

# Gender Equality Results in ADB Projects

Pakistan Country Report

# **GENDER EQUALITY RESULTS IN ADB PROJECTS**

## **PAKISTAN COUNTRY REPORT**

Helen T. Thomas

**Gender, Social Development, and Civil Society Division  
Regional and Sustainable Development Department  
Asian Development Bank**

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This report is one of a series of four country reports and one synopsis report presenting findings of rapid gender assessments of selected ADB-financed loan projects under implementation in four developing member countries: Bangladesh, Cambodia, Nepal, and Pakistan. The studies were undertaken as part of ADB's review of the implementation of its gender and development policy to determine whether inclusion of project gender action plans and strategies improved project implementation, outreach, and results for women.

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## Acronyms and Abbreviations

|      |   |  |
|------|---|--|
| ADB  | – | Asian Development Bank                     |
| BCC  | – | behavior change communication              |
| BHU  | – | basic health unit                          |
| DHMT | – | district health management team            |
| DSP  | – | Decentralization Support Program           |
| EA   | – | executing agency                           |
| EmOC | – | emergency obstetric care                   |
| GAD  | – | gender and development                     |
| GAPs | – | gender action plan                         |
| GRAP | – | gender reform action plan                  |
| HMIS | – | health management information system       |
| LHV  | – | lady health visitor                        |
| LHW  | – | lady health worker                         |
| MCH  | – | maternal and child health                  |
| MMA  | – | Muttahida Majlis-i-Amal                    |
| MOH  | – | Ministry of Health                         |
| MoWD | – | Ministry of Women’s Development            |
| MRDP | – | Malakand Rural Development Project         |
| NGO  | – | nongovernment organization                 |
| NWFP | – | North West Frontier Province               |
| PHC  | – | primary health care                        |
| RRP  | – | report and recommendation of the president |
| SO   | – | social organizer                           |
| TIP  | – | technical investment proposal              |
| VO   | – | village organization                       |
| WHP  | – | Women’s Health Project                     |
| WID  | – | women in development                       |
| WO   | – | women’s organization                       |
| WPM  | – | women’s program manager                    |

### CURRENCY EQUIVALENTS

|               |   |                       |
|---------------|---|-----------------------|
| Currency Unit | – | Pakistani Rupee       |
| US\$1.00      | = | Approximately Rp59.67 |

### NOTE

In this report, “\$” refers to US dollars.

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# Executive Summary

## A. Rapid Gender Assessments

Rapid gender assessments (RGAs) of 12 loans in 4 countries (Bangladesh, Cambodia, Nepal, and Pakistan) were undertaken in May 2004 as part of the Asian Development Bank's (ADB) review of the implementation of its 1998 gender and development policy. The aim of the RGAs is to assess whether the introduction of project-specific gender action plans (GAPs) and gender strategies has improved project implementation, outreach, and results for women as compared with those for men. Each country assessment reviewed a total of three loans selected from the agriculture, rural development, governance, and human development/social (health or education) sectors. In Pakistan two loan projects and one policy loan were assessed:

- Malakand Rural Development Project (MRDP)
- Women's Health Project (WHP)
- Decentralization Support Program (DSP)

This report is one of a series of four country reports that assesses results in the following areas: participation in project activities; access to resources; practical benefits delivered to women; and changes in gender relations at individual, household, or community levels. A report synthesizing findings from all four countries compares results and summarizes lessons. Findings in all four countries concluded that project GAPs resulted in better outreach to women, in improved participation and benefits, and in better progress towards gender equality.

The RGA in Pakistan focused on several types of achievements including the level of women's participation in major project activities; how increased participation has realized improved access to resources and actual benefits for females and males; changes in gender relations, particularly concerning decision-making patterns; and unintended results. The assessment also investigates the extent to which positive results are due to project-specific GAPs or other gender provisions in project design. Finally, the RGA reflects on elements that have improved the effectiveness of GAPs, gender strategies, and other provisions for achieving better results for women in the three ADB-supported projects.

Given the original design of MRDP, the executing agency identified that in the conservative Malakand region, women could not participate in developing community-based, small infrastructure nor could they benefit from rural income generating services provided by the project unless additional activities were undertaken with both men and women. A detailed gender strategy was developed in the early phase of implementation that established a guiding framework for how to mainstream gender concerns. Mainstreaming involved designing additional activities to mobilize

women and men in support of women's participation, creating a new gender and development component focusing on improving women's human resource development, and setting out roles and responsibilities for all team members. To mobilize women's organizations, a women's program manager was contracted and female social organizers were hired by partner nongovernment organizations (NGOs) in equal proportions with males. Building from the gender strategy framework, innovative means were explored to deliver training and other project elements to women who were previously very isolated in their households. The project director also provided considerable leadership in resolving challenges to working with women which contributed to gaining support from male community leaders for considerable social changes.

WHP targets investments in infrastructure and health services specifically for women. While the executing agency acknowledges that it is necessary to address social and institutional barriers to women accessing improved health care services, it has not been systematic in how to address these concerns. No gender strategy or GAP was developed, and the team appeared to be uncertain how to overcome gender-related factors that prevent the achievement of some targets, especially increased utilization of improved health services and increasing the number of female medical staff.

DSP, as a policy loan, provides a much larger scope to create or strengthen mechanisms to support gender mainstreaming. ADB's experience in supporting the development of gender reform action plans (GRAPs) through previous technical assistance gave momentum to identifying a specific instrument within the much larger decentralization process to leverage support for their approval and implementation. The creation of a separate technical assistance loan and mechanisms for supporting technical advisors and grants for pilot activities parallels the approach envisaged by a GAP. Specific gender targets are identified by the GRAPs (with strong ownership from the government), budgets are made available through DSP loans and grants, and political support is fostered through links with other DSP activities as well as through those specifically allocated. However, as implementation of all related aspects of DSP speeds up, consideration should be given to developing a GAP or gender strategy that provides more detailed guidelines on where and how gender considerations have to be taken into account.

## **B. Results for Pakistan**

### **1. Gender Action Plans Are an Effective Tool for Gender Mainstreaming**

It has been assumed that GAPs encourage a more systematic and integrated approach to addressing gender issues in project design and implementation, including the monitoring of gender design features, benefits, and results for women and men. This assumption is supported by evidence of the significant results achieved by the MRDP with its gender strategy providing systematic steps to ensure that women can participate in project activities and hence can realize benefits in a more equitable manner. Similar achievements were not realized for WHP. DSP, even as a policy loan, could draw from these lessons and consider developing a formalized GAP that provides specific guidance on gender mainstreaming in all its elements. This approach would ensure that government commitments made by adopting the GRAPs are translated into action.

The MRDP gender strategy was developed after implementation began as the executing agency team came to realize that the second objective—women’s human resource development—could not be achieved through the activities outlined in the original design. The ADB resident mission gender specialist took an active role in working with the executing agency and other stakeholders to prepare the background and rationale for incorporating specific components. The intention was to ensure that a more strategic approach be adopted to encourage women’s participation and to narrow potential gender disparities/gaps in accessing project benefits.

Gender strategy elements included integration of specific activities in each project component to facilitate women’s full participation, with the exception of the larger-scale road rehabilitation component. As project activities are delivered through village organizations (VOs), a requirement was established that when mobilizing these groups at least 50% were to be women’s organizations (WOs) and that women were to be consulted even for planning small infrastructure implemented through VOs. This target for WOs had not been met at the time of the RGA as only 217 WOs (40% of the total) had been formed in early 2004 compared to 329 VOs. Some of the considerable constraints on achieving gender targets have gradually been overcome, and the demonstration effect of being able to find ways to work with women at the community level is a significant achievement in this conservative region. Targets for distributing credit and technical support to women had also not been achieved due to shortages of female technical workers in these areas. The project has started to address this problem through its female internship initiative, but it will not be resolved in the short term. Additional training activities were identified (over 1,000 women had received training) as were the means to overcome mobility constraints. Guiding principles were developed for the project’s implementation encouraging greater understanding of why these elements are important for achieving the overall objectives. Institutional mechanisms were also incorporated into the gender strategy to encourage greater gender balance on the project team.

In contrast, WHP has not incorporated a GAP or gender strategy in its project implementation on the assumption that as all activities are targeting women directly they will be the primary beneficiaries. A detailed analysis of a full range of factors that have influenced the low status of women’s health in Pakistan was carried out during the project preparation phase. This analysis presents a compelling rationale to focus the loan investments in this sector on enhancing women’s health through a dual approach:

- improving infrastructure and the quality of services for maternal health care in particular;
- changing behavior and attitudes to ensure women can utilize these improved health care services.

WHP targets therefore combine improved health indicators associated with maternal and child health (e.g. maternal mortality rates, infant mortality rates, incidence of reproductive health complications) with increased rates of utilization of improved health services. The results achieved from this dual approach have not, however, been balanced. There were delays in contracting NGOs to start community mobilization and behavior change communication while the infrastructure improvement and training components were meeting targets. WHP had not taken a systematic

approach to identifying where opportunities had been missed to address gender-related constraints in several areas which contributed to several targets regarding increased utilization rates not being met. A GAP or gender strategy could have provided a framework and discrete steps to assist the project team and other stakeholders to grapple with these complex but important issues.

Under DSP, support for the development of the GRAPs has provided significant momentum to the increasing commitment from key government stakeholders to improve gender mainstreaming in devolution. In principle, linking GRAP implementation to DSP ensured adequate funds and technical assistance were available for the initial period of the loan's implementation. The use of GRAP approval as a condition for the release of tranche 2 funds also put gender equality on the agenda for several key ministries such as the Finance and Planning Commission. As GRAPs are implemented, additional resources will be channeled for development and provision of local government services to meet women's needs with anticipated outcomes of increasing access to resources and decision-making fora for women at the local government level.

An institutionalized GAP for the first technical assistance project could be helpful in providing a framework, rationale and sample monitoring indicators for different areas where technical investment proposals (TIPs) will be implemented. As the first and second technical assistance projects (TA1 and TA2) are implemented and as leverage from fund-release conditions no longer drives commitment to GRAP implementation, solid mechanisms will have to be in place to ensure that gender is not marginalized out of TA1 into TA2. Mechanisms and technical team members in TA1 will have to proactively ensure gender conditions are incorporated into all TIPs, not just at the planning stage but throughout implementation.

## **2. Project Gender Action Plans/Strategies Provide Better Access to Economic and Social Development Resources**

Systematic adoption of the gender and development approach outlined in the MRDP gender strategy has significantly improved access to resources for women. Women have participated actively in WOs and for the first time have been able to contribute to decision making concerning community resources and income generation in their households. Increased access to household and community resources has been realized, primarily through the WOs but also based on new or improved skills. As most WO members had never earned cash for themselves, even these small increases in income were extremely significant. Practical benefits have accrued to women through increased access to resources, particularly from community-based infrastructure and livelihood opportunities that would not have been available to them outside MRDP.

Women have participated in some WHP activities through mobilizing community groups in a few areas. Lady health workers have been consulted as priorities for service improvements were identified. There is a great deal of demand from young women for positions at the new lady health visitor training institutions, and there are several women in senior positions on the executing agency project team. However, there has been no systematic effort to increase the proportion of women on district health management teams, and targets for increasing the number of female medical professionals in improved facilities had not been met at the time of the RGA. Access to health services (community resources) had increased, but in rural areas, utilization of these services

had not improved. It does not appear that many women have been able to realize the benefits, practical or otherwise, from the investments in improving the quality of health services. This may improve once the behavior change communication and community mobilization activities are implemented. The health management information system had not yet reported on individual women's health indicators, and improvements may have occurred even in rural areas where increase in utilization rates have been disappointing.

It is too early to identify direct results from DSP other than those associated with women's participation in the design and approval of TIPs from TA1. Elected female representatives have been consulted, and Ministry of Women's Development representatives participate in steering committees and technical committees at the provincial and national levels.

### **3. Gender Action Plans Promote Empowerment**

MRDP activities have moved beyond ensuring access to project benefits for women such as increased incomes and potable water: it has facilitated several strategic changes in gender relations. Most WO members had never before been consulted regarding community decisions. The approach set out in the gender strategy to facilitate this has been successful. For example, infrastructure schemes developed by VOs require consultations with and endorsement of WOs. Men are now accepting these changes in decision-making patterns as they are recognizing women's involvement results in benefits for the whole community. Women's mobility and interaction in public spaces has also increased. Skill training was conducted at a central point and round-trip transportation was provided. Permission from men had to be sought for women to take up these training opportunities that challenged long-standing attitudes regarding women's mobility. While men were initially reluctant to let women travel, once it was demonstrated that incomes would increase for the whole family and community when women applied new skills, permission was granted. These factors have combined to bring higher status to women within their communities, a significant change in gender relations in this conservative region.

Women have also been inspired to resolve problems for themselves with support from other WO members. In some cases, women are now actively consulting elected female officials. These types of changes require support from male community members. MRDP has contributed to these changes through contact with VOs and the step-by-step approach of the gender strategy that has encouraged project staff to seize opportunities to promote gender equality among men as they have occurred.

WHP had not been able to consolidate small changes in gender relations facilitated through behavior change communication and group mobilization activities because of delays in implementation of these components. If families were more willing to facilitate women's utilization of the improved health services and if district decision makers addressed gender imbalances in health care provision, strategic changes in gender relations would have been possible to facilitate the achievement of project targets.

#### **4. Other Factors that Influence the Achievement of Gender Equality Results**

These include the following:

- facilitating a design process that provides for detailed gender analysis, examining lessons from other initiatives, and developing a strong rationale to support gender mainstreaming in all project components;
- identifying realistic targets that can be achieved through step-by-step progress that is closely linked to the overall project objectives to avoid marginalization of gender strategy implementation;
- structured capacity building opportunities for project team members and other stakeholders and partners to promote buy-in and commitment to the objectives of the gender strategy;
- sufficient skills and resources applied from the project to ensure gender strategy targets can be met (a participatory approach to designing the strategy will ensure that all team members understand why resources are allocated to specific measures to ensure women participate in and benefit from the project);
- leadership and good management skills from senior executing agency management to overcome challenges and resistance during implementation;
- consistent monitoring of suitable indicators to assess progress across all gender strategy activities;
- inclusion of a resident mission gender specialist or a gender expert with equivalent experience in all ADB review missions to ensure female beneficiaries can be consulted.

## Chapter 1

# Introduction

### A. Background

The Asian Development Bank's (ADB) 1998 policy on gender and development (GAD) identified gender mainstreaming as a key strategy for addressing gender inequity and the empowerment of women in all ADB-financed activities.<sup>1</sup> Several institutional mechanisms have been adopted to ensure policy implementation including the appointment of local gender specialists in six ADB resident missions<sup>2</sup> and the development of project-specific gender action plans (GAPs) for several loan projects. Some GAPs were developed during loan design, were included as an appendix to the report and recommendation of the president (RRP), and were supported by loan assurances/covenants. Other GAPs were developed during implementation as part of mid-course corrections.<sup>3</sup> GAPs may include a range of design features including strategies for increasing the participation of and benefits to women during implementation, targets, activities, time-bound actions, monitoring indicators, the use of project gender specialists, and budget allocations.

It has been assumed that GAPs encourage a more systematic and integrated approach to addressing gender issues in project design and implementation including the monitoring of gender design features and benefits and results for women and men. To test this assumption, a total of 12 rapid gender assessments (RGAs) of loan projects under implementation were done in Bangladesh, Cambodia, Nepal, and Pakistan. The RGAs (14–15 days in country) are one part of ADB's overall review of the implementation of its 1998 GAD policy. Reports were prepared for each country along with a report that consolidates findings from all 12 RGAs.

### B. Study Objective and Scope

The objective of the RGAs was to assess whether the introduction of project-specific GAPs and strategies improved implementation, outreach, and results for women. The RGAs focused on:

- who participates in major project activities, including who has access to project resources;
- benefits for females and males including differences in results between males and females;
- changes in gender relations especially in decision making by women (in the project, community, household, other), control over resources related to

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<sup>1</sup> ADB. 1998. *Policy on Gender and Development*: 41.

<sup>2</sup> Ibid: 47 and ADB. 2002. *Interim Progress Report on the Policy on Gender and Development*: iii.

<sup>3</sup> ADB. 2002. Op. cit: ii.

- loan/technical assistance activities, and changes in livelihood due to those activities;
- other unplanned changes for women and men where possible.

Where positive results for women were achieved, the assessment investigated the extent to which they were due to GAPs or to other gender provisions in the project design. Other factors or conditions that may have had an impact on gender results were also considered including:

- contributions of resident mission gender specialists;
- project resources dedicated to addressing gender issues;
- external social, institutional, and political factors;
- constraints to achieving gender equality results and how they were addressed;
- factors that promoted or reinforced the sustainability of gender equality results;
- the extent to which gender equality results contributed to achieving the overall objectives and results of the loan investment.

### **C. Methodology**

A number of considerations entered into the selection of loan projects for an RGA.

- ⇒ To facilitate synthesis and comparison, agriculture and rural development, human development (either education or health), and governance loans were assessed.
- ⇒ Loans must have been under implementation for 2 years or more in order for results to be demonstrated.
- ⇒ The sample must include a variety of approaches to addressing gender equality issues in project design and implementation in each country to enable valid lessons to be drawn about positive factors that contribute to quality improvements in loan implementation and the impact of GAPs. Some projects developed GAPs or gender strategies during design; others incorporated GAPs during implementation; and others have some gender provisions. Some had significant involvement from a gender specialist at the resident mission while others had little or no involvement. This criterion was applied at the country level, as well as to the selection of projects within each country.

In addition to common terms of reference, a common methodological framework was developed for the RGAs with process and outcome indicators that were modified as needed to accommodate differences in types of loans, the degree of integration of gender concerns, and varying stages of implementation. An international gender specialist and ADB's resident mission gender specialist carried out the assessments together. The international specialist provided a fresh, independent view while ADB's specialist contributed extensive field experience and close association with the project. Project sites were visited and project beneficiaries (women and men), staff, and local stakeholders were interviewed individually and in groups (see Appendix 2) using questions in the methodological framework. Each RGA also reviewed project documents, including RRP, GAPs, back-to-office-reports from review missions, progress reports, ADB case studies, and other relevant documents at the resident missions.

The three loan projects included in the Pakistan RGA are:

- Malakand Rural Development Project (MRDP)1672, \$41.0 million loan approved on March 18, 1999 with a loan closing date of December 31, 2006;
- Women's Health Project (WHP), 1671 \$47.0 million loan approved on February 1999, with a loan closing date of June 2005 (extended);
- Decentralization Support Program (DSP) loan approved on 21 November 2002—first loan portion of \$65 million and the second of \$205 million released against policy conditions—effective from December 2002 until December 2006.



## Chapter 2

# Malakand Rural Development Project

### A. Project Description

The project<sup>4</sup> aims to reduce rural poverty in the Malakand Division of the North West Frontier Province (NWFP) by enhancing household incomes and living standards in target districts, particularly for smallholder and tenant farmers and the landless. Women's human resource development to improve their income-earning potential is a specific focus. The project comprises four components:

- (i) village development services including agricultural support services (agricultural, horticultural, and livestock development activities); community-managed infrastructure development (drinking water and sanitation schemes, jeep-able tracks, micro-hydropower schemes, and irrigation improvements); development of community-based health services for women (training of female village health workers and raising awareness and other preventive measures to improve the health and nutritional status particularly of women and children);
- (ii) rural financial services by developing self-sustaining rotating savings and credit associations and linking them with the formal banking system;
- (iii) road improvement and expansion of the network in the project areas;
- (iv) support for implementation and capacity building services.

The principal delivery mechanism for project activities is through community-based, semi-permanent village organizations (VOs) that contribute to institutional reforms that devolve powers to the local level. Adherence to traditional practices of physical separation between men and women require that separate VOs for men and women (WOs) be established. These groups are formed by locally contracted nongovernment organizations (NGOs) with teams of social organizers (SOs) (male staff for VOs and female staff for WOs) who work with community groups to select, plan, operate, and maintain small infrastructure and other project inputs for each component. Activities undertaken by VOs or WOs depend upon their specific needs and circumstances.

The executing agency (EA) is the Planning, Environment and Development Department of the government of NWFP. A project management unit has been established that coordinates project activities with other relevant government divisions and the Bank of Kyber.

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<sup>4</sup> ADB. 1999. *Malakand Rural Development Project*. The \$41.0 million loan was approved on March 18, 1999 with a closing date of December 31, 2006.

**B. Gender Analysis and Provisions Included in the Loan Design**

As women in development (WID) was identified as the secondary objective of this project, a GAP was included in the RRP. GAD components were identified to ensure women's participation in project activities. The social analysis carried out during project preparation conducted a survey of women's economic activities. Based on these findings, women's human resource development was identified as a special focus of the project's rural poverty reduction objective. The introduction of a community-based health care program to build up the capacity of the beneficiaries to meet women's basic health and nutritional needs was an additional component. These project elements were to enable the client population to sustain the benefits accrued through project interventions.<sup>5</sup>

The description of operational arrangements also identifies some of the challenges to ensuring women participate fully in project activities and specifies the need for female SOs to mobilize WOs. It was further inferred that some more strategic issues for women could be addressed through exposure to women's rights information. No sex-disaggregated targets were identified in the RRP for components other than those associated with the women's community-based health program.

Since the project was approved, the NWFP government changed and at the time of the RGA was led by a coalition of fundamentalist Islamic parties—the Muttahida Majlis-i-Amal (MMA). This provincial government actively resists women's empowerment, particularly through foreign-funded projects, and the negotiation of any changes to project design affecting women comes under intense scrutiny from both politicians and bureaucrats.

**C. Development of a Gender Strategy during Loan Implementation**

The MRDP gender strategy was developed after the start of project as the EA team noted that the second objective—women's human resource development—could not be achieved through the activities outlined in the original design. The ADB resident mission gender specialist took an active role in working with the EA and other stakeholders to prepare the background and rationale for incorporating specific components. The intention was to ensure that a more strategic approach be adopted to encourage women's participation and to narrow potential gender disparities/gaps in accessing project benefits.

The EA collected lessons learned from other projects working with women in the region, and further gender analysis was undertaken to supplement the social analysis included in the project RRP. Workshops were held with local and national gender specialists to identify entry points for gender components, appropriate targets, and steps to achieve these targets. The workshops were also used to increase understanding of the objectives of the gender strategy and to build buy-in from all project stakeholders while at the same time reducing resistance in the conservative Malakand region. ADB then negotiated adjustments to the project design with the

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<sup>5</sup> ADB. 1999. *Malakand Rural Development Project*: RRP. 13.

government of NWFP based on the gender strategy framework with specific targets identified for each element in annual work plans.

The gender strategy addressed several important concerns.

- The integration of specific activities in each project component facilitated women's full participation. Targets were established of 1,000 WOs and 1,000 VOs to be organized by female SOs. Each WO would identify priorities for small infrastructure schemes to be partially funded through the project and savings of the group. The WO would also agree upon a design, manage the construction, and develop an operation and maintenance plan. At the same time, consideration would be given to which types of income generating activities would be appropriate for members, training would be identified and arranged, and credit would be provided through groups complemented with project funds. SOs focused on potable water and sanitation schemes for WOs with a target of 21 such schemes. This target is considerably lower than total number of schemes for VOs; however, WOs are to participate in the selection and design of all VO schemes. The rural credit component has a target of 22 female beneficiaries compared with 7,000 beneficiaries from VOs. Appropriate rural income-generating services such as wheat and maize seed multiplication (37 for WOs) and plots (28 for WOs), livestock, and fodder improvements are also targeted in the rural income-generating component. The target of 1,441 poultry entrepreneurs trained was revised downwards after implementation began as it was overly ambitious given the number of female trainers available.
- Guiding principles were developed for implementation of the project including (i) no community-based infrastructure was to be designed without approval from WOs and VOs, (ii) no WOs should be established without a corresponding VO in the same community to encourage shared decision making and to limit marginalization of WO activities; and (iii) the human resource development strategy would include capacity building and gender-sensitization to promote a paradigm shift that incorporates GAD approaches throughout all project components.
- Specific activities were included under a new GAD component including additional vocational training for WOs and other women in the project area (computer and vocational training), and training of female health workers. A separate budget of 51.601 million rupees was established to implement this component representing 3.2% of the total project budget. The targets under this component responded directly to the secondary WID and women's human resource development objectives in the project design.
- Institutional mechanisms and implementation arrangements addressed the following:
  - (i) staffing to increase the proportion of females on the project team and in partner NGOs through innovative initiatives such as internships (to provide experience to new female graduates) and incorporating elements

- in the human resource development strategy that promoted affirmative action such as offering women opportunities for additional training;
- (ii) creating a women’s staff hostel to overcome security concerns (later abandoned as female staff were all recruited locally);
- (iii) establishing a gender and development round table and other opportunities to provide additional technical support for project implementation.

#### **D. Gender-Related Achievements**

The RGA team visited two MRDP districts, interviewed project stakeholders from WOs and training programs, and explored different aspects of project implementation. Recent monitoring reports were available to corroborate field data based on larger samples. The gender strategy has been monitored on a regular basis and has been incorporated into regular progress reports and ADB review missions all of which were available for review by the RGA. It was also possible for the EA women’s program manager (WPM) and the ADB gender specialist at the resident mission to provide additional information, particularly concerning comparison of results with other districts covered by the project and how certain constraints had been addressed. Table 1 below provides an overview of results achieved. More details are provided in Appendix 1 with project targets measured against gender strategy components and results achieved including observations from field visits.

##### **1. Individual/Household Benefits**

The systematic implementation of the gender strategy has facilitated access to benefits for WO members from most components of the project. Female beneficiaries provided with income generating activities and skill training packages noted important increases in incomes. These activities include tie dyeing; training for rearing chickens; tailoring; and crop demonstration plots. Increases in income may appear to be marginal when compared to male project beneficiaries, but most WO members had no cash income before the project, so the proportion of increase was momentous for them. Women noted that before their participation in the WO they thought only men could earn cash. The husbands of several women interviewed had migrated to Sindh or Punjab for work and returned to their villages perhaps once a year, and rarely, if ever, sent cash, leaving their wives to depend on other male relatives to help them borrow emergency funds. The dependence of these women has been significantly reduced by their earnings.

Computer training has also increased income for female teachers while widening opportunities for other women to improve their skills with new technologies. Many schools in the district have computers that are under utilized, and project-trained female teachers now offer skill training both during school time and after hours to other interested female adults or students. MRDP has taken advantage of these existing technological resources and has increased the reach of project benefits successfully with this innovative component.

Those women interviewed all stated that their new incomes were either reinvested in their income-generating activities, spent on more food for their children, or spent on school costs enabling their children to attend more frequently though still intermittently. In several cases, loans

were taken from WO group savings or from the project for raw materials, and repayment rates were high. This access to credit for start-up capital is very important for WO members as it is impossible for most women to hold their own bank accounts. Most are unable to read or write in addition to the fact that they are not physically able to go to the bank. Saving discipline has also been introduced through the WO.

**Table 1: Gender-Related Results for the Malakand Rural Development Project**

**A. Rural Income Generating Services**

1. 322 women's organizations (WO) mobilized—fewer than the target for this stage of project implementation:
  - Incomes have improved for WO members involved in rural income generating activities.
  - 16 wheat and 12 maize plots have been established.
  - 108 female poultry entrepreneurs have been trained and 10,800 birds have been distributed with a target set for 2003–2004 of an additional 150.
  - 36 farmer field days for women have been held.
  - Women's mobility to attend meetings has increased and opportunities to meet with other female community members have been sanctioned by men.
  - WOs have participated in the selection, planning, and design of other infrastructure schemes with village organizations (VOs) where both types of community organizations are mobilized which has increased the status of women in the community and is a change in the pattern of community decision making.
  - Women have been empowered politically in limited cases.
2. 12 community-managed infrastructure/water supply schemes completed making very significant time saving and health benefits for women.
3. 22 women from 3 WOs compared to 1,336 men from VOs have benefited from rural credit.
4. Women have benefited indirectly from improvements to access roads.

**B. Women's Health**

- 154 lady health workers/traditional birth attendants have been trained and have improved income and status in the community.
- First aid and safe delivery kits have been handed out to those trained.
- WO members have stated they have increased knowledge of health issues.

**C. Women's Human Resource Development**

The total number of women trained to date (including all components) in computers, tie and dye etc. is over 1,000.

- Incomes have increased.
- Mobility for women has increased.
- The status of women in their families and their communities has increased.

**D. Project Management**

- Gender awareness on the project team (executing agency and partner NGOs) has increased.
- 13 interns have worked with the project to date and 7 have found employment.
- Gender has been included in the management information system for benefit impact assessment.

In cases where husbands have migrated to find work, women clearly stated they control their new incomes from the project. In other cases it was not possible to ask such questions in public discussions, especially of teachers who were interviewed when their students were present.

Access to better or new skills has been very valuable for women, most of whom have extremely limited chances to leave their homes and take advantage of such opportunities on their own. The project team carefully selected which skills would be introduced to ensure that income generating activities would be viable given women's limited mobility. Where women such as teachers were already earning incomes, skills were identified that they could pass on to their students. Some activities have less potential for long-term benefits as there are few marketing opportunities in this region for women, but for some WOs, possibilities exist among other women in the community. For example, where no women are providing tailoring services in a community, there are eager customers among female neighbors unable to travel to bazaars or shops to purchase items for themselves. The United Nations Industrial Development Organization (UNIDO) is starting a small-scale handicraft marketing initiative in the MRDP area with a potential to link with WOs to assist in identifying markets for embroidery and weaving products as well as for some processed food items.

The health component of the project has provided training and basic first aid kits for traditional birth attendants who are now earning more income as they are certified and who are also held in higher respect in their communities. Data on health indicators will be collected in the beneficiary impact assessment, and it is anticipated that maternal and infant mortality rates will improve, although this may take longer to realize than the project's timeframe. MRDP is working with the ADB-supported women's health project (WHP) to assist with the identification of lady health visitors (LHVs) and lady workers (LHWs) to be trained, but the WPM noted that it is sometimes difficult to coordinate with the WHP district office.

## **2. Community Benefits**

Where community-managed MRDP water and sanitation schemes have been completed, women noted improved access to water as the most important benefit from participation in WOs. The project team noted that the most frequently identified need by WOs was access to drinking/potable water close to their communities. In many cases women are required to walk great distances to locate water (wearing a *burkha* or shawl despite the heat to comply with social mores) often up and down steep hillsides. This is particularly taxing and dangerous when pregnant. In urban or peri-urban areas where water is unsafe but still has to be used, the project director noted that providing an affordable water supply was a main focus of the project, even where communities decide upon irrigation schemes, washing places, and outlets for drinking water that are easily accessible to women. The gender strategy has provided a framework for the project to guide how this shift in focus can be achieved.

In villages with both WOs and VOs, the SOs noted that WOs help to select infrastructure even if the VOs take responsibility for design and construction. This collaboration between women and men on decisions that will benefit the whole community is new for this region and represents a

significant change in decision-making patterns. Whether this will be extended to other community decisions was not possible to assess at the time of the RGA.

In two of the communities visited by the RGA team, wells had been constructed with project funds. This was the first collective action the women had ever taken to address a shared problem. Despite their lack of access to cash, the WO members were able to amass sufficient funds to cover their contribution to project costs prior to construction. The group selected the husband of one member to represent them<sup>6</sup> as a bank account in the group's name is required for the deposit of the remaining portion of costs by MRDP. The husband also negotiated with the contractor on behalf of the WO. Other steps, such as identifying the location of the well, were undertaken by the WO members with assistance from the SO. The WO members were immensely proud of their achievements and spoke at great length about how the well had improved their lives and how they now understood that they could resolve problems for themselves with assistance from a man only for contacts with strangers.

### **3. Strategic Benefits**

In another community, the union Nazim (elected leader) has played a key role in encouraging the formation of the WO and has given momentum to ensuring women can participate more effectively in devolved political decision making, an intention of the project. The Nazim articulated clearly the positive transformation the WOs had brought to the community, particularly the availability of safe water and the increased income from new skills and income-generating activities. The Nazim noted that he had had to overcome strong opposition and resistance from religious leaders, the local member of the legislative assembly, and the member of parliament to any changes in women's traditional roles in their communities. He jovially said that he supports these activities because these women will vote for him at the next election. In the longer term, however, this rationale has motivated the Nazim to encourage women to participate more fully in political activities and to articulate their needs directly through female elected officials by, for example, setting up a mobile citizen registration service, a prerequisite for voting, that travels to women.

The project team has successfully used the commitment of this political official to maximize women's benefits from the project and clearly articulates how this will bring longer-term benefits to the whole community. The Nazim also identified other changes in the community that have taken place since women have been elected. Now women are coming to the union office to discuss their needs and problems. He acknowledged that MRDP has influenced this change in men as well as in women through group mobilization in the surrounding community.

The women in the conservative MRDP area generally have very limited mobility. The project has enabled many of them for the first time to meet women from outside their families or communities and to learn from a wider set of experiences. Increased mobility is a key first step toward empowerment for women in Pakistan. Mobility offers opportunities for interaction in the

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<sup>6</sup> The WPM noted that they try hard to locate a woman or girl attending school in the community to take on this role, but generally it is impossible to find a woman able to read or write, and these tasks therefore have to be undertaken by a male community member.

public sphere (for example consulting with elected female officials), and reduces dependence on others (males) to mediate for them with the outside world.

For the majority of project beneficiaries, before participating in MRDP activities travel was impossible other than with their immediate male family members to special family events (which are rare). Despite these challenges, the project gender strategy required that skill training be conducted at a central point and provided pick-up and drop-off transportation. One or two group members were selected from each WO for skill training and the SOs sought permission from community leaders and male relatives. These experiences and skills were brought back to the WOs through regular meetings so that even women from very conservative households benefited from the increased mobility of others.

Village men interviewed by the RGA indicated that at first they were reluctant for women to travel, but after training led to an increase in family income, they realized that this was a good opportunity for the whole family and for the community. They were then keen for their wives or other WO members to have the same opportunities for training. This willingness to support WO activities represented a significant shift in the status of women in the eyes of their husbands and communities. Several women noted that they had never realized that they could take up income-generating activities and earn cash and that after doing so, their husbands were happy. This type of change is slow, however, and it has to be mediated constantly by the SOs.

The WO structure has also encouraged many women to resolve problems for themselves. All WO members noted that they discuss issues that are not directly associated with MRDP at group meetings. One member whose husband has migrated out of the province for work recounted that she had been encouraged by other group members to resolve a problem she was having regarding her daughter's betrothal. A formal case was taken out against the prospective husband's family on the suggestion of the group, and the female SO provided further advice on how to start that process.

The EA internship program established after the gender strategy analysis was carried out has challenged prevailing attitudes towards higher education for girls. Hiring female staff is difficult not only because of mobility restrictions but also because these same restrictions mean that few young women attend college. Furthermore, once young women are married, it is unlikely they will be allowed to continue working. The WPM and project director feel that these attitudes toward higher education for young women are changing and that offering opportunities for internships and work experience will demonstrate how higher education for girls can lead to employment. There is some anecdotal evidence of increasing demand for high school and college places for girls from the community which marks a significant change from the past. MRDP is contributing to such positive changes for women in the longer term.

#### **4. Challenges**

Resistance to women's empowerment from the current provincial government has been addressed, but it will be an issue should approval of mid-term corrections associated with the gender strategy be necessary. The absence of political support for women's empowerment was not

envisaged in the strategy as it was developed, and ADB's continued leadership in negotiations with the government on this issue will be required to ensure that gains to date are not lost.

The project continues to face difficulties in identifying suitable female technical staff to implement some of the activities in the gender strategy. For example, at the time of the RGA, the project had yet to identify female livestock or credit officers, and related targets in the gender strategy were not being met. MRDP has demonstrated, however, that contracting staff from outside the region is not a solution. Considerable delays were encountered in the early phase of MRDP as the first WPM was from outside the region and was perceived as threatening local values, so many stakeholders refused to accept ideas she put forward. This constraint was overcome once the project director acknowledged what the problem was and contracted a local woman.

The pool of trained female professionals remains very limited in Malakand, especially of local women willing to work in remoter areas. The project sought to overcome this constraint by offering internships for recent female graduates with an interest in community and social development work; to date 13 interns have worked with the project team. Some from the first batch were hired directly by the project and 7 have found work with other community development projects in the region. It seems that even in remote areas where SOs have to walk for several hours to reach a village and perhaps remain there overnight, females have been hired and are working effectively. Female SOs also noted that VO members were very supportive and facilitated their work with WOs. Nevertheless, the concern over identifying female officers in certain technical areas has yet to be resolved.

The project requires that in each community a VO and WO will be mobilized to share decision making concerning all project activities and to build support among men for women's participation. This has not always been followed by the SOs, and the WPM is concerned that some of the longer-term benefits from the project may not be realized where this gender balance has not been met.

The benefits to women from MRDP seem proportionately much smaller than those for men; however, the value of these gains should not be underestimated. The challenges to ensuring that women benefit equally with men are extensive in this conservative region. Considering these challenges, the seemingly small increments in income for women are extremely significant as many had never earned cash income before. Although still very limited, women's access to public places is now much greater as a result of skill training sessions and other MRDP activities with corresponding increases in their confidence and visions of their own potential. The WPM, other female SOs, the project director, and some community members noted that the gains for women may not have much significance for men, but their importance to women should not be under-rated.

## **5. Sustainability**

The sustainability of WOs as semi-permanent, community-based institutions that support devolution<sup>7</sup> or the potential for members to access development opportunities once MRDP is

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<sup>7</sup> ADB. 1999. *Malakand Rural Development Project*: iii.

completed seems unlikely. The SOs are encouraging WOs to register with the provincial Ministry of Social Welfare and Women's Development so they can access other programs after the project is closed. However, the prospect of the current MMA government facilitating similar programs or encouraging support from outside agencies is highly unlikely. The WPM and project NGOs are aware of this problem and are seeking other means to sustain support for WOs, especially for marketing of their products through links with the proposed UNIDO project for example. Computer training has been offered through a highly reputable technical training college that sees the potential to continue to offer courses to women—something they had not done in the past. Whether similar strategies can be found to sustain other project activities is not clear, but the staff and partner NGOs are actively seeking ways to ensure that WO members in particular are not left in the kind of isolation they experienced prior to MRDP activities.

#### **E. Contribution of Gender-Related Achievements to Overall Project Objectives**

MRDP is demonstrating to the community and to other government agencies and service providers that despite social barriers, taking a systematic approach through a structured gender strategy makes working with women in groups possible so they may participate more effectively in poverty reduction. Providing income-generating skills and start-up packages to women who have no opportunities to increase their cash earnings contributes to reducing their vulnerability to poverty, even if the additional income earned is not sizeable. This achievement has required considerable finesse and flexibility from the project team and support from ADB to explore how it could be done. The development of the gender strategy also facilitated this process. Preparation explored the rationale for incorporating gender equality concerns into the project's various components and assisted project partners to work out appropriate steps for each component to ensure that women could overcome resistance to participation from the community and could hence benefit.

WID is a secondary project objective in the logframe expressed as increasing women's human development. The original design did not include specific activities to address this objective, and it was not until the gender strategy was developed that additional components were added to the project through negotiation with and support from ADB. The project took a two-pronged approach to addressing this secondary objective, first through offering specific skills to members of WOs based on their potential for income generation (e.g. computer training, tailoring, agriculture, and livestock) and/or improving existing skills (e.g. tie-dyeing in communities where weaving was already taking place). Second, an internship scheme was designed to offer young women on-the-job experience as there were few women in the region with the skills or experience to compete for the project's staff positions.

The WPM also noted that the WOs perform as well as the VOs in identifying needs, developing infrastructure, or adopting new or adapted income-generating packages, i.e., in contributing to meeting the objectives of the project. WO members are more sincere and, because of their lack of mobility, it is easier for the SOs to maintain regular contact with them than with VOs. The female SOs also felt that in only a few cases had it taken longer to organize WOs than VOs, even though there is some doubt that the target of 50% WOs will be met by the end of the

project. This may be due to the later start-up for the female SOs as they needed to continually seek approval and to negotiate women's participation with male community members.

## **F. Factors Influencing Achievement of Gender Equality Results**

### **1. Effectiveness of the Gender Strategy**

There is agreement from ADB and the EA project team that without the gender strategy the secondary objective of women's participation would not have been achieved. The strategy's participatory design process and flexible implementation proved to be key for ensuring that women not only could participate in MRDP activities but could also directly realize project benefits. The strategy set targets that appeared challenging at first but were rooted in a strong rationale for promoting gender equality with links to achieving overall project objectives. Implementing it has demonstrated that with a step-by-step approach, with flexibility from project staff that nurtured innovation, and with adequate awareness raising, these challenges can be overcome in a non-threatening way.

The design of the strategy was in itself key to setting the stage to achieving the ambitious GAD targets for Malakand. As implementation began, the EA quickly recognized the need to develop a more systematic approach to identifying the most appropriate approaches to achieving the secondary objectives. After an initial gender assessment, it was recognized that additional activities and resources would be required. With encouragement and technical support from ADB, a consultative approach was taken to designing the strategy. Project stakeholders were consulted extensively, and gender awareness raising workshops were organized to build a broad base of understanding and support. Lessons from similar projects in the surrounding region were sought to illustrate how women could best be involved. A strong rationale for incorporating new or more integrated gender equality components for the project was developed by the team, and support was consolidated from as many project partners as possible.

The project director and WPM noted that the targets in the strategy are appropriate even though some will not be met and that there is continuing support from project partners. They are still concerned, however, that the links to the original project design remain unclear, and the EA perceives that more funds should have been specifically allocated in the original project budget to fully implement the strategy. The project director further noted that in MRDP, a large proportion of project funds and activities is associated with infrastructure projects that are planned and implemented exclusively by men. An example is that 35% of the total budget is allocated to rural roads alone. From the director's perspective, this left little room for women's participation in the remaining components of the project. With a limited budget for "software" components to support "hardware"<sup>8</sup> investments, software activities are perceived as less important and tend to be marginalized. It requires extra effort to secure funds and enthusiasm from project partners for gender strategy activities. It is evident, therefore, that although the strategy has placed great emphasis on gender mainstreaming (creating greater balance in how funds are allocated between

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<sup>8</sup> Software in this sense refers to intangible components like training, awareness raising, and capacity building while hardware refers to tangibles like infrastructure.

activities targeting men and women), the EA continues to face difficulties in justifying the reallocation of funds for activities targeting women.

The EA's approach to challenging resistance to the greater participation of women was to demonstrate flexibility in designing and identifying time-bound targets for the strategy within overall MRDP implementation. Once the principles were introduced, targets were identified for most components based on a highly consultative process involving VOs/WOs and on resources available for each workplan cycle. During the early phase of implementation, it took longer to establish targets for some elements than for other project components. Most WO members required additional time to become confident enough to articulate their needs and for options to be identified that best met those needs. Start-up also required negotiating approval from male community leaders. The WPM stressed that even though the initial group formation process took longer with WOs, these investments of time were justifiable in the long run considering the benefits to the whole community and contributions to overall project objectives. The GAD component was meeting its targets, and progress on mobilization of WOs was comparable to that for VOs.

The WPM maintains pressure on project team members to overcome constraints to women's participation and meeting targets in a constructive manner by challenging but not threatening community values. For example, economic benefits for the whole family have been used as encouragement for male community leaders to give permission for WO members to travel for training. Sessions could have been offered to WOs within their own communities, but this would not have challenged women's lack of mobility, so the project is addressing this structural barrier to women's empowerment in an acceptable manner. Another example can be drawn from how female SOs have been motivated to work with male SOs and VOs to facilitate their movement in and out of communities. After initial successes, female SOs had more confidence to travel to more conservative and remote areas and to apply lessons in new communities.

There are several examples in MRDP of how the gender strategy has facilitated the identification of potential entry points by highlighting how comparatively small investments contribute to achieving the project's overall objectives. One illustration is the approach taken to identifying appropriate skills to be offered in the GAD component. It was recognized that there are many under-used computers in local schools and that female teachers in these schools could pass on training to students and to other women in the community without any further capital outlay. It was necessary, however, to convince a local technical training institute to accept female teachers as students. The rationale for the gender strategy was applied in discussions with a prominent institution, and acceptable terms for transport and timing of training for the female candidates were negotiated. The influence of this component on the project will now be extended beyond MRDP as the community becomes used to accommodating women in more public places like the technical training institute.

Gender awareness and training components were built into the strategy for all project team members to build commitment to gender equality and to link their respective roles in mainstreaming gender-related activities into their work. The WPM noted that more sessions were required as most project staff, both in the EA and the partner NGOs, still gave lower priority to gender strategy components, and female staff had to fight for access to vehicles or other project

resources. The EA project team cannot monitor the activities of the NGOs on a daily basis, so leadership on the importance of the strategy and the creation of a female-friendly working environment is vital. Proven gender sensitivity should be included in the criteria for NGO selection for projects such as this one.

## **2. Monitoring**

There is regular reporting on the progress of the gender strategy, and ADB reports from review missions contain information on its elements. The inclusion of WID as a secondary project objective has ensured this, but the strategy provided a strong framework and specific targets that were not in the original project design. The EA project director noted that given the new skills required to design and implement the strategy and other software elements of MRDP, annual critical reviews endorsed by ADB would have facilitated adjustments to the project's overall design in a more timely manner. Waiting until the mid-term point for corrections or adjustments led to some uncertainty among team members.

Concerns have also been raised, particularly by the ADB resident mission gender specialist, that regular ADB review missions must include a female team member with appropriate skills to assess progress on the strategy. Given the conservative nature of the region, it is not possible for men to discuss concerns directly with female project beneficiaries, so their contributions will continue to be limited unless a female team member participates.

## **3. Institutional Factors**

The EA took a creative and longer-term approach to promoting a gender balance on the project team and to overcoming the limited number of female professionals working in the region. Given the traditional, conservative communities there, only female staff can work with women and WOs, and it has been difficult to identify and motivate enough candidates. The female internship program has demonstrated the need to take strategic approaches to addressing these structural constraints to women's participation in project activities. Partner NGOs also had to comply with a gender balance criterion among SOs which has been met. This has required strong leadership from the director and the WPM to ensure that once in place the female SOs engaged proactively with community leaders and VOs to negotiate support for women's empowerment.

The current director and EA team have taken strong leadership in implementing the strategy, and this has given team members confidence to be flexible and innovative in addressing local circumstances and available resources. The current WPM is very competent and has been given sufficient support from the director to address skepticism from other project team members and stakeholders regarding difficulties in working with women in this conservative region. For example, the WPM recounted how initially female SOs contracted by partner NGOs were not going into the field to organize WOs which was causing delays in achieving targets. The WPM did not accept this situation and made it clear to the SOs that despite reactions from local communities, they had to start moving around in the field. As male community leaders became familiar with them, their resistance began to erode. As the first training sessions were held and as WO members

began to contribute to family incomes, the credibility of the SOs increased. Female SOs no longer talk of these difficulties.

The importance of the commitment of the female SOs to their work should not be underestimated as they have to constantly negotiate and re-negotiate permission from men for women to participate in project activities in each community. Even though there is a balance of male and female SOs on project teams, these women are very much in the minority in the community as a whole, and their credibility is frequently undermined.

Nonetheless, project staff are keen to downplay the challenges they face in working with women in this region as they are concerned that over-emphasis on resistance will discourage other projects from even trying. They stressed that if projects are designed suitably, there is no problem in ensuring benefits can reach women, and they can be encouraged to be active agents of change. The project director reinforced the point that if the project keeps within basic cultural norms, then religious leaders will provide their support. The EA's approach is that project objectives will not be met if women and their specific needs are marginalized.

Support for the incorporation of a formal gender strategy and additional technical support provided by the resident mission gender specialist in a collegial manner have contributed to the achievements of this project. Nurturing open communication between the project staff and the specialist increased the momentum to design and implement the strategy. Confidence was reinforced and new ideas were given space to develop which in turn provided the specialist with frequent opportunities to monitor progress.

## **G. Recommendations**

The project director identified that design-related constraints on GAD achievements should be considered in the upcoming mid-term review of the project. The ADB project implementation officer also noted that for a project involving extensive software components, annual critical reviews would allow for project design adjustments to be made without having to wait for the mid-term review. This would facilitate seizing opportunities as they arise and making budget adjustments to overcome social and political constraints as they occur.

There should be continued gender awareness and training sessions with project partners and EA staff to create opportunities for misunderstandings and resistance to be addressed. Many team members have technical backgrounds with little experience working on software components. For areas such as gender and women's participation to be fully integrated into all project activities, all EA and NGO partner team members must show leadership and must be able to articulate why these activities are important to the project. Female team members also noted that they sometimes face difficulties in accessing project vehicles or other resources as their work is still considered of less importance by some male team members.

In some communities, the balance between VOs and WOs had not been maintained. As illustrated in the analysis above, it is very important that this balance is achieved. WOs require approval and support from male community members if they are to continue their group activities

once the project is finished. Similarly, VOs should not be implementing activities without a mechanism to consult women, and the WOs present that opportunity best. Pressure to complete project activities should not undermine achieving this balanced approach.

The sustainability of WOs will depend on a suitable exit strategy for MRDP. The current efforts to register WOs with the provincial government to facilitate continued support may not be sufficient. The project should consider other networks of NGOs or projects to ensure that WO members are not cut off from the support they require to continue to expand their income-generating activities and to address their needs and interests.

The improved collection of health management information system (HMIS) data is part of WHP, and some coordination between projects to monitor changes in health indicators would improve opportunities to address specific issues through one or the other of these projects. (See comments regarding WHP in section B following.)

Given the conservative nature of the Malakand region and the significant contribution of the gender strategy and GAD component, it is important that either the resident mission gender specialist or a suitably qualified consultant is part of all ADB monitoring missions, including loan reviews and the mid-term review. Continuity of gender equality technical advice is important given the challenges first encountered in the project and the momentum already gained.



## Chapter 3

# Women's Health Project

### A. Project Description

The project<sup>9</sup> aimed to improve the health of women, girls, and infants by (i) expanding basic women's health interventions to underserved populations; (ii) developing woman-friendly district health systems providing acceptable, quality women's health care from the community to the first-referral level; and (iii) strengthening the institutional and human resource capacity to improve women's health in the long term. The project targeted 20 districts in 4 provinces (8 in Punjab and 4 districts each in Sindh, North West Frontier Province, and Balochistan) to reduce maternal and infant mortality and fertility.

Three project components correspond to the three objectives.

- (i) Expand basic female interventions to underserved populations through support to the Ministry of Health (MOH) in the 20 selected districts including:
  - expanding basic health care and family planning services through 8,000 LHWs and mass media campaigns;
  - making 24-hour emergency obstetric care (EmOC) service available;
  - creating and filling posts for essential health care providers.
  
- (ii) Develop 20 woman-friendly district health systems to provide essential women's health care at the community, primary, and first-referral levels with adequate support in management, supervision, and in-service training including:
  - establishing district health management teams to strengthen and monitor health services;
  - upgrading infrastructure for women's health services at the district level and providing equipment, supplies, and staff for women's health services including EmOC;
  - contracting local NGOs in WHP districts for social mobilization and other activities;

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<sup>9</sup> ADB. 1999. *Women's Health Project*. A \$47.0 million loan was approved in February 1999 and became effective in June 2000 to be utilized until June 2005 (with closing date extended).

- making behavior change communication (BCC) interventions to create awareness on women’s health and to generate support through male involvement;
  - using the HMIS to monitor women’s health indicators in hospitals.
- (iii) Develop institutional and human resources through strengthened training institutions and capacity building at all levels including:
- multiple and diverse training programs (EmOC, nursing, midwifery, traditional birth attendants, social mobilization, etc.) for 2,000 midwives, 240 LHVs, 30 specialists, nurses, and managers;
  - strengthening the Nursing Education Unit;
  - strengthening the Health Education Cell;
  - baseline surveys;
  - developing geographic information systems;
  - facility surveys.

#### **B. Gender Analysis and Provisions Included in the Loan Design**

No specific GAP or gender strategy was developed for this project as the primary beneficiaries are women and all activities targeted women directly. A detailed analysis of a full range of factors that have influenced the low status of women’s health in Pakistan was carried out during project preparation. The main elements of this analysis were presented in the RRP and include important structural and behavioral factors that limit women’s ability to access health services, including lack of social mobility or the ability to command resources within the household.

This analysis presents a compelling rationale to focus the loan investments on enhancing women’s health through a dual approach: improving infrastructure and the quality of services for maternal health care in particular and changing behavior and attitudes to ensure women can utilize these improved health care services. Project targets therefore combined improved health indicators associated with maternal and child health (MCH) (e.g. maternal mortality rates, infant mortality rates, incidence of reproductive health complications etc.) with increased rates of utilization of improved health services.

#### **C. Gender-Related Achievements**

This project covered all provinces in Pakistan with a large number of activities. The scope of the RGA allowed for a field visit to only one district in one province (Sindh); the following achievements are therefore drawn from that district. In subsequent discussions with the ADB project implementation officer and after a review of recent mission reports, it was determined that these examples were illustrative of what is happening in other provinces with some minor variations depending on circumstances and the order of implementation. Table 2 provides an overview of gender targets in Sindh Province and the results achieved.

**Table 2: Gender-Related Results of Sindh Province**

| Targets for Sindh Province<br>4 Districts / Rs. 631.875 million  | Gender-Related Results <sup>10</sup>  |
|--|---|
| <ul style="list-style-type: none"> <li>■ 4 woman-friendly districts created</li> <li>■ 12 <i>taluka</i> (main) hospitals renovated</li> <li>■ 26 rural health centers and maternity homes renovated</li> <li>■ 36 basic health unit (BHU) labor rooms renovated</li> <li>■ minor renovations and upgrading of 500 other primary health center (PHC) facilities</li> <li>■ ambulances provided to <i>taluka</i> hospitals</li> <li>■ Lady health workers (LHWs) trained</li> </ul>  | <ul style="list-style-type: none"> <li>⇒ renovations and upgrading almost complete and progress on time</li> <li>⇒ facilities much improved and staff report higher utilization now more confidence from community that facilities will meet their needs</li> <li>⇒ ambulance procured by not utilized</li> <li>⇒ LHWs trained</li> <li>⇒ LHWs reported higher rates of referral</li> </ul>   |
| <ul style="list-style-type: none"> <li>■ district health management teams (DHMTs) established and functioning with improved knowledge of and commitment to women's health</li> <li>■ advocacy, social mobilization and health education carried out</li> <li>■ gender-based training for community and religious leaders, school teachers, representatives of nongovernment organizations, Nazims etc.</li> <li>■ behavior change communication (BCC) workshops at community level and messages disseminated by male volunteers</li> <li>■ health management information system (HMIS) strengthened</li> </ul> | <ul style="list-style-type: none"> <li>⇒ DHMTs teams established, some training undertaken</li> <li>⇒ 4 NGOs contracted</li> <li>⇒ NGO training with community leaders and other awareness activities conducted</li> <li>⇒ EmOC and BCC training started in January 2003 with 37 conducted in Shikarpur District with 523 participants</li> <li>⇒ LHWs identifying male volunteers</li> <li>⇒ HMIS tools disseminated and data presented in public in BHUs and other health facilities</li> </ul> |

**1. Individual/Household Benefits**

An improved HMIS is being established throughout the project districts, and data are collected more consistently and regularly. Assessment of whether overall gains can be drawn for individuals was, however, not yet possible at the time of the RGA. Statistics showed increases in utilization of services by individuals, but they were aggregated only at the district level and were not yet reported to the project from a large group of health service points. Data were collected and analyzed in preparation for the mid-term review mission and in the closing period of the project.

**2. Community Benefits**

Health services have improved at the community level both in urban and rural areas, at basic health units (BHUs) and other primary health care (PHC) facilities as well as in district and

<sup>10</sup> Based on interviews during RGA field work in Shikarpur District of Sindh Province and the most recent project loan review mission in Oct-Nov 2003.

*taluka* (main) hospitals. This was achieved through a combination of improved buildings and equipment and quality of care offered through the improved referral system of the LHWs and trained traditional birth attendants and selected medical professionals. Particularly in urban areas, these services appeared to be utilized more than before the project.

The initial physical conditions of the health units selected for renovation by the project were very poor. After renovation, both the staff and patients were clearly able to work under improved conditions which increased the demand for services, although in the rural areas utilization of all services was less impressive. In one BHU there were 85 births (3 born in the BHU) during January 2004 but only 13 mothers (15%) were attending the post-natal clinic regularly when the RGA was done.

Training all tiers of medical workers in the referral system in how to identify the appropriate level of care for mothers has also meant more women are encouraged to seek appropriate pre- and post-natal care. For example, in the women's obstetric ward in the district hospital on the day of the RGA visit, all four patients had been referred by LHWs. An incentive program is also in place with cash payments for LHWs for each of their referral chits received at the health unit.

The referral system has also been improved through awareness programs with LHWs who have first contact with most mothers, through mobilization of women's groups via NGOs, and through contacts with male volunteers in communities who assist in disseminating BCC and information, education, communication materials. The RGA visited one of the women's groups mobilized by a partner NGO. This group had been formed to address a wider range of issues including education and income generation as well as health. The NGOs are using WHP BCC materials, and LHWs from the community had attended WHP training and worked regularly with the groups. Group members stated they were able to travel to the nearest health unit for services for themselves and their children based on what they had learned about health risks through the group.

Quality of care over the longer term is addressed by WHP through the improvement of training programs for LHWs. The project is seeking to train young women from rural areas who will then return and hopefully remain there. Impressive new training centers with dormitories were built, and two-year programs were inaugurated with more qualified candidates coming forward from rural areas than could be accommodated. The students interviewed by the RGA team were clearly highly motivated by the prospect of providing needed services to women in their own communities. These young women stand a better chance of continuing to work once they are married than those from previous generations, and high-quality training provides additional encouragement.

With the implementation of devolution legislation, decision making concerning the allocation of resources for MCH is now made at the district level. The project focused on strengthening the capacity and role of district health management teams (DHMTs) made up of representatives from all types of health units and of elected officials. Discussions with representatives from the DHMT in Shikarpur demonstrated that there is awareness of how unequal

gender relations limit women's ability to command resources for health care, and that social norms restrict their movement and ability to see male doctors for care.

### **3. Challenges**

The proportion of project funds allocated to infrastructure improvements and training (57% of the total budget) far outweighed budget allocations for BCC and social mobilization components (10% of the total) reinforcing a tendency for greater emphasis to be placed on "hardware" investments at the expense of "software" components. This may reflect only limited support from MOH for investment in software components. It appears that MOH either does not perceive social change as central to improving women's health or does not think it is not part of its mandate. It seems unrealistic to address the complex gender-related concerns raised in the project's social and institutional analysis with such limited attention to the behavioral change components. The project secured some additional funding for BCC activities in Sindh through the Save the Children Fund and the Bill and Melinda Gates Foundation to supplement limited the budget allocations from the project.

In rural areas visited by the RGA, under-utilization of health care services remained a problem, even with the improved facilities. The EA and ADB project implementation officer identified a combination of inter-related factors that limits utilization, primarily:

- (i) lack of confidence in the quality of care at government facilities which was addressed by WHP through infrastructure improvements;
- (ii) the absence or very limited number of female medical professionals available, particularly after regular hours, making it impossible for women to be examined or treated which was partially addressed through training and improved infrastructure;
- (iii) the low status of women that leads to reluctance of families to invest scarce resources to improve or maintain women's health and to allow women to move around in public alone which was starting to be addressed by the BCC components.

The design of the project placed greatest emphasis on improving the quality of care at government facilities through combinations of construction, technical supplies, and increasing the number of female medical professionals through training. All three factors are influenced by gender inequalities. According to the project EA staff and ADB's project implementation officer, the major factor limiting the availability and utilization of EmOC services (a primary target of the project) was the lack of trained female staff. The shortage is associated with a range of gender-related constraints on women to take up training opportunities and/or to travel to or reside in areas away from their families. There is no fully trained gynecologist in any district hospital in Sindh—male or female—and there is rarely an anesthetist making it impossible to offer EmOC services even if referrals are made correctly. The potential to address this problem is further limited by hiring freezes in all provinces. The implementation officer has worked very hard with all provincial ministries of health and at the national level to find solutions to this significant problem but with little success. In the district visited by the RGA, one female gynecologist was ill, the husband of

another was terminally ill, and there were several vacant positions. Many other professional positions were also vacant as was a majority of positions for LHVs and LHWs.

Based on discussions in Shikarpur District, there were other issues concerning vacant positions for female health workers beyond the hiring freeze. In this district, only 5 LHV positions were staffed appropriately, and 29 male “workers” were filling the remaining positions even though some informants stated there were fully trained LHVs available and some of the graduating LHVs from this district were unable to find positions. This situation implies that the DHMT places a higher priority on giving positions to males than appropriately staffing LHV positions and hence offering improved MCH services to women.

The project has strengthened the planning and resource management capacities of DHMTs though little or no emphasis was given to strengthening their capacities to fulfil their responsibilities to address gender inequalities in staffing or to overcome structural barriers that limit women’s access to health care. Furthermore, there were no women sitting on the DHMT in Shikarpur District at the time of the RGA, although it was stated that they consult with female elected officials. If more women’s voices were heard, a greater emphasis might be placed on allocating sufficient resources to MCH and to other aspects of women’s health.

The government hiring freeze in effect was also discouraging for the LHVs graduating from the new training facilities. It was anticipated that this freeze would be lifted shortly, but positions were available only in private clinics, and there was concern that once in the private sector, graduates would not return to government health units. Staffing the training center also faced delays and challenges in meeting the needs of the students already in the program as the hiring freeze prevented the identification of key training staff. The project implementation officer successfully placed great pressure on the provincial government to make an exception in the case of the LHV training center, and a full complement of staff was being put in place. The principal of the training center also had to exert leadership to encourage rural girls to enter the program by ensuring accommodation facilities were appropriate (they were still trying to locate a female warden and to get more visible security measures around the building when the RGA team visited). Families are concerned about the security of young unmarried girls; this creates a significant obstacle to furthering their education.

As mentioned previously, the provincial and national ministries of health appear either to perceive that social change is not central to improving women’s health or that it is not part of their mandates to address these kinds of issues. This attitude was illustrated by delays in each province in contracting NGOs to implement the BCC/social mobilization component, delays that exacerbated the imbalance in progress on various project components and denied this component’s vital contribution to addressing the continued under-utilization of improved facilities and services.

#### **4. Sustainability**

The gains from this project may not be sustained given the absence of a strong commitment from the DHMT to channel more resources to MCH and the lack of emphasis on changing other factors that influence women’s health (such as encouraging more investment of

family resources and facilitating women's mobility to attend preventive programs). The limited increases in utilization of improved facilities in rural areas when compared with less conservative urban areas illustrates that there are many factors beyond the quality of services and facilities that influence MCH outcomes.

Social mobilization activities have a greater potential to continue beyond the life of the project if they are part of NGO programs that address a broad range of concerns. The NGO contracted in Shikarpur District has been mobilizing women's and community groups to address concerns such as the lack of education for girls in many areas and to facilitate collective income-generating activities. The project's health programs have been added to these activities, and the potential appears to be good that these groups will continue to access health advice and services through support from the NGO and LHWs after the life of the project.

#### **D. Factors Influencing the Achievement of Results**

##### **1. Balance between Addressing the Practical Needs and Strategic Interests of Women**

The project's design places greater emphasis on addressing the quality of physical infrastructure and MCH care offered to women and less on the social and structural barriers women face in accessing appropriate services. The BCC and social mobilization components appear to be more marginal as illustrated by the long delays in all provinces to identify and contract NGOs to implement them. Although contracts are now in place, activities were still slow to start and many obstacles remain such as a lack of funds for transportation in NGO contracts. A GAP that systematically identified gender-related social and institutional constraints that have the potential to influence achievement of all project targets could have provided a framework to assist MOH to develop specific activities to overcome these complex challenges.

The lack of commitment to implement the project's BCC and social components should not detract from the extensive efforts of the ADB project implementation officer and resident mission gender specialist to focus on how to resolve some of the gender-related constraints like the lack of female medical staff. This problem in particular requires a more systematic approach to resolve with all project partners, especially among decision makers such as members of the DHMT. The project implementation officer has given a great deal of effort to negotiations with the EA and other stakeholders to find solutions to these concerns.

##### **2. Gender Balance on the Project Teams**

Although there is a good balance of female members on project teams, including directors in some provinces, it remains a concern that few women sit on the DHMTs and, as discussed previously, there is an acute shortage of female medical workers at all levels. The importance placed on separating the sexes in Pakistan means not only that female health workers must attend female patients but also that male decision makers cannot discuss priorities or concerns directly with female health service users. Women have to be more fully represented on all decision-making bodies not only to voice their immediate needs but also to advocate that the structural barriers that

block women's access to quality care are addressed more seriously. Structural barriers that need immediate attention include female positions in MOH held by males and the imbalance in investment in health services for women (fewer beds in hospitals, limited training facilities etc.). WHP sought to demonstrate how increased investment was needed to improve women's health, but without addressing these structural barriers more effectively, these investments will not be sustained nor will they effectively reach those most in need. It could be argued that such structural constraints could have been identified in a GAP and that steps could have been taken to address these concerns systematically from the start of the project.

The project has started to work with male community members identified by LHWs to assist in disseminating BCC and to attend gender awareness workshops and other activities with DHMT members. However, results from these initial activities were not well articulated to the RGA and they represent only a small step toward a much more consistent approach that recognizes how central women's economic dependence and lack of social mobility is to their appalling health status.

### **3. Monitoring and Use of Data**

The improvement of the HMIS is an important component of this project, but from visits to PHC service delivery points, it was not clear if those collecting the data knew how to use them. Tracking trends and understanding the relationship between health outcomes and factors beyond curative health services that influence them is core to making decisions on allocating available health resources to improve MCH.

### **4. Leadership and Commitment from the Executing Agency**

Leadership for addressing gender inequalities through the project is not as clear as that in MRDP. The RGA team met with project directors from the national team and from Sindh Province, both of whom were women, and they expressed an understanding of gender equality concerns and of the GAD approach. However, it has remained necessary for the implementation officer to push for contracting NGOs to work on BCC elements and to try to resolve female staffing concerns. The reports from review missions indicate that the hardware components of the project have been implemented more efficiently reinforcing the impression that the EA is unsure how to address either the complex and difficult gender-related factors that influence utilization of services or aspects of the shortage of staff. GAPs have been used to identify capacity needs and awareness activities to increase leadership and support for gender equality.

### **5. Social and Cultural Context**

The traditional and conservative values that limit women's mobility and ability to command resources within the household to spend on their health needs are deeply rooted and will take time to change. These values also influence decisions concerning higher education and training for women as medical professionals and are complicated by high levels of physical insecurity in many areas. In the Shikarpur District, men and women face physical threats in some areas as they travel to BHUs for care, and in one place a physician and member of the DHMT was

shot during the RGA team's visit. Insecurity is influencing the achievement of results in this project, but there is little scope to address these issues.

#### **E. Recommendations**

A specific GAP that addresses gender-related constraints for women to access improved services in a systematic manner would have assisted in ensuring that these considerations were addressed consistently across all aspects of the project. The EA team was aware of the complexities and challenges of gender-related issues but was unable to grasp how to address them. Such a plan should explicitly include capacity building and gender awareness training for all project team members and other stakeholders that directly links achievement of targets to addressing software aspects of the project. A GAP or gender strategy could have been developed building on the findings from the mid-term review to address some issues in the remaining period of the project. It is understood that an appropriately qualified gender consultant participated in the review and that specific gaps requiring mid-course correction that would form core steps in a gender strategy or plan would be identified. The resident mission gender specialist could also bring considerable experience to this process by direct involvement in the review and oversight of the preparation of a GAP.

As identified by the national project director, an MCH policy that places clear emphasis on improving preventive care for women would contribute to overall improvements in their health status. Such a policy would be particularly helpful if it could demonstrate the need to increase resource allocations for MCH as well as other priority areas of health care for women. This would have to be followed up with more systematic efforts to change attitudes among decision makers at all levels, including those on DHMTs.

Skills for BCC and social mobilization components are available only through NGOs. These skills should also be institutionalized in government agencies, particularly MOH, especially regarding promotion of preventive care and public health at the district level. It is not necessary for the government to carry out social mobilization activities, but it should have an understanding of how to include behavior change as an integral aspect of addressing risks that affect women's reproductive health outcomes, including MCH, and how to plan and budget for such activities.

The importance of BCC activities also serves to highlight the impact of the delayed contracting of NGOs to carry out these components of the project. ADB put considerable pressure on the EA to overcome these delays and to accelerate the implementation of these components. Continued pressure and close monitoring from ADB and EA project directors in each province was necessary to avoid further marginalization of these activities.

Greater attention must be paid to capacity building of DHMT members on how gender inequalities limit the potential to improve women's health. This requires specific training sessions on issues such as employment equity, how to provide incentives for female staff, and the links between persistent neglect of MCH, poverty, and poor health indicators. A quota for female members on DHMTs should also be considered along with practical means to track increased allocations of budget and other resources to MCH. WHP offered a range of opportunities in all

components to take leadership in promoting gender equality as a core concern for MOH and in how to improve women's health.

It is not clear how HMIS data will be used by DHMTs for planning purposes, and consideration has to be given to strengthening planning skills as well as health management skills. Members of DHMTs seemed to be mostly medical professionals and elected officials. It is not certain what significance is given in planning and budgeting to funding programs addressing public health and to non-medical factors influencing health outcomes.

Many health professionals have a non-participatory approach to working with patients that to an extent replicates the family model of behavior of doctors acting as fathers, nurses as mothers, and patients as children. This was evident in some places visited by the RGA, but within the scope of the rapid visits, no generalizations could be drawn regarding the extent to which the project is encouraging a more participatory, and hence empowering, approach to providing health care. It should be stressed in the way the project is implemented, however, that one factor that can contribute to women's empowerment is taking a highly participatory or consultative approach to providing services.

The health professional with the most direct contact with women is the LHW. Increased recognition of key role of LHWs needs to be considered. They are poorly paid yet have the greatest potential to improve public health as well as MCH beyond their current immediate responsibilities. LHWs should also be regularly consulted by DHMTs to understand trends and priorities for women.

## Chapter 4

# Decentralization Support Program

### A. Description and Scope of the Policy Loan

The program<sup>11</sup> seeks to have an impact on poverty reduction by creating an enabling environment for improved public access to equitably delivered and sustainable services. As part of the government's broader governance reform agenda, the program will support the development of democratic, accountable, transparent, efficient, equitable delivery of local government services.

DSP has four components:

- (i) the main program loan of \$270 million and links to other sources of financing from a) two provincial loans, one of \$150 million for the Punjab Resource Management Program and the second for \$120 million for the Balochistan Resource Management Program; b) the Access to Justice Project, a \$350 million loan; and c) the transfer to provinces of 2.5% of revenues from national government sales taxes;
- (ii) \$23 million for the first technical assistance project, Local Government Performance Enhancement (TA1);<sup>12</sup>
- (iii) \$7 million for the second technical assistance project, Gender and Governance Mainstreaming (TA2) with an accompanying grant yet to be formulated for technical support for gender and governance reform;
- (iv) a \$3.18 million advisory technical assistance (ADTA) grant for implementation of TA1.

### B. Gender Aspects and Provisions in the Policy Loan Design

While TA2 specifically deals with and affects women's political participation and development, all parts of the program have significant gender dimensions. Additional technical assistance is currently under preparation to support gender and governance reform that will be implemented under ADTA management with an objective to mainstream gender in the program and to linked activities including the Access to Justice Project and the other loans identified above. This additional assistance will be a grant funded through several donors. As gender is an integral

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<sup>11</sup> ADB. 2002. *Decentralization Support Program* approved on 21 November 2002. The first loan portion of \$65 million and the second of \$205 million were released against policy conditions. The loan is effective from December 2002 until December 2006.

<sup>12</sup> The technical assistance loans 1937 (\$23 million) and 1938-PAK (\$ & million) were approved by the Board on 21 November 2002.

component of DSP, there was no specific gender strategy prepared in the loan documents. The following outlines the entry points for gender mainstreaming in DSP.

### **1. Main Program Loan**

This loan is released under policy-based conditions attached to its two tranches worth \$120 million and \$150 million respectively. Conditions for loan effectiveness and tranche one release include:

- promulgation of the Local Government Ordinance (which stipulate 33% of seats are reserved for women) by all provinces;
- allocation by the federal government to provinces and local governments of an amount equivalent to 2.5% of government sales tax .

The Government of Pakistan has fulfilled these policy action conditions.

Tranche two conditions include the following.

- After federal and provincial cabinet approval, the gender reform action plans (GRAPs) are to be implemented. The GRAPs all address core areas of reform covering institutions, policies, budgeting and public expenditure mechanisms, increasing and improving women’s employment in public sector organizations, improving women’s political participation, and related capacity building interventions.
- Each province will institute performance-based grants and matching grants for preferential treatment for priority policies concerning poverty, gender, and local revenue mobilization to transmit policy.

### **2. TA1: Local Government Performance Enhancement**

This component addresses the capacity and system development needs of all those in local government—elected representatives, the administration, civil society—and of the provincial and federal bodies/departments associated with local governments, e.g., the Provincial Finance Commissions. The Ministry of Women’s Development (MoWD) is one of the four federal implementing agencies eligible to sponsor projects under TA1 to ensure gender is mainstreamed into local government reform.

TA1 is a demand-driven program that responds to technical investment proposals (TIPs) designed by stakeholders at all levels. TIPs are approved through technical review at the provincial level followed by approval by the national steering committee during annual work planning sessions. To date, two workplans have been approved for implementation: stage one comprising 37 TIPs and stage two comprising 26.

TIPs are used to address DSP’s gender-related objectives under into two broad categories: those directly affecting women’s political participation and development and those indirectly

affecting women and gender equality. The first includes a TIP sponsored by the MoWD to study women's participation in the local government system that will comprise a nation-wide study to compare what was envisaged in the Local Government Ordinance, i.e. reservation of 33% of local government seats for women, with what has happened in practice. It will identify the main problems/obstacles to women's effective participation and will make recommendations of how these can be overcome. Two other TIPs involve DSP stakeholder interaction/orientation to local government reforms.

Examples in the second broad category include the following:

- policy dialogue strategy (federal);
- a grant fund for enhancing local accountabilities (federal);
- institutional strengthening of monitoring committees (NWFP);
- strengthening of *zilla* account committees (NWFP);
- development of client charters (Sindh);
- orientation to local government reforms (federal).

Table 4 in Appendix 1 identifies the expected potential for gender impact from approved TIPs. Future TA1 investments include plans to reach out more directly to women (e.g. councilors, civil society organizations) to strengthen their capacity to generate TIPs to meet their specific needs. In its January 2004 meeting, the National Program Steering Committee directed the program support offices to ensure women's participation in all the workshops they hold.

### **3. TA2: Gender and Governance Mainstreaming**

A key purpose of DSP is to support mainstreaming of gender and social development considerations in all aspects of local government affairs. It was recognized in the planning stage that prevailing conditions in Pakistan require that these integrated efforts be augmented by targeted interventions. A previous ADB technical assistance grant for gender reform<sup>13</sup> undertook extensive consultation, background studies, and the subsequent design of GRAPs that included detailed costing for all proposed components. The GRAPs are based on the National Plan of Action (1998) and National Policy for Development and Empowerment of Women (2002). To maximize political buy-in by elected representatives, the GRAPs will have to be approved by the cabinet.

TA2 will provide funds for implementing GRAP activities by MoWD and by corresponding women's development departments at the provincial level. This is due to become effective upon compliance with second tranche conditions that include cabinet approval of provincial and federal GRAPs. Under the plans, TA2 will promote the following reform areas:

- (i) improved women's representation and participation in political and administrative structures;

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<sup>13</sup> ADB. 2002. *Technical Assistance to Pakistan for Gender Reform Program* (TA 3832) approved on 01 February 2002 for \$600,000.

- (ii) a policy shift from social welfare to social development and from women's development to gender equality;
- (iii) the restructuring of institutions (especially at the local level) and procedures dealing with gender and social development issues;
- (iv) planning and budgeting that narrow the gender gap in public expenditures and service provision.

The GRAPs have been completed and presented to respective governments. The Chief Minister of Punjab approved their GRAP, and it was presented to the cabinet in May-June 2004. The national GRAP was approved and signed by the Minister for Women's Development and was placed on the federal cabinet agenda in June 2004. With the exception of NWFP, other provincial governments have approved their GRAPs in principle.

#### **4. The Advisory Technical Assistance Grant**

As well as providing technical assistance to the program support offices at the federal and provincial levels to implement DSP and TA1, the ADTA promotes strategic exchanges and policy development. One of the areas that the ADTA team will be focusing on is women's political participation.

The team itself actively promotes female recruitment; in fact, almost one third of the ADTA staff is female. However, at the time of the RGA, there were no gender specialists on the team. This lack will be addressed once technical assistance to support gender and governance reform implementation has been approved and resources are mobilized as this will allow the recruitment of gender specialists on the ADTA team. This technical assistance is still under preparation, but the initial draft indicates it will engage expertise in four areas:

- (i) the management of programs in support of gender reforms in public service, law and the judiciary, public finance management, and administrative restructuring;
- (ii) capacity development for policy, fiscal, legal/regulatory, institutional, and human resources necessary to successfully implement GRAPS;
- (iii) monitoring and evaluation;
- (iv) policy research.

Assistance will comprise four components: a) gender reform program management; b) a gender and governance resource pool; c) monitoring and evaluating performance; and d) policy dialogue and public communications.

#### **C. Initial Achievements and Challenges**

Table 3 in Appendix 1 summarizes the main components of DSP, the gender mainstreaming entry points, and initial results achieved. It should be noted that as DSP is a policy loan, direct benefits for women are not easy to trace. Furthermore, DSP had been operational for less than 2 years at the time of the RGA mission, and none of the TIPs had yet been implemented, so actual achievements even with direct stakeholders (line ministries at the provincial level, elected

officials etc.) were not possible to identify. However, it was possible to assess the potential effectiveness of the processes put in place to ensure gender equality considerations are taken into account and what progress has been made in ensuring that these concerns remain central to the implementation of DSP. Initial findings can be grouped under thematic areas for TA2.

Table 3 summarizes achievements at the time of the RGA.

**Table 3: Gender-Related Achievements of the Decentralization Support Program**

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| <p><b>Policy</b></p> <p>Sufficient and effective federal support for centralization and related reforms:</p> <ul style="list-style-type: none"> <li>• Local government ordinance adopted (condition for approval of first tranche of DSP loans);</li> <li>• Gender reform program supports drafting of gender reform action plans (GRAPs) for all provinces and at the national level;</li> <li>• GRAPs approved to meet conditions for second tranche release;</li> <li>• Study by Ministry of Women’s Development (MoWD) approved to assess the proportion of women actually elected at all levels of government and opportunities/constraints to implement the Local Government Ordinance</li> <li>• Women participate on technical review committees at all levels for approval of technical investment proposals (TIPs); they need more training to provide appropriate inputs but do attend meetings</li> <li>• a women’s organization with a strong record in promoting women’s rights and empowerment needs to be on the steering committee</li> </ul> |
| <p>Effective and sustainable provincial/local intergovernmental relations:</p> <ul style="list-style-type: none"> <li>• training of female elected officials regarding DSP and TIPs</li> <li>• consultation with women’s organizations and elected officials regarding potential priority areas for TIPs</li> </ul>  |
| <p>Local government institutions managing resources accountably and equitably:</p> <p>selected TIPs include specific elements to ensure gender is mainstreamed with direct impact on gender equality e.g. orientation to local government reforms (federal) and others with indirect impact e.g., development of policy dialogue strategy (federal); development of client charters (Sindh); compilation of a manual on powers/functions/duties of elected and other key local government (federal)</p>  |
| <p><b>Project Management</b></p> <ul style="list-style-type: none"> <li>• social development consultant hired;</li> <li>• several team members worked on technical assistance on gender reform;</li> <li>• vigilance required to ensure leadership sustained regarding gender mainstreaming;</li> <li>• monitoring indicators need to be developed that link with GRAP benchmarks.</li> </ul>  |

### 1. Outreach to Women to Increase Participation

TIPs are identified through a combination of reactive and proactive steps. Extensive consultations were held with stakeholders at all levels to increase their understanding of DSP and

to assist in identifying what kinds of issues could be funded through TA1. Emphasis was placed on ensuring that women and representatives from organizations promoting gender equality attended these meetings. However, specific encouragement might be necessary for women to raise their voices at such meetings and to feel confident to express their priorities. Also, there are one or two women's NGOs represented on steering committees but none that has a strong record in promoting women's rights.

## **2. Facilitating a Policy Shift**

MoWD and corresponding departments at the provincial level are represented on the technical committees that review and approve TIPs. It was noted by DSP team members that these representatives did not have the capacity to provide substantive comments on most of the TIPs presented. Additional support will be required to assist MoWD to provide relevant comments that will strengthen the integration of gender into TIPs. For example, a basic understanding of budgetary and financial management principles is required in order for MoWD staff to analyze potential gender impacts. It is also important to strengthen the existing capacity to articulate the implications of a policy shift to social development and gender equality. As many of the necessary actions for gender mainstreaming are perceived as additional workloads or as contrary to traditional values in Pakistan, strong examples rooted in relevant technical areas that demonstrate the benefits of taking these different approaches are required. This will become more important as TIPs are implemented, and corrective action may be required to ensure gender integration.

There is a tendency for all involved in TA1 implementation (i.e. the government and the ADTA team) to assume that if a TIP will primarily benefit women it should be funded through TA2. This tends to detract from the need for certain TIPs to address gender gaps that may require specific targeting for women, e.g., additional training for elected female representatives to bring them to a similar level of understanding of government systems and procedures as their male counterparts. This type of activity should be under TA1. Additional and institutionalized capacity building to strengthen the understanding of gender mainstreaming and its links to social development is required.

## **3. Restructuring Institutions and Procedures**

The management of TA1 through a series of steering committees backstopped by consultations with technical committees involving MoWD and departments of women's development provides capacity building opportunities and the potential to demonstrate the relevance of MoWD support to other technical areas. Again, these structures provide entry points for institutionalizing gender training and awareness raising.

## **4. Strengthening Planning and Budgeting**

Various initiatives have been started through other development partners and agencies to support gender budgeting across several government agencies including the Ministry of Finance at the national level and in some provinces. Training has been given to key stakeholders, but in the atmosphere of rapid change during decentralization, these initial introductions to the concepts of

gender budgeting have had limited impact and will need reinforcement and repetition. A proposal has also been developed to provide additional support to the planning commission to build its skills in gender-sensitive monitoring of development programs, but the role of many of these agencies has yet to be institutionalized as devolution continues. It is important that DSP seeks to draw on experiences in capacity building for gender budgeting and monitoring and that they inform the development of TIPs in related areas.

## **5. Overall Implementation**

The fact that the TA2 loan was accepted as an integral part of DSP should be considered a result linked with the GRAP. This is a pioneering approach for ADB not just in Pakistan, and lessons from this process will be of great value to other countries. Full success will be more evident if ADTA and TA1 take a more proactive approach to promoting gender equality based on the GRAPs once they are approved.

### **D. Factors Influencing Achievements**

DSP has facilitated a strong correlation between gender reforms and effective decentralization of governance. This has been communicated consistently as DSP was developed with high-level decision makers in the Ministry of Finance working directly on extensive reforms to government budget mechanisms. This means that there is a strong potential to influence key decision makers to integrate gender equality concerns into an area of policy formulation with great power; these factors are supported by ADB with a loan conditionality linked to GRAP approval. This is also reflected in continued strong support by ADB that has facilitated building on the work of technical assistance for gender reform and strategic advocacy of the resident mission gender specialist and other staff.

There have also been radical shifts in government support for gender equality and women's empowerment in Pakistan reflected in legislation to increase the representation of women in elected office to 30%. There is continued resistance to these changes in many areas, particularly conservative regions such as NWFP. To date, though, the GRAPs have been designed in a collaborative manner with all provinces, and the probability of sustained support appears likely.

The design of DSP includes a proactive mechanism in TA2 that can be used to pilot and test different approaches to gender mainstreaming and to strategic elements of the GRAPs. This will make it possible to demonstrate what gender mainstreaming "looks like." Many efforts to integrate gender concerns into high levels of policy formulation have stumbled when unable to put these concepts into concrete terms. When small projects can be quickly implemented to collect data to illustrate a point or to demonstrate how gender-inclusive approaches contribute to policy objectives, resistance to incorporating these less concrete elements into policies can be overcome.

Proposed technical assistance for support to gender and governance reform implementation offers a separate mechanism to backstop and push gender mainstreaming along to complement TA2 activities. This grant also offers the potential to act quickly in a strategic manner without waiting for approvals of the entire DSP committee structure and provides an opportunity to involve

other voices such as NGOs more strategically and to overcome resistance to hearing their concerns. It remains to be seen if this will work in practice, but the project planners have sought innovative ways to counter resistance to this challenging area of reform through several flexible and complementary mechanisms. These two elements in DSP provide mechanisms similar to a GAP to ensure gender is mainstreamed throughout project activities. This approach, however, has broad influence beyond DSP because of links and conditionalities to GRAPs for loan releases.

#### **E. Recommendations**

As identified above, specific encouragement might be necessary for women to raise their voices in decision-making fora. Project team members interviewed during the RGA agreed that they had not perhaps taken additional measures to ensure that women not only attended the meetings but also were given opportunities to interact freely.

It was suggested to the DSP/ADTA team that consideration be given to identifying NGOs with strong experience in promoting women's rights and gender equality to fill vacant seats on committees at all levels. This will reinforce other efforts to ensure women's voices are heard as decisions are made.

Guidelines and formats for designing and reviewing TA1 TIPs do not specifically include a section concerning gender integration. ADTA team members noted that there are questions concerning the adoption of a participatory approach that includes women, but it was recommended by the RGA that further thought be given to including a dedicated question both in the description of the project and in the themes that a TIP will address.

Monitoring mechanisms are under development, and it is important that specific gender indicators are identified for each TIP, including those that will have indirect impact on women. These indicators should be linked to components of GRAPs to build synergy between TA1 and TA2 activities. The intention of bringing greater visibility and political will to implementation of the GRAPs will be lost if TA1 activities are not closely linked; monitoring indicators provide one tool through which this can be strengthened.

Gender analysis and awareness training for key ADTA and other partner agencies for TA1 should be undertaken to reinforce the above recommendations. It is important that gender mainstreaming principles are understood and that skills are strengthened to carry out a minimal level of gender analysis for each TIP. As TA2 is implemented, additional gender equality expertise will be available for consultation, but effective gender mainstreaming requires that all stakeholders promote gender equality in their work.

The EA and ADTA teams should not underestimate the potential for bureaucratic delays and resistance to taking action on gender equality. It is therefore important to keep anticipated outputs/outcomes for TA2 initiatives and the linked technical assistance grant realistic and to be extremely vigilant in ensuring that guidelines and indicators are tracked and reported. Concerns have already been raised as TIPs have been redirected to TA2 if they mention gender even if they should have been funded through TA1. Adequate time and resources will have to be allocated to

monitoring and capacity building of stakeholders to smooth the many forms of resistance that might occur.

Leveraging support for gender mainstreaming in DSP through substantial loan conditionalities that involve high-level decision makers in government should be considered as a model for other countries where national women's organizations have existing action plans that have yet to be given priority in budgeting and planning. This requires, of course, sustained support from ADB.



## *Chapter 5*

# Findings and key issues

This chapter summarizes experience from all three projects to assess whether the introduction of GAPs and gender strategies and provisions has had any impact on improved implementation, outreach, and results for women. The following issues and questions are discussed.

- What types of approaches were used to address gender equality during loan design and implementation?
- How effective have GAPs and gender strategies and provisions been at improving implementation, outreach, and sustainable results for women?
- What type of gender equality results have been achieved as a consequence of these approaches?
- Have GAPs improved the achievement of gender equality results across sectors? What elements of GAPs, gender strategies, and provisions improve their effectiveness at achieving results for women?
- What other factors (e.g., external and institutional) have played an important role in achieving results for women?

### **A. The Effectiveness of Gender Action Plans and Gender Strategies and Provisions for Achieving Results**

All three projects have taken steps to ensure women participate in project activities and, to varying degrees, have access benefits. The systematic implementation of the gender strategy in MRDP ensured that women not only participated in activities, but also that they were able to directly realize project benefits. Even though WID had been identified as a secondary objective of the project, realistic targets had not been established, and most components had to be revised and special activities added to ensure that participation translated into increased access to resources. The gender strategy has also enabled the project to challenge preconceived ideas about working with women in Pakistan. Its implementation has demonstrated that with a step-by-step approach, with flexibility from project staff that nurtured innovation, and with adequate awareness raising, these challenges can be overcome in a non-threatening way.

WHP, on the other hand, illustrates how even though the EA recognizes the need to take gender considerations into account, constraints on women actually benefiting from project activities are not addressed. The prevailing attitude on the EA project team seems to be that these concerns are too complex to even start to tackle in the time frame of the project. A step-by-step approach in a GAP that identifies entry points and creates opportunities to be more innovative

could have augmented the results achieved from the hardware components of WHP. Opportunities have been missed, as BCC and other social mobilization components have not been taken up in step with improvements in the quality and availability of health services. A project target is to strengthen the capacity of the newly formed DHMTs, yet the potential role this decision-making body could play in committing more resources for improving women's health or ensuring more female medical professionals are hired has been missed in this component.

DSP has focused on gender mainstreaming by making approval of GRAPs at the cabinet level a conditionality for the release of loan funds. However, there are still several unanswered concerns identified by the RGA regarding how systematically loan activities will take gender considerations into account in practice. As implementation accelerates, consideration should be given to developing a GAP or gender strategy that provides more detailed guidelines on where and how gender considerations have to be taken into account. Additional technical resources will be made available to all aspects of DSP loan implementation from TA2 funds, but stakeholders who are not aware or supportive of gender concerns will have to be sensitized to how and when this technical advice can best be used and when similar resources need to be engaged directly by government or other stakeholders. A comprehensive GAP can ensure systematic consideration of gender concerns.

## **B. Summary of Gender Equality Results**

### **1. Participation in Project Activities**

The implementation of the MRDP gender strategy has facilitated the active participation of women in most project components. The basic requirement of a balance of WOs and VOs in project villages has meant women's needs and priorities have been identified as community-based infrastructure is developed. For most women, joining a WO marks the first time they have been consulted and shared in community decision making. In project components where no female technical officers are available, women's participation has either been very limited or not possible in the design and construction of road improvement components.

In contrast, in WHP which has no gender strategy or GAP, systematic steps have not been taken to address social and institutional barriers for women to participate fully in project activities. A few community groups have been mobilized and LHWs have been consulted to understand how best to improve services such as MCH. There has been more limited involvement of women in the district-level decision-making bodies, the DHMTs. For example, elected female officials are consulted by members of DHMTs but are not actively involved as a matter of course. The gender balance on the EA team is good, but despite the significant efforts of the EA and ADB, there has been a very limited increase in the number of female doctors or other health professionals in the project districts.

DSP has put mechanisms in place in the TA1 loan to ensure that elected female officials are consulted and encouraged to come forward with TIPs for funding applying the principals set out in the GRAPs. MoWD officials at all levels are members of TA1 technical committees that oversee the mainstreaming of gender concerns into institutional strengthening activities. On the

other hand, woman-led and woman-focused NGOs who would better articulate the needs of women and hence make this opportunity for consultation more effective and representative are not represented on TA1 steering committees.

## **2. Access to Resources**

Working with women in Malakand, a conservative region, is new and challenging. The MRDP gender strategy ensured that resistance to working with women was overcome and increased access to resources was sustained. Members of WOs in MRDP have increased their access to income, skills, and community-based infrastructure. Even though most income increases are marginal, for the majority of WO members it is the first time they have had access to any cash from income-generating activities or opportunities to leave their communities to take up skill training. For many women, improving their access to potable water has been the most significant contribution of MRDP. Ongoing monitoring of gender strategy targets has also meant additional activities or alternative approaches were adopted where necessary and in a timely manner to ensure activities for WOs were moving in step with those for VOs.

The infrastructure improvements from WHP have increased the availability of health services. The project HMIS was not reporting on data collected for individual women to assess overall health improvements at the time of the RGA, but this was to start at the project's mid point. Increased utilization of improved services seems to be limited to urban facilities with persistent constraints that have not been addressed in a systematic manner on women's ability to travel to and benefit from these services in rural areas.

The preparation of the GRAPs for national and provincial levels, supported by additional ADB technical assistance has provided DSP with an opportunity to leverage increased attention to gender-sensitive budgeting and planning for women across priority areas of government. The GRAPs in each province provide a framework with targets against which progress can be measured. In practice this should increase the flow of budget funds to priority areas of programming for women, but it is too early to observe this result in DSP.

## **3. Practical Benefits**

Women's participation in a broad range of MRDP project activities combined with the specific GAD component have resulted in their accruing benefits from community-based infrastructure (although not as clearly from roads) and livelihood opportunities through skills and marketing support. The gender strategy encouraged project staff to move beyond just ensuring women's participation in the project to seeking ways to sustain these gains so the considerable changes these benefits have brought to individual women and their communities can extend beyond the lifetime of the project. WHP has also brought improved quality of care, improved health infrastructure, and some increased awareness from decision makers of the importance of increasing women's access to these improved health services, but it has missed opportunities to effectively increase access. It is too early to assess any results from the DSP policy loan.

#### **4. Strategic Changes in Gender Relations**

At the household and individual levels, the comprehensive approach of the MRDP gender strategy took into account the need to supplement infrastructure investments with measures to support new areas of women's empowerment and has thus facilitated women becoming directly involved in the previously exclusively male area of community decision making. Most of the WO members in MRDP had never before been consulted regarding any community decisions. The requirement stipulated in the project—guided by the steps set out in the gender strategy—that women not only actively design and manage the construction of their own WO schemes but are also consulted regarding schemes led by the VOs marks a significant change in gender relations. Despite hesitancy among community members in the early stages of MRDP implementation, most community leaders now support these changes. Women with their own incomes are less dependent, especially spouses of migrant workers, and there are several examples of greater self-reliance to resolve problems with support from other WO members. Mobility constraints faced by women were identified and addressed as an integral step in implementing the gender strategy and hence the project as a whole. Women have as a result been able to travel and move for the first time into public places such as the technical training institution. Given the conservative attitudes towards women in this region, these changes are very significant and appear to be receiving quiet support from husbands and other community leaders, especially where economic gains and improved access to vital resources (such as potable water) have been realized through the work of the WOs.

WHP has not yet contributed significantly to facilitating the changes in gender relations required to address constraints on women's access to improved health services. BCC and other social mobilization activities have been recognized as necessary to overcome these constraints, but these have not been implemented in step with project achievements associated with infrastructure improvements. There was no overarching framework that linked social changes and women's empowerment to ensure the effective utilization of the infrastructure investments of the project that could have been provided through a GAP.

Changes in gender relations at the community level to support women's empowerment and participation in political processes have also been achieved by the MRDP project, encouraged by the strategic step-by-step approach adopted by the gender strategy. A male Nazim interviewed by the RGA clearly champions increased empowerment of women and acknowledges the role MRDP has played in gathering support from other men in the community. The ability for women to earn cash income from income-generating activities in their communities has changed men's attitudes and provided women with entirely new vistas in economic and social life.

#### **C. Sustaining Commitment to Gender Equality**

The importance of gender mainstreaming, especially as devolution of power takes place across all government functions has been highlighted by ADB's approach to leveraging the approval and implementation of GRAPs into the DSP policy loan. While the impact of GRAPs at the grass roots level will take some time to be evident, if implementation results in increasing allocation of funds to priority areas for women, this will mark a considerable change in the attitude of government officials and politicians alike.

The MRDP gender strategy has also taken a longer-term approach to achieving certain targets that will contribute to sustaining achievements. For example the female internship program has successfully addressed the lack of qualified female development professionals to some degree, a lack that was once considered impossible to overcome. Changes in attitudes toward women have extended beyond the community as some male members of the EA are now very committed to involving women in rural development activities and will continue to champion their needs even in the face of the considerable political opposition to women's empowerment in this region.

**D. Contributions from Gender Action Plan Implementation to Project Goals**

MRDP is demonstrating to the community and to other government agencies and service providers that despite social barriers it is possible to work with women in groups so they may participate more effectively in poverty reduction. Providing income-generating skills and start-up packages to women who otherwise have no opportunities to increase their cash earnings contributes to reducing their vulnerability to poverty, even if the additional income earned is not sizeable. MRDP has also demonstrated the importance of implementing and monitoring a comprehensive approach to facilitating effective participation of women to supplement infrastructure investments that meet the needs and priorities of all community members. Additional measures and resources were planned and managed through the gender strategy rooted in appropriate project components.

**E. Elements in Gender Action Plans that Contributed to Maximizing Gender Equality Results**

**1. Design of the Gender Action Plan**

The ADB resident mission specialist guided the design of the MRDP gender strategy to include workshops with stakeholders, a review of lessons from other projects in the region working with women, and opportunities created to increase understanding of the rationale for GAD in the context of the project's objectives. Additional gender analysis was also carried out during the design phase to explore more innovative opportunities to work with women. This process encouraged the EA to recognize the additional activities, budget, and skilled resources required to effectively address issues raised in discussions on GAD. ADB's support for the preparation of GRAPs provided similar capacity building and the practical application of gender mainstreaming for many stakeholders in DSP whose acceptance of ADB's emphasis on gender mainstreaming has been vital to move forward on fulfilling gender-related loan conditionalities. The design of the gender strategy can be used effectively, therefore, to build commitment from project team members as well as from other stakeholders.

Gender sensitization and capacity building opportunities have to be included during implementation to reinforce attitudinal change and follow-up with technical assistance to team members or partners who are facing challenges. The MRDP WPM stressed this point as she noted there remain pockets of resistance among project partner NGOs. The gender round table component was planned in the MRDP gender strategy for this purpose but had not been inaugurated at the time of the RGA.

The lack of continuity between infrastructure and BCC activities in WHP illustrates the importance of careful planning for GAD activities, a core objective of gender strategies or GAPs. Despite many challenges, MRDP has maintained a complementary pace between activities with VOs and WOs that has reduced marginalization of gender strategy activities. MRDP also advocates detailed annual target setting to encourage taking up opportunities as they emerge during implementation and to build on progress in changing attitudes that tends not to occur incrementally. The MRDP project director suggests a more detailed annual review with ADB of all software activities to enable adjustment to other hardware components so parallel progress is ensured.

## **2. Sufficient Skills and Resources**

MRDP has struggled to ensure female staff are available including establishing the innovative internship program. The comprehensive approach taken by the gender strategy enabled the EA to identify why certain skilled resources are required in relation to each project component and provided strong rationale to shift allocations in budgets. The delay in contracting experienced NGOs for BCC and group mobilization activities in WHP illustrates how a more haphazard approach to the timing and level of effort given to software components can limit overall progress on outcomes such as increasing the utilization of new infrastructure.

## **3. Leadership and Good Management Skills**

The project director and WPM in MRDP have had to demonstrate considerable leadership to change attitudes and build support for challenging the traditional social order. The need to meet gender strategy targets has been used to reinforce other “softer” approaches to encouraging partners to overcome difficulties. Innovation has been fostered as demonstrated by a willingness to adopt the internship idea and to seek out good partners for women’s training activities. It requires managerial finesse to overcome the many obstacles in this project. The gender strategy has clearly been used as the base rationale and framework throughout.

## **4. Monitoring**

The identification of realistic targets in the MRDP gender strategy has facilitated monitoring. Consistent assessment of progress also requires detailed targets. MRDP took an approach of revisiting targets annually guided by more general statements of anticipated results from the strategy. This has encouraged innovation and the ability to respond to opportunities that come up as communities, especially men, become more convinced that women’s participation will benefit everyone.

Specific statements regarding implementation of gender considerations are not incorporated into the loan covenants or assurances of MRDP. Despite this, consistent assessment of progress on the gender strategy has been included in review missions and was to be incorporated into the mid-term review. DSP includes specific gender-related targets to be met for the release of loan funds. Additional indicators will be required to ensure consistent monitoring in all aspects of the DSP policy loan beyond monitoring compliance with initial terms of conditionalities.

Given the inability for males outside the family to meet with women in much of Pakistan, it is imperative that monitoring and ADB regular review teams include female members. This is important follow-up to gender mainstreaming and reinforces the efforts of EAs to create a gender balance on their own project teams.

## **5. ADB Endorsement and Other Institutional Issues**

Many structural barriers to women's equitable participation in and benefit from project investments are associated with areas of policy already under discussion between ADB and developing member countries. As a project is being prepared and implemented, many cross-linked issues may arise that need to be raised at higher levels within countries to see progress over the longer term. It is suggested that ADB staff proactively seek out these cross links and ensure that priority concerns for promoting gender equality are consistently raised in policy dialogue. This requires good communications between and among ADB resident mission and headquarters staff. The gender specialist plays an important role in facilitating this exchange of information that may be lost if that position is not given adequate time or mandate to work across several sectors.

Examples of progress made in projects such as MRDP working in conservative areas in Pakistan can be used in policy dialogue to illustrate in a non-threatening way how loans can be used for the benefit of women as well as that of men. Arguments that demonstrate increased efficiency and sustainability of investments in hardware supported by gender inclusive software can be persuasive in this context. In the long run, this would increase support for gender components from EAs—a major constraint to having gender equality taken as a central consideration in poverty reduction.

## APPENDIX 1

Table 1: Gender Related Activities, Targets, and Results: Malakand Rural Development Project

| Targets in Logframe  | Activities with a Target in the Gender Strategy/GAP   | Gender-Related Results<br>(based on most recent project reports May 2004 and interviews during RGA field work)  |
|--|---|---|
| <p><b>Sector/area Goal:</b> Poverty reduction in the project area<br/> <b>Related Objective:</b> Improve the incomes and living conditions of poor households</p>  |   |   |
| <p><b>Project Components</b></p>   |   |   |
| <p>Community managed infrastructure developed; mobilization of organizations; 1000 village organizations formed; -and 1,000 and women’s organizations formed.</p> <ul style="list-style-type: none"> <li>• farmer-managed irrigation schemes <ul style="list-style-type: none"> <li>– 75 tube well irrigation schemes</li> <li>– 42 lift irrigation schemes</li> <li>– 264 gravity irrigation schemes -</li> <li>– 100 dug well irrigation schemes</li> </ul> </li> <li>• 105 jeep-able tracks</li> <li>• 120 micro-hydropower electrification units</li> <li>• water supply schemes <ul style="list-style-type: none"> <li>– 175 spring-based water supply</li> <li>– 175 hand pump based water supply schemes</li> <li>– 110 sanitation</li> </ul> </li> </ul> | <p>Community-managed infrastructure developed; mobilization of organizations; 1000 Women’s Organizations; WOs identified and prioritized as follows:</p> <ul style="list-style-type: none"> <li>• water supply schemes <ul style="list-style-type: none"> <li>– 13 spring-based water supply</li> <li>– 6 hand pump based water supply schemes</li> <li>– 2 sanitation</li> </ul> </li> </ul> | <p><b>Women’s Organization</b> mobilized: 322 (slightly fewer than VOs; in March 2004, 329 VOs compared to 217 WOs)</p> <ul style="list-style-type: none"> <li>• mobilization of WOs first opportunity for collective action by women in these communities</li> <li>• increased mobility for women to attend meetings and opportunities to meet with other female community members sanctioned by men</li> <li>• women discussing together other issues aside from project activities</li> <li>• WOs participate in selection, planning and design of other infrastructure schemes with VOs where both types of community organizations mobilized—which is important as it increases the status of women in community and is change in pattern of community decision making</li> <li>• political empowerment of women in limited cases e.g. where Union Nazim supportive and encourages consultation with elected female officials: in other communities women do not know or care to consult with elected female officials</li> </ul> <p><b>Water supply schemes</b> - 12 completed</p> <ul style="list-style-type: none"> <li>• priority concern identified by women</li> <li>• time saving identified as really significant by women</li> <li>• potential health benefits where only very poor quality water was formerly available: health data will have to be collected to verify this</li> </ul> |

| Targets in Logframe   | Activities with a Target in the Gender Strategy/GAP   | Gender-Related Results<br>(based on most recent project reports May 2004 and interviews during RGA field work)  |
|---|---|---|
| Rural credit provided <ul style="list-style-type: none"> <li>• credit line - 254,900</li> <li>• beneficiaries - 7,000</li> </ul>  | Rural credit provided <ul style="list-style-type: none"> <li>• credit line - 0.550</li> <li>• beneficiaries - 22</li> </ul>   | <ul style="list-style-type: none"> <li>• number of beneficiaries to date 22 from 3 WOs compared to 1,336 from VOs</li> <li>• main constraint not able to identify female credit officers therefore challenging to reach higher target</li> <li>• loans offered for income-generating activities (IGAs) inputs to WOs and those interviewed have already started to pay back loans</li> </ul>  |
| Rural income generation services provided <ul style="list-style-type: none"> <li>• agriculture/horticulture               <ul style="list-style-type: none"> <li>– wheat seed multiplication/fertilizers - 110</li> <li>– maize seed/fertilizer multiplication - 55.00</li> <li>– vegetable seeds and demonstrations/fertilizers - 20.00 (farmer field days 374)</li> </ul> </li> <li>• livestock and fodder               <ul style="list-style-type: none"> <li>– fodder demonstration plots - 758</li> <li>– training of female poultry entrepreneurs - 1441</li> <li>– poultry units</li> <li>– training of village livestock workers - 475</li> <li>– improved rams – 240</li> </ul> </li> </ul> | Rural income generation services provided <ul style="list-style-type: none"> <li>• agriculture/horticulture               <ul style="list-style-type: none"> <li>– wheat seed multiplication/fertilizers - 25; wheat plots - 16</li> <li>– maize seed/fertilizer multiplication - 12; maize plots - 12</li> <li>– Farmer field days - 36</li> </ul> </li> <li>• livestock and fodder               <ul style="list-style-type: none"> <li>– fodder demonstration plots - 30</li> <li>– training of female poultry entrepreneurs - 1441 but revised downwards</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• incomes have improved for WO members involved in rural IGAs which are used for additional food or school equipment and fees for children</li> <li>• WOs identified 16 wheat and 12 maize plots and have been established - women interviewed were widows or divorced with their own plots of land close to their homesteads for this activity</li> <li>• 108 female poultry entrepreneurs trained and 10,800 birds distributed with a target set for 2003-2004 year of additional 150</li> <li>• improved nutrition assumed for families with poultry as easier access to fresh eggs</li> <li>• 36 farmer field days for women reported</li> </ul> |
| Women's health improved <ul style="list-style-type: none"> <li>• master trainer - 6</li> <li>• trainers trained - 26</li> <li>• Supervisory training and refresher courses for female SOs - 10</li> <li>• Training of LHWs/TBAs/community midwives - 1,000</li> </ul>   |   | <ul style="list-style-type: none"> <li>• 154 LHW/traditional birth attendants (TBAs) trained</li> <li>• first aid and safe delivery kits handed out to those trained</li> <li>• HIES now being collected by Women's Health Project - not clear if districts coincide with MRDP districts to track results from project</li> </ul>   |

| Targets in Logframe  | Activities with a Target in the Gender Strategy/GAP   | Gender-Related Results<br>(based on most recent project reports May 2004 and interviews during RGA field work)  |
|--|---|---|
|  |   | <ul style="list-style-type: none"> <li>• WO members interviewed stated they have increased knowledge of health issues and referral system from discussions in WO and with trained LHW/TBA - not clear if will utilize available health services more</li> <li>• LHW/TBAs interviewed noted they have greater respect from community following training and can earn higher income as charge more for services and demand has increased</li> </ul>   |
| Road development <ul style="list-style-type: none"> <li>• Provincial highways - 150 kms</li> <li>• Rural access roads - 100 kms</li> </ul> | No specific target associated with GS   | <ul style="list-style-type: none"> <li>• Women directly benefit from improved access roads, particularly in remote areas but only for access to health and other emergency services</li> <li>• In general, women's regular mobility is very restricted and therefore benefits are indirect through improved economic and other opportunities for male family members</li> </ul>   |
| Project Management   | Elements of implementation of gender strategy: <ul style="list-style-type: none"> <li>• paradigm shift to GAD approaches for project planning and implementation</li> <li>• institutional mechanisms and implementation arrangements</li> <li>• gender balanced resource distribution</li> <li>• Human Resource Development strategy incorporating elements to promote gender equality</li> <li>• GAD roundtables and other opportunities to discuss GAD</li> <li>• gender-sensitive planning, monitoring and evaluation</li> </ul> | <ul style="list-style-type: none"> <li>• gender awareness on project team (EA and partner NGOs) has increased although still tendency that gender component is given lower priority than others</li> <li>• facilities made gender friendly, but hostel not established as project hiring local female staff</li> <li>• established internship program based on human resource development strategy - 13 interns worked with the project to date, 7 have found employment</li> <li>• Gender in management information system for benefit impact assessment</li> <li>• ADB review mission incorporates assessment of gender strategy progress but not necessarily gender specialist despite need for woman to interview WO members, GAD consultant will be included in mid-term review mission</li> </ul> |

| Targets in Logframe  | Activities with a Target in the Gender Strategy/GAP  | Gender-Related Results<br>(based on most recent project reports May 2004 and interviews during RGA field work)  |
|--|--|---|
| <p><b>Sector/Area Goal:</b> Women's human resource development<br/> <b>Objective:</b> Improve the human resources and income-generating potential of the women of the area</p> |  |   |
| <p>No specific components for this objective in Logframe</p>   | <p>Female education (GAD component in project plans with 2.4% of total budget)</p> <ul style="list-style-type: none"> <li>• Computer training</li> <li>•</li> <li>• Vocational training <ul style="list-style-type: none"> <li>– Cutting and sewing</li> <li>– Tie and dye</li> <li>– Marketing</li> </ul> </li> <li>• Female internees</li> </ul> | <p>Total number of women trained to date through project (including other components) is over 1,000.</p> <ul style="list-style-type: none"> <li>• incomes have increased from new or improved IGAs - e.g. increased value added to weaving from tie and dye skills</li> <li>• computer training - women teacher have increased income but also able to offer opportunities for computer training to range of student and other women in the community</li> <li>• marketing skills will be strengthened through proposed UNIDO project in MRDP districts</li> <li>• increased mobility for women as have to travel to training and interact with other WO members -</li> <li>• increased status for women in their families and community as male family members now supporting these activities that require travel and training</li> </ul> |

Table 2: Gender-Related Activities, Targets and Results: Women’s Health Project

| Targets in Logframe   | Targets for Sindh Province<br>4 Districts / 631.875 million Rs.   | Gender-Related Results <sup>14</sup>   |
|---|---|--|
| <p><b>Objective 1: To expand basic women’s health interventions to underserved populations</b></p> <ul style="list-style-type: none"> <li>• Support 8,000 lady health workers</li> <li>• 24 hour EmOC service available</li> <li>• Creation and filling posts of essential health care providers</li> <li>• Provision of tetanus toxoid vaccine, equipment supplied etc.</li> </ul>   | <ul style="list-style-type: none"> <li>• 4 Woman-friendly districts created in Badin, Naushehro Feroze, Shikarput and Umerkot (underserved areas) - focus on improved utilization of facilities</li> <li>• 12 <i>taluka</i> hospitals renovated</li> <li>• 26 RHCs, MCH centers and maternity homes renovated</li> <li>• 36 BHU labor rooms renovated</li> <li>• minor renovations and upgrading of 500 other PHC facilities</li> <li>• ambulances provided to <i>taluka</i> hospitals</li> <li>• LHWs trained</li> </ul> | <ul style="list-style-type: none"> <li>• renovations and upgrading almost complete and progress on time</li> <li>• facilities much improved and staff report higher utilization now more confidence in facilities</li> <li>• ambulance procured by not utilized - inappropriate vehicle for conditions in this district</li> <li>• emphasis in training of LHWs on diagnosis and referral of obstetric emergencies - all patients in ward of Maternity Hospital were identified as high risk and referred by LHWs</li> <li>• LHW reported higher referrals of difficult cases and hence greater utilization of improved services</li> <li>• increase in utilization influenced by many other factors apart from quality of facilities, e.g. no female medical staff available so women will not attend hospital or other health facilities, staff not available 24 hours or no gynecologist on staff (male or female); personal security in several areas</li> </ul> |
| <p><b>Objective 2: to develop women friendly district health systems</b></p> <ul style="list-style-type: none"> <li>• Establish district health management teams to strengthen and monitor health services</li> <li>• BCC interventions to create awareness on women health and generate support through male involvement</li> <li>• Upgrading infrastructure for women health services at district level, provision of equipment and supplied</li> </ul> | <ul style="list-style-type: none"> <li>• DHMTs established and functioning with improved knowledge of and commitment to women’s health</li> <li>• advocacy, social mobilization and health education carried out</li> <li>• gender-based training for community and religious leaders, school teachers, representatives of NGOs, Nazims etc.</li> <li>• BCC workshops at community</li> </ul>   | <ul style="list-style-type: none"> <li>• DHMTs established, some training undertaken but not giving adequate support to women’s health; e.g. only 5 LHV working in actual post, but 29 male staff using vacant LHV positions even when newly trained LHVs available</li> <li>• 4 NGOs contracted after long delays and only just starting mobilization work. Work of DPMGCS in Shikarpur impressive, providing health training and awareness as integral part of other programming to address needs such as education for girls and IGAs</li> <li>• NGO training with community leaders also</li> </ul>  |

<sup>14</sup> Based on interviews during RGA field work in Shikarpur District of Sindh Province and most recent project loan review mission in Oct-Nov 2003

| Targets in Logframe   | Targets for Sindh Province<br>4 Districts / 631.875 million Rs.   | Gender-Related Results <sup>14</sup>  |
|---|---|---|
| <p>and provision of staff for women's health services including EmOC</p> <ul style="list-style-type: none"> <li>• Contract local NGOs in WHP districts for social mobilization and other activities in support of WHP</li> <li>• develop HMIS for monitoring women's health indicators in hospitals</li> </ul>  | <p>level and messages disseminated by male volunteers</p> <ul style="list-style-type: none"> <li>• HMIS strengthened</li> </ul>   | <p>conducted, with rallies and other awareness activities regarding WHP</p> <ul style="list-style-type: none"> <li>• Concern expressed by ADB Project Manager that not sufficient women workers in NGOs - set target ratio of 70% females</li> <li>• NGO reported that their own workers require more technical training to maximize contributions to project as they do not understand some issues</li> <li>• EmOC and BCC training started in January 2003 with 37 conducted in Shikarpur District, with 523 participants</li> <li>• LHWs identifying male volunteers to participate in meetings</li> <li>• HMIS tools disseminated and data presented in public in BHUs and other health facilities</li> </ul>   |
| <p><b>Objective 3: to strengthen the institutional and human resources capacity to improve health in the long term</b></p> <ul style="list-style-type: none"> <li>• Multiple and diverse training under WHP (EmOC, nursing, midwifery, TBAs, social mobilization, etc.) 2,000 midwives, 240 LHVs, 30 specialists, nurses and managers trained</li> <li>• Strengthening of Nursing Education Unit</li> <li>• Strengthening the Health Education Cell</li> <li>• Baseline surveys</li> <li>• Developing geographic information systems</li> <li>• Facility surveys</li> </ul> | <ul style="list-style-type: none"> <li>• 2 new public health schools established in Larkana and Mirpurkhas</li> <li>• 2 hostels set up for midwives</li> <li>• repair/strengthen nursing and midwifery schools</li> <li>• 209 midwives per district and 40 LHVs per province trained</li> <li>• Women's Resource Centre constructed at Karachi to serve as a forum for coordinating, monitoring and supervising all activities related to Women's Health</li> </ul> | <ul style="list-style-type: none"> <li>• construction finished for both public health schools and staff now being hired</li> <li>• second cycle of LHV trainees currently in 2 year training and using hostel facilities (20 per year)</li> <li>• students expressed strong commitment to returning to their rural communities to work, but hiring freeze means jobs not available despite high vacancies in government facilities - ADB Project Manager putting great deal of pressure on Sindh Government to rectify this otherwise training investment may be lost if graduating students take up first jobs in private facilities</li> <li>• high pass rates (64% for first batch) and strong interest from young women to enter training - 140 candidates, 70 qualified for 20 places</li> <li>• resources still lacking e.g. no text books or other material in library</li> <li>• no female warden for the hostel causing problems for parents and students</li> </ul> |

| Targets in Logframe | Targets for Sindh Province<br>4 Districts / 631.875 million Rs. | Gender-Related Results <sup>14</sup>  |
|---------------------|---|---|
|                     |   | <ul style="list-style-type: none"> <li>• commitment from staff very high despite lack of staff positions or materials available</li> <li>• Base line survey carried out and findings used by BCC component</li> </ul> |

**Table 3: Gender-Related Activities, Targets, and Results: Decentralization Support Program**

| Program Component  | Gender Entry Points   | Gender-Related Achievements  |
|--|---|--|
| <p><b>Policy Outcome:</b> Sufficient and effective Federal support for decentralization and related reforms</p> <p><b>Result Area:</b> Federally supported enabling environment created for decentralization and related reforms</p>   | <p><b>Local Government Ordinance</b> providing for 33% of seats at all levels reserved for women</p> <p><b>Gender Reform Action Plans (GRAP):</b></p> <ul style="list-style-type: none"> <li>• Increasing women’s political participation               <ul style="list-style-type: none"> <li>– on decision-making committees</li> <li>– as voters/registered ID cards</li> <li>– in political parties</li> </ul> </li> </ul> <p><b>TA1 Local Government Performance Enhancement:</b> MoWD one of four federal implementing agencies and thus eligible to sponsor projects</p> <p><b>TA2 gender thematic area:</b></p> <ul style="list-style-type: none"> <li>• women’s representation and participation in political and administrative structures</li> </ul> | <ul style="list-style-type: none"> <li>• Local Government Ordinance adopted (condition for approval of first tranche of DSP loans)</li> <li>• ADB TA3832 - Gender Reform Program supports drafting of GRAPs for all provinces and national level</li> <li>• GRAPs being approved to meet conditions for second tranche approval</li> <li>• TA1 TIP approved for study by MoWD assessing proportion of women actually elected at all levels and opportunities/ constraints faced to fulfill implementation of Local Government Ordinance</li> <li>• Women’s machinery participate on technical review committees at all levels for approval of TA1 TIPs - need more training to provide appropriate inputs, but attend meetings</li> <li>• Women’s organization with strong record in promoting women’s rights and empowerment needs to be appointed on Steering Committee</li> </ul> |
| <p><b>Policy Outcome:</b> effective and sustainable province-local intergovernmental relations</p> <p><b>Result Area:</b> Province technical support, training and mentoring of local governments</p> <p><b>Result Area:</b> Provincial regulation of local governments</p> <p><b>Result Area:</b> Intergovernmental fiscal transfers and revenue mobilization</p> | <p><b>GRAP:</b></p> <ul style="list-style-type: none"> <li>• Institutional restructuring               <ul style="list-style-type: none"> <li>– strengthening national machinery (national, provincial and local levels)</li> <li>– gender mainstreaming across all DSP implementing ministries/agencies</li> </ul> </li> <li>• Policies and fiscal reforms (tools and actions)               <ul style="list-style-type: none"> <li>– policy formulation and implementation</li> </ul> </li> <li>• Capacity Development for national machineries and other DSP implementing ministries/agencies /partners</li> </ul>   | <p><b>TA1:</b></p> <ul style="list-style-type: none"> <li>• training of women elected officials regarding DSP and TIPs</li> <li>• consultation with women’s organizations and elected officials regarding potential priority areas for TIPs</li> </ul>   |

| Program Component  | Gender Entry Points  | Gender-Related Achievements   |
|--|--|---|
|  | <p><b>TA2 gender thematic areas:</b></p> <ul style="list-style-type: none"> <li>• policy shift from welfare to social development/ WID to GAD</li> <li>• restructuring institutions (especially at the local level) and procedures</li> </ul> <p>Conditions also include:</p> <ul style="list-style-type: none"> <li>• each province to institute performance-based grants and matching grants to address priority policies concerning poverty, gender and local revenue mobilization</li> </ul> |   |
| <p><b>Policy Outcome:</b> Local government institutions managing resources accountably and equitably</p> <p><b>Result Area:</b> Local government planning, budgeting, finance management and audit systems</p> | <p><b>GRAP:</b></p> <ul style="list-style-type: none"> <li>• Policies and Fiscal Reforms (tools and actions) <ul style="list-style-type: none"> <li>– budgeting and public expenditure mechanisms (gender budgeting etc.)</li> </ul> </li> <li>• Capacity development for national machineries and other DSP implementing ministries/agencies /partners</li> </ul> <p><b>TA 2 gender thematic area:</b></p> <ul style="list-style-type: none"> <li>• planning and budgetary process</li> </ul>   | <p><b>TA1:</b></p> <ul style="list-style-type: none"> <li>• selected TIPs include specific elements to ensure gender mainstreamed three with direct impact on gender equality e.g. <ul style="list-style-type: none"> <li>– Orientation to Local Government Reforms (federal)</li> </ul> </li> </ul> <p>others with indirect impact e.g.</p> <ul style="list-style-type: none"> <li>– development of policy dialogue strategy (federal);</li> <li>– development of client charters (Sindh);</li> <li>– Compilation of a Manual on Powers/ Functions/Duties of Elected and other key Local Government (federal)</li> </ul> |
| <p><b>Project Management</b></p>   | <p><b>ADTA:</b></p> <ul style="list-style-type: none"> <li>• ensuring adequate skills to address gender concerns</li> <li>• gender balance among staff, particularly in provincial offices</li> </ul>  | <ul style="list-style-type: none"> <li>• Social development consultant hired</li> <li>• Several team members worked on ADB technical assistance on Gender Reform Program</li> <li>• Vigilance required to ensure leadership sustained regarding gender mainstreaming</li> <li>• Monitoring indicators need to be developed that link with GRAP benchmarks</li> </ul>  |

**Table 4: Technical Investment Proposals Rated by Potential for Impact on Women and Gender Equality Elements of the Decentralization Support Program**

| <b>Technical Investment Proposals for DSP-TA1 Stage II</b> |             |  |                               |
|--|-------------|--|-------------------------------|
| <b>Level of government</b>                                 | <b>TIP#</b> | <b>Title</b>   | <b>Cost (M) in PAK rupees</b> |
| <b>Potential for direct impact on women</b>                |             |  |                               |
| Federal  | F202        | Study of Women's Participation in Local Government System  | 2.310                         |
| Federal  | F204        | DSP Stakeholder Interaction  | 8.000                         |
| Federal  | F205        | Orientation to Local Govt. Reforms   | 9.090                         |
| <b>Indirect impact on women</b>                            |             |  |                               |
| Balochistan  | B201        | Specialized Training Courses for Local Governments' Officials  | 4.658                         |
| Punjab   | P201        | Extension of AWP 03-04 Phase-I TIP P-003 Capacity building of officers dealing with Budget & Planning in District Governments                              | 7.903                         |
| Punjab   | P202        | Extension of TIP-P002 AWP 03-04 Phase-I Capacity building of officers dealing with Budget & Planning in Tehsil Municipal Administrations                   | 15.037                        |
| Punjab   | P205        | Preparation of Bye Laws for District Governments   | 21.229                        |
| Punjab   | P206        | Establishment of a Provincial Local Government Resource Centre   | 3.325                         |
| Punjab   | P208        | Compilation of a Manual on Powers/Functions/Duties of Elected and other key Local Government Officers under the PLGO                                       | 4.125                         |
| Punjab   | P209        | Establishment of Complaint Resolution System for Improved Local Government Performance   | 2.502                         |
| NWFP   | N202        | Capacity building of officers dealing with Budget at the   | 4.665                         |
| NWFP   | N203        | Formulation of strategic Plan, Training Need Assessment & networking   | 2.622                         |
| NWFP   | N204        | Capacity Building of the District Human Resource Development Officers (HRDO)   | 10.193                        |
| NWFP   | N206        | Specialization Diplomas in Public Sector Management  | 14.110                        |
| <b>No specific impact on women</b>                         |             |  |                               |
| Federal  | F201        | Building/Technical Support to National Finance Commission (NFC) Secretariat.   | 2.310                         |
| Balochistan  | B202        | Preparation of an automated database of tax and non-tax receipts in TMA- Zarghoon Town, Quetta   | 1.690                         |
| Punjab   | P203        | Preparation of Automated Databases for all TMA (Except Khanewal)   | 70.977                        |
| Punjab   | P204        | Institutionalization of Model Independent TMA Water Supply and Sanitation Unit   | 18.315                        |
| Punjab   | P207        | Proposal for Payment of Incentive/Honoraria for Focal Persons  | 2.045                         |
| NWFP   | N201        | Support for Local Government Commission  | 5.460                         |
| NWFP   | N205        | Proposal for incentives/honoraria for Focal Persons  | 1.175                         |
| NWFP   | N207        | Preparation of an automated database of tax and non-tax receipts and better taxation management in Tehsil Municipal Administrations Nowshera and Charsadda | 1.820                         |
| NWFP   | N208        | Reconstruction of record of real estate/land assets  | 1.859                         |

## **APPENDIX 2:**

### **List of Persons Met**

#### **ADB**

Sohail Sober Khan, Project Implementation Officer, PRM

Douglas Porter, Senior Governance Specialist, PRM

Ismat Shahjehan, Social Development and Gender Specialist, Governance Division, PRM

#### **Malakand Rural Development Project:**

Jamsheel Hassan, Project Director, MRDP, Saidu Sharif, Swat

Ulfat, Women's Program Manager and her assistants

Nasima, Social Organizer, Upper Swat

Nusrat, Social Organizer, Upper Swat

Farida, Social Organizer, Lower Swat

Selena, Social Organizer, Lower Swat

*Field visits to:*

Madyan, WO members (Koza Bandai WO; Marghazar WO; Islampur WO)

Sher Muhammad Khan, Union Nazim, Madyan

Chinkulai, WO members and spouses

Jangar Abad, WO members and teacher from local school conducting training

Government Polytechnic Institute Mingora, Swat, Engr. Akbar Ali, In-Charge EEP

#### **Women's Health Project**

Dr. Shaheen Masood Project Director, Women's Health Project and consultants, WHP, Islamabad

*Field visits to Shikarpur and Naushehra Feroze Districts, Sindh Province:*

Project Director, Project Coordination Unit, Sindh Province, Karachi

Dr. Nahid Jamali, Deputy Director, Project Coordination Unit, Sindh Province, Karachi

Mr. Barkat Ali Rajput, Project Engineer

Dr. Zulfiqar Ali Shaikh, Executive District Officer, Health and other members of District Health Management Team

Ms. Naheed Meevani, and Mr. Hisham Memon, Social Organizers from DPMGCS NGO carrying out social mobilization activities and visited female community-based organization meeting

Taulka Hospital Lakhi: met with staff and patients

Public Health School, Larkana for LHV training: met with the Principal, Dr. Mir Muhammad Shaikh, staff and students

Visited 3 rural health centers in two districts and met with staff and patients

Met with one lady health worker in Shikarpur town

#### **Decentralization Support Program:**

Musharraf Cyan, Team Leader, National Project Support Office (PSO), DSP, Islamabad

Dr. Iffat Idris, Research and Communications Coordinator, National PSO, DSP, Islamabad

Amanullah Khan, Capacity Development Specialist, National PSO, DSP, Islamabad

Mr. Tauqeer Ahmed, Acting Project Director, Islamabad

Mr. Rizwan Ahmed, Project Director and Project Staff DSP, Karachi

Mr. Rasheed Ahmed, Project Director, North West Frontier Province, DSP, Peshawar  
Shakeel Aadir Khan, Deputy Director, Administration, North West Frontier Province, DSP,  
Peshawar  
Saif Zhi, Deputy Director Programs, North West Frontier Province, DSP, Peshawar  
Ali Shah, Monitoring and Evaluation, North West Frontier Province, DSP, Peshawar  
Sultan Mahmood Khattak, Secretary, Social Welfare and Women's Development and staff, North  
West Frontier Province, Peshawar  
9 members of TIPs approval committee with representatives from each participating province and  
PSO to brief and discuss findings from RGA

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