



# UNFPA Afghanistan flagship programme spotlight: Family Protection Centres

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## A MESSAGE FROM THE MINISTRY OF PUBLIC HEALTH'S GENDER DIRECTOR



Family Protection Centres are Afghanistan's only comprehensive gender-based violence service delivery point. As a result of the strong partnership between the Ministry of Public Health Gender Directorate and the United Nations Population Fund, Family Protection Centres have been able to expand to 26 provinces with 37 operational Family Protection Centres.

These one-stop service hubs offer gender-based violence survivors a multi-sectoral and survivor-centred approach to service delivery. Family Protection Centres not only offer case management, psychosocial counselling, and legal counselling; additionally, the programme's advocacy at the grassroots level is contributing to normative changes within the communities in which we are operating. In provinces where we initially saw resistance to the Family Protection Centres, after community dialogues and training of health professionals, we have witnessed strong community buy-in; now Afghans from both rural and urban areas see the importance of Family Protection Centres.

Expansion of the Family Protection Centres throughout Afghanistan ensures more Afghan women and girls have an inclusive service point for gender-based violence response and that communities are becoming more aware of what gender-based violence is and how we can all be allies in eradicating it from our society.

Dr. Kubra Panahi  
Gender Director, Ministry of Public Health,  
Government of the Islamic Republic of Afghanistan

## PREFACE



Women and girls comprise almost half of Afghanistan’s population of 39.1 million people, at 49.1%.<sup>1</sup> If nurtured, invested in, and presented with the same opportunities as boys and men, women and girls can be catalysts for Afghanistan’s development progress.

Realising the potential of women and girls is not just a human rights obligation, it is a wise socioeconomic investment. And with one of the youngest demographics in the world, it is not too late: three quarters of the population is under 30 years old.<sup>2</sup> The time is now to build the foundation for a future in which all members of society—not just half—are equally valued for their contributions and leadership to a just and prosperous Afghanistan.

To achieve this vision, a long road lies ahead.

With a devastating history of protracted conflict and the associated impacts of war, Afghanistan continues to face many development challenges. Despite the significant efforts underway to improve lives, one of the greatest challenges is the plight of women. This is evident in the fact that Afghanistan is one of three countries in the Asia-Pacific region with the highest prevalence of violence committed against women by their husband. Over half of women have been physically and/or sexually abused by an intimate partner.<sup>3</sup>

Gender-based violence not only harms the women and girls who experience it but also causes long-term physical and psychological consequences in children, economic burdens to families and communities, and it hinders the country’s ability to achieve its development goals.

To help women and girls who are experiencing violence live happier, healthier lives, the Government of the Islamic Republic of Afghanistan<sup>4</sup> Ministry of Public Health and UNFPA have developed an innovative model called Family Protection Centres.

As we face one of the greatest public health crises of our time, COVID-19, let’s not forget the invaluable and essential nature of services for gender-based violence survivors. Family Protection Centres are needed more than ever, when women and their children are more likely to be facing violence.

UNFPA and its partners are committed to adapting Family Protection Centres, so they can continue helping survivors of gender-based violence throughout the COVID-19 pandemic and afterwards—while also working to address the underlying social and cultural norms that give rise to this fundamental human rights violation.

I invite you to take a moment to understand how the lives of women who experience violence—and those of their families and communities—are transformed through UNFPA’s flagship Family Protection Centre programme.

Mr. Koffi Kouame  
Country Representative, UNFPA Afghanistan

<sup>1</sup> This population estimate is based on the National Statistics and Information Authority projection for 2020 using Flowminder remote sensing data. For more information, see Hellali, 2018.

<sup>2</sup> Afghanistan Statistical Yearbook 2018-19, 2019

<sup>3</sup> 2015 Afghanistan Demographic and Health Survey, 2015; Jansen, 2020

<sup>4</sup> Hereafter referred to as “the Government of Afghanistan” for brevity.

## EXECUTIVE SUMMARY

### Family Protection Centres: a Unique Solution to Help Women and Girls Living with Violence in Afghanistan

Family Protection Centres are discreetly located in provincial and district-level government hospitals. These female-staffed, one-stop clinics provide a range of free, confidential services for survivors of gender-based violence. Women and girls can receive health care, psychosocial counselling, basic legal guidance, and optional referrals to third-party support mechanisms such as law enforcement and safe housing for survivors of violence. As of mid-2020, there are 37 Family Protection Centres located in 26 of Afghanistan's 34 provinces. Plans for an additional six new Family Protection Centres in six more provinces are planned.

The envisaged immediate impact of the Family Protection Centres is a greater proportion of women and girls receiving multi-sectoral, coordinated help when they experience violence, including giving them more choices for finding sustainable ways out of violent situations. This is accomplished by building a reputation as a safe, trustworthy and respected community resource where women and girls receive quality health care and other support from female staff who uphold the highest standards of confidentiality, professionalism, and gender-sensitive services. Through community dialogues and other social and behaviour change tactics, the programme aims to shift male attitudes, so women and girls are viewed as valued members of the family whose health and well-being is in everyone's best interest. Changing this cultural perception could have a longer term secondary impact of contributing to a reduction in gender-based violence—a prerequisite to achieving gender equality.

Family Protection Centres are funded by Australia's Department of Foreign Affairs and Trade (DFAT), Italian Agency for Development Cooperation (AICS), Korea International Cooperation Agency (KOICA), Foreign, Commonwealth and Development Office (FCDO), and UNFPA. The Centres are operated by four non-profit implementing partners with local knowledge and experience.

The United Nations Population Fund (UNFPA) Afghanistan urgently calls upon policymakers, donors, private sector, UN agencies, national organisations and South-South collaborators to help remove one of the most critical barriers to gender-equality: gender-based violence. We seek partnerships to pool ideas, resources, and political will to accelerate the impact of Family Protection Centres. Help give survivors of gender-based violence a better chance to thrive by supporting their physical and psychological health, and their right to live without violence.



## WHO SHOULD READ THIS DOCUMENT

This document shows readers the rationale and impact of UNFPA's flagship Family Protection Centres programme. It demonstrates how an investment in services intended to assist women and girls faced with physical, sexual, and psychological abuse, can support greater gender parity and women's empowerment. UNFPA Afghanistan invites readers to learn about the landmark work underway to empower to safeguard generations of Afghan women and to create a safer and more inclusive society for all.

We invite the following individuals and institutions to help increase the access and number of Family Protection Centres throughout Afghanistan.

- **Public officials and other influencers** with the power to shape policies and programmes in Afghanistan to ensure the longevity and enhance the sustainability of Family Protection Centres;
- **Donors and private sector partners** with the resources to scale the impact of Family Protection Centres to reach more communities in Afghanistan;
- **National partners and UN agencies** with the capacity and mutual interest to leverage resources in support of shared objectives, including strengthening the referral network for survivors;
- **South-South collaborators** who wish to replicate Family Protection Centres in other parts of the world, as has occurred in South Sudan, and offer shared learning; and
- **Individuals interested in learning about innovative solutions** to help women and girls living with gender-based violence access support and options to escape the violence, especially in similar settings that may be conflict-prone or culturally conservative.

## GAME-CHANGING PROGRAMMES IMPROVING PARTICIPATION, RIGHTS AND KNOWLEDGE, HEALTH AND WELL-BEING

Family Protection Centres are one of UNFPA Afghanistan's flagship programmes changing the status quo in Afghanistan.<sup>5</sup> This model complements our other flagship programmes in collaboration with the Ministry of Public Health and the Deputy Ministry of Youth Affairs:

- **Family Health Houses**, deliver life-saving and essential reproductive, maternal, newborn, and child health care to some of the most underserved parts of the country. Family Health Houses also raise awareness in their communities on how to prevent the spread of COVID-19 and refer suspected cases to the nearest equipped public health facility; and
- **Youth Parliament, Youth Health Line, and Youth Health Corners**, build youth leadership skills and empower young people with vital knowledge and services to improve sexual and reproductive health in Afghanistan and form healthy gender attitudes. Youth Health Line and Youth Health Corners also offer young people tools to prevent gender-based violence and get help when experiencing it. And in the current COVID-19 pandemic, Youth Health Line and Youth Health Corner staff have been trained to provide guidance on preventing the spread and testing.

Together, these flagship programmes are fundamental drivers of progress towards UNFPA's intended outcomes of zero sexual and gender-based violence and harmful practices against women and girls, zero preventable maternal deaths, and zero unmet need for family planning information and services.

**Sustainable Development Goals:** Family Protection Centres also help achieve the following Sustainable Development Goals in support of the 2030 Agenda for Sustainable Development:



<sup>5</sup> UNFPA Afghanistan's flagship programmes are innovative and successful initiatives currently being implemented that serve as prime models for scaling up and replication to support those furthest behind, especially vulnerable individuals with limited access to services and individuals in remote locations.

## THE SITUATION

Afghanistan's epidemic of gender-based violence is a hidden one—one that mainly occurs behind closed doors. Despite the fact that more than half of women are subjected to violence by their husbands, Afghan society largely considers it a family matter that should not be discussed outside the home.<sup>6</sup>

Gender-based violence is an expression of persistent gender inequalities and discrimination that stems from, but also perpetuates, women's subordinate status and the unequal power relations between men and women.

Women's rights in Afghanistan have drastically deteriorated over the course of more than four decades of war. Before conflict erupted in the 1970s, Afghan women enjoyed more rights—such as voting—than women in many countries that belong to today's 'Global North,' including the United States.<sup>7</sup> But unfortunately among the myriad of consequences resulting from the protracted state of conflict in Afghanistan, is the regressions of women's rights which reinstated and exacerbated inequalities between men and women, boys and girls. Throughout the numerous coups, civil wars and occupations, women, and girls have been increasingly discriminated against and their basic human rights violated. Under the Taliban rule, starting in the mid-1990s, the situation progressively worsened. Women and girls were barred from public life—prohibited from pursuing education, working, and other civic engagements, leaving the house without a male relative, showing skin in public, and accessing health care from male providers, who are the majority of health workers in Afghanistan. Punishment to enforce these policies was harsh, including emotional, physical, and sexual violence.<sup>8</sup>

This history of intense geopolitical conflict has led to a deeply male-dominated, patriarchal culture, which tends to position women at the bottom of the social hierarchy. The Gender Development Index reflects this reality in its global comparison of gender parity on three basic dimensions of human development: health, education, and command over economic resources. The Index categorises Afghanistan in the group of countries with the lowest gender parity globally.<sup>9</sup> In fact, Afghanistan is repeatedly classified as one of the worst places to be a woman according to expert-led studies—aftermath of the country's traumatic past.<sup>10</sup>

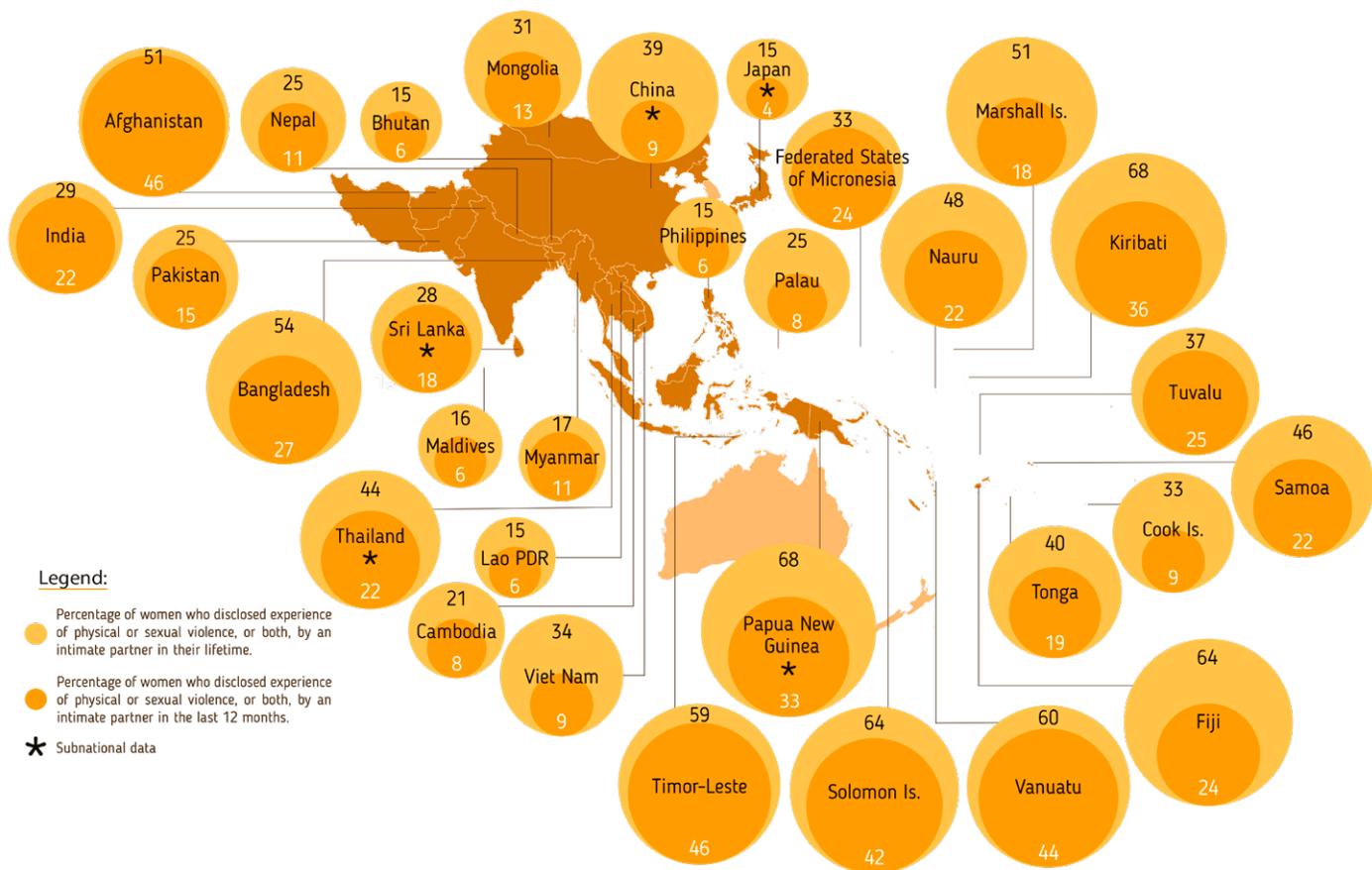
6 2015 Afghanistan Demographic and Health Survey, 2015

7 Women and Conflict in Afghanistan, 2013; "Women in Afghanistan: The Back Story," 2014

8 Ibid.

9 Afghanistan's Gender Development Index value is 0.723, placing the country in 'group 5,' the worst of five groups. Group 5 countries have the greatest 'absolute deviation from gender parity' values, while group 1 countries have the lowest 'absolute deviation from gender parity' values.

10 "TRUSTLAW POLL-Afghanistan Is Most Dangerous Country for Women," 2011



## WOMEN WHO EXPERIENCE INTIMATE PARTNER VIOLENCE, 2000 - 2019 UNFPA Asia and the Pacific Region

Of the countries in Asia and the Pacific, Afghanistan is tied with Timor-Leste for having the second highest current rate<sup>11</sup> of physical and/or sexual violence committed by an intimate partner.<sup>12</sup> Of women ages 15-49 who have ever been married, 46% experience physical and/or sexual violence. When including emotional violence, including controlling behaviours, the prevalence jumps to 52%.

Looking at the prevalence of violence over the course of women’s lifetime—of women in Afghanistan who have ever been married—51% have experienced physical and/or sexual violence by an intimate partner at some point in their life. Adding emotional violence, 56% experienced one of these three forms of violence by an intimate partner in their lifetime.<sup>13</sup> The difference between rates of ‘current’ and ‘lifetime’ physical and/or sexual intimate partner violence is shown above.

11 ‘Current’ rate means that women experienced violence in the year before Afghanistan’s 2015 national violence against women prevalence survey.

12 Among countries in Asia and the Pacific surveyed between 2000-2019 using the methodology of the World Health Organization Multi-country Study on Women’s Health and Domestic Violence or the Domestic Violence module of the Demographic and Health Survey. Jansen, 2019.

13 2015 Afghanistan Demographic and Health Survey, 2015

As the above data visualisation illustrates, gender-based violence has persisted over time in Afghanistan more than in any other country in the Asia-Pacific region.<sup>14</sup> In other words, almost all women in Afghanistan who experienced violence at least once earlier in their life still experience it now, which tells us that most of these women continuously live with frequent instances of violence.

Women in rural parts of the country, which tend to be more conservative and where gender-based violence services are harder to reach, are more likely to experience violence than women in urban areas.<sup>15</sup>

**Sadly, 61% of women have never told anyone about the violence perpetrated against them prior to Afghanistan's 2015 national violence against women prevalence survey. And just 20% of women who experienced physical and/or sexual violence by their husband sought help.**

That said, the number of women who seek help varies significantly by province, as do rates and patterns of violence.<sup>16</sup>

One of the reasons this human rights violation is so pervasive throughout Afghanistan is the widespread acceptance of gender-based violence by both men and women in Afghan society. Even many healthcare providers believe violence can be stopped if women adjust their behaviours.<sup>17</sup>

In light of this, significant efforts are underway to prevent and respond to the scourge of violence that hampers women's health and well-being, society's productivity, and the country's credibility as a nation that upholds the rights of all its people. One of the first steps is addressing gender-based violence.

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14 See footnote 12.

15 2015 Afghanistan Demographic and Health Survey, 2015

16 Ibid.

17 Ibid.; Roseveare et al., 2019

# EFFORTS TO ADDRESS GENDER-BASED VIOLENCE IN AFGHANISTAN

The Government of Afghanistan has developed and made pledges to numerous conventions, policies, and programmes to address gender-based violence. Some of these are presented in this document at a high level to provide context for the formation of the Family Protection Centre model.

## Government of Afghanistan Responses to Gender-Based Violence

The Government of Afghanistan promotes gender equality throughout its sectors, underscored by its commitments to global initiatives, such as<sup>18</sup>:

- *United Nations Charter;*
- *Universal Declaration of Human Rights, the 1993 World Conference on Human Rights, and related international treaties and human rights conventions;*
- *Convention on the Elimination of All Forms of Discrimination against Women (1979);*
- *Platform of Action of the International Conference on Population and Development (1984);*
- *Beijing Platform of Action from the Fourth World Conference on Women (1985);*
- *Sustainable Development Goals, especially Goal 3 for good health and well-being and Goal 5 for gender equality; and*
- *Global Strategy for Women's, Children's and Adolescents' Health (2016-2030).*

In accord, there are a number of national laws, policies, strategies, and action plans focused on the response to, and elimination of, gender-based violence in Afghanistan.<sup>19</sup>

- *Select articles within the Constitution of Afghanistan;*
- *National Health Policy and Strategy, 2016-2020;*
- *Afghanistan National Peace and Development Framework (2018-2022);*
- *National Action Plan for the Women of Afghanistan (2008-2018);<sup>20</sup>*
- *Law on the Elimination of Violence against Women, which criminalises 22 acts of gender-based violence and harmful practices;*
- *Law on the Prohibition and Prevention of Harassment against Women and Children;*
- *Afghanistan's National Action Plan on United Nations Security Council's historic resolution 1325 on Women, Peace and Security (2015-2022); and*
- *Afghanistan Gender and Human Rights Strategy (2019-2023).*

<sup>18</sup> Gender Directorate, 2019

<sup>19</sup> For a comprehensive review of these policies, see Gender Directorate, 2019, pp. 14-19.

<sup>20</sup> An update to the National Action Plan for the Women of Afghanistan is under development currently.



## A closer look at the Gender and Human Rights Strategy, 2019-2023

The Gender and Human Rights Strategy (2019-2023) is Afghanistan’s national approach to addressing gender-based violence, specifically focused on the implementation of services that help women and girls who are experiencing violence. Family Protection Centres emerged as part of this strategy.

UNFPA supported the Ministry of Public Health’s Gender Directorate in devising its Gender and Human Rights Strategy to ensure all Afghans “equally enjoy their human rights to full, healthy, and violence-free lives.” One of the strategy’s main tasks is increasing the availability of gender-sensitive health services and facilities to support survivors of gender-based violence.<sup>21</sup>

Given that gender-based violence takes place in the wider context of gender inequality and patriarchal social and cultural practices, a multi-sectoral response is required to tackle the problem effectively. In Afghanistan, the health sector is uniquely positioned to facilitate coordination between various sectors and lead the country’s response to gender-based violence. This is because:

- It is easier for women to access health facilities than law enforcement or justice institutions, though UNFPA is working to improve police and legal response to gender-based violence;

<sup>21</sup> Gender Directorate, 2019

- Health facilities can provide multiple forms of assistance to gender-based violence survivors;
- Health facilities can serve as an entry point to receive referrals to other services, such as shelters and legal assistance, given that the health system already has an internal referral networks;
- Some health care providers are trained to detect various manifestations of violence, though there is an ongoing need for capacity building in this area; and
- Health facilities play a crucial role in forensic evidence collection.

The Gender and Human Rights Strategy responds to a 2015 assessment conducted by the Ministry of Public Health and World Health Organization, which found “major gaps in health providers’ knowledge and attitudes regarding gender-based violence, its health consequences, and the role of health care providers in helping survivors” in Afghanistan. It also identified a need for strengthened “coordination and linkages with other non-health service providers,” specifically noting divides in the information flow between response and referral service providers.<sup>22</sup>

In reflecting on the 2015 assessment’s findings, the Government and its partners identified a lack of a holistic gender-based violence response system and network in Afghanistan. The parties agreed there was a need for a one-stop assistance centre for gender-based violence survivors to access a full range of services that include, but also extend beyond, health services.

As such, a health-sector response to gender-based violence was born, which aims to expand the choices of services and solutions available to survivors in Afghanistan. **A fundamental component of the health-sector response was the formation of the Family Protection Centre model, designed to facilitate a holistic, robust system of services for women and girls experiencing violence.**<sup>23</sup> As part of this, a coherent set of relationships has been established between agencies and organisations to create a strong referral network. This network is guided by the Standard Operating Procedures for Healthcare Sector Response to Gender-based Violence developed by the Ministry of Public Health with technical support from UNFPA in 2012.<sup>24</sup>

## Additional Gender-Based Violence Response Efforts

Alongside UNFPA, many other UN agencies, international and local non-governmental organisations, and civil society undertake crucial gender-based violence prevention and response initiatives for women and girls in Afghanistan. These institutions often work to direct cases of gender-based violence to the appropriate places, including to Family Protection Centres. Staff at the Family Protection Centres sometimes depend on these partner institutions to conduct follow-up care with clients. For instance, organisations that send community health workers to remote villages can check on women who previously visited Family Protection Centres. Or programmes that train midwives in remote districts of Afghanistan can help detect violence and provide basic psychosocial support to survivors.

<sup>22</sup> Ibid., p. 13

<sup>23</sup> Ibid., p. 24

<sup>24</sup> SOP for Healthcare Sector Response to GBV, 2012

A woman wearing a patterned headscarf and a blue top is seated at a table, looking towards a healthcare worker. The healthcare worker, wearing a white coat and glasses, is leaning over the table, possibly examining the woman's arm or providing medical advice. The setting appears to be a clinical or community health facility.

## FAMILY PROTECTION CENTRES: THE MODEL

### Why:

A 2015 assessment conducted by the Ministry of Public Health and World Health Organization exploring the challenges faced by health facilities in Afghanistan found a strong need for a comprehensive system that provides multi-sectoral gender-based violence response services, including but also beyond health care for survivors. The Ministry of Public Health and UNFPA developed the Family Protection Centre model as the solution.<sup>25</sup> Family Protection Centres are funded by Australia's Department of Foreign Affairs and Trade (DFAT), Italian Agency for Development Cooperation (AICS), Korea International Cooperation Agency (KOICA), Foreign, Commonwealth and Development Office (FCDO), and UNFPA.

### What:

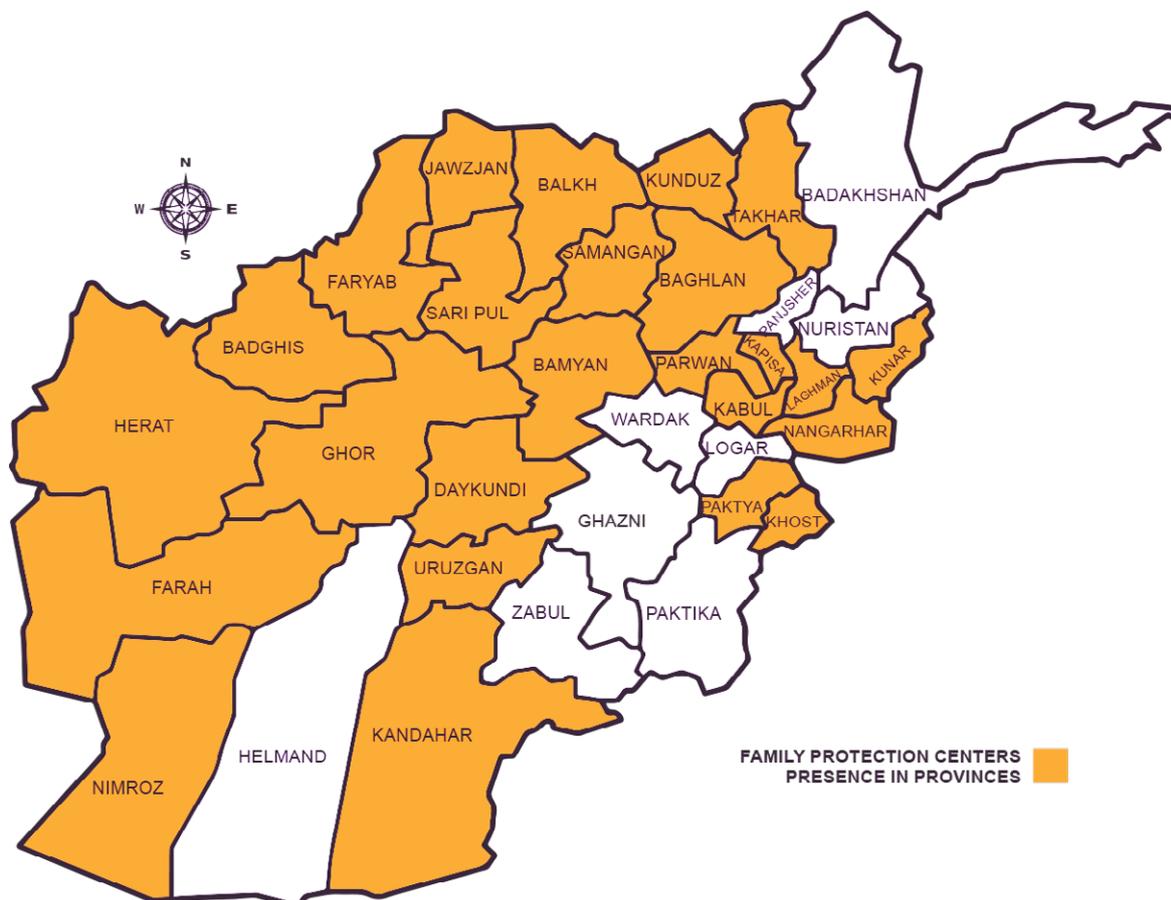
Family Protection Centres are free, confidential, one-stop clinics designed for women and girls—and in some locations, boys—who are experiencing violence. They are discreetly located in government hospitals at the provincial and/or district level. The model integrates female-staffed, professional, gender-sensitive services for survivors within the health sector, including in-house medical, psychosocial, and basic legal services. They also provide optional referrals to additional gender-based violence response services such as the justice system, police, safe housing for survivors, and community health-workers for follow-up care. Ultimately, Family Protection Centres expand the choices for women and girls who want to find sustainable ways out of violent situations.

Some women and girls have already heard of Family Protection Centres, possibly by referral, and specifically go to health facilities to receive help. In other cases, medical staff at public health facilities may suspect their patients are experiencing violence. The provider will either refer the patient to the Family Protection Centre located in the same facility or if there is not one onsite, to the nearest Family Protection Centre. When a patient is accompanied by men, the medical staff tell the men to wait while she is screened in a private room by a female provider. The woman or girl is then brought to the Family Protection Centre, which is designed to blend in with the other treatment rooms in the facility. Once inside the Family Protection Centre, she is briefed on why she is there and the services available, and that she can leave at any time.

<sup>25</sup> Gender Directorate, 2019, p. 13

## Where:

There are currently 37 Family Protection Centres in 26 of Afghanistan's 34 provinces, with plans for an additional six Centres in six more provinces in 2020.<sup>26</sup> Because they are located in public health facilities and staffed by women, Family Protection Centres are more likely to be acceptable places for women and girls to go in a country where in many parts, females have largely been removed from the public sphere. Family Protection Centres are often the only option women have to receive quality health care.



## Services:

Women and girls can receive a range of **medical screenings and treatments** at Family Protection Centres. A common medical service is the provision of care for injuries sustained as a result of gender-based violence. Medical staff also conduct post-rape examinations as part of forensic evidence collection in collaboration with local law enforcement.

**Psychosocial counsellors** are available at Family Protection Centres to help clients manage the mental health impacts incurred from the traumas they have endured. Given the majority of gender-based violence survivors do not disclose their experiences to anyone, mental health experts who are sensitive to this issue can offer deeply needed empathy and support.<sup>27</sup>

<sup>26</sup> Number of Family Protection Centres as of mid-2020.

<sup>27</sup> 2015 Afghanistan Demographic and Health Survey, 2015

Clients can also receive **basic legal guidance** onsite, where they learn about their rights and the resources available if they choose to leave their violent situations.

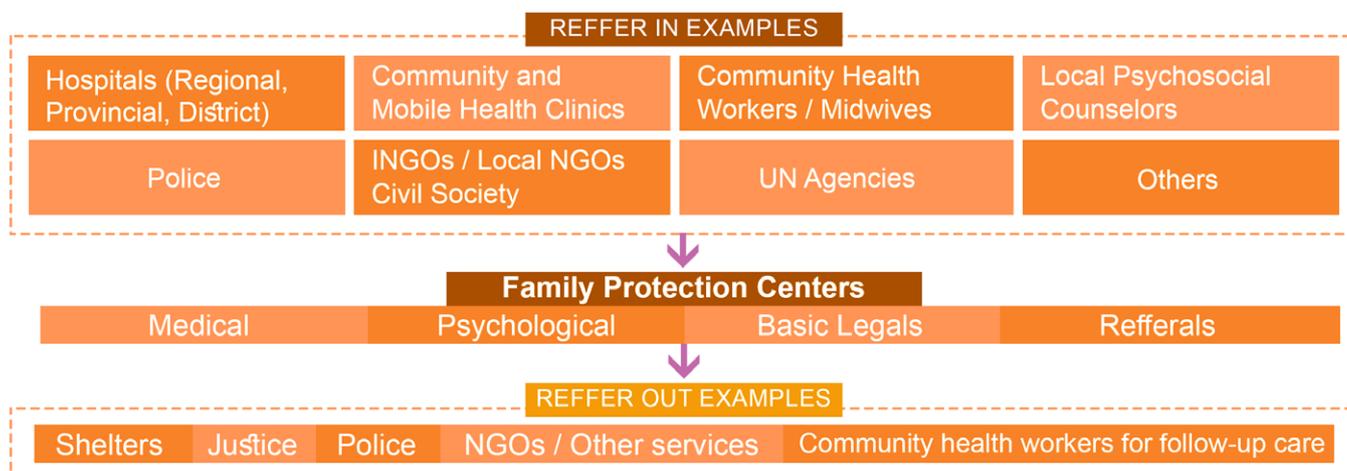
Clients are offered **referrals to other services**, such as women’s legal organisations that provide free lawyers or to the local police department to report the violence. Clients can be referred to safe housing facilities for gender-based survivors or to organisations that help women generate income to live on their own. For clients who live in faraway rural areas, their cases may be referred to community health workers who can follow up to help ensure continuation of medical, psychosocial or other needed support. These optional services expand survivors’ possibilities for receiving help.

### How:

Afghanistan’s Ministry of Public Health, Ministry of Women’s Affairs, UNFPA and partners are building capacity of the health care and other response sectors, such as law enforcement and midwifery associations, to recognise signs of violence and refer survivors to the Family Protection Centres for treatment. The approach follows the Standard Operating Procedures for Healthcare Sector Response to Gender-based Violence developed by the Ministry of Public Health with technical support from UNFPA. The approach also employs gender-sensitive best practices and aims to help change attitudes among gender-based violence service providers.

With UNFPA’s guidance, the Ministry of Public Health and Family Protection Centre staff are working to streamline and professionalise the Centres’ data collection systems to ensure information about gender-based violence cases are routinely and ethically captured. In doing so, Family Protection Centres generate anonymous and reliable administrative data about gender-based violence cases, which can help inform targeted prevention and response policies and programmes.

The following diagram shows the ‘refer-in, refer-out’ network, illustrating how Family Protection Centres are a gateway for survivors to receive a full range of services depending on the kind of support they want and need.



## Community Ownership and Sustainability:

Through UNFPA's implementing partners, participation is facilitated in the form of community dialogues, which are held semi-regularly throughout the provinces with Family Protection Centres. Community dialogues are conducted with various groups, including with male elders and religious leaders whose guidance and permissions are often sought in matters such as women's ability to obtain health care. By showing these opinion-shapers that the Family Protection Centres are part of the respectable, trusted public health facilities in accordance with Islamic principles, the community dialogues intent is to increase acceptance and utilisation. In addition to raising awareness regarding the value of women and their good health and well-being, community dialogues strive to challenge harmful masculinities and norms that perpetuate gender-based violence, citing Islamic scripture for credibility. Community dialogues also help identify issues that may prohibit women from utilising Family Protection Centres. UNFPA and its implementing partners try to address these barriers by modifying the programme whenever possible.

## Overcoming challenges:

While there is a substantial network of services available to survivors of violence in Afghanistan, cultural norms and other barriers prevent the majority from utilising these services. Especially in more conservative and remote regions, women typically require approval and an escort from male members of their households to leave home, even for medical care. If gender-based violence perpetrators fear penalisation—or if they do not trust the medical providers—they are less likely to grant women permission to visit health clinics. There are other challenges associated with women accessing Family Protection Centres too, including the costs and logistical challenges of traveling to the facilities and follow-up care.<sup>28</sup>

To address the perception-related barriers, UNFPA, with the support of FCDO, commissioned a behaviour change communication strategy in 2019. The strategy aims to shift awareness and attitudes in favour of women and girls receiving quality health care so as to increase use of the Family Protection Centres among gender-based violence survivors.

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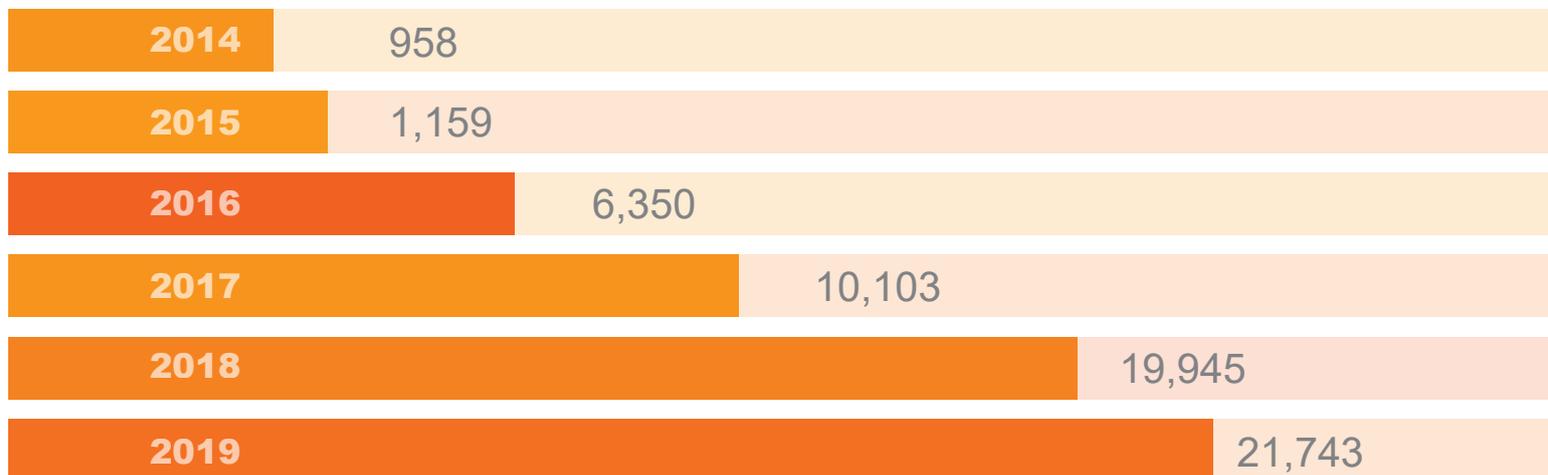
28 Roseveare et al., 2019

## Family Protection Centres Investment & Impact<sup>29</sup>

First Family Protection Centres launched in Kabul and Nangarhar provinces: **2013**

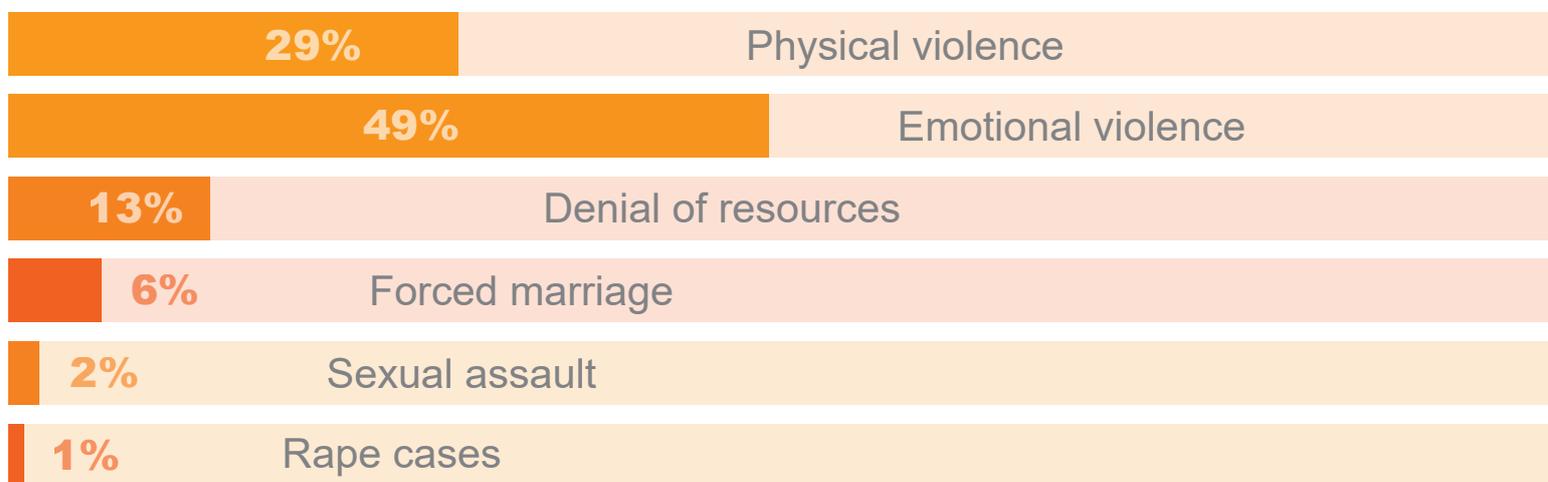
# of Family Protection Centres: **37 in 26 provinces**

# of Women and Girls Served: **60,258**



### Cases:

Total cases: **60,258**



# **trained staff**: 7,501 health care providers in 26 provinces trained in Standard Operating Procedures for Healthcare Sector Response to Gender-based Violence, ethical and reliable data collection, and psychosocial counselling

**Total population served by Family Protection Centres and awareness-raising activities**: 12,761,650 people, ages 18+ in 26 provinces

**Funding to-date**: US \$23,718,574

<sup>29</sup> Data to-date, as of mid-2020.

## COVID-19 continuity and adaptation of services:

The COVID-19 pandemic has made the delivery of gender-based violence services more complex—but also more necessary than ever. With rates of gender-based violence expected to rapidly increase, and initial evidence substantiating this, UNFPA, Family Protection Centre donors, implementing partners and staff are fully committed to ensuring women and girls have continued access to these life-saving services.

All 37 Family Protection Centres in 26 provinces have remained operational throughout the pandemic. UNFPA took early action to put in place COVID-19 transmission prevention measures, based on World Health Organization guidelines, and to ensure all Family Protection Centre service providers were given personal protective equipment, including masks, gloves and hand sanitiser. With the Ministry of Public Health's Gender Directorate, special precautions have been identified for at-risk service providers, such as pregnant, lactating and older women; and case management continues with adaptations, including virtual meetings where possible, or convenings with essential individuals in large meeting halls that allow for proper physical distancing and privacy.



# HELP SUSTAIN, SCALE, AND REPLICATE THE FAMILY PROTECTION CENTRES IN AFGHANISTAN AND BEYOND

One of the reasons human rights violations are so pervasive in Afghanistan is the general acceptance and/or tolerance of gender inequality by both men and women. Even many gender-based violence response service providers, including health workers and law enforcement, believe women should adjust their behaviours in order to stop the violence<sup>30</sup> UNFPA is working on changing this perception while simultaneously providing life-saving services to Afghan women. Family Protection Centres are not only saving women's lives, they are helping families and communities across Afghanistan, which has one of the highest rates of gender-based violence in the world. The Family Protection Centres are currently the only platform comprehensively addressing GBV and paving the road to a more safe, inclusive, and equitable society.

## Calls-To-Action for Public Officials

- Ensure the Family Protection Centre model is a permanent structure integrated within the public health system. Currently the model is dependent on private funding for staffing and facility costs. Government ownership is crucial to its long-term impact. UNFPA urges policymakers to secure the longevity of this proven solution for a cohesive network of gender-based violence response services by integrating Family Protection Centres within the public health system. The return on investment will manifest in a society in which more women contribute to the country's socioeconomic development, an outcome made possible by improved safety, health and well-being.
- Strengthen Data collection for dissemination and informed decision making across the GBV sector. Data collection relating to GBV in on a voluntary and frequently anonymous level. This does not mean, however, that GBV services are not a priority to be addressed. The valuable information collected can and should inform continued work in the sector.
- Help enhance the referral system for more effective and efficient linkages between Family Protection Centres and other GBV service providers. Raise awareness of Family Protection Centres in public health facilities and other service providers so as to create opportunities to build connections between these entities and their staff to facilitate strong relationships and mutually beneficial partnerships. This will strengthen the capacity of actors and increase the number of professionals able to handle and address GBV cases.

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<sup>30</sup> 2015 Afghanistan Demographic and Health Survey, 2015; Roseveare et al., 2019

## Seeking Funding Partnerships, Policy Support, In-Kind Support, and South-South Collaborations

- Scale this innovative and life-saving Family Protection Centre as a solution to combat Gender-Based Violence in Afghanistan. UNFPA seeks funding partnerships with donors and the private sector to establish new FPC and build towards national coverage. The demand for Family Protection Centres is quickly increasing as awareness about their life-saving services grows. UNFPA seeks funding partnerships with foundations, embassies and the private sector to help serve more survivors of gender-based violence by scaling the programme to additional public health facilities in more locations.
- Provide technological solutions to strengthen referrals between Family Protection Centres and the service providers. Private sector companies, such as telecommunications providers, are uniquely positioned to offer innovative solutions and in-kind devices and services such as mobile phones and Internet infrastructure to enhance the efficiency of the referral system. UNFPA also welcomes in-kind support to stretch the impact and awareness of the Family Protection Centres. For example, please help spread the word about the Family Protection Centres via mobile subscribers, radio, and TV advertising; or donate equipment such as technology and new vehicles to transport clients. In Afghanistan, UNFPA welcomes partners to enhance the Family Protection Centres' efficacy and work together towards shared goals, especially in the way of strengthening and expanding referral networks.
- Replicate Family Protections Centres in other countries. UNFPA welcomes bilateral partnerships with donors, private sector, other UN agencies, international and national non-governmental organisations, and civil society to replicate the Family Protection Centre model in countries facing similar challenges to Afghanistan, such as rural and post-conflict settings. Additionally, UNFPA invites South-South collaborations to share learnings and best practices from similar solutions in other countries. The Family Protection Centre model has been replicated in South Sudan, where UNFPA Afghanistan staff provided technical guidance to establish a similar programme. Particularly well suited for conflict and post-conflict affected countries, and those with geographically challenging settings, UNFPA can help organisations and governments replicate this innovative, adaptable model in new countries and regions.

### Donors



## HUMAN INTEREST STORY:

### Snatched from Her Home, an Afghan Girl's Road to Recovery

"They told me that my mother had sold me to them," Zarmina<sup>31</sup> said of her kidnappers, who snatched her from her home in Afghanistan when she was only 13, then forced her into sexual servitude.

Her ordeal began when she was home alone last year. A woman entered the home and took her by force.

Zarmina was taken to a bar in Kabul, where she was drugged and sexually abused. For the next two months, she would be moved from location to location, and abused constantly.

#### A mother's fear

Zarmina's mother recalled coming home to find her missing: "Her shoes were outside the door when I returned home, so I knew something had happened to her and went to the police."

But the authorities were dismissive. "They laughed at me," she said, crying. "They told me that Zarmina had probably run away with her boyfriend."

The family grew more distressed as the days wore on.

Finally, one of the customers at the Kabul bar helped Zarmina convince the kidnappers to sell her back to her mother.

"I received a call from the woman who kidnapped her," Zarmina's mother explained. "She asked me for money to have her back."

Instead, Zarmina's mother helped organize a sting operation to rescue her daughter.

"We agreed on a meeting point to do the exchange. We alerted the police, and they helped by arresting the woman and her brothers."

<sup>31</sup> Name changed to protect identity; story written by Maria Blanco Lora, originally published at [unfpa.org/news/snatched-her-home-afghan-girls-road-recovery](https://unfpa.org/news/snatched-her-home-afghan-girls-road-recovery).



## Recovery

After she returned home, Zarmina sought assistance from the Family Protection Centre in Kabul, one of several supported by UNFPA throughout Afghanistan. These facilities are located in hospitals, and staffed by trained professionals who offer psychological support, medical assistance, evidence collection and many other services.

Zarmina was at first reluctant to talk about her experience. “I thought they were going to make fun of me,” she said. “I was scared to tell my story because part of my family blamed me for what had happened.”

“When Zarmina first visited us, she didn’t tell us the whole story,” said Nabila Tasali, a legal advisor at the Family Protection Centre. “Visit by visit, she explained what had happened to her.”

The Family Protection Centre provided Zarmina with health and psychosocial support for a year. “She came here every day of the week,” said Ms. Tasali.

## Justice for Zarmina

Zarmina also used the centre’s legal services to bring her case to the prosecutor’s office.

Cases involving gender-based violence are notoriously difficult to prosecute. UNFPA has provided training and information to hundreds of judges and thousands of police recruits, aiming to strengthen the justice system’s capacity to address violence against women and girls.

Zarmina’s kidnapper was ultimately sentenced to five years in prison. Unfortunately, other girls who had also been abducted were not recovered.

“I was with five more girls—one of them was pregnant—but [police] couldn’t find them,” said Zarmina.

Today, Zarmina is back in school. She says she likes her teachers and classmates. When asked what she wants to be when she grows up, she does not hesitate.

“I want to be a judge,” Zarmina said.

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