def.pdf](https://www.cordaid.org/media/publications/Cordaid-TLO_Report_7_def.pdf) (date accessed 31/10/15).

### 5.2.3 Women's mobility and access to education in Kalakan

There is a general sense of appreciation for girls' education. However, there are only primary and middle co-educational schools, offering classes up to 9th grade. One of the main reasons girls have been banned from continuing school beyond grade 4 or 5 is that they had to study with the boys. The lack of a girls-only school (for all grades) has been an ongoing challenge for women.

One other reason for girls not going to school was their own lack of motivation. Attending school is quite difficult, considering the fact that one has to walk for hours and then sit in the same class as boys, which is quite disconcerting for some young girls. This has discouraged some girls from going to school, despite the fact that their families were not prohibitive. At least three CDC members who had dropped out of school stated that their families were fine with them studying in a co-educational primary school but they were no longer interested because they felt that not only it is quite a feat to study, but also that they thought that they would not learn much anyway. The CDC members noted a specific belief that going to school would not be useful as they 'cannot' learn. The implications of 'cannot' – i.e. why they felt they could not learn – were not elaborated upon. Potential reasons could include (1) feeling unable to meet the high reputation and time costs related to going to school, (2) families that, through their lack of active support for girls attempting to overcome the challenges of obtaining an education, inadvertently discourage education, and (3) a perception that the quality of education is poor (classroom overcrowding, poorly qualified teachers, etc.). The great effort in going to school may ultimately not match up to the perceived benefits of education for many women. This ambiguous state of girls' education was particularly visible in Istalif; in Kalakan, finishing secondary school was important to women and girls.

Despite these challenges, a number of girls have managed to finish high school (with support from their families and because of their own passion for education). For instance, two CDC members had finished high school (making the two-hour walk/commute to the nearest high school) and a third member was due to finish school in a year.

It is worth mentioning that Sayed Abad is located close to the centre of the District, as well as to the District Government establishment, thus making it safer than the villages located in the farthest corners of the District. This means that the greater sense of freedom and safety seen in the Sayed Abad village may not be the case for the women of more remote villages. In one of the farther villages, efforts are ongoing to build a girls-only school, but finding a literate female teacher from that village has been a challenge and literate women from other villages are not willing to teach there because it is not seen as safe.

## 6. Women's participation in community governance structures

Afghanistan has a gender inequality index of 0.712, ranking it 147 out of 148 countries.<sup>22</sup> The political participation of women in Afghanistan has customarily been less than men and the country's political turmoil since the 1990s has further negatively affected women's status and participation in the public sphere. Since 2001 the country, along with its international partners, has made women's social and economic empowerment a key development priority, with an emphasis on women's inclusion in the local governance structure. Major visible changes have included the creation of the Ministry of Women's Affairs in 2002, gender units within each Government ministry in 2004, the appointment of women to executive positions, and quotas for elected female Government officials at the national and subnational levels. These allocations, however, have generally not exceeded beyond achieving a symbolic presence of women, with little actual authority exercised by many of the women occupying such posts.<sup>23</sup>

Such challenges are particularly true in rural areas, where women's representation and authority in decision making remains noticeably low. Women generally remain excluded from the public sphere, particularly in community decision-making structures and processes. Women's restricted mobility and participation in public life has many causes, including a long-held belief that female relatives are holders of families' honour and thus must be carefully controlled, as well as fears of rape, abduction, forced marriage and further abuse by local militias, criminals and others.

Historically, culture and systems of governance (including formal, traditional and customary systems) have curtailed the human rights and livelihood options open to rural women. Women surveyed in the National Risk and Vulnerability Assessment identified culture as one of the top constraints they experience alongside the lack of access to education and employment.<sup>24</sup>

### 6.1 National Solidarity Programme

#### 6.1.1 CDC Goals and Purposes

The National Solidarity Programme (NSP), the Afghan Government's flagship programme that was rolled out in 2003, organises rural communities into locally elected Community Development Councils (CDCs). Its mandate is to 'develop the ability of Afghan communities to identify, plan, manage, and monitor their own development projects.'<sup>25</sup> While formally created by the Government of Afghanistan in 2002, it was subject to extensive input from the international community (particularly its main donor, the World Bank) and was designed to reflect traditional Afghan governing structures such as *shuras* and *jjirgas* – councils of community members and leaders who collectively decide on local matters.<sup>26</sup>

22. Human Development report (2013) The Rise of the South: Afghanistan Profile. UNDP.

23. United States Institute for Peace (2015) Women's Leadership Roles in Afghanistan.

24. Mazurana, Dyan and Nojumi Neamatullah (2009) Life and Security in Rural Afghanistan.

25. Basic Information, NSP website: <http://www.nspafghanistan.org/default.aspx?sel=109> (accessed 31/10/2015).

26. Ibid.

In light of the country's decades of war that decimated its governance system, the NSP served as a Government-implemented attempt to redevelop a local governance structure that took into account both the need for central and provincial management, local history and customs, as well as much-needed development assistance at the village level. The specific objectives include '(i) re-establishing relations between Government and rural communities; (ii) providing grants for the reconstruction of physical and social infrastructure; (iii) empowering communities and establishing community-level governance structures.'<sup>27</sup>

The implementation of the NSP was divided into five key phases,<sup>28</sup> outlined below:

- Phase 1: Undertaking community awareness-raising and problem identification.
- Phase 2: Establishing Community Development Councils. Council members are voted in through the secret ballot and must be aged above 20. Each elected member represents 28 eligible voters.
- Phase 3: Preparing and endorsing a Community Development Plan and setting up a Community Savings Box.
- Phase 4: Submitting proposals and preparing designs for community projects.
- Phase 5: Implementing projects including monitoring, evaluation and reflective project learning.

The third phase of the NSP is still ongoing and the programme currently covers more than two thirds of the population (roughly 78% according to the NSP).<sup>29</sup> The main objectives of the third phase of the programme are to improve institutional capacity, governance, and sustainability of the CDCs.

The subject of this research focuses on work implemented during Phases 1-2, with particular emphasis on women's involvement in CDCs as governing structures. CDCs serve as MRRD-organised development entities and represent the lowest community-level representation recognised by the Government of Afghanistan.<sup>30</sup> A CDC is elected by the whole community and has an internally-elected executive council consisting of a head, deputy (occasionally referred to in this report and in the field as the vice president), treasurer and secretary, and in some CDCs, such as the ones visited for this research, an M&E focal person. The CDCs are intended to be permanent. However, multiple studies have shown that NSP-created CDCs have largely remained an outlet for development funding to the communities. Other customary social organisations such as, *shuras* (religious councils) and *jirgas* (traditional tribal assemblies), play a stronger role in resolving local communities' conflict and enhancing personal safety and security.<sup>31</sup>

Meetings of other customary organisations occur separately from the CDCs' meetings, and generally occur only when needed, for example if an internal dispute occurs within a family that requires resolution.

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27. UN-Habitat. "Community Development Project: National Solidarity Programme (NSP) Phase II", <http://mirror.unhabitat.org/content.asp?cid=4896&catid=245&typeid=13> (accessed 31/10/2015).

28. Ibid.

29. NSP Afghanistan. "Most important achievement of NSP to date". <http://www.nspafghanistan.org/default.aspx?sel=103> (accessed 31/10/2015).

30. Ibid.

31. The Independent Evaluation Group (2012) Evaluation of the World Bank programs in Afghanistan 2002-2011. The World Bank Group.

Through the NSP model, the Government of Afghanistan, with support from its international donors and Facilitating Partners (FPs) disburses modest grants to village-based CDCs on the basis of CDC's prioritisation of projects proposed. A full list of the project cycle stages is below:

- **Stage I:** The NSP Facilitating Partner (FP) assigned to the Province (typically an NGO) contacts the community to inform them of the NSP and start the mobilisation process.
- **Stage II:** The FP facilitates fair and open elections to establish a representative body known as the Community Development Council.
- **Stage III:** The newly-elected CDC consults with the members of the community to reach consensus on a list of priority sub-projects. These include sub-projects that can be carried out independently and those that require NSP or other outside support. Together, these comprise a Community Development Plan. Selected sub-project proposals are submitted to the NSP for funding.
- **Stage IV:** Upon approval, NSP block grant funds are disbursed to cover the purchase of materials and services. The CDC undertakes sub-project implementation (often through committees) and reports to the community on progress and use of funds. Programme partners monitor ongoing sub-projects.
- **Stage V:** Programme partners assess the technical quality of completed sub-projects and document lessons learned.

CDCs propose projects in various categories that then go to the Government for approval and funding. Around 80 percent of these projects aim to improve rural infrastructure, such as the water supply and sanitation, roads, irrigation, and electricity access.<sup>32</sup> Funding is granted up to a maximum of USD 60,000 to the CDC (\$200 per household and \$60,000 maximum per village). The vast majority of funding is directed towards infrastructure projects. The communities are expected to contribute a minimum of 10% in funds or equivalent labour or material for the project.

### 6.1.2 CDC Power and Governance Structures

According to the NSP Guidelines, 'CDCs are elected through secret ballot, building the foundation for solid local governance, consultation, and the legitimacy of local leadership.' These councils (which can be formed of up to 15 members) then lead a community participatory process to develop a Community Development Plan (CDP) and decide which local issues or problems should be prioritised and addressed. CDCs are required to be established through secret, democratic voting systems to ensure privacy and mitigate potential negative effects of power imbalances. Similarly, voting within CDCs (for its executive councils, for projects, etc.) is intended to be done through democratic voting systems.

The local power structures are not always amenable to the strict adherence of the NSP voting processes. In most Afghan communities, the *Malik* is the de facto recognised representative of the communities to the Government, and is more common in rural areas than urban areas (where their corresponding leaders are typically *wakils*).

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32. The Independent Evaluation Group (2012) Evaluation of The World Bank programs in Afghanistan 2002-2011. The World Bank Group.

As traditional leaders, the *Maliks* (also known colloquially as *qaryadars*, 'the village leader' and *arbabs* 'leader'), derive their legitimacy from the support of their constituencies. In most Districts, the District Governor or the *wuloswal*, recognises the *Malik* as the official leader of a community and provides them with an official stamp that can be used to certify official documents. These *Maliks* are usually landowners, literate, and wealthier compared to the rest of the villagers.<sup>33</sup> Their 'jurisdiction' is typically at the tribal or village level, unlike the District Governor (who, as nominally indicated, covers the entire District) or the *wakil* (a community leader who is typically only in urban areas and whose jurisdiction covers smaller areas i.e. neighbourhoods or single streets). A *Malik* head of the CDC is also typically a member of the informal *shuras* such as the '*Malik's shura*,' '*tribal shuras*,' *jirgas*, and District-level development councils. Studies have shown that CDCs with a *Malik* head have been more active and successful in implementation of community development projects.<sup>34</sup>

As has been witnessed in the CDCs visited, it is common for the *Malik* to be elected as the head of the all-male CDC and his wife or another family member as the head of the all-female CDC. Although the wife of the *Malik* has no official authority, she is generally well-known and respected in the community because of her association with the *Malik*. Whilst CDC structure requires that all members – including women – be elected, in practice, existing power structures play a strong role in determining the membership of CDCs. The head of the female CDC is expected by the community to provide a space (i.e. her home) to other members for meetings and related activities. Given that the *Malik's* house is already typically the space for community meetings (if not, then the local mosque), the *Malik's* immediate female relatives are generally better positioned to meet this requirement than other women to head the CDC. Her respected status in the community (by association) also generates support for her role as the head of the female CDC. Similarly, while the female members of CDCs should be voted into the role by the community, the case studies of this research indicate that in practice, the women fulfilling these roles are generally related to existing power brokers in the community. While some level of social politics and coercion is likely in the development of male and female CDCs, they remain generally representative of the existing community structure.

Power structures are extremely localised and dynamic. In addition to District Governors, *Maliks* and CDC members, a number of other actors may hold power in local communities, including religious leaders and scholars, *qomandans* (literally, 'commander' but generally referring to warlords). CDCs do not stand in isolation of other actors, nor are they beholden to other actors. They instead represent one piece of a complex puzzle of power that both exerts and is subject to external power. In the research Districts, CDCs, as organisational bodies, were generally not viewed as spaces for community decision making, but rather strictly as development-oriented groups. For instance, in the case of a dispute between two community members, residents were likely to request the decision-making support of a *shura* or *jirga*, not a CDC. However, if an earthquake damaged a road, community members would approach CDC members for assistance. Understanding of the varying roles of different community leaders and spaces was generally high among all those interviewed.

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33. Brick, Jennifer (2008). Investigating the sustainability of Community Development Councils in Afghanistan. Afghan Research and Evaluation Unit.

34. Ibid.

## 6.2 Women and CDCs

The NSP Operational Manual notes that the villages or Districts in which the NSP is operating must elect an executive committee consisting of two male and two female members of the community. However, studies have found that in the majority of communities, the all-female and all-male CDCs had their own separate executive committees that consisted of four key members (head, deputy, treasure, and secretary). Although the NSP encouraged and, in some cases, required that the CDCs hold joint meetings, male and female CDCs continue to meet separately.<sup>35</sup> NSP staff, however, did not in any case note that other NSP policies were not being upheld. While discussions with CDC members indicated some variance from NSP regulations (for example on election versus other forms of appointment of members), when NSP staff members were asked about challenges of implementation and potential variance between policies and on-the-ground practices, the staff unanimously responded that the policies were fully upheld.

On average, 35% of CDC representatives are women and around 90,000 women are members of mixed or all-female CDCs.<sup>36</sup> These female CDCs have provided an unprecedented forum for women to discuss shared problems and issues. A World Bank-funded impact evaluation of NSP implementation found that the NSP has produced small, positive change in the attitude of male villagers concerning women's role in village governance and that men have become more open to the existence of female CDCs. The NSP has also contributed to enhancing responsiveness of village *Maliks* and the District Governors to women's needs and has familiarised women with village leadership.<sup>37</sup> However, studies have also found that in a majority of the cases, women are selected by NSP FPs mainly to satisfy a requirement and that they had no actual role in the community and no voice in how the CDC funds were spent.<sup>38</sup>

The table overleaf summarises the structure of the female CDCs as per the NSP guidelines and the reality on the ground as per the findings of this research:

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35. Brick, Jennifer (2008). Investigating the sustainability of Community Development Councils in Afghanistan. Afghan Research and Evaluation Unit.

36. The Independent Evaluation Group (2012) Evaluation of the World Bank programs in Afghanistan 2002-2011. The World Bank Group.

37. Ibid.

38. Echavez, Chona, (2012) Does Women's Participation in the National Solidarity Programme Make a Difference in their Lives? – A Case Study in Kabul Province, Afghanistan Research and Evaluation Unit.

Table 2. Female CDCs

|   | NSP Guidelines and Requirements  | On-the-Ground Observations  |
|---|--|---|
| <b>Voting and Selection Process</b>                   | Women should be voted into the community by other women in the larger community through a democratic and secret voting process, allowing full representation | Women are not always voted in, and are generally initially appointed by the NSP through the men's CDC or other male community leaders; these women typically have strong ties to already-existing traditional leadership structures and/or have some relatively higher level of education or literacy than women on average in the villages of concern; elections are sparse and not secretive in either the beginning or later stages of the NSP in Istalif and Kalakan.   |
| <b>Women's Projects</b>                               | 30% of projects directed towards women's projects  | Discontinued because they were considered unsustainable and women's projects deemed insufficiently useful.  |
| <b>Equal Representation</b>                           | Women should be equally represented with regards to men; this includes in meetings, power structures, and more   | In practice, women feel sidelined by male-dominated decision-making spaces and, while some benefits arise from their inclusion in the spaces (i.e. greater overall confidence), they do not participate in the systems as fully as men do. They do not manage, propose, track, etc. projects but are rather present at meetings almost only 'symbolically' and at the request of specific individuals and NGOs.   |
| <b>Community Representation</b>                       | Women should represent the women and girls of their communities.   | While technically women CDC members are representatives of women and girls in their communities, they are in practice not cognisant of this responsibility for representation. In other words, they do not feel like representatives of other women and girls.  |
| <b>Project Design and Implementation</b>              | Women should implement community development projects, particularly those that benefit women and girls.  | Women do not manage or implement projects in the communities of focus for this study. They instead defer to men, noting that the projects proposed by men are 'for the whole community' which includes women and girls. They instead view their participation on the CDC as a training platform for their personal and professional development instead of as an opportunity to work for the betterment of all women and girls in their communities.  |
| <b>Gender Equity, Transparency and Accountability</b> | Women's participation in the NSP should result in improved gender equity, transparency and accountability.   | While accountability and transparency were not explored in this research study, some gains have been made regarding gender equity through women's participation in CDCs in the villages of concern. Not only are women more confident, but some have a feeling that they can improve their communities, improve their own lives (through training, etc.) and more. The further inclusion of young and older women indicates greater age-equity. While young women CDC members may not always be as valued as the older ones, and may sometimes be outright bypassed by the older ones in the decision-making processes, their inclusion nonetheless provides them with an opportunity to voice opinions that may not otherwise be easily expressed in informal contexts outside of the CDC. |
| <b>Empowerment</b>                                    | Women should, in the long-run, feel more empowered by their participation in the CDC.  | The research study indicated that this was true in some cases. Women's mobility improved, with families allowing them to travel for the meetings. Their self-confidence improved as they had venues through which they could – and were expected to – voice their opinions, even if that opinion consisted only of a vote following a discussion they did not directly participate in. Their access to and control of resources nonetheless remains dubious and requires further attention in future programming with female CDCs.  |

## 7. Community spaces for women

In rural communities, women are severely restricted from engaging in the public sphere. Public spaces, both formal and informal, are dominated by men, with limited or no space for women, especially at the upper levels of Local Government. From the provincial Governor (*wali*) to District Governor (*wulosowal*) and village head (*Malik*) to the household head, men dominate, dictate, and make decisions.

Despite the challenges and restrictions that the social norms (customs, perception of men of women) have created for women's participation in the public sphere, women's mobility has increased in the recent years, thanks to the donor-funded development projects by various international and national organisations (i.e. Mothers for Peace, CARE Afghanistan, Womankind Worldwide, SERVE, and AWRC).

In recent years, the women in the two Districts, including the CDC members, have been attending skills trainings, awareness-raising workshops, income-generation activities, and meetings/gatherings at the village and District Level. On occasion, women who were not CDC members also participated in various training sessions, though it is unclear the extent of coverage that training has had in the communities. Taking into consideration the customary restrictions for the rural women, the training sessions are women-only, facilitated by women and organised in the safety and privacy of another trusted women's house, making them easily accessible. Further, the training also came with various kinds of incentives (cash, food or cattle) as a way to keep women interested and committed, thereby creating an expectation for such compensation in the long term (with women noting that their lack of motivation related to the CDC was partially fueled by the lack of sufficient 'return' or compensation). Although the purposes of these incentives in the initial stages of community mobilisation were important and understandable, such incentives are now not only seen as necessary components of all civil and political engagement (with little sense of volunteerism observed by the researcher), but are also used to determine which activities are 'worthwhile' and which are not. Those that are 'worthwhile' are believed to be only those that offer compensation in addition to direct training or knowledge production opportunities. The effects of this incentive-focused programming were clearly observed by the researcher during discussions with women CDC members.

Women who did participate in training, according to interviews, did not focus on knowledge production. While women could vaguely remember that they had participated in a number of recent training sessions including on issues such as hygiene and health education, illiteracy, backyard poultry farming, tailoring, and embroidery, women's rights, business development, management, and more, they were unable to discuss the specific knowledge or skills learned through these activities. When asked about the outputs of the training, women referred to the compensation received instead of the skills learned/knowledge obtained.

Other than the training, a few CDC women also participated in the community saving groups implemented by an NGO. The women had also received cattle and chickens as part of income-generation programmes, but were not actively running any small-scale home-based businesses and were not part of any producer groups. As for the saving groups, the women stopped attending the meetings frequently and eventually completely withdrew from the group. According to the women, the saving group members did not find the small saving (less than a dollar per month) very useful. Unfortunately, the NGO and associated programme mentioned by the interviewees could not be identified.

**In recent years, the women in the two Districts, including the CDC members, have been attending skills trainings, awareness-raising workshops, income-generation activities, and meetings/gatherings at the village and District Level.**

## 8. Community Development Councils

### 8.1 Structure and membership of the CDCs

Each of the three CDCs consisted of 12 members, with four key members as the head, deputy, treasurer, and secretary. However, in Kalakan the female CDC only had a head and deputy. The male CDC has recently also designated a member as the monitor who can oversee the spending and implementation of the ongoing projects. These designations were well understood by the male CDC, but this was not the case in the female CDCs. In Kalakan one of the members had to ask the head of the CDC if she was the treasurer or secretary. Since women did not have specific projects to implement and did not have control over or knowledge of the budget amount for the projects, their roles, especially the treasurer, remained symbolic. NSP guidelines indicated that 30% of projects should be 'women's projects,' but the actual management of these projects is under the jurisdiction of the CDC as a whole. With the exception of the female CDC head, the roles and responsibilities of the key members were not fully understood in the female CDCs.

In all three CDCs, the head was either the *Malik*, his brother, wife or niece. In Istalif, with the exception of two members, the rest of the members were the head's daughters, daughter-in-laws, sister-in-laws, or cousins. Those who were not relatives or family members were from the neighbouring houses. Similarly, in Kalakan, at least five members of the CDC lived in the same compound, while the rest lived in the nearby houses (not more than ten minutes walk).

Literacy levels in the female CDCs were low. In Kalakan, three CDC members were literate (including the head), with two being recent graduates and teaching in a nearby school, and the other being a current high school student. Four of the members were of school age, but were no longer attending any school or had dropped out after fourth grade (either forced or voluntarily). The lack of literacy was perceived as a challenge to women's involvement in the CDCs for logistical, as well as social reasons (as literacy earns respect).

When AWRC began working with the CDCs, the head was an illiterate woman, who was not able and willing to manage the CDC. Therefore, with the encouragement and facilitation of AWRC, the village chose a younger woman, one of the only three high school graduates in the village and the daughter of the *Malik's* brother.

Similarly, in the Istalif CDC, only three members were educated – one was a high school graduate, another member was a high school student and the third was attending a private medical college in the neighbouring District (as part of 21 girls supported by a wealthy family to attend college). All three were the *Malik's* daughters. One of the educated daughters was married but mentioned that she could still continue to be part of the CDC because the meetings were convened at her father's house. As noted, the lack of education was seen as an obstacle for joining and serving on CDCs, but this was complicated by a strong perception among women interviewed that higher education was not critical for various reasons (including, but not limited to, the social costs of fighting for education, as well as a belief that the schools serving the girls were of a poor quality).

A better profile of the women CDC members visited for this research can be explained under the following list, which roughly splits up the different women CDC members into different descriptive categories. It is important to note that the list is not strictly defined, with the descriptions remaining relatively fluid and the boundaries flexible; as such, the number of women that fit into each category is not easily identifiable. Nonetheless, rough estimates based on the fieldwork are listed below.

- **Middle-aged or elderly, either widowed or married (between the age of 45 and 60 – total six women):**

All these women were illiterate and had married at a very young age (between 13-15). These women, according to their account, had “seen it all,” having to live through times of war, migration, and deprivation. Although they had attended various types of training, they stated that they did not remember much and that they had given up on learning. However, they continue to attend training and CDC meetings with the hopes of learning new information. They also see these training sessions as an opportunity to socialise with other women or receive goods.

The older women are traditionally more mobile so attending a CDC meeting is not only easier for them but also an opportunity to get out of the house and mingle with other women. However, some of them had been infrequent participants for medical reasons. In cases where women could not attend a meeting (either for a session or multiple ones), someone else from the family would represent them in the meetings/training. In Istalif, an elderly woman had to go through surgery and could not come to the CDC meetings for almost six months. During all this time, her daughter-in-law represented her.<sup>39</sup>

- **Young and married, with children (between early 20 to late 30s – total four women):**

These women were also illiterate and like the elder women, were married at an early age. Although illiterate, they are more keen on education for their daughters (this could be as a result of attending workshops but also because of a general emphasis on girls' education across the country). The women stated how they were not able to stand up for themselves when their families banned them from attending school. However, now that they have young daughters themselves, they want to make sure they are provided with a good education to the extent that is possible. These women were all housewives but were heavily involved in livestock rearing or fruit picking during harvest times.

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39. It was common practice among CDC members to send someone else to the meetings whenever they couldn't attend. During the meeting sessions with the CDCs, there were at least three to four instances in both Districts where a family member attended the meeting but gave the name of the original member when asked to introduce herself. For instance, two women in Kalakan could not make it to the meeting that was organised for this research. Instead they had sent their daughters. On the first day, the daughters when asked to introduce themselves gave the names of their mothers. No clarification deemed necessary to be provided by the head of the CDC or other members. It seemed this was a common practice. Only on the second day, when the original member showed up for the second session of the discussions, did the researcher realise that she wasn't told the truth. When asked why they felt they had to lie about their identity, the women laughed and stated that they were afraid they might be penalised for not attending. Attendance, it seemed, was more of a concern because of the fear of being penalised, and not because of missing a CDC meeting session.

Women with young children and without childcare support are less likely to be able to commit to CDCs. This was one of the major reasons for the non-CDC members interviewed in the village. In some cases, even when the women have the willingness and permission of their families, they cannot attend. In some cases, the women have the willingness but their families would rather have them take care of the house and children than spend time on CDC affairs. In at least two instances during the meetings for this research, one CDC member who had brought her children along had to leave the meeting because her children kept interrupting.

- **Young and not married (early 20s – total 12 women):**

These members were a mix of high school students, graduates or teachers, and school dropouts (forced or voluntary). Those who had dropped out of school of their own volition believed that they were not learning anything, so school seemed a waste of time (especially when they had to go through the difficulty of studying with boys). Some were forced to drop out of school because either studying with boys was not acceptable after a certain age or, as the girls grew older, they were less likely to be allowed to walk a long distance to school on their own. Those who were in school or had graduated despite these challenges, either had strong personal perseverance and passion or support and encouragement from their families. These members, although young, were welcomed in the CDC because of their literacy skills and a perceived notion that they can be more effective in helping with managing and leading CDCs as they are more educated and less burdened with family responsibilities. Despite this, these members were not more knowledgeable about the role of the CDCs and their individual responsibilities as CDC members.

## 8.2 CDC Leadership

The male CDC visited in Istalif was led by the *Malik* of Tangee Miana village. Abdul Ahad is an enthusiastic, friendly and well-organised individual. Organisations like AWRC and its partners acknowledge his support and good manners during all the stages of the FLOW project implementation. Abdul Ahad has prior experience working with the NSP as a site coordinator, which explains his active participation in the CDC, as well as organised documentation of CDC activities, such as the meeting minutes and log books, training the CDC has received, project proposals, and the list of ongoing and completed projects. He is also a key member of the District-level development council, *Malik's shura* and people's *shura* (which consists of religious and influential villagers). The *Malik's* wife, who is the head of the female CDC, defines him as a man who has not levied any restriction on the mobility of the family's women and has not had any issues with girls' education. Three of his daughters are either in school or college. Although he does not project a lot of power and comes across as a humble man, he enjoys the attention he receives from villagers, Government and development organisations.

A positive aspect of having the *Malik* as the CDC head is that it helps the CDC be better connected to the District Government and to the other organisations operating in the village. It also helps the CDC push and follow up on the village's proposed development projects.

Additionally, the support of the *Malik* in all aspects of CDC can be detrimental to the successful functioning of a CDC. The major disadvantage of having the *Malik* as the CDC head is that community development projects are prioritised not based on the community's needs, but more on what the *Malik* deems fit. It may also help the *Malik*'s family to consolidate more power and influence in the community, not allowing other members to have a chance in representing the village or having their voices heard.

As seen in both Istalif and Kalakan, the *Malik*'s family also become the main participants of any development projects, be it the CDC membership or participation in training /workshops organised by other organisations. This is because NGOs reach out to *Maliks* to seek their permission, as well as to have them identify the deserving community members to become the beneficiaries of development projects.

### 8.2.1 Women Leaders and Role Models

In both Districts, the female CDC's leader was a family member of the *Malik*, despite whether the *Malik* was the head of the male CDC. In Istalif, the head of the female CDC in Tangee Miana was the animated, active, and articulate wife of the *Malik*. She was raised in a family without restrictions on her mobility and outspokenness – therefore, she feels that she has always spoken her mind. Things did not, according to her, change when she got married. Although she was married at the age of 13, her husband (the village *Malik*) did not impose any restrictions on her. She had been hosting training and workshops in her house for years now. When women were asked to elect a head for their CDC, they chose Qamar Gul because, not only was she deemed as someone willing to commit to the cause of the women in the village and was the *Malik*'s wife, but she was also someone with the means to organise and host CDC activities. Qamar Gul's position as the head of the female CDC in Tangee Miana does not stray from existing power structures, but this does not necessarily result in a negative outcome. Due to Qamar Gul's commitment to serving all (but particularly female) members of her community and her long-term public engagement in the community, she has – according to other women CDC members – been well positioned to push forward projects and listen to community issues. However, the limited meetings and authority of the female CDC in Istalif has not resulted in significant action since engagement with AWRC. Women who participate in CDCs face challenges (including, but not limited to, lack of motivation, authority and perceived agency) just as women who do not participate in CDCs face challenges of information and opportunity awareness.

In Kalakan, the Sayed Abad *Malik* is the head of the male CDC, but his wife is not heading the female CDC. Due to an emphasis on literate CDC leadership, the *Malik*'s niece was chosen because she is one of the only three high school graduates in the village. She was also interested in getting involved with CDC as she has political aspirations and wants to run for Parliament. The challenges of the long walk to high school, the mixing of the boys and girls in her class, and the pressure from the rest of the village did not affect her resolve to finish school and become a teacher.

At the age of only 19, Halima has finished school, is employed as a teacher, and heads the CDC of her village. She is also being considered in heading a newly built girls' school in another village. Her father, who is educated and is a Government employee, is her biggest supporter and motivator.

One of the biggest challenges for a CDC head, as outlined by Halima, is the lack of interest and willingness to take responsibility by the members, resulting in little actual programming. She admits that she is not experienced enough as a leader to motivate members to become more proactive, which leads to frustration on both sides. Her lack of past experience serving as a group leader has resulted in her feeling that she is not a leader so much as a facilitator who only brings people together when asked to in specific circumstances by, for instance, AWRC or other NGOs. She occasionally feels bypassed when female community members go to the *Malik* with their problems instead of her, as they do not see her as community leader. She admits that she has encouraged her peers or other active and interested young women in the village to replace some CDC members. Her deputy is a teacher in the same school and she believes she has been very helpful.

**“I was an active member of my community from a young age and interested in serving my community. I remember that I had to convince our relatives to allow their two girls to attend high school. We are now the only three high school graduates in our village. Because of my interest in community matters, I also attended the CDC meetings that would convene in our house before I became a member and then the head. I want to become a member of Parliament some day, and I believe that my involvement with the CDC and community can help me in achieving that goal.”**

(Head of women's CDC in Kalakan)

In addition to the heads of the female CDCs in Kalakan and Istalif, the other two women that have been involved with activities in the public sphere are the two female deputies of the District-level District councils. These women, as noted in section 10, have achieved great success in serving as deputies of their District-level councils and are profiled here in order to show that, while many challenges to overall and systematic involvement of women CDC members exist, there are opportunities for advancement if women fight for them. The women profiled here are remarkable examples of women leaders in their communities, not only in their homes and villages, but also at the District Level.

**Box 2. The head of Tangee Miana female CDC – Qamar Gul, Istalif – talks about her marriage, family, and CDC experience:**

I was married off at the age of 13 as an exchange for a bride for his brother's. I didn't mind getting married that young as it was the norm back in the day. I now have six daughters and two sons. One of my daughters is married to her maternal cousin who resides in Australia with his family, in exchange for his sister as the bride for my son. Both the siblings in Australia have refused to accept their own marriages and it has been more than five years now that my married daughter and son have been waiting and have not been given hope to unite with their respective spouses in Australia. These marriages to the children of my own sister have been a source of pain and suffering both for me here in Afghanistan and for my sister in Australia. I have since been very reluctant about marrying off my other children.

Despite the fact that I am illiterate, I have placed great emphasis on education of my children. Both of my oldest sons are high school graduates and are hoping to afford attending a private college some day. One of my daughters is studying midwifery in a nearby private university, with the financial aid from an Istalif native who now lives in Germany and has been helping my daughter and 19 other girls from the community to attend a private college. My other daughters are all in school and determined to finish school.

I have enjoyed the support of a husband that I admire for his leniency and his lack of restriction on my movements. I have always been an active member in the community and my parental home, where the family I was raised in was equally open to women's activism and participation in community matters. When I joined my husband's family, I immediately joined their home-based tailoring and embroidery business. I am proud of the fact that I worked like a 'man' and that I didn't suffice to managing just house chores and children. The amount of knowledge I have obtained in the last years from attending a variety of training is immense. I have learned things about conflict resolution skills, coexistence and harmony in the community, Islamic education, and women's rights. These trainings have helped me intervene in domestic violence cases within close and distant family and even fix some of my own long-standing strained relationships with relatives.

My freedom of movement, less restriction from my in-laws including my husband, my own personal interest in helping others and having an upper hand in making decisions for my own family, makes me a natural leader. My motivation for heading the CDC is my desire to be of help to other members of the community, especially women.

I will continue heading the CDC as long as women continue to vote for me and support me in my role.

The deputy of the District-level development council (the next level above the CDCs in local governance) in Istalif is the only female member in the council. She has a high school diploma from a girls' high school in Istalif and currently attends business development classes twice a week at the American University of Afghanistan in Kabul. She also runs a small home-based dairy enterprise. She is a native of Istalif and apart from her migration to Pakistan during the war, she has always lived in Istalif. She has extensive work experience with a number of non-profit organisations that have been operating in Istalif in the last ten years, including CARE International, Afghan Women's Educational Center (AWEC), Mothers for Peace, International Rescue Committee (IRC), the Swedish Committee for Afghanistan, and many more. Because of her involvement with a wide array of projects targeted towards women, she is well-known and trusted by both the District Government and communities. The entry point for any organisation in the District is the District Government, and for any women-focused project, she is the focal point (i.e. identifying women in need for various projects, etc.). According to her, women in Istalif face many challenges, including low levels of women's literacy, lack of men's knowledge on women's position according to Islam, discriminatory customs, and low engagement with economic activities such as running businesses, which negatively affect women's self-reliance and independence. Her source of motivation and ability to work outside of her house is her family's support (her husband and children) as well as her own dedication to serve and desire to be engaged with her community.

Similarly, the deputy in the District-level development council of Kalakan is also the only woman in the council. She is currently in her second year studying political science at a local private college. She briefly migrated to Iran, and after coming back to Kalakan in the aftermath of the Taliban's fall, she finished high school in Kalakan. Similarly to the deputy in Istalif, she has also worked with many non-profit development organisations operating in Kalakan, including Sanayee Development Organisation, Bangladesh Rehabilitation Assistance Committee (BRAC), and many more. Although she finds working for women's causes challenging, she has never given up. Contributing to women's development is one of her personal interests and passions. As the deputy with support from the District Governor, she has been able to solicit a lot of support from many organisations for women in Kalakan. She has helped organise and deliver various kinds of training, including vocational, poultry farming, and vegetable and fruit processing – either as a staff member of various NGOs, or through her capacity as the deputy of Kalakan's development council that allows her to advise and divert resources to women in need in her District. She is also seen as the representative of women in Kalakan (not officially, but more so because she is the sole women working at District-level and has access to all women in the District).

Both of these women, because of their role as deputies (mainly selected by the District Governor because of their capacity, willingness, and long-term engagement with women's causes) and as the only female members of the all-male District-level development councils, are naturally positioned to represent other women.

### 8.3 CDC Meetings

When AWRC started working with the female CDCs three years ago, they only existed as a name in the NSP registration books. The CDCs had not received any training and were not organising or attending any meetings, unless their presence was needed at the District-level meetings. Even then, their presence was symbolic and to satisfy the requirement of the NSP Facilitating Partner.

**“Our initial training to women CDCs covered topics on the structure and purpose of CDCs. As part of our community mobilisation and development of female CDCs’ capacity, we brought women together and helped them with selecting a central location for their group gatherings and identifying interested women to become CDC members. We also trained the members on the purposes of CDCs and facilitation of regular meetings. We wanted women to understand their roles and responsibilities as CDC members. We also wanted them to participate in the development of their community and raise their voice on behalf of other women in the community. However, despite our efforts, the women continue to have difficulty internalising the fact that as members of a CDC, they should have a voice in the decision-making processes as well as should highlight the needs and challenges of women in their communities.”**

(One of the AWRC field trainers)

The common approach for both District Governor’s office and other NGOs in the community, according to the women, was that the head of the CDC would receive a request to bring together a number of women for a specific purpose. She would then choose whom to inform, if the criteria were not specified. These requests were made whenever women were needed to be present at a community meeting or training session.

While male CDCs convened regularly to discuss and develop proposals for approval of the NSP grants, female CDCs remained just a list of names on paper. In both Istalif and Kalakan, the female CDCs did not become active until AWRC incorporated them as part of the capacity-building activities of the FLOW project three years ago. By this time, the male CDC had already implemented multiple projects (the male CDCs in Istalif and Kalakan were around eight-nine years old but had been actively working on development programmes for the last six years). The female CDC had a lot to catch up with, so instead of pushing for joint meetings with men, the female CDC members first had to learn about basics of a CDC. They received training on management, leadership, decision-making roles of women and women’s rights. By the time of research, however, women struggled to recall specific topics covered in the training or the results of the topic, instead opting to give generic statements such as they learned a lot and became more informed about various subjects.

When called to meetings at the District Level, only some members of the female CDCs consistently attended. These meetings provide an opportunity to raise their concerns about various issues, such as the lack of a wall for the girls’ school and the lack of flood control infrastructure, etc.

The most reliable attendees in Istalif were the four key members: head of the CDC, vice president of the CDC, secretary and treasurer. In these meetings, they would raise their hands to vote for or against projects proposed by the male CDCs. None of the CDC women believed that they had any power in selection or rejection as their number in the meetings were very limited and their attendance remained infrequent. On occasion, they shared issues faced in the community and potential solutions. For instance, interviewees noted that they had raised issues related to the lack of a boundary wall in a school in Kalakan or the lack of flood resistant infrastructure in Istalif. After sharing their concerns, the other council members listened but no further action has been taken to resolve these two – and other similar – issues raised by women during their limited interjections into the male-dominated public sphere.

AWRC, or one of its partners, call the key members of the female CDCs to Kabul for a meeting every quarter, where they discuss challenges and issues that need to be incorporated into their action plans, and they also report on their activities (meetings and training). The female CDCs are also convened for a monthly meeting in their home villages, facilitated either by AWRC or one of its partners. Both CDCs have a logbook in which they have to enter information about their meetings. The meeting logbook is given to them by the NSP Facilitating Partner who is also responsible for monitoring these meetings. The women mentioned that they initiate meetings on their own only if there is a pressing problem (typically issues such as domestic violence, divorce, drug addiction of a family member) that requires their attention. However, when CDC women were asked when the last time was that they met among themselves and without a facilitator, they could not remember any meetings. The meetings they listed were either facilitated for them in the village, at the District Governor's office, or the ones in Kabul.

Although the NSP requires that women be consulted when developing community projects, and had even imposed a 30% allocation of NSP funds for women-only projects, female CDCs in Istalif and Kalakan have never participated in the development of proposals, the prioritisation process of projects, and finally in the implementation of the projects, for the apparent reason of their restricted mobility and inability to attend the meetings of male CDCs.<sup>40</sup>

In both Istalif and Kalakan, women still do not attend any of the male CDC meetings. Instead of a formally established mechanism of information exchange between the male and female CDCs, information between the two CDCs is transmitted informally by couples in their homes who happen to both be members of the men's and women's CDCs, respectively. However, meetings are occasionally called by the male CDC or other bodies/organisations that include the female CDC, particularly in the form of joint men and women monthly, quarterly and review meetings.

### 8.4 CDC Projects

The male and female CDCs meet separately to identify and prioritise the needs of the community with little separate consultation with community members at large. However, it is mainly the male CDCs that identify the needs that are then turned into proposals that are submitted to the NSP Facilitating Partner, who is the responsible agency for facilitating the entire process of mobilisation of the CDC members, need assessment, proposal development, grant disbursement and monitoring.

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40. Afghanistan: Sida Country Gender Profile 2009, Swedish International Development Cooperation.

Women are rarely consulted in infrastructure project design or implementation, despite it affecting all community members, women included. According to the women interviewed, they are not consulted during the need identification or project approval processes. However, the women interviewed noted that they did not disagree with the projects undertaken by the CDCs and District-level bodies because men proposed projects that were 'for the good of the entire community,' including women, thereby indicating a lack of differentiation among women between projects 'for men' and projects 'for women.' To them, projects 'for men' were for the good of the whole community, women included. The lack of action taken on the few issues they raised – such as the boundary wall in Kalakan – was not of great concern to the women, with them noting that there are other concerns in the community and that not all problems could be immediately resolved.

The projects proposed by the CDCs usually include construction projects such as irrigation improvement works, bridges, wells or water tanks for drinking water, and concreting roads. Since these villages were completely destroyed during the war, they continue to lack basic infrastructure.

The projects, which are then classified as male or female projects, are fitted into gender stereotypes in terms of activities. "Male projects" are those such as concreting streets or the construction of small bridges, while "female projects" were tailoring and embroidery training and literacy courses.

It is not clear from the fieldwork what the individual women felt were the priorities of development for their communities and, in particular for women in their communities. While the perceived priorities may be embroidery training and literacy courses, this was not investigated further during the research.

In Istalif, with suggestions from the women, the CDC allocated some funds for a small catering shop. The idea was that when families organise weddings or other kinds of ceremonies in their houses, they have a reliable source to borrow dishes for free. However, the shop did not last long because of mismanagement and negligence of those who borrowed the dishes, so the shop was dissolved and the dishes were distributed to CDC members. In Kalakan, the women had been trying to get some CDC funding to build a wall around the high school in the village, however their plea have not been heard by the male members of the CDCs. The women interviewed mentioned that they would also like to have tailoring classes so they can learn an income-generating skill but have not made any attempt to pursue this with men or District-level CDCs. There is also a general negative perception about women-only projects. In the interviews with the District Governor and the *Maliks*, it was evident that men preferred that the female CDC forgo their 30% of the NSP budget allocation so there is sufficient funding for a community project such as a bridge or well. The NSP representative in Kabul also expressed his dissatisfaction of the projects proposed by the female CDC. According to him, the specific allocation for women-specific projects will not be exercised, as these projects were not sustainable. It is better, according to him, that the money is spent on a project that serves the entire community, and not a specific group.

## 9. Motivation for participation

### 9.1 Purpose

Participation in collective groups such as CDCs can be challenging for women with restricted mobility. As previously stated, the communities in Kalakan and Istalif have not been historically open to women's participation in public life, including through education or employment. However, according to interviews conducted for this study, women's participation in women-only spaces has increased in recent years. The women-only nature of the CDCs was a major enabler for participation. However, in the CDCs that were visited, according to interviews with non-CDC women as well as the researcher's observations, opportunities for participation remain limited to women who are (1) related to one another and/or leading male members of the community (*Malik* or head of the CDC) or (2) live close to the meeting place established for the activities.

**“People don't have a positive perception about non-Government organisations working in the village. So if they gather in the *Malik's* house, it is not frowned upon. I live in the neighbourhood, a 5-minute walk away from the *Malik's* house (referring to the house where the CDC members convene for their trainings or meetings). My husband and his family are fine with me coming here because they trust the *Malik*. If these meetings were held elsewhere, I wouldn't have been allowed to attend.”**

(One of the women from Kalakan CDC)

**“I am married with six kids and we are a struggling family as my husband is a daily labourer which makes our household income very unstable. We migrated to Pakistan during the Taliban years. We then lived in Kabul for a while before returning to Istalif six years ago. My family (parents and sister with her family) live in Kabul and that is where I want to live but we cannot afford it. I visit my family at least once a month, as I love traveling to Kabul. I attend CDC meetings because it is next door and the head of CDC is my sister-in-law.”**

(One of the CDC members in Istalif)

Regardless of the limitations on the type of woman who is able to participate in the CDCs, it is important to understand why some women seek out participation in the CDCs while others do not. The purpose of establishing and strengthening CDCs, according to the NSP manual, is that the councils become effective local governing institutions contributing to the social and economic development of their respective communities. The NSP staff interviewed in Kabul also stated that CDC participation strengthens and helps community members contribute in the decision-making processes at the village level. And in order to ensure and encourage women's participation, the communities are mandated to either include women in the male CDCs as members of executive committees or to establish women-only CDCs in places where men and women cannot hold joint meetings.

Similarly, as reflected from discussions with the AWRC team, AWRC's objective under the FLOW project was to enable a group of women to participate in the community's male-dominated decision-making platforms and raise issues important to women.

However, although the FLOW project provided regular training (including on the importance and benefits of the CDCs) and facilitated CDC meetings throughout the project, the majority of the CDC women interviewed for this research have not yet fully understood the CDCs as has been described to them by AWRC.

The question is then, what motivates women to participate in the CDCs? In other words, what are the motivations for participation in public life – and, in particular, public governance through the CDCs – among women in Istalif and Kalakan Districts?

The women interviewed noted that, aside from the consideration of monetary reward, their primary motivation for participation in CDCs was to obtain knowledge. Despite receiving training by AWRC on the purpose of the CDCs (community governance and representation of other women in the community), none of the women pointed to the 'purpose' of the CDCs and their specific membership being the receipt of training and other knowledge-production activities. The sole exception to this was among the head of each CDC, who spoke of their role and the CDC's role as a governing and development body for the local community. All other members interviewed demonstrated little understanding of a purpose greater than personal training.

None of the CDC members (with the exception of the respective heads of each CDC) saw the CDCs as agents for furthering women's causes or as a place that would enable female participation in decision-making processes at the community or District Level.

**"I come to the CDC meetings because I want to learn something such as women's rights. I also want to learn about current events in the community and how to interact and get along with others."**

(One of the women from Istalif CDC)

However, learning was not the only reason that attracted women to join the CDCs. They also mentioned that participation in the CDC keeps them informed about the community affairs, specifically ongoing or upcoming projects in which they could participate. As part of being officially registered with the Government, the women CDCs were usually the entry point to some development organisations or District Government planning to mobilise and identify women beneficiaries for certain projects. For some CDC members, CDC meetings were also seen as a platform to share problems and identify sources for support. However, this only pertained to a few women who did not belong to the family of the CDC head whose family dominated the CDC.

However, even the CDC heads did not expect to be closely consulted for community-related issues. For all the matters of the community, from community development projects to resolving violent conflict, women believed that men were in charge. As one of the women CDC members in Kalakan had mentioned, in times of great need, women relied more on men, especially influential and resourceful men in the village, as opposed to reaching out to the female CDC.

The majority of women interviewed responded negatively to the question of whether they were consulted for any of the community projects. However, they were also not keen to be consulted anyway and in general seemed happy with the decisions that were made by men in regards to CDC infrastructure projects.

## 9.2 Impact

**“I have attended many training sessions in the past several years. I don’t remember the topics exactly but I feel that by attending these trainings, I feel more confident to get out of the house. Although my husband and his family were initially skeptical of my attendance, they don’t object to me getting out of the house and attending training or meetings such as this one with the rest of the CDC members anymore. There was a time that we wouldn’t even conceive the idea of going to a literacy class or training session. We basically didn’t feel as free as we do now. We go shopping in the bazaar without much restriction. In addition to the impact the training has on women’s movement and knowledge, I believe there is also a positive change in the attitude of men as more and more women attend training and other activities organised by NGOs. I also see less restriction on girls’ education and I think it is because of training both for men and women, either through the CDC or otherwise.”**

(One of the CDC members in Kalakan)

An increase in the number of development organisations and their programmes aiming to improve knowledge and attitudes about women and their status in society has had a positive impact on both men and women. By being part of community initiatives and thus contributing to community affairs, women expressed feeling more important, which, in turn, increases their self-worth. Women said that seven to eight years ago, they could not have imagined leaving their houses for any reason other than for an appointment at the doctor or to visit a relative. However, in recent years, their communities have become more open to women’s mobility and participation in the public sphere. Although factors such as restrictions from the family, many responsibilities around the house, and lack of trust for other spaces other their own private houses continue to restrict women’s freedom, women interviewed stated that they have become more confident in speaking out, which in their context meant voicing an objection in a community gathering, for instance. For some women it also meant that they have gained the skills and courage to convince their families about the benefit and necessity of a certain programme in which they want to participate. These are small positive changes that women acknowledge and appreciate.

**“I think men have become more liberal. They don’t object to our venturing out for shopping, health care, and visiting relatives. However, they still don’t like us to attend training or become CDC members on a regular basis. We have not attended any training so far, neither are we interested to attend any in the future.”**

(A non-CDC woman in Qala-e Qomandan village, Istalif)

Women associated their own increase in knowledge on women's rights with men's improved understanding. This was related to men becoming more accepting of women's participation in various activities outside of their homes, resulting in women's improved mobility, which was greatly appreciated by women for several reasons, including basic necessities (including visiting the doctor for medical needs) and activities such as socialising with friends and family members.

While challenges continue to exist, overall they noted a personal satisfaction with the improvement that membership in CDCs has brought to their lives. Specific ideas about how to overcome challenges to women's political and social participation in community affairs were not mentioned by interviewees. However, they noted that their ability to confide in one another (and have non-CDC females confide in them) in the CDC meetings about domestic or community issues, coupled with their now-formalised avenue of discussion with community leaders – specifically the *Malik* and District Governor – has enabled them to express potential problems.

Although the inclusion of women in the meetings both at the village and District Level are symbolic, infrequent and imposed by implementing organisations, the CDC women's participation in the District-level meetings can contribute to positive changes in the attitudes of the community and in the confidence of women in the future. The mere involvement of women in meetings will necessarily result in at least two changes in the long-term: (1) women receiving information about the community's activities during the time they are being implemented and planned by the primary actors, instead of through a network of information being passed on, and (2) potential future interjection by women who obtain a greater sense of understanding of governance bodies and opportunities in the respective Districts.

**“I have attended training on peace and conflict resolution in the past – prior to my engagement with the CDC. That training was tremendously helpful as it encouraged me to resolve a conflict between our family and my brother-in-law's family that had resulted in us not visiting each other for many years. I eventually convinced my husband to visit them and put the past mistakes and grudges behind them. I was very proud of myself for bringing my family members closer.”**

(Head of the female CDC in Istalif)

### 9.3 Challenges

There are several reasons why the women interviewed did not exhibit a greater purpose as female representatives of the CDC.

One potential complicating factor may be the fact that the women who serve on the CDC, generally gather at the same place for their CDC meetings (which are normally called by AWRC or other NGOs and not through the women's own initiative) and other training, creating room for conflation between general training provided by various NGOs and their specific role as CDC members. Little additional information was obtainable during fieldwork regarding the training received by the interviewees.

When asked what they learned, women were unable to specify past generic subjects such as 'health' and 'women's rights.' They also did not elaborate upon the providers of the trainings, length or type of trainings.

Furthermore, in some cases, purpose was so convoluted as to render identification of 'membership' loose. Some CDC members in both Districts had an unclear understanding that they were 'representatives' or 'members' of a body called the CDC. These women specifically only demonstrated a belief that they – as individual women unlinked to any greater organisation or body – were beneficiaries of training. This was coupled with a general lack of understanding of the purpose and scope of work covered by CDCs, let alone women's specific participation in CDCs.

Other potential reasons identified through observation by the researcher include: (1) a lack of understanding of the full potential of female CDCs, (2) low levels of perceived ability to be agents of change, (3) low levels of literacy, and (4) a selection process for participation in CDCs that replicates existing power structures and reduces perceptions that female CDCs are composed of women who are elected by other women to be representatives of their village.

In addition to these challenges related specifically to both the motivation of women CDC members and their associated understandings of their own roles as CDC members, female CDC members face a number of challenges, listed in the following section, that affect their own motivations for joining CDCs and what they think they represent once they are serving as CDC members.

**Women associated their own increase in knowledge on women's rights with men's improved understanding. This was related to men becoming more accepting of women's participation in various activities outside of their homes, resulting in women's improved mobility, which was greatly appreciated by women for several reasons, including basic necessities (including visiting the doctor for medical needs) and activities such as socialising with friends and family members.**

## 10. Barriers to women's participation in CDCs

Gender inequality is visible in the current cultural norms of rural communities in Afghanistan. There are a variety of reasons why women experience difficulty participating in public or even women-only spaces such as the female CDCs. In discussions with both the CDC members as well as non-CDC women visited in the study villages, it was found that one of the main factors that inhibit women from leaving their houses is lack of permission from family. This is either because the family is culturally or religiously more conservative or because some families continue to be suspicious and sceptical of NGO activities.

Furthermore, some families, who have returned to their communities after long periods of living as refugees in neighbouring countries, especially Pakistan, continue to feel disconnected. The non-CDC women that were interviewed in Istalif, for instance, stated that after their return from Pakistan, they have not been able to resettle fully. They still frequently travel to Pakistan. While lack of permission from men in their families was the initial response to the question of why they are not part of CDCs or any other training, the women added that it is also because they are occupied with the housework or that they are not interested.

The support or encouragement of families, or lack thereof, plays a major role in women's willingness and ability to participate in spaces outside of their homes. As was seen above with the case of the non-CDC women, the lack of permission from their families, mainly men of the household, represents one of the factors affecting their mobility.

Although CDCs as collective action groups may not have yet helped women participate in community decision-making platforms, there are individual women in both of the Districts who have been able to break community rules and participate in community affairs at the District Level (see section 8.2.1 for detailed profiles). These women serve as the deputy head of their respective District-level development councils. They are literate, married, and in their late twenties. Although their education has played a role in their ability to participate in these male-dominated and intimidating environments, they would not have been able to do so without the support of their families (especially their husbands).

In addition to the support of the family, women's ambitions and interests also play a major role in their participation. The heads of the CDCs may be related to the influential figures of the community, but they are also active and ambitious individuals. For instance, the CDC head of Kalakan wants to run for Parliament and sees CDC participation as a stepping-stone towards that goal. Similarly, the CDC head of Istalif is a woman who has been an active member of her household. She started making wool-embroidered vests as soon as she got married to the *Malik*, whose family was running the business. According to her own account, she has always been keen on how to contribute to the wellbeing of her family. She believes that it has been possible because of her husband's support and encouragement.

**Box 1. Details of the visit to the non-CDC women in Kalakan**

In the village of Qala-e Qomandan, a neighbouring village of Sayed Abad, Kalakan, we visited a Pashtun family where six brothers lived together with their wives and children. The women were all housewives and either with children or were newly married and expecting a child. At the time of the visit, two other women were visiting them from another nearby house. They were all illiterate. The women were apparently not used to outsiders making a random visit to their house, as it took us a while to explain the purpose of our visit and for them to understand it. However, once they had an idea of our presence, they warmed up and did not hesitate in responding to our inquiries with enthusiasm. Three of their young male children were also waiting outside the small room, listening to and sometimes commenting on our conversations. The discussion with the women revolved mainly around their lives and involvement with any space outside of their houses. All of the nine women present in the room were illiterate and so were the school-age girls in the house. However, the majority of the women supported girls' education and mentioned that, if it were up to them, they would let their girls finish high school. While some female CDC members noted their male relatives did not always allow girls to go to school, they did not elaborate on this further.

One woman stated that she would have to take her daughter out of school once she finished 7th grade because she would have to walk to a further away school after that, which was not acceptable.

The women had heard about the workshops and training in their village, but they had never attended any, because either the men in the family did not allow them to attend or they were not interested. They did remember the one time they went to a 'big' meeting in the *Malik's* house, but could not remember who it was organised by. They had voted during that year's general election.

The family seemed disinterested and detached from their surroundings. They had migrated to Pakistan during the civil war and only returned after the fall of the Taliban. Although they were making ends meet and had many working men in the household, these women did not seem to be happy living in Kalakan. They still had many family and relatives living in Pakistan where they frequently traveled for medical or general shopping and sightseeing purposes.

In another location in Sayed Abad, a non-CDC woman was visited. She had her sister and a few other guests over (since the visit was made right after Eid holidays, villagers were still visiting each other as part of Eid celebration). All the women present in the room were keen to speak to us about their participation in activities outside of their homes. Some of the women mentioned that they had participated in a few training sessions in the village but have not been able to commit to a more regular involvement with the CDC, because of household chores and childcare. Training was, however, not formally passed on in any recognisable way. For instance, the few female CDC meetings, which were held generally, took on an informal character and did not systematically ensure information-sharing or the passing on of training information. The lack of dissemination presumes that training ended with the direct participants.

According to the women, resistance from their families is not an issue and they are also interested to get out of the house, attend the training and learn something new, but they have a lot to take care of at home. While they have the permission of the family to participate in activities outside of the house, the young girls do not. Therefore age plays a role in women's ability to engage with the community. All five school-age girls in the household were banned from going to school. While these girls were interested and able to participate in activities outside of the house (because of spare time), they were not allowed to.

Other challenges identified through fieldwork discussions with CDC members, which may also affect the motivation of women to participate in the CDCs, include:

1. **Poor Selection Process**

According to interviews with AWRC staff, one main issue faced by the concerned female CDCs is a lack of relative authority. Prior to AWRC involvement in the Districts, no recognisable female CDCs existed on the ground. Female CDCs existed only on paper, leaving AWRC with the task of taking names-on-paper and identifying the women they referred to, bringing them together and informing them that they had been identified by the NSP as a female CDC. The women thus did not undergo a traditional selection and voting procedure that may have resulted in a greater understanding of the CDC's purpose as well as a greater perception of authority and responsibility for representing their communities.

2. **Lack of Relative Authority**

Female CDCs' relative lack of authority (compared to male CDCs) hinders women's own recognition of CDCs as important potential agents for change. In practice, according to those interviewed, the concerned female CDCs were not recognised – either by themselves or their local communities – with the authority and responsibility to propose and implement development projects. Women are also not involved in the management, oversight/monitoring or financial planning of any projects in the Districts. This held true for 'women's projects' – CDC projects such as tailoring that were specifically targeting issues faced by women. This resulted in a concentration of power in the hands of the male CDC, resulting in a further reinforcement of existing power structures that involve the woman's dependence on her male counterparts for information about community affairs. Women interviewed did not see this dependence as inherently problematic, noting that they felt it was not an issue to receive information through men instead of through other women. Women interviewed generally did not feel that female CDCs were useful to their communities or had a role to play in the communities, deferring to their male counterparts for such activities.

3. **Lack of Enforcement of Women's Valuable Participation**

While the NSP Operational Guidelines note the need for women's involvement in the CDCs to promote greater involvement in community decision-making processes, the NSP does not have features incorporated into its system to ensure adequate, good quality female participation in the CDCs. While NSP staff may encourage female involvement, the lack of penalties or specific incentives related to women's participation may result in the inability of women to overcome the social and cultural barriers to active and sustained participation. In the study Districts, the CDCs were generally determined to reflect the already-existing power structures and decision-making processes in the communities. The CDC, while an important avenue for new development projects for the communities, was also at times dismissed as simply another opportunity for the 'important' members of the community – whether male or female – to exercise their power, with little opportunity for others to penetrate the power structures in the communities.

4. **Expectations of Monetary Compensation**

Most women interviewed did not feel they had received a 'return' on their investment (in terms of time and efforts including getting out of the house, leaving children and house chores behind, and risking spurring criticism from the community). While acknowledging and appreciating that they received training and gathered information, most did not feel that the knowledge gained was a sufficient return on their investment in participating in training. The women interviewed noted that they would feel more of a return on their investment if they held substantial decision-making power or received a salary or other monetary compensation for their participation in training.

5. **Perception of Low Agency and Abilities**

Women overall indicated a belief that their potential and actual agency as CDC members, as well as simply women in the community, was limited. They noted their lack of agency on multiple occasions, noting that leadership activities were 'not possible' and were the 'work of men.' In Kalakan, for instance, one woman interviewed noted that, when she has a problem that belongs at the community-level, she directly approaches the *Malik* instead of the female CDC. Her reason for this was that this was the '*Malik's* responsibility' and that he was capable of solving the problem better than other women because he held authority and social connections that the women's group did not.<sup>41</sup>

During interviews, women indicated that they do not feel that they are agents of change and most exhibited a low level of individual – as well as collective (CDC) – perceived agency. The majority of the CDC women either do not see the need, or felt that they do not have the ability or authority to push for women's contribution to the community's development process. The fact that the female CDCs do not appear to demonstrate substantial decision-making power may explain the perception of low agency as well as their overall low motivation to change their current levels and type of involvement in the communities.

In addition to expressing a feeling of low agency, women interviewed generally lamented their difficulties in learning. Pointing to their lack of previous education, coupled with natural ageing, they noted during interviews that it is becoming increasingly difficult for them to learn new skills and obtain new knowledge. It was not only the older women who stated this, but also young school-age girls, who stated that they had dropped out of school because they 'couldn't learn anything.' However, no conclusions should be drawn from these statements, as more probing would be necessary to better understand why women believe they cannot learn. There are many possibilities. One is that women may have not learned anything because they could not concentrate or focus due to chores and children they had left at home or because the trainings were sophisticated.

It is also possible (as some staff at AWRC and its partners stated, as well as a few CDC members) that since sometimes women attended trainings only to receive an incentive, they may not have had taken the sessions seriously and attended regularly.

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41. It is important to note that the head of the female CDC in Kalakan is a young woman, Despite the fact that she is *Malik's* niece and is perceived as better positioned to provide advice or help. She may not be relied upon for problem solving by older women, leaving some women with a desire to bypass her and go directly to the *Malik* for assistance.

The fact that the female CDCs do not appear to demonstrate substantial decision-making power may explain the perception of low agency as well as their overall low motivation to change their current levels and type of involvement in the communities.

AWRC attempted to address this challenge in a multitude of ways. For instance, their trainers began each training day with a full review of the previous sessions' materials in order to ensure that the material was well remembered and listened to, and that any remaining questions or confusion regarding the materials were addressed to enhance understanding. Additionally, their training techniques were designed to relate to women specifically, using real-life challenges faced by women and addressing women directly in order to provide examples of issues faced regarding hygiene, domestic violence and so on, depending on the subject of the training. Language was simplified, informal and tried to incorporate the trainees directly whenever possible. It is further possible that AWRC's regular meetings at the District Level and in Kabul, where female CDC members were invited to share their progress with others living outside of their village, could have served as a platform for tracking progress of information learned.

#### 6. Infrequent and Irregular Meetings

Unlike male CDCs, the female CDC meetings continue to be facilitated by a representative from AWRC or its partner (either monthly or quarterly). The meetings are called to order by the District Governor, *Malik*, AWRC or other NGOs, leaving meetings irregular and without clear agendas that are regularly tracked over time. Women were unable to remember the last time they organised a meeting as a matter of their own initiative. Many of these meetings are confused with training for the women instead of development and activity planning meetings. For men, meetings happen frequently because they have to develop, propose, and implement projects, while for women the purpose of CDC meetings has remained vague. For instance, AWRC has been working with female CDCs to develop advocacy plans (these plans are different from the community development plans (CDPs) that are mainly developed by male CDC, in consultation with the District Government and the NSP facilitating partner, and without much women's involvement). The women's advocacy plans to the District Governor are not officially recognised by the NSP through funding allocation. The plans, according to on-the-ground observation by the researcher, were used as tools by AWRC to motivate women to meet and implement activities on the basis of their community's needs. It is further important to note that some of the activities did not require financial resources and that the plans generally did not resemble 'advocacy plans' so much as a list developed by the women of activities that they deemed potentially beneficial for their communities.

## 7. Limited Understanding of Representation

According to NSP policy, CDC members must be elected with majority votes from the community. However, in the Districts of relevance for this study, elections seldom take place, especially for the women's CDC. The women thus do not view themselves as representatives of other women. In the absence of feeling responsible and accountable to a certain constituency, it is not surprising that women do not feel like representatives with specific responsibilities to other women in their communities. Not all women know that the female – or male – CDCs exist, with this study demonstrating that power structures are generally reproduced in the villages through the CDCs, leaving those 'in' power circles with knowledge of the village's activities (including the existence of the CDCs) and those 'out' of power circles with limited – or no – knowledge of the same activities. Despite the fact that selected CDC heads or members may be well known or respected by the community, they do not feel like representatives.

One of the CDC member women, in an individual interview, was asked if she considers herself as the representative of other women in the village and she responded with a negative. She also stated that she does not meet women in order to understand their problems and then incorporate them in CDC plans. Another CDC member interviewed, however, stated that she is interested in resolving any conflict among women, but only if they are close relatives.

## 8. Literacy

While literacy is not a requirement for participation in spaces created by NGOs, it does play a strong role when it comes to participation in decision-making. It is important to note that villagers highly value and appreciate literacy and education. Both CDCs showed extreme appreciation for literacy, and lack of it was considered among some of the major challenges in the community.

In addition to discriminatory traditions, lack of literacy has also affected women's collective action since the majority of female CDC members are illiterate. However, the landscape of the villages is changing. As the number of girls attending school increases, so should participation of literate women in the CDCs. Already in both the villages, girls attending school or those who have already finished high school, are participating in the CDCs – as replacement of the members who could not continue or those who were older and illiterate. Although it is common for relatives and family members to be members of the CDCs, however, the justification used has been either literacy or their ability to commit.

In Kalakan, for instance, the head of the CDC is the *Malik's* niece, but she is also one of only three high school graduates in the village. In Istalif, the head of the CDC is illiterate but she is active and well known in the community and has been willing to host and organise meetings. She clearly has a preference to appoint family members in the CDC but the justification used is their literacy skills (three of her daughters as CDC members are either students or high school graduates). This shows high regard for literacy. However, the literate girls in the CDCs are young and have very limited agency and influence in a community where older men dominate the decision-making platforms.

# 11. Conclusions and lessons learned

The implementation of the NSP in Istalif and Kalakan yields many conclusions and lessons learned regarding women's involvement in community decision-making processes and structures. In both Districts, many organisations have been delivering training and conducting awareness campaigns through which they have advocated for women's rights. These programmes have been operating either through formation of longer-term community structures such as the CDC or establishing short-term ad hoc groups. The general theme that emerged from the interviews with women was that they could not differentiate between a CDC and any other short-term groups that may have formed for the sole purpose of training delivery. A CDC was not more than a training platform; according to women, the majority of whom had already participated in various kinds of training programmes prior to partaking in the CDCs. They also believed that the CDC's purpose and functionality was no different than what they had experienced as being part of a CDC. With the exception of CDC heads, the members – even the key members – did not fully understand the responsibilities of a CDC or of their designated roles. They also didn't see themselves as representatives of other women. One of the main reasons for this lack of knowledge on CDC functionality and purpose is that women CDCs are not required or expected to actively engage in community development affairs, therefore women do not have an incentive to be part of a CDC. The structure loses its appeal to women, as it appears similar to other platforms created by NGOs where women are gathered to learn. Furthermore, women do not see themselves as agents of change and do not expect to be part of the community's overall development. Although they may have some agency inside their homes, they have traditionally been dependent on men for anything outside of their home. The women felt comfortable with decisions made by the male CDC as it was considered to be for the good of the entire community. The structure of the CDC does not allow women to initiate, implement, and monitor projects for the community, even when it's a women-specific project. A female CDC may propose a women-specific project but decision and budget allocation and monitoring is not under control, literacy being one of the major obstacles. For the overall community development projects too, it is the male CDCs that get to identify the need, write the proposal, get the funding, and implement the project. Any women's involvement in the process remains symbolic.

Despite this limited engagement with the CDCs, women's mobility in their communities, particularly in public spaces has significantly increased. This could be as a result of many factors including the training sessions and awareness campaigns conducted by a range of other organisations in these Districts in recent years.

Women, because of their participation in various training, believe that they are more self-confident to request and struggle for their rights both inside and outside of the family. Their participation in groups promoted solidarity with other women and helped them to realise that they can get together to discuss personal and community issues.

Nonetheless, many challenges remain to women's political participation in the communities researched in this study. A number of recommendations have been developed below that attempt to address the lessons learned and explicated in this research study:

**Greater Adherence to NSP Guidelines:** Due to the incongruous nature through which the female CDCs existing in Istalif and Kalakan came into being, several aspects of the NSP Guidelines – most notably, the voting and selection process of members – were not adhered to in communities. It is important that future endeavors, whether implemented by the NSP or AWRC, take into account the lack of adherence and attempt to mitigate issues associated with this oversight by, for instance, ensuring that future member replacements and additions occur regularly and in accordance to the NSP Guidelines.

**Improved Awareness Raising of CDC's Function:** Few women serving on the CDCs demonstrated an understanding of the CDC's function and, by extension, their own roles and responsibilities as CDC members. Their lack of understanding contributed to a number of important sub-issues, including limited motivation to initiate change in their communities and a limited self-perception as representatives of the women in their communities. These issues must be addressed to ensure that women CDC members are aware of what their role entails. Understanding this not only opens up the potential for personal growth, but also supports women's groups in advocating for projects of concern for themselves, and other women, in their communities. This will also help mitigate issues related to women's scepticism about the usefulness of programmes like the NSP.

**Expansion of Women's Realm:** While establishing female CDCs is an important step towards women's increased political participation in community decision-making spaces, it is only one step. Several aspects fundamental to the NSP may have positive intentions but may produce negative results in the long-term. For instance, the category of women's projects was likely designed to ensure that women received some recognisable level of authority in the project planning processes of their community; however, in practice, this category has been denigrated to basic services for a small handful of women in limited fields such as embroidery, until they are eventually discarded as priorities altogether (as was the case in the two Districts of study). Furthermore, the gendering of projects as 'women's' projects implies that non-women's projects must be 'men's' projects; this gendering has the potential to enhance negative stereotypes about the place of women and should be addressed at the national and local levels during the design and implementation of the NSP. Community projects need to benefit and be informed by all members of the community including men and women.

**Literacy:** Women's literacy in the Districts of concern unfortunately remains low. This issue must be addressed to ensure women's increased political participation in the public sphere in the long-term. Literacy is not only a logistical issue but also a sociocultural one, with the lack of literacy reducing respect for women and rendering them prone to undue reliance on the limited group of literate members in their families, who are usually male. Illiterate women further lack the skills to undertake the basic functions of a CDC, including writing down development priorities in order to request Government funding. This barrier requires long-term and extensive engagement through the public school system, and must be coupled with a campaign in the Districts of concern to improve the perceptions of women and girls' education in the area.

## Their participation in groups promoted solidarity with other women and helped them to realise that they can get together to discuss personal and community issues.

Additional assistance should be provided as needed, particularly for older women in the community who indicated through this study that they, for instance, feel they experience more trouble learning than they did in the past.

**Power Structures:** The research findings indicated that men and women were generally subject to existing power structures despite the introduction of the CDCs in their communities. *Maliks* became heads of the male CDCs and their female relatives became the head of the female CDCs. It is important that future programming takes this into account and, while this is not an immediate issue, it is addressable only indirectly through the long-term improvement of capacity among a larger group of people in the community. For instance, efforts should be made by FPs such as AWRC to ensure that training is provided not only to a few families but also to the silenced and marginalised, in the community that would otherwise not know of or benefit from such training. The improvement of educational services, particularly for women and girls, will further enable a wider group of women to be in a position to partake in activities such as the CDC in the future.

**Symbolic Presence:** The inclusion of women in CDCs is undoubtedly a step in the right direction. However, more is needed to ensure that women are not only symbolic members – called upon by NGOs and others during strategic times – but are active participants in meetings. This can be done only through the continued improvement of women's capacity as well as programming increasing men's acknowledgement and respect of women's involvement in the public sphere.

This country report from Afghanistan is part of a larger research programme undertaken by Womankind Worldwide funded by the FLOW (Funding Leadership Opportunities for Women) programme, funded by the Dutch government. The research aims to try and understand better the kinds of spaces created for women in different contexts to promote their participation and to learn what enables women – especially those with limited exposure or experience in decision-making and public life – to build their confidence, find their voice and engage in political activity at the local level. It aims to address the question: how do these spaces work and what are the barriers and enablers for change? There is a dearth of information exploring what enables women to change and grow and how they fare in complex and difficult decision-making arenas and this research aims to address this gap by focusing on the experiences of women.



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