

NEEDS ANALYSIS:

# RESEARCHING KABUL'S MOST FORGOTTEN

Summary Analysis, May 2011  
Prepared by Sara Shinkfield

## **SHUKRIA**

At the age of 14 Shukria's\* father promised her to a 45 yr. old man in marriage. While they were engaged, the man raped Shukria and she became pregnant. Bringing shame upon the whole family, they poisoned her. By God's grace, she lived. Understanding that if she remained at home, she would be killed, Shukria ran away. Pregnant and alone at the age of 14, she had nowhere to go and no one to ask for help. A police man found her living on the street and they fell in love. Soon after, both were arrested.

Shukria was convicted of running away from her husband as well as having an affair with another man. Without a trial, she was put in prison. Her and her little girl have served 2 years of a 7 year sentence.

When Shukria is released, she will once again have nowhere to go and no one to support her and her daughter. She is illiterate and has no education. She has no home, no money, no family and no support services to fall back on. Shukria is a 'Hagar'.



And just as God heard Hagar's cry in the desert, He hears Shukria's cries for help. For love. For mercy. For justice.

## ***mna***



Meet Mina\*, a beautiful 13 year old girl who stands on a street corner, selling gum and cigarettes every day. She's forced to. By her mother.

Mina's family is very poor. So poor in fact, that she not only sells small goods on the street corner, but she is also forced to sell her body. Mina's father was disabled 3 years ago and with 6 more brothers and sisters at home, providing basic food is difficult. The mother feels she has no option but to sell her daughter to the highest bidder. 'My daughter is the only capital our family has,' she said, with emotionless eyes.

sex worker for life.

The poverty that surrounds her has claimed her opportunities. Her future is ruined, through no fault of her own. There is no possibility of her going to school or learning a new skill. She will never be accepted as a bride. She seems destined to be a

Mina is a 'Hagar'. And God sees her. He loves her. He hears her cries. This is not His plan for her life.

## BACKGROUND

Hagar Afghanistan (HA), eager to implement and expand social programmes in 2011, undertook a four-month intensive needs analysis starting on 1 January.

This summary report will serve as a guide for Hagar Afghanistan's ongoing design and programme implementation, with an immediate focus on groups identified as being the most rejected and/or where little or no services exists. This needs analysis by no means serves as a comprehensive or fully academic research endeavor, but instead was undertaken to secure a snapshot of the situation, as told to us through the participation and experience of those forgotten and rejected in society.

### Purpose

The purpose of the research was two-fold. The first and primary reason was to determine 'who' in Kabul was considered the most forgotten and/or rejected by society and collect their stories.

Secondly, and to a lesser degree, HA sought to survey key stakeholder groups as to who of these vulnerable groups were most underserviced, what gaps exist in service provision for them, and determine what key barriers prevent service provision.

### Approach

The main source of information was gathered using a qualitative approach, whereby interviewers met with participants where they worked, lived or needed to be, including hospitals, clinics, prisons and on the street. The most rejected. The most forgotten.

Interviewers' main concern was to ask the question, 'what is your story?' and listen to each individual answer.

This approach was chosen not only to encourage a laidback setting and develop immediate trust between interviewer and interviewee, but also because hearing the many stories, first hand, from each participant, an expert on their own situation, was of utmost concern and would be used as primary data. Interviewers were also encouraged to consider a 'heart-felt' response when documenting the interview.

### Needs Analysis Contributors

Eight national staff of Hagar Afghanistan carried out the needs assessment and are referred to as '*interviewer(s)*' throughout the report. '*Interviewees*' or '*participants*' are comprised of the individuals who told their story to HA interviewers. *Stakeholders*, for the purpose of this assessment, include those Kabul based NGO's, Government Ministries, institutions and other service providers that work closely with or in the protection sector, that were interviewed for the purpose of identifying gaps and barriers.

### Fieldwork Structure

The interviews were conducted by 4 teams of 2 persons, 5 days a week, over 12 weeks. Women and girls were always interviewed with at least one female interviewer present, and in most cases, both were female. In general, when boys were interviewed, a male interviewer was present. Participants were always asked for their consent before the interview began.

## METHODOLOGY

### **Part 1: Stories of the Forgotten**

#### Selection of Participant Groups

In a brainstorming session held on 8 December, 2010, HA management and

interviewers identified possible groups in Kabul, Afghanistan that could be considered the most rejected and forgotten by society. These groups were identified based on interviewer knowledge of the cultural situation, lessons learned in recent Hagar

programmes as well as groups Hagar primarily works with in other countries.

These groups were not static, but instead a starting place, whereby HA interviewers had the flexibility to add or subtract as determined by data collected.

Initial participant groups included:

1. Women and children in/or coming out of prison
2. Disabled children
3. Abandoned and/or threatened women and children
4. Self-immolation victims and/or victims of extreme domestic abuse
5. Trafficked/Sexually abused boys
6. Single women who are pregnant
7. Women forced/involved in sex work/prostitution
8. Families/children living on the street
9. Women and children begging on the street
10. Drug users
11. Children in conflict with the law
12. People living with HIV

Six weeks into the research, data began to clearly reveal the first 7 listed groups as the most forgotten. The final 6 weeks then, were spent focused on collecting stories and information on these priority groups.

### Participant Location

Endeavoring to interview identified participants, HA interviewers used their own knowledge of culture, society and the city, in addition to drawing on advice from other networks and coalitions, to develop the following list of participant locations:

- Estiqal Hospital – Burn Unit
- Ministry of Interior (MoI) - Trafficking Department and Investigation Department
- Malalai Hospital
- Ministry of Justice (MoJ)
- Khatiez Organization for Rehabilitation(Drug Rehabilitation Centre)
- Afghan Independent Human Rights Commission (AIHRC)

- Afghan Red Crescent Society (ARCS)
- Nijat Centre Hospital (Drug Rehabilitation Centre)
- Juvenile Rehabilitation Centre (Open and Closed Centre)
- SanjAmaj Hospital
- KhairKhana Hospital
- RabiaBalhki Hospital
- Badam Bagh Women's Prison
- Share-e-Naw Park
- Blood Bank
- Wadan Afghanistan (Drug Rehabilitation Centre)
- Alauddin Orphanage
- Windows of Hope
- Aschiana

Once locations were identified, interviewers proceeded by gathering permission letters from Government Ministries, if necessary, and made appointments with institutions where participant groups lived and worked. In teams of 2, interviewers spent each day seeking out and meeting with participants from identified groups.

Although every effort was made to speak with as many participants in each identified group, some were more sensitive and difficult to locate than others.

### Interview Questions

With an emphasis on gathering data from first hand stories, HA interviewers began every interview with the question, 'What is your story?'

If staff felt that not enough information was gathered through the story-telling, semi-structured interviews, in the form of the below follow-up questions, were also used. These open-ended questions allowed the structure of responses to be extremely flexible.

- What services currently exist for you?
- If services exist, are they meeting your needs? If not, why not?
- If services don't exist, what services do you need?

## Post-Interview Recording

In an effort to build rapport with participants and encourage open communication, notes were not taken during the interview. Instead, data was recorded immediately upon the interviews conclusion. In order to document interview data in a somewhat uniform way, HA interviewers responded to the following 4 questions:

- What did I see?
- What did I hear?
- What did I feel?
- What did I think?

## Time Frame

Fieldwork was conducted over a 12 week period, from 1 January to 31 March 2011. This time frame was determined mainly due to the 3 month window Hagar staff and management had to conduct such interviews.

HA interviewers collected a total of 209 individual stories from the 12 participant groups.

## **Part 2: Searching for Services**

### Selection of Stakeholder Groups

HA management and interviewers made a great effort to ensure inclusion of a breadth of agencies that have contact and/or work with identified participant populations.

In a second brainstorming session a list of key stakeholder groups were identified. With more stakeholders added throughout the research process, the following is a compiled list of all stakeholder groups interviewed:

#### Non-governmental Organisations

- Save the Children
- Terre des Hommes (TdH)
- Humanitarian Assistance for Women and Children of Afghanistan (HAWCA)
- Afghan Woman Skills Development Centre (AWSDC)
- Women for Afghan Women (WAW)
- Windows of Hope
- Nahid's House

- Tents 4 Peace
- Children in Crisis (CIC)
- Aschiana

#### Government

- Afghan Border Police
- Ministry of Interior (MoI)
- Ministry of Health (MoH)
- Ministry of Women's Affairs (MoWA)
- Ministry of Labor, Social Affairs, Martyrs and the Disabled (MoLSAMD)
- Ministry of Justice (MoJ)

#### Institutions

- Juvenile Rehabilitation Centre (JRC)
- Badam Bagh Women's Prison
- Afghan Red Crescent Society (ARC)
- Afghan Independent Human Rights Commission (AIHRC)
- 9 local Hospitals and Clinics
- Blood Bank
- Khatiez Organization for Rehabilitation
- Alauddin Orphanage
- Department of forensic medical examinations

### Interview Questions

As a secondary and complimentary measure, HA interviewers collected data from key stakeholder groups. Structured interviews were set up and interviewers used a questionnaire containing the following 3 open-ended questions:

- Which of the identified groups is most under-serviced?
- What gaps in services exist for all identified groups?
- What do you see as barriers to providing these services?

Answers collected were later grouped, collated and summarized.

## Time Frame

Stakeholder interviews mainly took place over the 6 week period between 15 February to 31 March 2011.

HA interviewers collected data from a total of 34 stakeholder groups.

## Ethical Considerations

The ‘do no harm’ principle regarding not placing informants and participants at any risk by participating in the research was upheld throughout the research process. Permission was sought from Government Ministries and the District Police before interviews in prisons, hospitals and clinics were undertaken.

In addition, permission was sought from each participant. They were also assured of the confidentiality of the interview and that transcripts and notes would be kept in a safe place that only the research team had access to.

## FINDINGS

### **Part 1: Participant Findings**

Initially client stories were sought from all the identified groups but after the first six weeks, it became clear that there were some groups identified that had some services available and that potential beneficiaries were aware of the services and felt able to access them. These groups were drug addicts, families living on the streets, women and children begging in the streets, children in conflict with the law and people living with HIV. This research did not establish that services for these groups are adequate but simply that these groups had more access to services than other groups identified, for whom findings are discussed in more detail.

Of the 209 stories captured from individual clients, 111 or 53% fit into one of the 7 groups HA staff identified as a priority (due to the lack of services and/or lack of access to services) during the research process.

#### Women in/or coming out of Prison (40%)

- By far the most accessible and ready to tell their story.
- Of the 45 women interviewed, 39 claimed that upon release, they would have no family support and nowhere to go. 19 women said their family had threatened death on release.
- Most interviewed answered that they did not know of any support services they could access upon release.
- Average age woman/girl interviewee in prison/JRC was 17.5 years old.
- Of the women interviewed, 38% were incarcerated for forced sex work, 27% for running away from a forced marriage, 19% for being raped, which

may or may not have resulted in pregnancy, and 15% for running away to live with another man.

- Many women and girls reported they feel that the prison and detention centre is the best place for them as it provides safety from threats, abuse and exploitation.

***“I have no hope for the future.”***

Aziza, age 24

Serving an 11 year sentence for running away from a forced marriage, rejected by her family

***“There is no one to defend me.”***

Marzia, age 15

Serving an 18 year sentence for being framed for murder by her family and fleeing a forced marriage

#### Women Abandoned and/or Threatened with Violence (25%)

- 17 of the women and girls, interviewed were abandoned for a number of reasons including being kidnapped or trafficked with no way to get back home, kicked out of family home due to divorce, drug addiction and/or unable to go home due to rape, running away from home, forced or child marriage.
- Of the 19 Women and girls who told personal stories of threat and/or violence, 2 were of death threats from family, 3 were threats of family being killed if ongoing exploitation was reported, 6 were threats and actions of domestic violence and 8 were threats of and/or forced sex work.

- Women and girls interviewed, who are currently in these situations, reported that they did not know what help or services exist that they could access.

**"I cannot tell my mother or he will kill her."**

Soraya, age 13

Ongoing rape by her uncle and forced to have an abortion

#### Disabled Women and Children (16%)

- Due to extreme disabilities, some children were unable to tell their own stories, and their care provider shared their story in the interview.
- Only 2 organisations providing residential care for disabled children could be found in Kabul, one of which was severely underfunded and lacked properly trained and capable staff.
- 99% interviewed, who were able to tell their own story, did not know where to go to get care.
- Of the disabled women and children interviewed, 50% were children under the age of 15.
- 92% of children interviewed had nowhere to live and were begging on the street.
- Upon consultation with the Ministry of Social Affairs, interviewers found that the Afghan Government does not have the capacity and refuses to take responsibility for those that are disabled. They have instead called for NGO's to provide residential care, family education and service provision.
- Without proper social and medical supports, families are desperate. In many cases, children with severe disabilities have been abandoned on the street or at hospitals or mosques.
- Caregivers suggested that disability brings shame in this culture. As such, it is assumed that many women and children living with a disability are hidden away behind closed doors.

**"I need to find food for my brothers."**

Freshta, age 9

Orphaned, disabled, living in a tent and providing for her two younger siblings

#### Women Forced into Sex Work (8%)

- Due to the sensitive nature of the situation, especially in Afghanistan, women in this group, were considered to be very difficult to locate and interview and HA assumed few, if any stories would be heard.
- Interviewers were surprised, however, to find and hear a total of 8 stories from this group, most quite by accident.
- Of the women and girls interviewed, 3 were forced into sex work by a family member, 2 were forced into sex work by their husbands, who also collected the earnings, 1 was gang raped, which led to sex work on the street, 1 was gang raped, video recorded and made into a porn video sold in Pakistan, which led her to a life of sex work and 1 was drugged, kidnapped and gang raped over and over, which upon release provided her with no options other than sex work.
- It is important to note that while this particular group was hard to locate and only a few stories were captured, interviews with service providers, especially the Women's prison confirmed that significant numbers of these participants do exist and that there is indeed very little support, if any, available.

**"My only option is abortion, or my family will kill me."**

Nooria, age 18

Afraid of what her family may do if they find out she is pregnant by her boyfriend who left her

#### Single Pregnant Women (6%)

- Single pregnant women and girls were interviewed in hospitals and clinics, where 85% had come to have an abortion performed.
- Interviewers confirmed the cultural tradition that if a woman is pregnant and unmarried, she is faced with a lack of good and safe options. Instead, she likely will be forced into either having abortion, incarceration, forced sex

work (due to her body and life being ‘ruined’), and/or death.

- 50% of the women and girls interviewed reported being turned away from the hospital and medical care due to the fact that they were not accompanied by a man and therefore did not have permission.
- 28% of the interviewees were in prison for having been pregnant and unmarried.

***"My daughter is the only capital our family has."***

Mina's (age 13) mother  
Forced by her mother and poverty to sell her body

Victims of Self-Immolation (3%)

- Due to the severity of the medical conditions, most self-immolation victims interviewers met with were unable to personally tell their story. As an alternative, interviewers met with and collected stories from their families.
- Interviewers found that 3 of 3 interviewees, burned themselves to escape extreme violence by their husbands.
- The same 3 victims were also victims of forced child marriage.
- Interviewers found that in all 3 cases the family blamed the girls.
- The median age of those interviewed was 15, and interviews with the Director of the Burn Unit revealed that it is mainly girls under 18 who were admitted.
- The Director also commented that young girls who are turning to self-immolation are often given the idea through news media, movies and television series.
- Due to the severity of their burns, 80% of self-immolation patients do not survive.
- Those who do survive, due to their shame and that upon their family, live as prisoners within their own house for the rest of their lives.

***"My daughter is responsible, not her husband."***

Zahra's (age 15) mother  
Severely abused by her husband and blamed by her family

Trafficked and/or Sexually Abused Boys (2%)

- Boys interviewed who'd been sexually abused reported facing a severe lack of options and services.
- Due to cultural custom, this type of exploitation is many times, not even considered abuse.
- Interviewers found that a trend of re-victimization was exceptionally high for boys within the juvenile rehabilitation centers, as well as in orphanages.
- Of the boys interviewed, 2 were forced into on-going sex work, one of which was a ‘dancing boy’ and 1 faced on-going sexual abuse within the Juvenile Rehabilitation Centre.
- Trafficked and/or sexually abused boys were not only very difficult to locate, but due to the sensitive nature of their situation and the stigma it presents, most would not admit sexual abuse.
- It is important to note that while this particular groups was hard to locate and only a few stories were captured, interviews with service providers, especially the MoI confirmed that significant numbers of these participants exist and that there is indeed very little support, if any, available.
- Upon visiting the department in the MoH where sexual abuse and rape is tested for, interviewers found that in a 3 month period, 16 of the 17 cases brought from the Juvenile Rehabilitation Centre were found to be positive for sexual abuse.

***"I have no place to go."***

Basir, age 8  
Threatened, raped and ‘pimped out’ by ‘bigger’ kids living on the street

## Limitations

Consistency in this type of qualitative data collection differed due to the different skills and interests of the observer, as well as the different details the participant chose to reveal. When self-immolation victims' families were interviewed, instead of the victim, there is great potential for bias.

In addition, while HA interviewers chose to trust each participant and that of their story, validity of the information given by the households is impossible to guarantee. Furthermore, with staffing and time constraints, HA interviewers were unable to triangulate data collected.

Finally, it has to be taken into account that the way the questions were asked and the answers were given and recorded were probably not translated literally and have been put into a socio-cultural context.

### **Part 2: Stakeholder Findings**

Thirty-four stakeholders were interviewed, with the intention of identifying the most under-service groups, gaps in services and barriers to providing those services.

In identifying the most under-serviced groups, stakeholders were asked to choose from HA's 7 priority groups and they could identify more than one. As such, numbers in figure 1 do not total to thirty-four.

In identifying gaps and barriers, stakeholders were asked open ended questions thus again, numbers in figures 2 and 3 do not total to thirty-four. Because such a wide variety of responses were given in both cases, answers were grouped and condensed into categories.

### Most Under-Serviced Group(s)

Stakeholders were asked to identify which of the 7 priority groups, in their opinion and experience, were most under-serviced. 30 of the 34 stakeholder groups identified women who live with threats of violence and/or those who've been abandoned as by far the most under-serviced group. Women coming out of prison came in second, identified as seriously under-serviced by 13 of the stakeholder groups (see figure 1).

Trafficked/sexually abused boys, women forced into sex work and self-immolation victims were all identified as under-serviced by only 1 stakeholder. In each case, it was the stakeholder that works primarily with that participant group who identified them. For example, the Director of the Burn Unit identified self-immolation victims as under-serviced, while the Counter-trafficking Department in the Ministry of Interior (Mol) identified trafficked boys as most under-serviced.

HA found the correlation between stakeholder identification of the most under-serviced, those women and girls abandoned and threatened, with participant stories of the same nature to be indicative.

-  
;  
y  
rs

## Gaps in Service Provision

In their answers to the open question of where gaps in services might exist (see figure 2), most stakeholders identified safe housing (24), which illustrates the need for additional care centres. Answers, in this case, comprised not only the need for more space and specialized care, but also a more secure environment than what currently exists.

In agreement, the Director of the Women's Department at the Afghan Independent Human Rights Commission, was adamant that while 4 shelters currently exist for such cases, they are often filled to capacity. Indeed, she reported that more centres are needed, that not only emphasize safety and rehabilitation services, but offer job training, employment options as well as safe reintegration options.

Employment (23) and re-integration options (17) were found to be the second and third most extensive gaps.

Employment options were mainly expressed to be those opportunities that would not only be safe for vulnerable women, but would also provide enough income to care for her family.

Reintegration options not only included safe pathways back into family, but when that is not possible, alternative opportunities whereby women and girls can live unrestricted and in safe community.

Family education and/or mediation (17) was also distinguished as a considerable gap. This service would assist in developing safer family reintegration.

Long-term care/services (13) included the notion that solutions for many of these types of cases are not easily or quickly found, and yet services are only provided for a limited amount of time.

## Barriers to Service Provision

Figure 3 summarizes barriers to above mentioned services, as identified by stakeholders. As mentioned, with the variety of responses given, answers have been grouped and condensed into categories shown.

Inadequate resources included that of service staff capacity, breakdown in referral systems and/or a lack of equipment/supplies necessary to assist survivors.

Answers surrounding the lack of culturally appropriate employment options also mentioned economic security, cultural constraints and physical insecurity.

Lack of adequate funding, in general, referred to client provision, service provision and/or project funding.

Lack of support services included not only few options for housing, but inadequate psychosocial support and education, as well as a lack of reintegration facilitation and follow-up.

Lack of formal laws and Government support includes a lack of understanding of formal law, the decisions to choose traditional law over

formal law, as well as inadequate Government will in adhering to formal law that exists.

Safety/security concerns include those for the victim who may be threatened by a victimizer, family, police, judiciary, or any other organisation or institution that might be oppressive.

Ineffective coordination represents NGO's, civil society, religious leaders, communities and Government who have failed to work together towards solutions, or in fact have become barriers to solutions.

Lack of adequate training options was comprised mainly of the absence of life skills and vocational training.

Lack of knowledge of victims' rights was comprised of mainly inaction on the part of the victim due to a lack of awareness of their right to live safe and free from violence and threats.

Social/Cultural concerns mainly revolved around social and cultural norms that obstruct women's rights and proliferate violence and abuse. It also includes a lack of knowledge or will on the part of the family and community to change the situation.

As figure 3 demonstrates a lack of adequate resources (23), culturally appropriate employment options (21), funding (21) and

support service (20) remain the greatest barriers to service provision for the most vulnerable.

Figure 3

### Barriers to Service Provision



#### Limitations

Some stakeholders might not have full qualifications and/or experience to comment on all of the above questions accurately.

Hagar Afghanistan's qualitative research of Kabul's most forgotten found that the greatest unmet needs were among women and children who have no safe place to live (away from violence and abuse). This group could be broken down into women and young girls threatened with violence or death if they were to return home, disabled children whose parents had abandoned them and boys who had suffered sexual abuse or trafficking.

The group of women and girls who cannot go home came from a number of the participant groups including women and girls coming out of prison, abandoned women and girls, self immolation victims, victims of extreme domestic violence, single women who were pregnant and women involved in sex work (including forced sex work). While there are some services available to such women and girls, the research highlighted the need for further services and better access to services. It is also implied that if women and girls have better accessibility to services, then even more services will be required. The research also demonstrates that there are not only an inadequate numbers of beds, but the services are inadequate to establish safe, sustainable re-

integration options, with financial security for women and their families who can never go home safely. Many of the severest cases, with least access to services, were under 18 years of age.

The research also suggests that there are extremely limited services for disabled children, either abandoned (for whom the need is greatest) or within families. There is no impetus from the government to provide services or funding for services for the disabled, even within the Ministry for Labor, Social Affairs, Matyrs and Disabled.

Trafficked boys and sexually abused boys are not widely recognised by service providers, as a needy group (most likely because most of the service providers contacted were not including such boys in their target groups) but where they were identified, it was established that there is an almost total lack of services and accessibility to services. There was also a trend to re-victimisation and a cultural lack of awareness of this problem.

The groups identified as having some services available and individuals being aware of those services included drug addicts, families living on the street, children in conflict with the law and people living with HIV. While the services for these groups are probably still inadequate, the purpose of this research was to identify Kabul's MOST forgotten and so further research in to these groups was not pursued.

## RECOMMENDATIONS

This report concludes with a list of recommendations that has been generated from the data obtained from collected stories and stakeholder interviews. These recommendations are by no means an exhaustive list. Rather, they represent common themes across respondents and are intended to serve as a starting point for discussion and a catalyst for change.

**Focus** efforts to develop more secure housing options for women and children who are abandoned, disabled, threatened, survivors of violence or coming out of prison. Currently, there are limited housing options for women and children survivors whether it be in emergency housing, safe transitional housing or in longer-term reintegration communities. Data from the needs assessment highlight this shortage of housing options for all survivors. As a result, focused efforts to develop more housing resources might be a crucial benefit to seeing victims recover and move towards reintegration. These various tiers of housing needs are all areas identified by the present research project as requiring further attention and response efforts.

**Undertake** research and secure funding to

identify, create and develop culturally appropriate training and employment opportunities for women in Afghanistan.

**Undertake** research to identify culturally appropriate reintegration options for women and children who have experienced trauma, violence and/or incarceration.

**Develop** life skill, soft skills and vocational training materials for women survivors that are culturally appropriate, easy to understand and for the most part do not require literacy.

**Research** the incidence and experiences of sexually abused and trafficked boys and their needs, as limited data was collected in this study.

**Develop** programmes that focus on providing holistic services for boys, whether trafficked, sexually abused and/or disabled.

**Address** the role of the family and the Afghan Government in providing care and funding for services for disabled children. There are agencies willing to take on cases for children requiring daily care and aid, but funds are not made available through any structure, most

critically the government. Additionally, trained and qualified personnel are not readily available for all children.

**Develop** family outreach programmes in participation with MoLSAMD, including resource centers, training, caregiver relief, etc, that support children in their homes, thus avoiding them being abandoned in the first place.

**Create** partnerships between government and non-governmental agencies. This review highlights a lack of collaboration between government and civil society. Both of these groups have an essential role to play and are unlikely to change levels of violence working in isolation from one another<sup>1</sup>.

**Increase** Training for Local Law Enforcement, border police, judiciary branches and government ministry staff as well as on how best to identify and serve these vulnerable and forgotten populations.

**Address** norms, attitudes and beliefs at all levels of society. Attitudes that condone or tolerate violence against women and blame the victim are deeply entrenched throughout society in nearly all parts of the world, albeit to varying degrees. Changing these attitudes and beliefs is a challenging, long-term process that requires a sustained commitment by institutions providing services, as well as organisations with the capacity to harness mass media strategies.<sup>2</sup>

**Improve** Victims' Understanding of their human rights, including dignity, safety and participation, as well as endeavour to increase their awareness of legal processes. During the research process, due to either being sexually and/or physically abused by husbands, it was noted by interviewers that numerous women needed counselling. This goes hand in hand with training women about the rights they hold and how to access help for themselves.

**Use** Protocols/MoU's to Clearly Define Organisation Roles to Reduce Duplication of

Efforts. Collaboration is often impeded when partnering agencies do not have specific and clearly defined roles or protocols for working together. A lack of defined roles and protocols also poses the tendency to lead to power struggles, muddled information, inconsistent service delivery, and uncorrected assumptions about which agency is responsible for which tasks.

---

<sup>1</sup>Preventing and responding to gender-based violence in middle and low-income countries, p 6.

<sup>2</sup>Ibid.

## **IMPLICATIONS FOR HAGAR AFGHANISTAN**

Upon considering interviewer feedback, heart responses, needs indicated in individual stories as well as in stakeholder responses, Hagar Afghanistan has decided that its next steps in programming will be to implement a programme focused on serving women and girls who cannot go home, due to the threat of GBV. This programme will not only offer secure housing and holistic rehabilitation services, but create and design job training, skills training, employment options and alternative reintegration options that enable survivors to live free and full lives.

Hagar Afghanistan acknowledges that in post-conflict settings where national and local economies are more often too weak to support social services, and where GBV issues are marginalized in any case, this programming direction will be difficult and require long-term investment. Hagar Afghanistan also acknowledges that while the notion of self-sustainability is challenging as it applies to GBV programming, it will strive to find creative and inventive ways to compassionately support women and girls who cannot safely go home. HA will continue to build partnerships and capacity, with the intent of filling service gaps and breaking down barriers.