

WOMEN IN KABUL



A Needs Assessment



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Abbreviations and Acronyms

AIMS	Afghanistan Information Management Service
AFA	Afghani (currency)
AREU	Afghanistan Research and Evaluation Unit
AWEC	Afghan Women's Education Centre
AWRC	Afghan Women's Resource Centre
CORDAID	Catholic Organisation for Relief and Development Aid
EPI	Expanded Programme of Immunization
GMS	German Medical Service
HAWCA	Humanitarian Assistance for Women and Children of Afghanistan
HRRAC	Human Rights Research and Advocacy Consortium
ICMC	International Catholic Migration Commission
ICRC	International Commission of the Red Cross
MCH	Mother Child Health Care
MsF	Medicins sans Frontieres
MoWA	(Afghan) Ministry of Women Affairs
NGO	Non-Governmental Organisation
PPP	Purchasing Poverty Parity
PRB	Population Reference Bureau
OECD	Organisation for Economic Co-operation and Development
UNAMA	United Nations Assistance Mission to Afghanistan
UNCHR	United Nations High Commissioner for Refugees
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
UNPFA	United Nations Populations Fund Afghanistan
USD	US Dollar (currency)
WHO	World Health Organisation



Preface

The accountability of humanitarian work in developing countries is based on many aspects. One of the most important is linked to the challenge of getting reliable and valid data about the needs and living conditions of those who receive humanitarian aid and support. What are the criteria to describe somebody as vulnerable, marginalized, helpless and in need of protection?

In many surveys and assessments of the international humanitarian community the criteria of "vulnerability", "marginalization", "poverty" and "famine" are not distinctly described and defined. As a result, sometimes beneficiaries are selected as "vulnerable" who are not in an emergency situation.

According to the theories of Amartya Sen, a needs assessment has to specify and to detail the lacks of people in terms of physical, natural and human capital.¹

In areas and situations of extreme insecurity and chaos caused by war or natural disaster, it is often impossible to get reliable data about vulnerable individuals. Therefore, emergency aid as the first phase of humanitarian assistance is chiefly group-orientated. The aim is to reach as many people as possible to stabilize and to ensure the satisfaction of basic needs.

As of autumn 2003, it could be maintained that most areas of Afghanistan were no longer in a state of humanitarian disaster caused by more than 20 years of war and natural catastrophes (i.e. droughts, earthquakes). Afghanistan is now facing a situation in which the Afghans themselves, with the support of the International Community have to reorganize civil, social, economic and cultural life. The focus of developing agencies and the Afghan government has to be on a broader level, to integrate and develop a cohesive society with refugees and all others who have been marginalized in the last twenty years. The challenge is to create a society in which whole groups are not *falling through the cracks* anymore. The international humanitarian community can support this process through solid, well-designed assistance and concepts. Programmes have to ensure that support is given to the most marginalized and vulnerable.

1 SEN (2001): Development as Freedom

The following assessment is one step in this direction. Caritas Germany has aimed to get valid findings about the living conditions of vulnerable women in Kabul. It should be noted that the assessment was carried out in a complex environment within a limited time-frame and under sometimes difficult and dangerous circumstances. Although the data are reliable they should not be compared with a scientific study. The results presented here are a continuation of an assessment that was conducted by Cordaid in spring of 2003: "Falling through the Cracks. A Needs Assessment of Marginalized Groups in Kabul".²

Executive Summary

3,674 women of different ethnic groups and different age brackets in Kabul were consulted regarding their families, living conditions, challenges and problems. Every interviewed woman is corresponding to one household with one family. The key findings are:

- Approximately 16.2% of all households being interviewed are female-headed, meaning that women have no able-bodied male in their household (either a male with a disability or no male).
- 91% of all the women interviewed are illiterate.
- Despite the high level of poverty which these families are facing, 61.5% of their children between 5 – 15 years are attending school.
- 56.6% of all the women interviewed are able to reach a health post within one hour walking distance. There is no link between having access and getting health services. Therefore this report cannot comment on the quality of health services and the availability of drugs and their costs at these health posts.³



2 For further information, please contact CORDAID: www.cordaid.nl, caritas.kabul@caritas.org

3 For further information of Kabul's hospital system: ROGNIE, P., et al (2002): Mission d' expertise. Offre des soins et système de référence hospitalier à Kaboul.

- High vaccination coverage is indicative of the results of aid agencies, both international and national, at combatting common diseases.⁴
- 48.8% of all the women interviewed identify food insecurity as their most urgent problem.
- 98% of the women have dairy products less than once a week.
- 56% of the families are sharing one room with approx. six persons. 14% of the families are living in destroyed houses. In 68% of all houses there are either no windows or windows in bad condition. In 49% of all houses there are either no doors or doors in bad condition. Considering the winter season, the large amount of missing windows and doors will cause grave problems if not addressed.
- 61.5% of all surveyed households can access water in less than 15 minutes walking distance. 38.5% have to walk more than 15 minutes to the next well.⁵ 2,302 interviewed women and their families share one latrine with 10 or more persons.
- Approximately 98% of all the households interviewed cannot afford using electricity (from all households only 51% have access to electricity) for cooking and heating purposes. They use gas, wood, scrap paper, charcoal and plastic.
- 58.9% of the household leaders earn a living as a 'daily worker'. This entails no regular income for the family.
- 66.8% of the households earn a daily income of 50 – 100 AFA (approx. 1 – 2 USD).⁶ Respondents are expecting a steep drop in their income of up to 50 % during the winter season.
- 13% of the interviewed families own livestock.

- 37% of the interviewed women were born in Kabul. From this group, the majority have never left the capital.
- 62% of the women interviewed were born in other districts and moved to Kabul at some stage in their lives.
- 22% of the women had been refugees. Most of these women had lived in either Pakistan or Iran.

At present, the main challenges women are facing concern their housing situation and food-insecurity. With the onset of winter, an acute problem for many is the high cost of fuel and heating materials.

In order to cope, many take a loan from shopkeepers or neighbours. Although families try to store food and fuel for the winter season, most cannot afford to do so. To cut expenses, many families share accommodation with relatives thus saving rent money. Some women do work at home for example making quilts for local shopkeepers. In many families the children make a much needed contribution to the family's income, either through work or more often by collecting fire-materials.

1 Introduction⁷

Poverty is not only income insufficiency but a complex phenomenon which contains different dimensions of deprivation and lack of capabilities in economic, human, political, socio-cultural and protective terms. People living in poverty suffer from extreme vulnerability due to their inability to protect themselves against risks and social discrimination.⁸

Poverty is closely linked with gender: on women's shoulders rests a disproportionate burden of poverty. 70% of the 1.2 billion people living in poverty in different

⁷ Data and information in these findings are based on the following sources: AREU (Afghanistan Research & Evaluation Unit) and AIMS (Afghanistan Information Management Service) <http://www.areu.org.pk> (especially the Draft Report of Jo GRACE (2003) One Hundred Households in Kabul: A Study of winter vulnerability, coping strategies and the impact of cash-for-work programmes on the lives of the 'vulnerable') and <http://www.aims.org.af>. AREU is an independent research institution. AIMS is part of UNAMA. Another source is UNDP (United Nations Development Programme) http://www.mirror.undp.org/afghanistan/some_basicfacts.html. Data are also used from WHO (World Health Organisation) <http://www.emro.who.int/emrinfo/CountryProfiles-AFG.htm> and from UNIFEM (United Nations Development Fund for Women) <http://www.unifem.undp.org/afghanistan>.

⁸ OECD (2001): The DAC Guidelines. Poverty Reduction

⁴ For example UNICEF's National immunization day programme

⁵ This corroborates with UNICEF data stating that 65 % of the urban population in Afghanistan has no access to safe drinking water.

⁶ According to the ICRC statistics on food prices, one Kabul family (which on average consists of 2 adults and 4 children of school-age) needs approximately 100 USD for a month's basic supply of food and heating material. The results of this assessment conducted in Kabul show a monthly income that is significantly lower than what would be required. See ICRC Statistics on inflation (see Appendix II).

places are female.⁹ Twice as many women as men are among the world's 900 million illiterates. As the OECD argues:

"Cultures often involve deep-rooted prejudices and discrimination against women. Processes causing poverty affect men and women in different ways and degrees. Female poverty is more prevalent and typically more severe than male poverty. Women and girls in poor households get less than their fair share of private consumption and public services. They suffer violence by men on a large scale. They are more likely to be illiterate as well as politically and socially excluded in their communities. Hence, women's abilities to overcome poverty are generally different from those of men."¹⁰

Afghanistan is one of the poorest and most underdeveloped countries in the world as a result of more than 20 years of occupation, civil war, drought and the Taliban policies of international isolation.

Consequently, Afghanistan has one of the highest infant mortality rates (165 per 1000)¹¹, maternal mortality rates (at around 1600 deaths per 100,000 live births)¹² and under-five mortality rates in the world (279 per 1000)¹³ and an average life expectancy of less than 48 years for males and less than 47 years for females.¹⁴

Various estimates have been made in recent years regarding the population of Afghanistan. The most recent estimate is provided by UNFPA at 22,720,000.¹⁵

Approximately 6 million refugees left the country during the years of the Soviet occupation and the Taliban regime. Although many have returned, there are no

conclusive figures available in reference to population resettlement. With the demise of the Taliban in 2002, over 13,000 female-headed households have returned to Kabul.¹⁶ These returnees suggest that the number of vulnerable women and children have increased in Kabul.



Maternal mortality is among the leading causes of death in Afghanistan. A recent study undertaken by the U.S. Centers for Disease Control and Prevention, UNICEF and the Afghan Ministry of Public Health, surveyed four provinces where the average maternal mortality rate was 1,600 deaths per 100,000 live births.¹⁷ Women may die from problems related to pregnancy and childbirth or experience complications during pregnancy, many of which are life-threatening for the women and their children – or leave them with severe disabilities. In Afghanistan, the financial or economic poverty is compounded by traditional or culturally acceptable roles of women in society. As a result, women face stark disadvantages in education, training skills, mobility and employment opportunities. Traditionally in Afghanistan the head of the family, the man, works and earns the family's living and is responsible for their protection.

9 WHO (2002): Gender, Health and Poverty

10 OECD (2001): The DAC Guidelines. Poverty Reduction, p. 38

11 UNFPA, PRB (2003): Country Profiles for Population and Reproductive Health. Policy Developments and Indicators 2003

12 http://www.unicef.org/emerg/afghanistan/index_8182.html

13 UNFPA, PRB (2003): Country Profiles for Population and Reproductive Health. Policy Developments and Indicators 2003

14 www.cia.gov/cia/publications/factbook/geos/af.html#People (2003 estimation)

15 <http://www.unfpa.org/emergencies/afghanistan/factsheet.htm>

16 UNHCR (2002): Statistics Returns by District of Destination

17 UNICEF and U.S. Centers for Disease Control and Prevention (CDC) (2002): Maternal Mortality in Afghanistan. Magnitude, Causes, Risk Factors and Preventability



Women without an able-bodied husband remain vulnerable with the lowest level of income and the highest percentage of long-term illness. Widows or divorced women may be subject to social exclusion, isolation and harassment, making it very difficult for them to maintain a livelihood for themselves and their children.

2 Background to the assessment

Twenty years of war and five years of drought have taken an enormous toll. It has been argued repeatedly that among the many victims of war and poverty in Afghanistan, households headed by single women such as widows are structurally the most vulnerable while also being the least visible.¹⁸ Due to the war in the past years many men have died or are war-injured. High vulnerability is often regarded as being linked with having no able-bodied male in the household.¹⁹

Therefore, in order to obtain reliable information and a better understanding of the conditions, needs and problems as well as coping mechanisms of women as articulated by them, Caritas Germany, in cooperation and support of Cordaid, decided to undertake an assessment in Kabul. On the basis of a specifically designed questionnaire, a group of female surveyors were trained to conduct assessments and interviews. With Caritas Germany being the lead agency in this undertaking, the Caritas Germany team in Afghanistan, with the support of Cordaid, directly supervised the

surveyors and the compilation of the quantitative data.

It is hoped that this assessment will provide valid information to the Caritas Internationalis network in Afghanistan and other stakeholders to develop strategic interventions that will address the findings of this assessment and contribute to the improvement of the lives of some of the most vulnerable inhabitants of Kabul.

3 Methodology

3.1 Methods of the assessment

For the assessment, two types of questionnaires were used: a structured questionnaire and also interviews with open ended questions.

The structured questionnaire in Dari and English (Appendix I) designed by Caritas Germany was focused on identifying vulnerable women requiring assistance during the winter of 2003-2004 and on obtaining a general overview of living conditions of women in Kabul.²⁰ The major areas of focus were: the family structure of the interviewees, their education level, living conditions including water supply and sanitation, nutritional situation, origin and the income structure. Of concern was also access to basic health facilities for the inhabitants.

Also, it was hoped that the survey would give an insight and understanding of the lives and problems of women



¹⁸ Report of the Secretary-General on „Discrimination against Women and Girls in Afghanistan“ (E/CN.6/2002/5 of 28.1.2002)

¹⁹ see chapter 1

²⁰ Caritas Germany and the Afghan NGO KABURA are conducting a winterization project 2003-2004 for 1,700 vulnerable women and their families. It is financed by the German Ministry of Foreign Affairs and Caritas Germany.

as well as the current coping mechanisms as articulated by the women themselves. These considerations were the basic elements in phrasing several questions and compiling them into a structured questionnaire.

In addition, the surveyors wrote down their observations of the women interviewed, their children and their homes.

100 women were interviewed using a set of open-ended questions. This approach gave women a chance to articulate their own perspectives (list of the questions: Appendix II). The case studies presented in this report were selected out of these qualitative interviews, giving quantitative the and statistical data a human face. Their answers reveal that many of the problems women have to face in their daily life are linked to the socio-cultural background. A detailed evaluation of the qualitative interviews has not as yet been produced.

3.2 Selection of interviewees

3.2.1 Location

For the interviews, ten areas of Kabul were selected in close cooperation with different authorities of both local and technical value such as Afghan and international NGOs (e.g. AWEC, AWRC, HAWCA, KABURA, MEDAIR, ICMC, MsF). In addition to that, the locations were selected in consultation with local social workers, the local representatives of the districts (Wakils), employees of the MoWA, and the National Office of Human Rights (director Dr. Sima Samar, the former Minister of Women's Affairs).



Based on information of the local Afghan authorities and the National and International NGO network an effort was made to select the poorest districts and neighbourhoods from the whole of Kabul. The selection of the districts is hence not representative of the Afghan capital as more affluent areas were not included in the assessment.

With help of the medical and psychological staff of Mediciens sans Frontieres (MsF) France, 40 women were selected for the interviews in District 6 where MsF is running a programme for traumatised women. This programme encloses at present about 50 patients.

Districts/Areas:

District 1	Pool-i Artel, Chindawal, Pakhta Froshi
District 2	Jooy sheer
District 3	De Masang, Kart-e Sakhi
District 4	Decepac
District 6	Dasht-i Barchi (limited)
District 7	Tanikut
District 10	Qassaba, Bibi Mahro

3.2.2 Door to door

The surveyors went from door to door in each selected area to carry out the interviews, except in district 6. The surveyors there did not visit the houses of the women patients selected and referred by MsF, but invited them to a literacy centre of HAWCA for interviews.

The data in their entirety are not representative of Kabul, but nonetheless, indicate trends.

The total amount of responses surpassed the initially planned amount of 2,300. In total, 3,674 women were interviewed with the structured questionnaire.

4 Realization of the assessment

4.1 Researchers

The Staff of two national NGOs (Kabura and AWRC) carried out the assessment. On account of their experiences, the 12 surveyors were seconded to Caritas Germany for the time of the assessment. Amongst the surveyors were social workers, psychologists, teachers and health workers.



The surveyors attended several workshops focusing on developing their skills in carrying out the survey. They were further trained on verification of data. Also, topics like health or sanitation (i.e. safe water, vaccination) and security were elements of the workshops.²¹

Six assessment teams (consisting each of 2 trained female surveyors and 1 male guard to accompany them for security reasons) visited each household and interviewed a woman for up to one hour.

4.2 Coordination with the local authorities

Before the assessment started in any area, the local representatives (Wakils) were informed about the assessment. In some instances, Wakils wanted to present a ready-made list of vulnerable families for the surveyors. However, the surveyors always conducted their door-to-door survey independently and did not accept the Wakil's lists to determine which families were most needy.

In the selected areas, permission to conduct the assessment was obtained from local authorities and local police were constantly kept informed.

4.3 Monitoring und supervision

After each day of work, filled-in questionnaires were handed over to the assessment coordinator, ensuring daily monitoring.

The chosen districts were visited at random intervals to ensure that no prior notice of the survey was given to the Wakils or the target groups. One day a week, a supervision was held which allowed the surveyors and assessment coordinator to discuss particular topics related to the assessment and difficulties that were encountered.

4.4 Time frame

The interviews were conducted by six teams (each team containing 1 male and 2 female member) on six

days a week. One workday contained seven working hours, during Ramadan five hours. In total, the teams conducted interviews for 2,5 months (from mid- August until the end of October). One interview lasted up to one hour.

5 Reliability of data

Special attention was paid to the fact that the assessment should under no circumstances be linked to potential aid. In certain cases, interviewees made demands, putting the surveyors under pressure. Some women refused to answer because they had had bad experiences in the past. One woman explained that she didn't want to be part of the survey because her landlord had blackmailed her: He allegedly threatened to raise the rent or to end her contract. Afraid of losing her apartment, she preferred not to be part of this survey.

In cross-cultural studies, it has to be taken into account that the way the questions are asked and the answers are given cannot be translated literally and must be put into a socio-cultural context.

Interviews were carried out in a way as to incorporate the process of triangulation by asking the women several different questions about the same issues in order to ensure that answers could be cross-checked. For example, if a woman stated that she did not have a daily income yet declared having regular heating bills and food expenses, the surveyors would determine that there was some income and would ask again and use questions that were designed to ensure that triangulation of answers. Thus, the results of 3,674 questionnaires can be accepted as reliable.²²

On the basis of the interview and their assessment of the housing condition etc., the surveyors filled in a part of the questionnaire covering the household's²³ economic, social and health situation.

21 The surveyors were given addresses of e.g. NGOs working with women, health care facilities like the German Medical Service (GMS), addresses of a school for blind children, of Human Rights Organizations. With the help of the addresses, in some cases the surveyor could refer people in special need to an organization.

22 Validity of the information given by the households is impossible to guarantee.

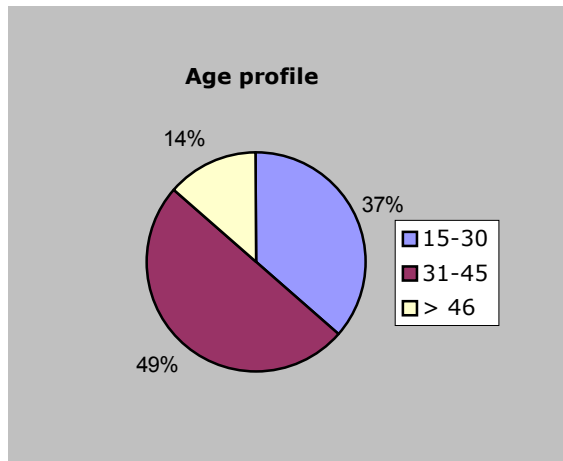
23 The term 'household' is used as the unit of the family, which members are living together and sharing the costs of living.

6 Analysis of data

6.1 Profile of women surveyed

Age profile

49.8% of the women surveyed were between 31 and 45 years of age. 36.5% stated their age between 15 and 30 and 13.7% more than 46 years old.



In some cases women did not know their age, at which point the surveyors estimated the age with the help of specific information like age of the children.

The age groups were arranged in these intervals as an Afghan girl at the age of 15 can already be married and have children.

The average life expectancy for women in Afghanistan is estimated at around 47 years.²⁴

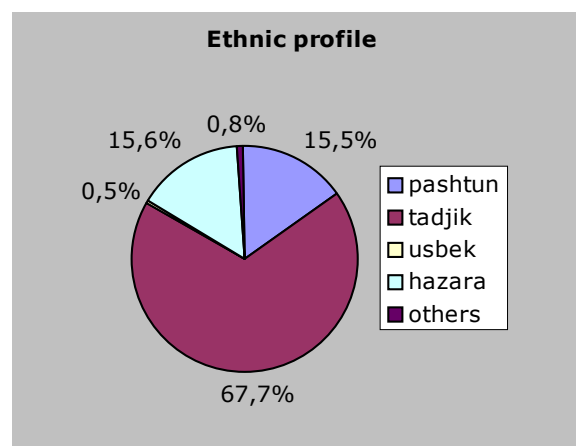
Mumtaz:

“Only in this day and age can a woman use her voice and her voice can reach others and be heard”. That is what Mumtaz, 21 years old, says. This for her to say shows enormous resilience. Mumtaz was only 13 years old when she was abducted from her grandmother’s house by her father’s brother and she was then forcibly married to her cousin. Her husband and his relatives forced her into prostitution and Mumtaz still has the scars of the cigarette-burns when she tried to refuse. “For six years I lived with them. They beat me and burnt me with cigarettes. They sold my body to others and nobody protected me. I hate

men and want to kill all of them. I don’t know why God named them men. I don’t know why I am alive. It is better to die”. Mumtaz is back with her parents and says especially her mother supports her. Her mother works as a cleaner in the 400-bed hospital in Kabul (the military hospital). During the six years that Mumtaz was married, she was only allowed to see her parents three times. Her parents do look after her, but Mumtaz fears the day that they no longer can. She feels that a practical solution for her problems would be to get married again. “Now I am just a burden on my family”.

6.1.2 Profile of ethnic groups

The major ethnic groups of Afghanistan are represented in the assessment. About 67.7% of the women interviewed were Tadjiks, 15.5% Pashtoon, 15.6% Hazara, 0.5% Uzbek and 0.8% other minority groups.



Present estimations for the whole of Afghanistan indicate that around 44% of the population are Pashtoon, 25% Tadjik, 10% Hazara, 8% Uzbek and 10% other minor ethnic groups (e.g. Aimaks, Turkmens, Balochis, Koochis, Nuristanis) live in Afghanistan.²⁵ Exact and reliable data of affiliation to ethnic groups for Kabul are missing.

It remains unclear whether there is a relationship between the high number of Tadjiks in the assessment and the research in poorer districts of Kabul. At present

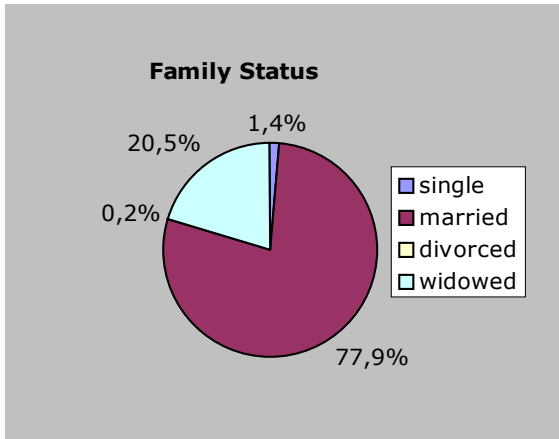
24 <http://www.cia.gov/cia/publications/factbook/geos/af.html>, p. 3

25 <http://www.cia.gov/cia/publications/factbook/geos/af.html>, p. 4

there are also no valid data about the question of how people in Afghanistan handle with their ethnic affiliation.

6.1.3 Family status

The marital status of the women interviewed is as follows: 77.9% are married, 20.5% widows, 1.4% single and less than 0.2% are divorced women.



Aqila:

The rights of an Afghan woman within the marriage are indeed quite different from those of a man. Aqila realizes that only too well. How Aqila got married is not quite clear, but when she did her parents had already died. It was not a good match, or as Aqila puts it: "I married into a bad family". Three years ago, her husband left her, but he did not divorce her. Now Aqila still has no freedom. Even if she meets a man she would like to marry, her former husband can come back and either claim her or accuse her of adultery -which most of the time ends up in a lengthy jail sentence for the woman and occasionally, in the very remote hinterlands, the consequences are worse and the woman can end up getting stoned to death.

"My husband never loved me. He married me because our parents had arranged it. When I went to live with my in-laws they treated me very badly. They were cruel to me and beat me. They did not give me proper food and clothing". Aqila's husband did not protect his young wife: "We had no children because I was nothing more than a servant to him, not a wife". After her husband left, her in-laws deserted her as well. Now Aqila lives with a widowed cousin, together with her younger sister. Her parents are dead and Aqila's two young brothers

were brought to an orphanage because Aqila could not look after them. "My young sister is also causing me to worry. We go out for carpet-weaving each day and I hope for her that one day she at least will marry into a good family".

The only reasons for the women to go out are their carpet weaving and to go and collect water: "My cousin does not like it when we go out. I easily get lost and I hardly know my way around. It is our cousin who protects us". The women share one room without a door and without windows. This they see as their main problem. Their income from the carpet shop is less than a dollar per person per day. They get some help from a niece who brings them some food from her house when she can spare some. Aqila says she has no hope and can only see a dark future: "God took everything from me: my parents and my husband. I have only faced pain and did not have one single bright or good day in my life. It is better to die".

6.1.4 Average household²⁶ size

The average number of family members is 7.3.²⁷ The biggest household interviewed had 33 members (7 children under five, 17 children between 5 and 15 years of age and 9 members aged between 16 and 60). The smallest household contained one person.

The assessment shows that there are on average 3.8 children between 0 and 15 year old per family (1.3 children under 5 years).

Regarding age: 59% (30% males and 29% females) are between 0-15 years²⁸, 39.6% between 16-60 (out of them 17.7% males and 21.9% females) and 2% are older than 60 years (1.33% males and to a lesser extent females, namely 0.75%).

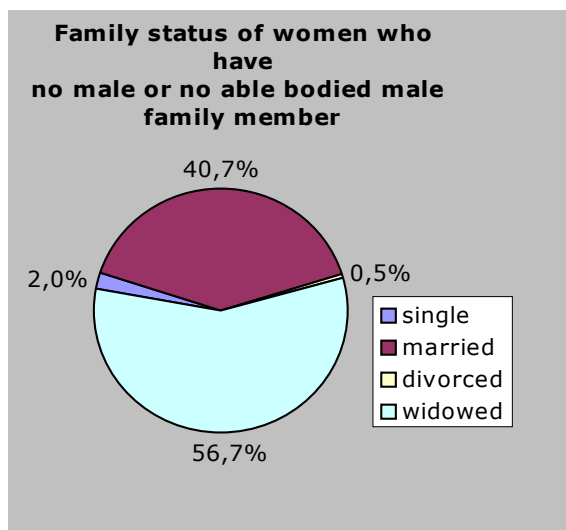
²⁶ 'Household' is equivalent to 'family'.

²⁷ The United Nations estimates the average size of an Afghan family to be 6 persons.

²⁸ Out of them, 17.7% are children under five.

6.2 Women - headed households

16.2% of the interviewed women have no male or no 'able-bodied male'²⁹ aged between 16 and 60 in their family. Out of them, the family status varies with 0.5% of the women divorced, 2% single, 40.7% married and 56.7% of them widowed.



Aziza:

Aziza's husband died in 1992 when he was in hospital with appendicitis, leaving her with their young son. A daughter was born one month after Aziza's husband died. Like most married women, Aziza lived with her in-laws: "My father-in-law asked me to marry my husband's brother. He was already married and had a 'nerve' problem. I refused".

Her in-laws did not accept her refusal: "They started beating me and eventually

threw me out of the house, but they took my children and kept them with them". Aziza went to live with her brother, but he died of cancer two months ago (interview conducted 01-10-03). She is now living with a nephew. As Afghan tradition dictates, he has taken on the responsibility for her. Aziza, her nephew and his family moved to Kabul two years ago, attracted by the possibility to receive some assistance. Aziza's nephew is employed with the government but makes less than two dollars a day for the seven of them. Sometimes Aziza sews blankets to sell and top off the income for the family, but it is not enough "My nephew complains about his income and the high cost of living. Food is our greatest concern. We can only afford meat once a month and fruit just once a fortnight".

Aziza and her relatives rent one room to live in. It is in appalling condition: without proper roofing, doors or windows to keep the biting winter cold outside. They make use of plastic sheeting to cover the holes and they already spent a big chunk of her nephew's salary on heating even though winter is just starting.

"My life is hard to bear. If my husband would be alive today, I would have my children with me. Thinking of them, I cry a lot. Their future will be difficult because they are growing up without their parents even though their mother is still alive". Aziza is afraid to go out of the house, because she still fears her in-laws will kidnap her and force her to marry her late - husband's brother. She does not expect any improvement in her life. "In two, five or ten years time, my life will still be the same bitter life that it is today".

NB: Since the interview 01-10-03, Aziza has disappeared. It is not known what happened to her.

It should be noted that married women are not always in a better financial position, because often the husband cannot support the family properly.

²⁹ According to the custom in Afghanistan a male family member is, by the age of 16, able to work and earn money.

Due to the decades of war, disabilities are widespread among males and, in some cases, husbands are missing.³⁰ For Afghan women that are either divorced or abandoned, it is a traditional custom to return to their parents.

In Afghanistan and its male-dominated society it is not easy for single women to care for themselves and their families. It is quite customary that single women depend on help, support, and protection either from another male member of their own family or from the family of their late husband when they are widows. Therefore, many women name their eldest son, a brother or even a cousin as head of the family. Out of the total of 756 widows and divorced women (approximately 20.5% of those interviewed), 57.8% (437 women) stated having at least one male family member older than 15 years who took over the household responsibility.

Habiba:

Habiba's husband died 3 years ago, leaving behind two wives and 5 children. Habiba is not quite sure how old she is: "Look at my grey hair. I think that I must be 60 years old". Her late husband's second wife is about 35 years old. Though Habiba does not like her house, she is grateful that she has accommodation that is rent free. The one thing that has changed since her husband's death is the financial support. Her husband had regular work selling things in the market. Habiba has two daughters aged 17 and 15 years. They are living with her and are not doing much, mainly housework and fetching water. Although illiterate herself, her daughters are able to read and write. Before the Taliban, both daughters attended school. Since then they have stayed at home: "I am afraid for my daughters to walk to school. They have no brothers and someone can bother them on the way". Habiba has heard many stories of young men bothering girls and has even seen it herself when she goes out of the compound to purchase something. "Outsiders know that there is no male and that we are without protection because women alone can not take any action". The eldest daughter has been engaged since childhood to a member of her husband's family. The future groom is now in Iran and

upon his return, they will marry. Once the eldest daughter is married, she will begin the search for the second daughter.

6.3 Literacy

91% of the interviewed women stated that they are unable to read and write.³¹

In several cases, either the husband or one of the children is literate. 43.1% of the interviewed claimed to have at least one household member who is able to read and write, most often a child. Having no one in the family able to read and write may decrease the chances of finding employment.

6.3.1 Education

3,651 families (99.3%) have access to schools.

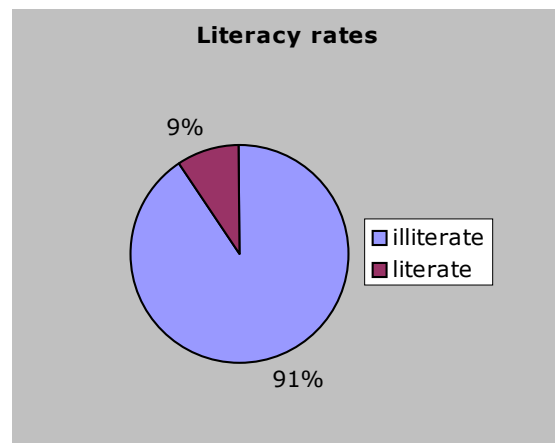
6.3.2 Number of children attending school

Out of all children between ages 5 and 15 years, 61.5% are going to school.

Conversely, approximately 38% (730 families) of the children between 5 and 15 years do not attend school.

6.3.3 Gender breakdown

Of the families interviewed, 507 families have only daughters, of which 63.1% attend school. In addition, 453 of the families interviewed have only sons of which 73.1% are attending school.



31 This result correlates with an official estimation (see World Fact Book (1999): www.cia.gov/cia/publications/factbook/geos/af.html, p. 4), which states literacy rate for female of 21%. Taking the fact book into consideration the illiteracy among the men in Afghanistan is also high (about 49%). The total literacy rate amount is 36% (among the males and females who are 15 years and older). See also: SCHUR (2003): Afghanistan. Support to Adult education – Actual and Future Potential for Development.

30 The surveyors were also informed of missing children several times.

The gender relation between boys and girls of school going age can thus be described as not well balanced.

Despite the fact that the majority of the households interviewed are living either just on the poverty line or below poverty standards, children are still attending school.

There can be many reasons, of course, why parents do not send their children to school. In some cases, children cannot go to school because they have to help the family e.g. to bring water from a far away well or to care for younger siblings.

When women (mothers) do decide to send all their children to school, they turn out to have a markedly higher literacy rate (16,8 % with three children between 5 and 15) than the women who do not send all their children to school (9,3%).

Number of children per family (between 5 and 15 years of age)	Number of children (between 5 and 15) going to school	Number of families	Literacy rate among the female adults
3	0	138	5.8%
3	1	105	5.7%
3	2	206	8.2%
3	3	237	16.8%

The result shows that an improvement of literacy among women (mothers) helps to increase the amount of children going to school.

In addition, there is a lack of school textbooks and materials as well as trained teachers. There is a need for about 4,000 new teachers to “meet a net primary enrolment rate of 85% in 10 years”.³²

6.4 Health

Two decades of war have left the health care system of Afghanistan with rudimentary facilities. Health problems are numerous in a situation of ongoing external and internal



displacements, insecurity, loss of homes and land mines. In this large field, the assessment concentrated on access to basic health facilities. Moreover, the surveyors had no appropriate medical background to make medical assessments, yet the results should show a trend.



6.4.1 Health access

For 1,597 families (43.4%), the way to the next health facility is longer than one hour's walk. In case of illness or emergency this represents a long and arduous walk, as most of them cannot afford public transport. However, it should be noted that there is no relation between access and the existence of health services. Therefore, this report cannot comment on the quality of health services if any, at the basic health level.

Dependency on a male companion can determine if women reach a health facility. “Men often prevent their wives from seeking medical care for them or their children, including prenatal and professional birthing assistance. Men are ‘ashamed’ of their wives to go out alone in public”.³³

6.4.2 Vaccination coverage

The vaccination coverage among children in Kabul appears to be very high, with 99% of the interviewed. Vaccinations are a part of basic health care.³⁴ It is noted that many of the respondents have lived abroad, in refugee camps during the past four years. In these camps vaccination coverage was close to 100 % (818 families (about 22.2%) state to have lived abroad; 816 of these had their children vaccinated). However, Measles still claims 35,000 victims each year in Afghanistan. Polio is also still prevalent, with an estimated vaccination-coverage of 80 %.³⁵

33 RODEY (2003): Strategic Reflections. A 2003 Evaluation of the Medair Kabul Vulnerable Programme, p. 19

34 The Expanded Programme of Immunization (EPI) is common in developing countries and refugee camps. EPI implies vaccination against Tetanus, Diphteria, Pertussis, Measles, Poliomyelitis and BCG (tuberculosis).

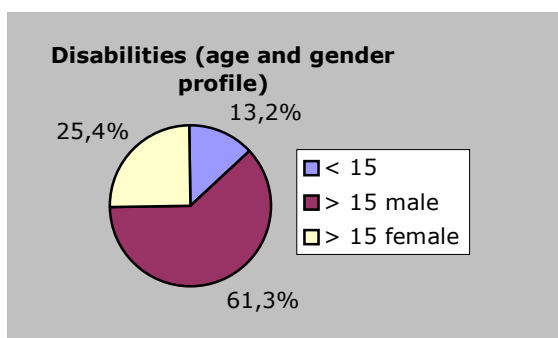
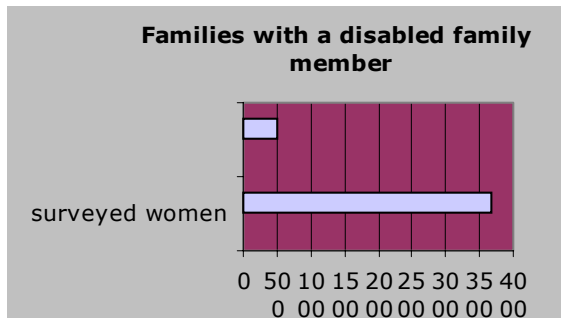
35 <http://www.unicef.org/infobycountry/afghanistan.html>

32 RODEY (2003): Strategic Reflections. A 2003 Evaluation of the Medair Kabul Vulnerable Programme, p. 14

6.4.3 Disabilities³⁶

Of those interviewed, 14% have a family member with a disability or a chronic physical or mental illness.

61.3% of these disabled are males and older than 15 years, 25.4% are females, older than 15 years and 13.2% are children of both sexes under 15 years.



'Physical disabilities' is often the result of war-injuries in Afghanistan. Many physically disabled persons are victims of landmines and are amputees with or without artificial limbs. Other disabilities include polio, blindness and deafness.

Because of decades of war and instability there are many men and women as well as children who suffer from mental trauma. In addition, chronic or acute illnesses in Afghanistan are a major factor associated with poverty.

³⁶ The term 'Disabilities' encloses not only the physically and mentally handicapped, but also chronic diseases and mentally problems. A person is handicapped if he or she is limited in the respect that he or she cannot care for the family properly or needs special (social or medical) attention.

Roya:

During the war, Roya and her family were living very close to Kabul Airport when the area came under rocket fire, twelve years ago. One of the rockets crashed into the house and Roya got badly injured. After years of seeing doctors and taking medication, Roya describes her present physical state as "having nerve problems and an inability to speak properly". She says she has some movement in her arms and legs: "The doctor says that I am not one hundred percent disabled."

Her disability is seriously obstructing her: "I am young, but my disability leaves me without hope. I usually just sit in a corner, looking at other children, wishing that one day I can sit with them and talk with them, but sometimes they call me crazy and this is very painful for me". Roya is depending on her parents and feels she is a burden on them: "No one else will want to live with me. I need my mother or sisters for everything (but the sisters eventually will get married). "It worries me. For how long will my mother be able to take care of me? What will happen if she gets ill? What does God have waiting for me? When I see other girls, I fear the future. I just want to be normal, like them." Roya would, of course, want treatment: "My father is always thinking about how he can find medical treatment for me. I pray that he finds the money to bring me to Germany for treatment" (Roya here seems to refer to a programme that one of the German NGO's used to run where disabled children were flown out to Germany for treatment and brought back following initial recovery and rehabilitation after surgery). "I can't see anything changing for the better in my life. I am disabled just because people were fighting for their personal gain. They disabled hundreds of thousands of people like me. I hope Allah puts them in hell. I am very happy that the fighting has ended and I hope I can go to school and learn."

6.4.4 Nutrition

Regarding nutrition, 95.7% of the interviewed families state eating three meals a day, around 3% have two meals and less than 1% one meal per day. Neverthe-

less it has to be taken in consideration that most of these "meals" are consisting of only tea and bread. Poor nutrition leads to malnutrition and a reduction of resistance and it's therefore connected to diseases like tuberculosis and leprosy (so called poverty-related diseases). Malnutrition can lead to micronutrient (e.g. vitamins, iron and iodine) deficiencies. The relationship between infection and nutrition has been reviewed as well.³⁷

Many of the women say they do not have the financial means to buy fruit or dairy products: 85% of the women eat fruit less than once a week, 49% less than once a month. For dairy products, the figures are even more disturbing: 98% have dairy products less than once a week, 97 % less than once a month. This indicates an acute danger of malnutrition.

The daily expenditure on food for most families (62%), is between 50 and 100 Afghanis (AFA). Over one third of the households (36%), spend less than 50 AFA. Families that spend less than 50 AFA have 6.3 family-members on average. Conclusively: these families can only spend 8 US cents per person, per day!

6.5 Living conditions

6.5.1 Accommodation

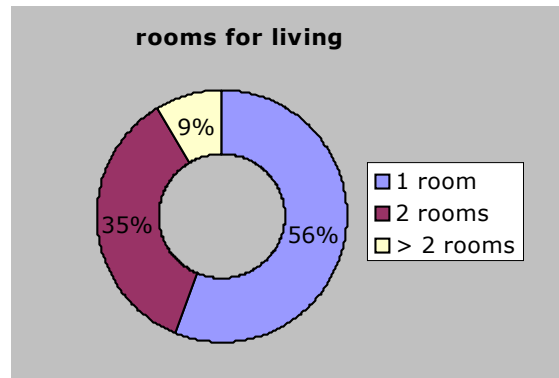
In Afghanistan a house is usually a family property for generations and will be inherited by the sons who will live there with their families. As a rule, daughters move to their husbands' families.

The large scale destruction of houses in Kabul combined with the massive population increase are the causes of huge housing shortages. Many who had their houses destroyed by rockets or bombing, moved to deserted houses. After the fall of the Taliban Regime, hundreds of thousands returned from exile, reclaiming their property, evicting the squatters who had found shelter there. House prices and house rents have risen dramatically.

51.3% of the interviewed women state that they are paying rent. Out of those 84% are paying rent to a private person, 3.4% are paying rent to the municipality and 8% are paying money to relatives. 4% of the women did not know to whom her family is paying rent. About 55% of the rent-paying families are paying more than 500 AFA per month (more than approx. 10 USD).

The assessment shows that 26% of the interviewed women are living in their own house (family estate) and

17% are living together with their relatives without paying rent.



More than half of the total of women interviewed (56%) are living with their families in only one room even though the average size of the family is 6.2 persons. 35% are living in two rooms with an average of 8.2 family members (4 persons per room). 9% have more than two rooms for living.

In addition to cramped accommodations, people live in poorly ventilated rooms. During the winter they use a traditional coal stove ("sandali"). In dry air, droplets carrying diseases are more likely to remain suspended longer. When the carpets are cleaned by sweeping them, the droplets are re-circulated in the air. Especially women who stay at home and their children are at risk of getting respiratory diseases, tuberculosis being one of them.³⁸

6.5.2 Condition of the accommodation

To get an impression of the living conditions and to assess a possible need for the winterisation of houses, the questionnaire incorporated the surveyors' observation concerning the housing conditions.

515 families (14%) are living in destroyed houses, 250 of those are paying rents despite the state of their houses.

Missing windows were noticed in 23% of all houses. Windows in bad condition (no or broken glass, but existing window frames) were observed in 45% of the houses. 7% of the houses have no doors and nearly 42% have doors in a very bad state. Altogether 225 families (6%) have neither windows nor doors.

37 SCRIMSHAW, N. S., TAYLOR, C. E., GORDON, J. E. (eds), (1968): Interactions of nutrition and infection, WHO Monogr.

38 <http://www.who.org>; KRUMME (2001) Evaluation of the LEPCO Programme

Respondents indicated that they do not have the financial capacity to prepare their houses for winter. Some other families are uncertain about investing in the rented accommodation, because they do not know how long they can stay there. Of the rent-paying households, 73% have no windows or broken windows and 51% have no doors or very bad doors.



However, 143 families without windows (or broken windows) and 96 families without doors (or with wretched doors) do not even know to whom the house belongs. They live as squatters and their housing situation remains highly insecure.

Nasima:

Nasima was only 21 years old when her husband died, now almost 14 years ago. With four daughters to look after, Nasima is one of an estimated 30,000 war-widows in the capital Kabul. In Afghan society women often 'liaise' with the world outside their family-compound through the males in their household. The men accompany the women to make sure they are respected. For women to go out alone requires a measure of independence with which many women are completely unfamiliar. War-widows without men in their household, of course, are forced to fend for themselves. Nasima also has no one to assist her as her brother cannot help her either. He has disappeared and Nasima does not even know if he has migrated abroad or got killed during the war. "I live with a lot of difficulties without the protection of a man", says Nasima. "No one helps me, there's just me, but many of my problems I can not solve".

Nasima tries to look after her daughters as well as she can: "Because of financial

problems I had to marry off two of my girls already. They were 13 and 14 years old at the time". With her two remaining daughters, aged 14 and 16 years, Nasima now lives in a room of a ruined house in a much destroyed part of Kabul. "It's the property of a Hazara-man (one of Afghanistan's main ethnic groups). He does not live here and I don't have to pay rent". It is unclear however, how long Nasima and her daughters can stay there. Nasima states housing and food security as her most urgent problems.

To get by, the widow started a bakery: she has an oven and bakes the long, flat Afghan nan-breads from 8.00 am until 4.00 pm. The people from the neighborhood come and buy the breads; they know she has no-one to look after her, and needs to sell the breads to survive. Nasima: "It is hard work. My eyes hurt and the continuous smoke gives me headaches and asthma. I feel I get a little bit weaker every day. At night I am so tired I can't go to sleep". The two daughters help as well: they go out every day to collect fire wood to heat the bread-oven and for keeping the room warm and getting a fire going to cook their meals. Nasima worries about them a lot: "Every mother wants a good future for her children, and I think about theirs every day. They will not get good jobs because they are illiterate. When I think about their future, I cry. No women should be born in this country, because women have no value here".

Over the past year, things have improved slightly, says Nasima: "I was able to get an oven and start a bakery, before I didn't have money to buy an oven". Still, she is troubled as far as security is concerns: "I cannot really go out, because then I would have to leave my daughters alone. We don't have a door and at night we are afraid. I am the only one there to protect my daughters."

6.5.3 Water

In most residential areas of Kabul, a regular water supply is nearly non-existent. In some cases, the supply of safe water is not possible at all because the houses are built on the mountain slopes (like Kart-e Sakhi). In these

places, wells cannot be drilled because the area is too mountainous. Wells are only located at the bottom of the hill, sometimes far away from the houses. Quite often children carry the water up the hill after they return from school. Some families provide water to their neighbours and earn some money by doing so.

In the Tanikut area, water supply is limited and therefore regulated, giving each inhabitant access to the well at certain times during the day. Also, the amount of water is limited to a certain number of buckets a day. Of the women interviewed, 1,414 (38.5%) have limited or difficult access to potable water (they have to walk for more than 15 minutes to the next safe well).

6.5.4 Latrines

2,308 women and their families share one latrine together with more than 10 persons.

The majority, 79.5%, have a latrine inside the house and 18.5% have a latrine outside of the house. The surveyors noticed very bad hygienic conditions in most cases (62%).

There is a severe lack of sanitation: sewage is running down the hill close to houses causing a huge health hazard.

6.5.5 Electricity

Although nearly half of the interviewed (51%) have some access, the data indicate only 39 families can afford electricity for cooking and heating purposes.



6.5.6 Heating and cooking³⁹

Most of the households are using gas for cooking and heating (46.6%). Many use collected fire wood, scrap paper and plastic as well, because gas is too expensive. Safe extraction of the fumes is rare and cause of

³⁹ It is possible that the interviewees named the material for cooking and heating purposes multiple. In some cases, the heating material is different from the material the households need for cooking.

concern as many light fires inside their houses. (1,378 households use wood, scrap paper, almond skins or plastic, 587 use diesel, 317 use charcoal and only 39 families say they use electricity).

The majority (67.8%) spend between 150 and 300 AFA (approx. 5-7 USD) on heating material per month. On average, 18.1% are spending 300-500 AFA (about 7-10 USD) and 3.4% of the households are spending more than 500 AFA (10 USD).

A minority of 7.6% spends up to 100 AFA (approx. 4 USD) on heating material per month. It is noted that when the interviews took place, winter had not really started yet and families would soon have higher expenditures on heating materials.

6.6 Income structure

6.6.1 Status of employment

18.1% of the household leaders have regular employment, often with the government, 58.9% are "daily workers", 0.8% are "begging" and 6% say they cannot work because of a chronic illness for example. 15.5% of the household leaders state another form of employment: among them are the self-employed who have a small shop or work as a cobbler for example.

To have a regular job does not mean that the families have a high income. It just means that there is some security. Most of the government employees for example, nurses or teachers, earn about 1,700 AFA (approx. 35 USD) a month but the payment of salaries is often delayed for months.

The income of daily workers strongly depends on the season. During winter there are far less jobs and hence less income than in summer. Approximately 2 USD is the income of a poor daily worker in winter 2003 / 2004 in Kabul.

The current economic situation in Kabul and all of Afghanistan is quite dire. Employment opportunities are rare and day-labour wages are unregulated by the government.

6.6.2 Average income per day

1.3% of the interviewed families (with an average household size of 13 persons) earn more than 200 AFA (approx. 4 USD) a day.

16.9% of the consulted families (with an average household size of 9.1 person) claim to earn 100-200 AFA (approx. 2-4 USD) daily.

66.8% of the households (with an average household size of 7 persons) have a daily income of 50-100 AFA

(approx. 1-2 USD), and of those, 69.5% expect to earn up to 50% less in winter.

The remaining 52 families (1.4% of the interviewed women) earn less than 50 AFA (approx. 1 USD) per day. These families have an average household size of 4.9 persons, which makes the per capita per day income about 20 cents.

The World Bank has established poverty line below 1 USD per person per day.⁴⁰

6.6.3 Additional income

In 994 families, at least one other household member is working besides the "pater familias".

Usually the women or daughters are doing some domestic work and the sons are helping their fathers with additional work.

Nadia:

Another young widow is Nadia, 21 years old. Her husband died in a car accident when she was just two months pregnant. In fact it was her second pregnancy. "I lost my first child when the cooker exploded. I was seven months pregnant". Because she was still so young when her husband died, the women in the household saw her as a threat and feared she would become the second wife of one of her brothers-in-law. Nadia's mother -also widowed- and her brother then came and took her with them.

"I am a young woman and already a burden on my family. My brother is a soldier who earns only 700 Afghanis a month (equivalent of 14 USD)". Money is indeed a big issue in this family: "The owner of the house wants to increase the rent and this is a great worry. We cannot afford this." Nadia feels she has no chance to get a job: "I am illiterate. I don't even know how to treat my daughter when she gets ill".

Nadia's brother is now responsible for his sister. He guards his young sister's honors and safety and makes sure she does not go out too much and cause people to gossip about her. Nadia gets his permission before she goes out, but says: "I usually don't go anywhere. I only go out to see if I

have to see the doctor". Nadia spends most of her time at home doing chores. Sometimes she makes quilts to supplement the family-income.

"I am grateful to God that my brother is helping me. I thought about my future a lot. My brother is still single, but a time may come for him to start a family. Then he will not have the resources to look after me as well". As a solution for this dilemma, Nadia thinks she is best off when she gets married again: "I will wait until my daughter is three or four years old and then I will get married again for her sake. She should have a good life and life for a woman is too difficult without a husband, because he is the one who does everything".

6.7 Assets of productive or financial value

Approximately 13% of all interviewed own livestock. In keeping with this tradition, the ownership of animals plays a big role, although in urban Kabul less so than in rural Afghanistan. Usually animals are kept to get milk or eggs or to have a mode of transport.

6.8 Residency

6.8.1 Born in Kabul

About 1,382 women interviewed (37.6%) were born in Kabul. From this group, 506 had been living outside of Kabul during the last four years (419 abroad, 87 in another place in Afghanistan).

6.8.2 Moved to Kabul

Approximately 62% of the women interviewed were born outside of Kabul; they moved to the capital at some stage in their lives. Only 16 women said they wanted to return to their provinces.

The table below shows when the women interviewed came to Kabul and puts it into a brief outline of the historical context of Afghanistan.



40 <http://www.worldbank.org/poverty/mission/up2.htm>

Year of Arrival to Kabul	Government in Power	Number of women who came to Kabul with their families ⁴¹
before 1979	King Daoud	402
between 1979 and 1989	Occupation by the Soviet Union	674
between 1990 and 1992	Afghan Communist Government	120
between 1993 and 1996	Mujaheddin	279
between 1997 and 2001	Taliban (as well as drought starting in 1999)	541
between 2002 and 2003	Transitional Government	254

Those who had moved to Kabul were asked why they had not returned to their places of origin. Reasons for not returning are: no housing (1,881 cases), no land (32 cases), no employment (403 cases), economic reasons (19 cases), drought (26 cases), war and ethnic conflicts (4 cases), family reasons (5 women got married in Kabul) and 34 women answered they wanted to stay because they like Kabul. The remaining 76 women did not give a reason.

6.8.3 Left Kabul in the last 4 years

35% of the women interviewed⁴² had been living away from Kabul during the last 4 years. (22 % of the total living abroad and 13 % were internally displaced).

2.9% of the women had been refugees in Iran, while 18.1% had been refugees in Pakistan.⁴³

19.5% (out of the group of 22 % who had been refugees) returned to Kabul during the past 2 years. On average, an Afghan family stayed abroad for 6.5 years. Most families had been living in refugee camps, in inse-

41 0.5% of the women made no statement about their origins.

42 Including the women who were born in Kabul and those who moved to the capital.

43 1% of the women made no statement about the country they went to.

curity, separated from relatives, without job opportunities and depending on the goodwill of foreign countries.

6.8.4 Reason of leaving home

The main reasons why people left their place of origin were war (48.9 %) and economic reasons (49.3%). An additional 0.8% explicitly named the political situation and 0.1% named ethnic conflict as a reason for leaving home, 0.6 % did not give a reason.

Nafisa:

Nafisa is thirty years old, but looks twenty years older. She sees her own mother as the one person who really loved her and could protect her. Her mother died when she was three years old. "My father had two other wives, my stepmothers, and they were very cruel to me. They married me off when I was fourteen years old, and my husband was thirty five. He beat me a lot and has not shown any good behavior towards me. I became very nervous". During factional fighting her husband got killed. "Our house was in the frontline and some commanders came in and forced us to leave. They gathered all the women and children in a dark room and kept us there for two nights. Fortunately, I knew one of them and they allowed me to go. They kept all other women who were from my area". Many of the men 'disappeared', never to be seen again. Nafisa's husband got killed in that time: "After I lost my husband, I started begging". When the Taliban took power, Nafisa's life took another bad turn: "My older daughter was sixteen and a Talib came to me and forced me to give my daughter to him in marriage. I had to let him. I could not refuse". Nafisa has not seen her daughter since then: "I know she lives in Ghazni and has two children. If ever she was allowed to come to Kabul, I am sure she would not return to Ghazni". Nafisa sees many difficult years ahead of her: "My biggest problem used to be that I got married so young. Now my biggest problem is that I cannot see my daughter. Another big problem is that my children are still so young. The oldest one is fourteen, he does not go to school. He collects plastic bags from the garbage and sells them and I try and earn money by washing clothes for others".

Besides her own five children, Nafisa has also adopted a child. “My sister did not have any children and asked me to find her a child. I did. I found one for 500 Afghanis (equivalent of 10 USD), but then her in-laws did not accept the child, so now it is in my care.

Nafisa’s family shares a room. They don’t pay rent: “My now oldest daughter is doing chores for the landlord so we do not have to pay rent. A big improvement in her life and her children’s lives would be for her to find a good job: “Washing clothes is very hard work. My back hurts all the time. Still life is better now than when the Taliban were here, no one could go out and work. Now we can and it is calm”.

8.5 Relatives in foreign countries

115 families (3.1% of the interviewed) have relatives living abroad.

Following the assessment of the surveyors, about 40% out of the 114 with relatives abroad showed bad living conditions.⁴⁴ Evidence for economic assistance from abroad has neither been found nor reputed.

6.9 Challenges

The questionnaires have been designed to gather information about two kinds of needs: chronic needs and acute needs that require urgent solutions.

Interviews were held just before the start of the winter season. Respondents specifically mentioned the high prices of heating materials and food and their need for good windows and doors.

Caritas-Germany is planning to conduct a follow-up assessment to ensure adequate monitoring of its winterisation efforts.⁴⁵

Soraya:

Soraya was walking home from school when she was hit by a rocket shrapnel. She was nine years old and since that day, Soraya cannot use half her body. She is

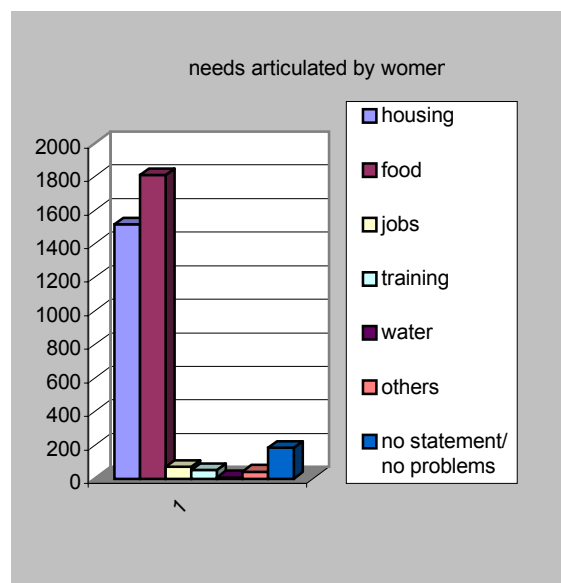
⁴⁴ ‘Bad living conditions’ means three or more missing or desolate items among roof, windows, doors, walls, floor and latrine.

⁴⁵ Caritas Germany is planning to conduct a follow-up assessment during a winterisation project 2003-2004 (funded by the German Ministry of Foreign Affairs) with at least 1,700 women of this assessment.

now 24 years old; her father died and together with her mother she moved with her sister who has also lost her mother and has an eleven-year old daughter. “My mother goes to houses to ask for work. She is supporting me, her disabled daughter, my sister, her widowed daughter and her grandchild, but my mother is getting older day by day and I don’t know how long she can look after me”. Soraya is always thinking about the time before the rocket hit her: “I was going to school and had lots of friends, but I have no idea what happened to all my classmates. I haven’t seen most of them. There is just one friend who comes to visit me”. Soraya spends most days lying on her bed. She used to read books but says she has stopped doing this. “Sometimes I dream that I am healthy and that I can walk. Then I wake up in the morning, and nothing has changed. To be honest, I wish I had died fifteen years ago. I am very unlucky”. Soraya wants somebody to take her to a hospital for treatment: “For an operation I need lots of money. I don’t know if I would be able to walk after that. What I want most of all, is to be like I was before”.

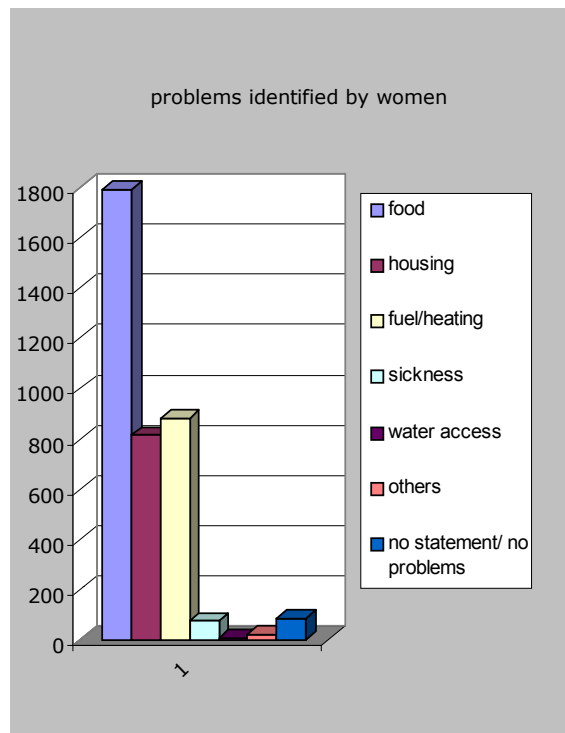
6.9.1 Chronic needs articulated by women

According to the answers given by the surveyed women, the most chronic needs are housing (41.2%), food (49.1%), employment (1.8%) and training/skills (1.3 %). Access to water is named by 0.1% of the interviewed women. Other needs (especially money) were stated by 1.1%.



6.9.2 Acute problems identified by women

For most of the women, food insecurity is their most urgent problem (48.8%). Many mention the coming winter and the problem of getting fuel and heating materials (23.9). For 22.1%, their housing situation requires attention and 1.6% consider illness of one or more family members as their gravest problem. Difficult or non-existing access to water was mentioned by 0.1% and 0.5% of the interviewed women named 'other' problems.



These results oppose the findings of a current survey of the *Human Rights Research and Advocacy Consortium (HRRAC)*.⁴⁶ In this survey carried out under the lead of *CARE international*, security – protection from violence and arbitrariness – was named as the most important problem of the Afghan people.

Hanifa:

After twenty years of marriage, 35-year old Hanifa became a widow eight months ago when her husband died after a heart attack: “This was the saddest moment in my life. My husband was a good man”. Hanifa’s husband was a labourer. After the Taliban, he found it harder to find work and

after years of not having regular work he became unemployed. He was buried in the Shomali Plains, north of Kabul, where Hanifa and her husband are originally from. Hanifa borrowed 40,000 Afghanis (approx. 825 USD), first to pay for medicines and later to pay for the funeral. Hanifa lives in a compound in De Mazang in the much destroyed southwest part of Kabul. She shares her accommodation with 5 families, all of whom are her in-laws. They rent their two rooms (the women sleep in one room and the men in another), from one of her in-laws for 300 Afghanis (approx 6 USD) a month. She shares a latrine and their own washroom with the other families and cooks in a small front room that leads to the door outside. She has no electricity and her daughter collects water at the neighbourhood water pump. She does not want to leave her accommodation because if she leaves she will have no protection for herself and her children as a widow and the members of her family. Also, community would talk and her reputation would be compromised. Hanifa has 6 children, 3 sons aged 9, 13 and 16 years and 3 daughters aged 4, 8 and 12 years. All of her sons attend school. They work during the day selling water in the neighbourhood and nearby bazar until 12 in the afternoon and then they go to school. They sell water with Hanifa’s 15-year-old brother. Soon after she was married, her brother came to live with them. Her brother, by his own choice, does not attend school. Her 8-year-old daughter is attending school. However, the eldest daughter was not given permission by her father to attend school and Hanifa sticks by his decision. As she herself is illiterate, she feels that the only hope her children –her sons- have for their future is a good education. She does not pressure them to work instead of going to school. “I would rather go hungry than have my children leave school”, says Hanifa. Her own future perspectives are linked with her children’s. If her children can get a good job and earn a substantial living, then her own life will be improved. When her daughter becomes 15 in 3 years time, she will ask her eldest son to start looking for eligible young men. Which person her daughter marries depends on her own luck: “It is not Afghan custom to keep

46 HRRAC (2003): Speaking Out. Afghan Opinions on Rights and Responsibilities (http://www.care.de/uploads/media/speakingout_full-report.pdf)

one's daughters home for a long time", Hanifa explained. She wakes up at 6:00 am with the call for prayer in the morning to spend the day looking after the children. As she does not go out of the house and her sons or her brother are shopping for the household, her only access to information is when people enter the compound. One of the most visible changes for Hanifa since the Taliban-regime fell is that children are now playing out in the streets.

6.9.3 Coping with the challenges

In their answers to the open question how they are coping with their problems, people explained different strategies. Families are taking loans from shopkeepers and neighbours or they are receiving help from relatives. There appears to be a tendency for related families to share accommodations in order to save rent. Trying to find work is another obvious strategy.

Nooria:

Nooria remembers that when her father was killed by a rocket, her mother was still breastfeeding one of her younger brothers. "To earn money she was sewing bags, but it was not enough". Now that Nooria and her sister have grown up, they try and help their mother by weaving rugs and cleaning almonds, but her brothers have to work as well: "My two young brothers don't go to school either; they are also weaving rugs to earn money".

Nooria says her mother is ill with tuberculosis. "We need money for medicine and also to pay the rent". The two girls go out to find firewood, scrap paper and plastic. "When we go out, we risk that people gossip about us and give us a bad reputation: What are two young girls doing outside on their own? If we go somewhere far, we take our mother with us. She protects us and is a mother and a father to us".

Due to the war, the family has suffered a lot. "Before my father was killed by the rocket, my mother miscarried twice. During the war, our house got looted and all our possessions were stolen. We lived in many different places but had to flee each time". Nooria says they cannot live with relatives, because their family is so big: "Who will want us in their house?"

She remains optimistic about the future: "My brothers will grow up and find husbands for my sister and me. If we also can find medicine to cure our mother, life will be good".

7 Defining 'Vulnerability'

Vulnerability is a complex issue; 'in reality, vulnerability is a nebulous term', maintains Barbara Rodey.⁴⁷ According to Richard Chambers, "vulnerability is defined as a high degree of exposure to risk, shocks and stress; proneness to food insecurity".⁴⁸

Vulnerability is about susceptibility and resilience. If the resilience is high, one might be susceptible, but not vulnerable. The capacity to recover can depend on many aspects, for example human or financial assets. In contrast, factors of vulnerability are for example poverty, illness and disabilities, age, sex, and limited access to resources. Vulnerability can also include a lack of education, freedom, a rapid population growth and unsafe conditions like a fragile economy, fragile political situation and insecurity in housing.

"The poorer one is, the more one is predisposed to suffer damage when a hazardous event occurs".⁴⁹

The assessment in the surveyed district as mentioned shows that vulnerability in Afghanistan today can be linked to:⁵⁰

- not having an able-bodied male in the household
- financial insecurity and unemployment
- bad living conditions without proper housing or water/sanitation
- disability

47 RODEY (2003): Strategic Reflections. A 2003 Evaluation of the Medair Kabul Vulnerable Programme, p.39

48 CHAMBERS (1989): Editorial Introduction: 'Vulnerability, Coping and Policy' IDS Bulletin, Vol.20 No.2, p. 64

49 WHO (1999): <http://www.who.int/disasters/repo/5507.pdf>

50 Barbara Rodeys classifies being vulnerable as "1. Households of illiterate women with no able-bodied male between 16 and 60 years of age, 2. Households headed by illiterate women or men with chronic illness within the family, especially illness that consume resources and productivity, 3. Women of all categories who are pregnant". RODEY (2003): Strategic Reflections. A 2003 Evaluation of the Medair Kabul Programme, p. 41.

For more details about the categories of vulnerabilities, *Cordaid* has organized a group discussion with the surveyors. After intensive discussions the female headed households and mentally and physically disabled were identified as the two most vulnerable groups of women. The findings of the discussion are documented in Appendix III.

8 Recommendations

8.1 Addressing acute needs

Implement winterisation programme for the neediest people in the surveyed districts with windows and doors, food items, blankets and heating materials as well as providing financial security through cash for work.

8.2 Addressing chronic needs⁵¹

The chronic financial insecurity of many Afghans is related to decades of war and internal upheaval. Lack of stability and security still stall economic growth and investments and obstruct chances of employment.

When there are chances of employment those with sought after skills have the best opportunities .

8.2.1 Education

Improving educational possibilities for women. With 91% of the adult women being illiterate, focus on developing those skills that are of use to them in their daily life is important. These include health, hygiene, child-rearing education, kitchen gardening, food preservation, and basic literacy.

The exclusion from society of disabled female needs to be addressed. For them to acquire skills and ultimately employment through cash for training and/or cash for work will provide much needed independence.

8.2.2 Strengthening women's networks

- Community Development

8.2.3 Health

- Besides the mentioned needs of education in health, hygiene and childcare, there is a need to improve health facilities. Community health services with a focus on traditional birth attendants / midwives, linked with hospital referrals for emergency obstetric care and blood transfusion facilities need to be developed.

- In addition, mother and child health facilities need to be identified and supported.

9 Conclusion

Afghanistan is one of the poorest and most underdeveloped countries worldwide – mainly caused by more than 20 years of war and oppression.

While the results of the assessment could give an insight as to current living conditions, problems and challenges of 3,674 women and their families, the findings corroborate with existing data (the adult literacy rate for example).

It must be remembered that this assessment is not representative of the whole of Kabul as affluent areas were excluded from the survey. However, for those most desolate neighbourhoods of Kabul selected for the survey, the amount of more than 3,600 respondents provides a substantial data base capable of producing trends which can be generalised for the poorer population of Kabul.

Appendices

Appendix I: Structured Questionnaire

Appendix II: Additional Questions
(writer: Salima Padamsey)

Appendix III: Criteria for vulnerability
(writer: Salima Padamsey)

Appendix IV: ICRC statistics on inflation

Appendix V: Presence of Caritas internationalis Partners in Afghanistan

⁵¹ See also the 'Potential Intervention' of Appendix III, p. 8

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Appendices

Women in Kabul



- Appendix I: Structured Questionnaire
- Appendix II: Additional Questions (writer: Salima Padamsey)
- Appendix III: Criteria for vulnerability (writer: Salima Padamsey)
- Appendix IV: ICRC statistics on inflation
- Appendix V: Presence of Caritas internationalis Partners

APPENDIX 1

Questionnaire

Name of surveyor: _____

No. _____ Date: _____

To ASK

Name		دس ا
Address		سردا
Age		رمع

Family status	Single درجم	Married لهاتم	Divorced, since: لاس بقالط	Widowed, since: لاس هويب	ىلىم اف تلاح
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If married: How many wives does your husband have?		؟دراد من اخ دن چ امش رמוש لهاتم رگا
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Ethnic group	Pashtun نوتشپ	Tadjik كجات	Usbek كبزا	Hazara هرازه	Pashtun-Kutschi يچوك نوتشپ	Other درىغو	اهتيلم
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Are you from Kabul?	Yes ىلب	No رىخن	؟دىتسه لباک زامش
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If NO: Where do you come from?		؟دى ادم اچک زام رىخن رگا
When did you come to Kabul?		؟دىدم لباک هب ىن امزه چ

Do you want to stay in Kabul	Yes ىلب	No رىخن	؟دىوش لباک مىقم دىه اوخيم
Why no return to origins?			؟دىدرگىمن رب ناتم ىلصا فوطنم هب ارچ

Have you lived outside of Kabul in the last 4 years?	No رىخن	Yes ىلب	لباک زام چراخ رىخال لاس راچ رد اى ؟دى ادرک ىگدنز
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If YES:	foreign country: چراخ روشک	other place in Afghanistan: ناتسن افغانستان خاد	یلب رگا
For how many years have you lived there?			دی ا جنوب اجنا تدم هچ
Since when are you back in Kabul?	< 2 years لاس 2 زارتمک	> 2 years لاس 2 زارتمک	دی دم لب اک هب لاس مادک رد
Did you get help in returning home?	No ریخن	Yes یلب	Organization سوسوم
		When نامز هچ	دی ا هتفرگ یکمک تش گزاب رد

Reason for leaving home	Ethnic یتیم	Economic یداصتقا	Political سیاس	War activities گنج	Other دریغو	یلب صا قطنم کرت تلخ
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Are you able to write or read?	Yes یلب	No ریخن	دی تسه داوس اب
Is someone in your household able to write or read?	Yes یلب	No ریخن	دی سا داوس اب رگی دی سک
Education			میلعت

# of people living in your household	Male □□□□ □□	Female □□□□ □□	نات لیم اف دادعت
under five			لاس 5 زارتمک
5-15 years			لاس 5-15
16-60 years			لاس 16-60
> 60 years			60 زارتمگرزب
From where do you get money for your daily life?			دی وایم تس د ب اچک زار از نازورلوب
Income per day	50-100 afghani یناغفا 50-100	100-200 afghani یناغفا 100-200	> 200 afghani یناغفا 200 زارتمدایز
Income per month	1000-2500 afghani یناغفا 1000-2500	2500-5500 afghani یناغفا 2500-5500	> 5500 afghani یناغفا 5500 زارتمدایز
What is the head of household working?	Reg. empl. دنمراک	Begging یادگ	daily labour نازور راکرودزم
Is anybody else in the household working?	Yes یلب	No ریخن	چیه
Is there a difference in income in summer and winter? How much?	Summer ناتسبات	Winter ناتسمز	دی تس یچ ناخ سی یز هفیظو ای راک
How many children in your household are going to school?			دن کی م راک لیم اف رد رگی دی سک ای ا
			و ناتسبات دی ا خ نیب توافقت ای ا مزادن ا هچ؟ تس ا ناتسمز
			دن وری م ببتکم هب لافطا دادعت هچ

How many animals are belonging to you?	Cow واگ	Donkey رخ	Horse بسا	Goats زب	Sheep دنفسوگ	chicken غرم	None چی	؟دیراتان اویح دادعت هچ
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Do you have relatives in a foreign country?	Yes یلب	Who یک	Where اچک	No ریخن	؟دیرات روشک زا چراخ رد ندن وانش یوخ ایا
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Are there household members with disabilities?	No ریخن	Yes یلب	؟تسا دوجوم نات لیم اف رد ببوی عم یسک
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If YES: Who?	< 15:	> 15 male:	> 15 female:	یک: یلب رگا
What kind of disabilities?				؟یبوی عم عون هچ
How do they get medicine? How much do you pay for it?				لوب رادقم هچ و دین کی لم لصاح اودروط هچ ؟دین کی لم فرصم

How many rooms do you have for living?	1 1	2 2	more than 2 2 زارتش یب	؟دیرات قاطا دن هچ
You are the owner of the house?	Yes یلب	No ریخن	؟دی تسه مناخ بحاص امش ایا	

If NO: Do you pay rent?	Yes یلب	how much / month رادقم هچ	No ریخن	؟دی هدی م هیا رک: ریخن رگا	
Who is the owner of the house?	Relative دن وانش یوخ نا	Municipality یراد رنش	do not know منا د یمن	Private یصخش	؟تسا یک مناخ بحاص

Do you have access to safe water?	< 15 minutes walk هدایب قوی قد 15 زارتکم	> 15 minutes walk هدایب قوی قد 15 زارتدایز	no access تسا دوجوم بتل و ص هچ	؟دیرات یسرتسد کاب ببا هب	
Electricity	Yes یلب	No ریخن	قرب		
Latrine	In house مناخ رد	close by مناخ کی دزن	no چی	حارتسم	
How many persons per latrine?	< 10 رفن 10 زارتکم	> 10 رفن 10 زارتدایز	دافتسا ار حارتسم کی رفن دن هچ ؟دن کی م		
How do you heat / cook?	Wood ببوچ	Charcoal لاغز	Diesel لزید	Gas زاگ	؟دین کی م زب و تخب نوگ هچ

How much spending on heating per month?		نا یارب لوب فرصم رادقم هچ من اهام؟ دین کی می
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Access to Health facilities	< 1 hour walk هدایب تعاس 1 زارتیمک	> 1 hour walk هدایب تعاس 1 زارتدایز	یحص تلوس
Access to School	Yes یلب	No ریخن	ببتکم تلوس
Are your children vaccinated?	Yes یلب	No ریخن	دنا هدش نیس کاو لافطا

How many meals per day?	1 1	2 2	3 3	دیروخیم ادغ راب دن چ زور
How often meat weekly/monthly?	Weekly یا هتفه	Monthly من اهام		قتش وگ راب دن چ
How often fruit weekly/monthly?	Weekly یا هتفه	Monthly من اهام		مویم راب دن چ
How often milk weekly /monthly?	Weekly یا هتفه	Monthly من اهام		گریش راب دن چ
How much money do you spend on food per day	< 50 afghani ین اغفا 50 زارتیمک	> 50 afghani ین اغفا 50 زارتدایز		من از ئر کاروخ ئالاب لوب مزادن هچ دین کی می فرصم

Are you part of an NGO Program?	Yes یلب	No ریخن	دئی اهدوب مس سوم راک زاش خب امش ای
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If YES: Which one / Organization		مس سوم مادک یلب رگا
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Have you been part of an NGO Program?	Yes یلب	No ریخن	دئی اهدوب مس سوم راک ش خب یه اگ
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If YES: Which one / Organization		کی مادک یلب رگا
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Current needs	Housing نخ	Training / skills اه تراهم	Jobs هفیظو	Food اذغ	Other هریغو	یلخفت ایرورض
Worst problems	Food اذغ	Housing نخ	Fuel /Heating in winter تخوس داوم	Sickness یضیرم	Other هریغو	مدع تالکشم

How are you coping with your situation and difficulties?		مزابم نات تالاج و تالکشم ابروطچ دین کی می
--	--	--

TO OBSERVE:

Type of housing	Destroyed house هدش نار یو هناخ	Squatted یراوید راج	Rebuilt هدش دابا	Tent همیخ	هناخ تلاح
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living conditions	Good بوخ	Bad دب	No چیہ	یگدنز تلاح
Roof				فقس
Windows				اه نیکلک
Doors				اه زاورد
walls				اه راوید
How is the toilet, the floor?	Carpet نیلاق	Blanket لبمک	Nothing چیہ	حارتسم تلاح شرف

Appearance of children:	Good بوخ	Bad دب	None چیہ	لافطا یره اظ تلاح
Shoes				اه توب
clothes				سابل

Does satellite exist?	Yes یلب	No ریخن	تئیالتس تیوچوم
Does TV exist?	Yes یلب	No ریخن	نویزیولیت
Do they have a telephone / access to a telephone?	Yes یلب	No ریخن	نفلت

Disabilities?	yes (who) یک/یلب	No ریخن	تیبوی عم
Pregnancies?	yes (who) یک/یلب	No ریخن	یگلم اح

REMARKS:

I gave an NGO address (Name, project)		داد یسک هب مک هس سوم مادک سردا و مان دی شاب
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APPENDIX 2

Additional Questions to the Questionnaire

Additional Questions

1. Where are your relatives in Afghanistan?
2. Why are you not living with your relatives in Afghanistan?
3. What is the biggest difficulty facing you now? Are you able to solve it?
4. If yes, how? If not, why not? What is required for you to overcome this difficulty?
5. If the women are widowed or divorced (or single because of disability): How is she coping without the husband's protection?
6. Who else is helping her in the family?
7. What does she see for her future? Where will she be in 2, 5, 10 years from now?
8. What future does she see for her children, especially her daughters? What does she wish for her future to be?
9. Are you going out? Are you allowed to go in the city alone? With whom do you go out? What about going to the hospital or work? What is affecting your movement?
10. How do you feel about your own personal security when you go outside?
11. Who is helping you now? Looking after your children sometimes?
12. On what do you spend the majority of your time? What do you do during the day? During the evening?
13. If you could change anything about your life, what would it be?
14. What has changed over the last year for you?
15. Did you have a miscarriage?
16. Did you have problems at childbirth?

APPENDIX 3

Women in Kabul. A needs assessment

A Group Discussion about "vulnerability"

Introduction

In preparing the final report for the needs assessment to be presented to the Caritas Internationalis Network and other interested NGOs, it was decided that the definition of vulnerability, in the various levels in which they exist in Kabul, needed to be identified and defined; thereby allowing the assessment to define vulnerability within the context of the survey and to identify potential target groups (i.e. extremely vulnerable individuals) for further strategic planning and programming.

At the end of November 2003, after the preliminary finding report, it was agreed to hold a group discussion with the surveyors in order to define the various categories of vulnerabilities, identify target groups and potential strategic objectives.

The group discussion was structured to take on an interactive approach and it used participatory tools to ensure maximum input from the surveyors, as they have conducted the interviews. Of the total female surveyors, 7 attended the workshop.

Group Discussion Outline

Introduction: Plenary Session

- In depth discussion as to the objectives of the workshop and relating it to the survey and the experience of the surveyors
- Vulnerability as an overview

Vulnerability Ranking: Group Work with Presentations

- Participants are asked to identify the various types of women who they been interviewed
- Then to rank these women from highest to lowest categories of vulnerability with explanation
- Presentation

Group Discussion

- Reviewed the presentations and discuss the issues that have been emerging with clarification of various categories of vulnerability with criteria and identified target groups

Findings

Throughout the discussion, time and time again, there were two consistent criteria that the surveyors described in referring to vulnerability: financial (not enough money) and social protection (no male protection). The various groups of women identified as having been surveyed are:

- Physically disabled women
- Skilled women
- Women with limited exposure (inside their house)
- Widows
- Uneducated, illiterate women
- Women restricted by their family, not allowed to work outside their house)
- No male supporters
- Narrow minded women
- Women with lack of mobility
- Sexually assaulted women
- Working women
- Uneducated, illiterate women
- Women restricted by their family, not allowed to work outside their house)
- No male supporters
- Narrow minded women
- Women with lack of mobility

- Sexually assaulted women
- Working women
- Women separated from their husbands living with their parents
- Women who have been beaten
- Women with husbands with several wives
- Divorced women
- Mentally disabled women
- Married women with no children
- Child wives
- Young women (16-45 years old)
- Older women (over the age of 45)
- Mothers
- Daughters
- Remarried women

Next, the women clustered the various groups of women interviewed in order to identify and define specific categories of women:

- Female-headed households
- Restricted women
- Women working outside the house
- Women working inside the home
- Women with many children
- Violated women
- Mentally and physically disabled women
- Male-headed households/extended family support

Vulnerability: An overview

Within the group work, women were asked to discuss and rank the criteria for vulnerability for each of the above mentioned groups.

Table 1: Vulnerability Criteria and Ranking

Identified Groups of Women	Why these women are vulnerable
Female Headed Households	<ul style="list-style-type: none"> ■ Only supporter of the family ■ She has to do everything for the family ■ Financially weak ■ she has all the responsibility for the children ■ no male supporter over the age of 15 years old
Disabled Women	<ul style="list-style-type: none"> ■ Disability is their biggest problem in life ■ They feel that they have no hope because they can not do what other people do ■ They are unable to do things for themselves ■ No support in reference to services available for them
Women with Many Children	<ul style="list-style-type: none"> ■ Financially weak ■ Need to feed many children ■ Children are selling water and other things for petty cash ■ Children do not get educated ■ Mother is beating the child to keep them quiet because they are crying from hunger ■ Mother is abusing the children because of the inability to provide and the stress of the situation causes physical and mental abuse to the child ■ Children are becoming unresponsive due to the high levels of aggression and abuse ■ Children are working in the bazaar where the risks of abuse and illegal activity are high ■ Early marriages of daughters
Violated Women	<ul style="list-style-type: none"> ■ Have financial problems ■ Bad situation in the family, especially if the abuse is occurring within the family ■ Loss of dignity, they are not feeling as women should ■ Mental trauma and psychological problems as a result ■ Low income families send their daughters to the bazaar as commercial sex workers ■ Abusive husbands
Restricted Women	<ul style="list-style-type: none"> ■ Women who are not given their rights for mobility and education ■ Social customs need to be followed ■ Can not go to the doctor without permission of the family, even if their life is at risk ■ Practiced mostly by those people living in Kabul arriving from villages ■ Restrictions are placed on young girls because that is how their mothers grew up, and are repeating from their own experiences ■ Cannot act without family consent on anything, including eating

Identified Groups of Women	Why these women are vulnerable
Male headed households	<ul style="list-style-type: none"> ■ Families are large and men cannot provide for their families ■ Some men have many wives and as a result, at times must provide for 15-20 people ■ Financial situation is bad ■ Unemployed or does not have a regular income ■ Insufficient earnings: trading or selling in the bazaar, day labourers ■ High rates of illiteracy
Women working inside the home	<ul style="list-style-type: none"> ■ This happens when a young girl marries an older man and he can not work ■ The husband is dead or disabled ■ Financially weak ■ She is not permitted to work outside the house, so she does something inside the home ■ This is a preference because she is illiterate, she can be close to her children and within the security of her home ■ Labour intensive work with very little output in terms of finances ■ Spinning wool (1 kilo) = 20 Afghanis ■ Cleaning nuts, the woman is allowed to keep the shells that she can burn for fire ■ Not regular work
Women working outside the house	<ul style="list-style-type: none"> ■ Low income, insufficient to support a family ■ Mostly government employees, working within the ministries or as a teacher ■ Skilled and educated women have more chances of finding employment ■ Unskilled and uneducated women work as cleaning ladies and other menial labour
Married women with no children	<ul style="list-style-type: none"> ■ Husband takes another wife ■ Low income ■ Husband does not take care of the wife ■ There is more social pressures placed on her by the family

Extremely Vulnerable Women

Group discussions with the surveyors revealed that vulnerability could be applied to the majority of people in Kabul, with few exceptions. However, when attempting to determine various levels of vulnerability, the female headed households and mentally and physically disabled were identified as the two most vulnerable groups of women.

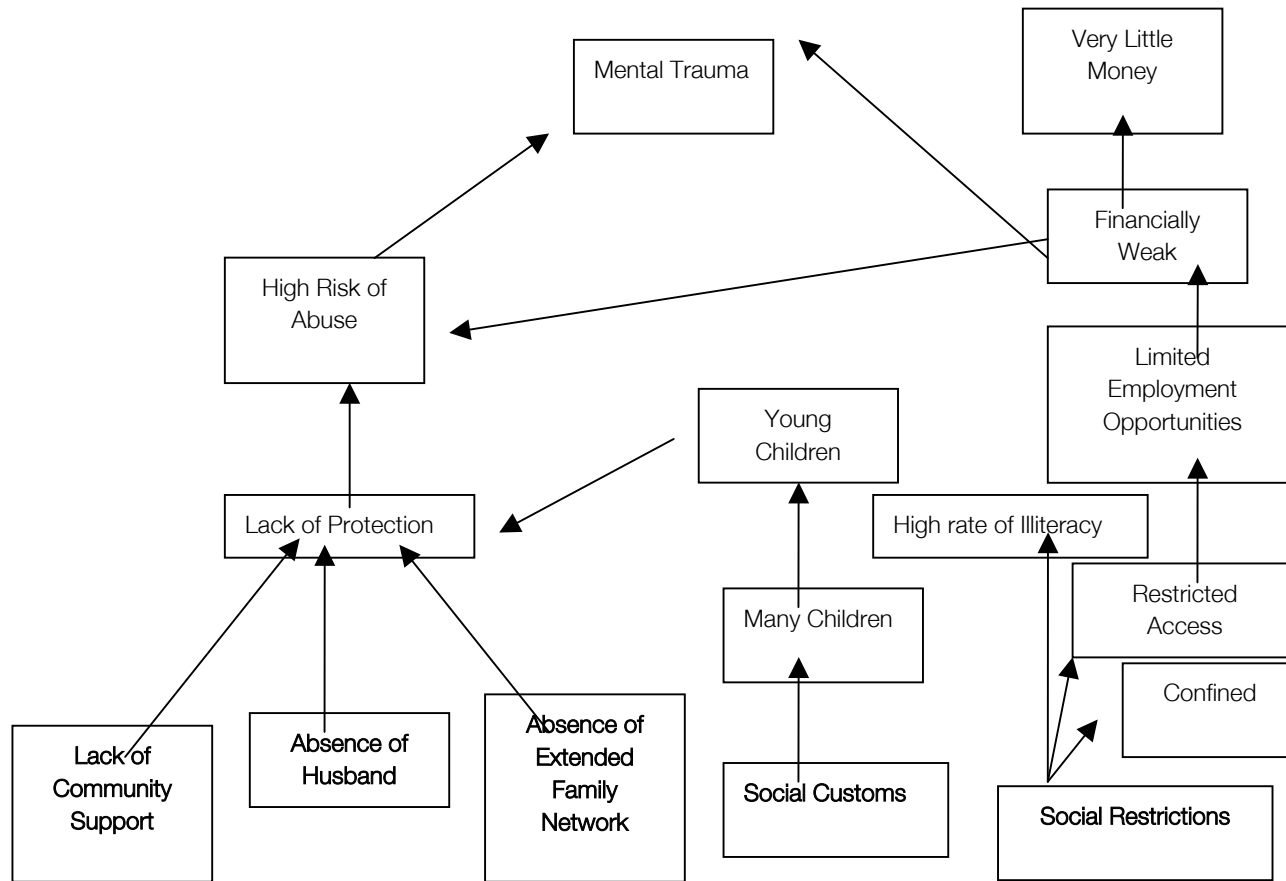
Vulnerability was inextricably linked to access to work, access to cash in hand, regular income, employment possibilities and opportunities, skills, literacy and male protection. The surveyors affirmed that female headed households and disabled women (as defined above), out of all the other categories listed and defined above, were the two most extremely vulnerable groups of women. In addition, the group discussions revealed that those women who have fewer chances to earn an income are more vulnerable than those who have more chances, once again, singling out the first two categories.

While other households remain vulnerable because of insufficient finances or family restrictions, these women have male protection and are usually within an extended family network which allows the entire unit to share its risks and burdens. Although still vulnerable, the remainders of the groups were not identified as more vulnerable than the female headed households and disabled.

Problem Tree

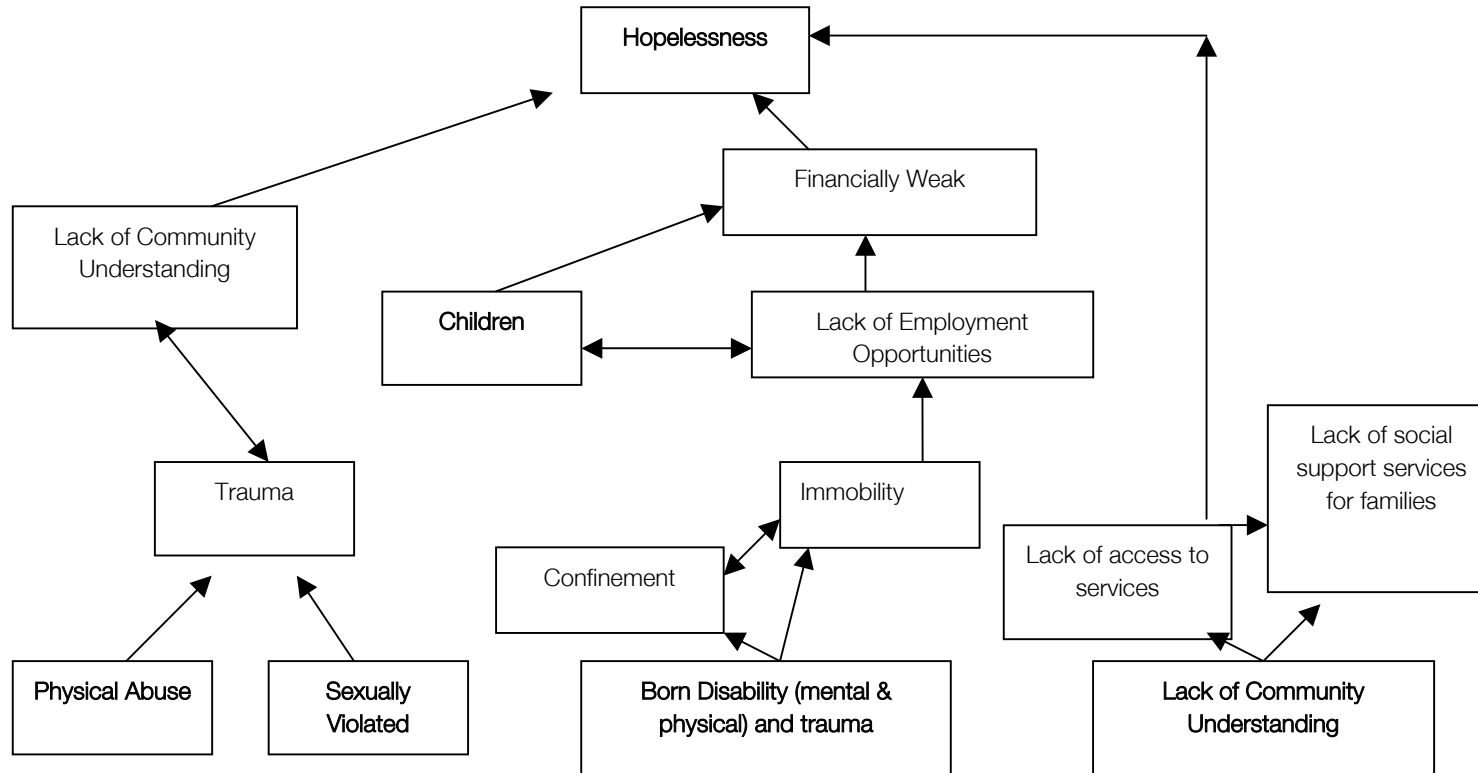
Based on group discussions, two problem trees were facilitated by the Cordaid Team to have an in-depth and more specific look at the problems both these groups are facing in their daily lives.

Problem Tree: extremely Vulnerable Women: Female Headed Households



Problem Tree:

Extremely Vulnerable Women Group II: Mentally and Physically Disabled Women



Potential Interventions

It should be noted that the problem trees reflect the present situation as witnessed and discovered by the survey teams. Sound development theory clearly states that people are willing to lift themselves out of their circumstances, usually poverty, by taking control of their own development. In other words, people who are focused on development. The Objectives outlined in this section attempts to offer the chance, the environment and opportunities for these vulnerable groups to assist themselves out of their situation.

Objective 1

Increased employment opportunities at the household level (in the home) for women identified as extremely vulnerable in Kabul with access to the bazaar/market.

In further developing this objective, the following issues need to be further addressed:

- Micro-credit analysis
- Training and capacity building for illiterate participants
- A strong savings component
- Community mechanisms for support and development of market links
- Identify creative ways to women for access the market from home

Objective 2

Increase rates of literacy of extremely vulnerable women and their children in Kabul through a home-based school approach in line with social and cultural customs.

In further developing this objective, the following issues need to be further addressed:

- Community support mechanisms
- Adult teacher training
- Existing women support groups or mechanisms
- Community development components

Objective 3

Establishing support services for the physically and mentally disabled women and their families in Kabul through community outreach services focusing on identifying coping mechanisms with a possible focus on income generation.

In further developing this objective, the following issues need to be further addressed:

- Identify current and existing services
- Training and capacity building of outreach staff
- Referral system
- Understanding the causes of mental trauma
- Understanding the causes of mental disability
- Identifying strategies being implemented and uses by other NGOs with similar focus

Objective 4

Raising community awareness concerning disabilities and trauma in Kabul in communities where disabled and traumatized individuals are residing.

- In further developing this object, the following issues need to be further addressed:
- Knowledge, attitudes and practices within the socio-cultural context of mental disability and trauma
- Training and capacity building of project implementation staff

Conclusion

On December 7, 2003, this paper along with the problem trees and objectives, was presented back to the surveyors who participated in the group discussion, in line with participatory planning. This process enabled them to re-check the surveyors analysis to ensure that there had not been any misunderstandings or misinterpretation. In addition, the surveyors whose input was very valuable to the process have a good understanding of the planning process and how their roles, both in conducting the survey and participating in the discussion, were vital in planning programmes.

Salima Padamsey

Kabul, December 2003

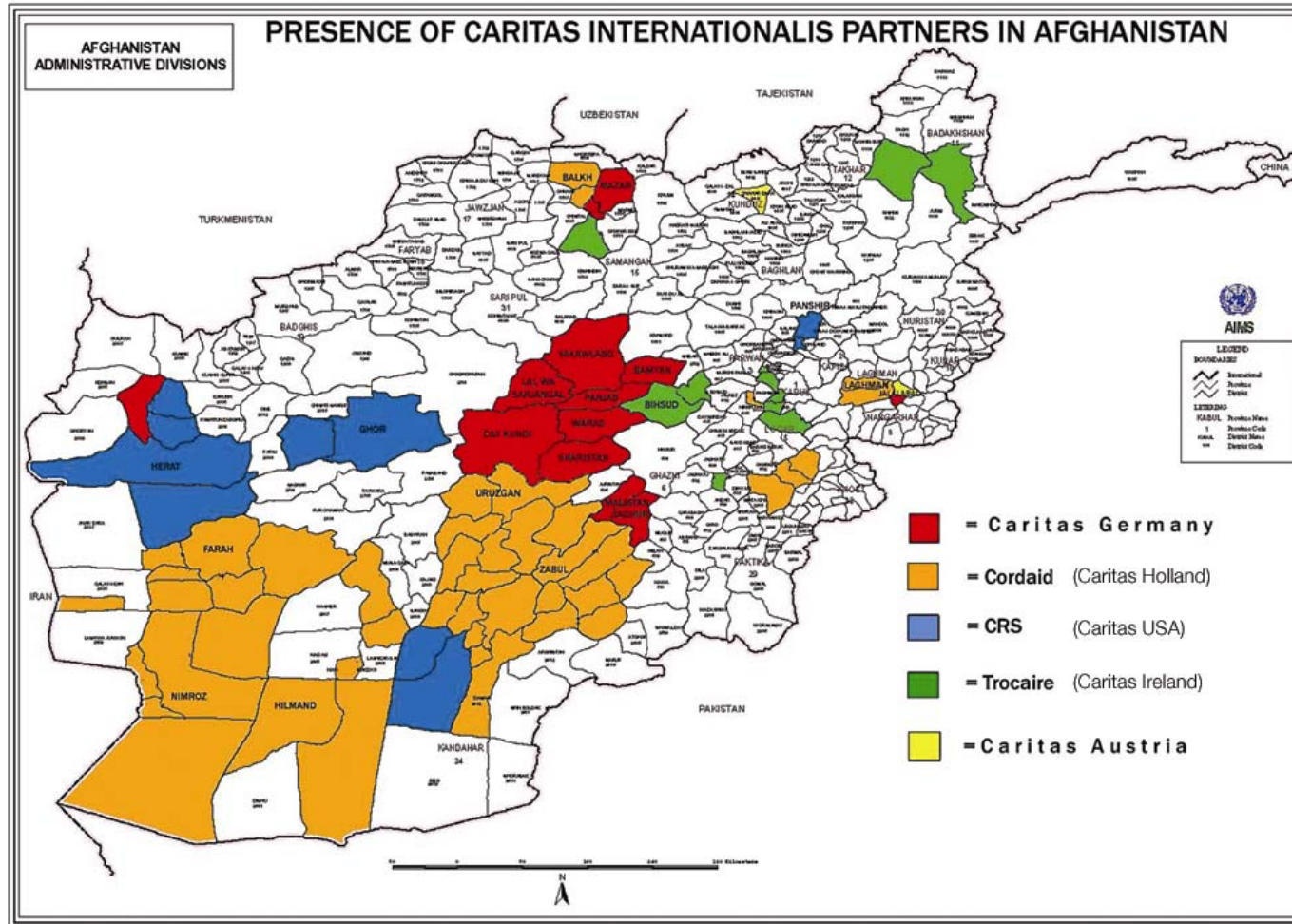
APPENDIX 4

ICRC Statistics on Inflation

COMPOSITION :		Unit	Vital		REFERENCE PERIOD		ACTUAL PERIOD			
			min.	Nr	Avg of May, June & July 2002		September 2003-Kabul			
			quant.	Qty	Unit price	Total price	Unit price	Total price		
FOOD ITEMS										
F01	BEANS* (Domestic)	kg	18	9	22,0	198	30	270		
F02	BEEF	kg		5	67,2	336	120	600		
F03	BLACK TEA* (Kenya, African)	kg	2	2	143,2	286	120	240		
F04	BREAD (local NAN)	300gr		150	2,8	420	4	600		
F05	CARROTS	kg		9	9,5	86	13	117		
F06	CHIKEN (DEAD) (Domestic)	kg		4	102,4	410	150	600		
F07	EGGS (Domestic)	doz		15	25,4	381	60	900		
F08	FLOUR* (Pakistan)	kg	48	15	8,4	126	10	153		
F09	MILK POWDER (Gloria)	kg		4	170,8	683	125	500		
F10	MUTTON	kg		20	89,5	1.790	160	3.200		
F11	OIL, GHEE* (16lt) (Sham)	kg	8	1	369,5	370	750	750		
F12	ONIONS	kg		30	8,3	249	7	210		
F13	APPLE	kg		12	34,0	408	45	540		
F14	POTATOES	kg		45	7,4	333	7	315		
F15	RIZE* (Sela-e-Awal Pakistani)	kg	24	24	24,9	598	30	720		
F16	SALAD	kg		9	16,5	149	20	180		
F17	SALT*	kg	3	3	3,6	11	3	9		
F18	SUGAR*	kg	3	12	14,9	179	17	204		
F19	TOMATO PASTE (Irani tins)	kg		4	30,6	122	30	120		
F20	YOGHOURT (local)	kg		6	17,4	104	25	150		
CLOTHING										
C01	SHOES MEN (average quality)	pair		1	646,0	646	600	600		
C02	TISSUE M2* (AVG for Male & Femal)	m2	6	8	295,5	2.364	340	2.720		
TRANSPORT										
T01	BUS (KAB - JAL (Flying coach)			2	183,3	367	150	300		
T02	DIESEL	lit		24	9,1	218	15	348		
MISCELLANEOUS										
M01	CIGARETTES (Seven Star)	pak		8	27,3	218	60	480		
M02	SOAP LUX (German)	pc		4	21,6	86	15	60		
M03	WASHING POWDER (Pak)	kg		4	26,7	107	30	120		
M04	WOOD (1 SER=7KG)* (Baloot)	7kg	100	30	16,6	498	35	1.050		
M05	WRITING PAD (100 pages)	pc		8	42,4	339	35	280		
				468		12.082		16.336		
INDEX STATUS		TOTAL				25,82		34,91		
Difference								9,09		
Difference in %								35,21%		
MINIMUM VITAL STATUS*		TOTAL VALUE				3.933,59		4.964,60		
Difference								1.031,01		
Difference in %										
* Minimum vital : Items (refer to list with *) distributed to a displaced family on a monthly basis (same family type)										
Present food basket is based on a 2 adults and 4 children (in school age) type										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; text-align: center; vertical-align: middle;"> Nabiullah Saberi Administrator's signature </td> <td style="width: 60%; text-align: center; vertical-align: middle;"> EXCHANGE RATE : US\$1=48.80-AFN </td> </tr> </table>									Nabiullah Saberi Administrator's signature	EXCHANGE RATE : US\$1=48.80-AFN
Nabiullah Saberi Administrator's signature	EXCHANGE RATE : US\$1=48.80-AFN									

APPENDIX 5

Map of Caritas internationalis Partners in Afghanistan



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