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د هر ماشوم لپاره
برای هر طفل



Situation analysis of
**Children and
Women in
Afghanistan**

August 2021

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by UNICEF Afghanistan.



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Acronyms

ADB	Asian Development Bank
AFP	Acute Flaccid Paralysis
AFSEN	Afghanistan Food Security and Nutrition
AGEs	Anti-Government Elements
AHS	Afghanistan Health Survey
AIHRC	Afghanistan Independent Human Rights Commission
ALC	Accelerated Learning Centre
ALCS	Afghanistan Living Conditions Survey
A-MPI	Afghanistan Multidimensional Poverty Index
ANDSF	Afghan National Defense and Security Forces
ANPDF	Afghanistan National Peace and Development Framework
APPRO	Afghanistan Public Policy Research Organization
ARR	Annual Rate of Reduction
ARTF	Afghanistan Reconstruction Trust Fund
AUWSSC	Afghanistan's Urban Water Supply Sewerage System Corporation
BCC	Behavioural Change Communication
BPHS	Basic Package of Health Services
BSFP	Blanket Supplementary Feeding Programme
CBE	Community-Based Education
CBS	Community Based Schools
CDCs	Community Development Councils
CEDAW	Convention on the Elimination of All forms of Discrimination Against Women
CRC	Convention on the Rights of the Child
CSO	Afghanistan Central Statistics Organization
cVDPV	Circulating Vaccine-Derived Polioviruses
DDAs	District Development Assemblies
DFID	Department for International Development (UK)
DHS	Demographic and Health Survey
DoE	Department of Education
DoPH	Department of Public Health
DTP3	Diphtheria-tetanus-pertussis
EASO	European Asylum Support Office
ECW	Education Cannot Wait
EPHS	Essential Package of Hospital Services
EPI	Expanded Programme on Immunization
EQRA	Education Quality Reform in Afghanistan
EVAW	Elimination of Violence Against Women
GAM	Global Acute Malnutrition
GBV	Gender Based Violence
GDP	Gross Domestic Product
GoIRA	Government of the Islamic Republic of Afghanistan

GPE	Global Partnership for Education
HAP	Household Air Pollution
HCFs	Health Care Facilities
HIV	Human Immunodeficiency Virus
HRDA	Human Resource Development Agency
HRP	Humanitarian Response Plan of Afghanistan
HRW	Human Rights Watch
IDP	Internally Displaced Person
IE&LFS	Income, Expenditure and Labour Force Survey in Afghanistan
ILO	International Labour Organization
IMF	International Monetary Fund
IOHR	International Observatory Human Rights
IOM	International Organization for Migration
IRC	International Rescue Committee
ISD	Infrastructure Development Department
ISDB	Islamic Development Bank
JMP	Joint Monitoring Programme
MCV1	Measles-Containing Vaccine first dose
MHM	Menstrual Hygiene Management
MMR	Maternal Mortality Ratio
MoE	Ministry of Education
MoF	Ministry of Finance
Mol	Ministry of Interior
MoJ	Ministry of Justice
MoLSA	The Ministry of Labor and Social Affairs
MoMD	Ministry of Martyrs and Disabled
MoPH	Ministry of Public Health
MoWA	Ministry of Women's Affairs
MPI	Multidimensional Poverty Index
MRRD	Ministry of Rural Rehabilitation and Development
MUDH	Ministry of Urban Development and Housing
NAFA	National Assessment Framework for Afghanistan
NESP	National Education Strategic Plan
NGO	Non-Governmental Organization
NSIA	National Statistics and Information Authority
NWARA	National Water Affairs Regulatory Authority
O&M	Operation and Maintenance
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
OD	Open Defecation
ODA	Official Development Assistance
ODF	Open Defecation Free
OHCHR	Office of the High Commissioner for Human Rights

OOSC	Out-of-School Children
OPV3	Oral Polio Vaccine type 3
PENTA3	Pentavalent vaccine
PPP	Purchasing Power Parity
PRRD	Provincial Rural Rehabilitation and Development Department
RUSF	Ready to Eat Supplementary Food
RUTF	Ready-to-Use Therapeutic Food
Ru-WatSIP	Rural Water Supply, Sanitation & Irrigation Programme
SAM	Severe Acute Malnutrition
SBA	Skilled Birth Attendance
SDG	Sustainable Development Goal
SIAs	Supplementary Immunization Activities
SitAn	Situation Analysis
STIs	Sexually Transmitted Infections
TB	Tuberculosis
UAMs	Unaccompanied Minors
UN	United Nations
UNAMA	UN Assistance Mission in Afghanistan
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific, and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on and Crime
USAID	United States Agency for International Development
VAWAG	Violence Against Women and Girls
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization
WHO EMRO	World Health Organization Eastern Mediterranean Regional Office
WIFS	Weekly Iron Folic Acid Supplementation
WinS	WASH in Schools
WPV1	Wild Polio Virus type 1
WSG	Water and Sanitation Sector Group
YHDO	Youth Health and Development Organization



FOREWORD

This report on the Situation Analysis of Children and Women (SitAn) comes at an extremely challenging time for Afghanistan as the country transitions toward a new political system. Since the last update in 2014, we have seen significant progress across many areas, but the situation of children and women remains challenging. The continued insecurity, compounded by drought, a poor harvest, internal displacement and the COVID-19 pandemic continues to exacerbate the already adverse situation for Afghan children and their families.

The 2021 SitAn takes stock of Afghanistan's achievements in protecting and promoting children's rights. The SitAn uses human rights and equity frameworks to analyse the current situation of the fulfillment of the rights of children and women in the country and articulates the progress made towards achieving the rights related to the Sustainable Development Goals (SDGs) targets on child poverty, child health, education, access to water and sanitation, and those related to protection from violence, abuse, neglect and exploitation.

The report focuses on five overarching dimensions of children's rights:

- 1. Every child survives and thrives;**
- 2. Every child learns;**
- 3. Every child is protected from violence and exploitation;**
- 4. Every child lives in a safe and clean environment; and**
- 5. Every child has a fair chance in life.**

The guiding references for this SitAn are the SDGs, the Convention on the Rights of the Child, and International Human Rights conventions, including the Convention on the Elimination of All Forms of Discrimination Against Women, and the Convention on the Rights of Persons with Disabilities.

UNICEF has worked in Afghanistan for more than 65 years, lifting the lives of those in need and realizing the rights of every child. We won't stop. We're staying.

Herve Ludovic De Lys
Representative
UNICEF Afghanistan Country Office
AUGUST 2021

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Executive summary

Despite significant progress, Afghanistan still faces challenges to the realization of children's and women's rights, with children being subject to all six grave violations affecting children in conflict¹. In 2020, almost half of the Afghan population was living in humanitarian need² due to conflict, natural disasters, food insecurity, high cross-border mobility and the social, economic and health impacts of COVID-19 (OCHA 2020b). Poverty is also widespread, with almost one in two Afghans living below the national poverty line in 2019 (NSIA 2020). Peace in Afghanistan remains in a fragile state and the economy is weak as well as highly dependent on international aid. Lastly, social norms and harmful practices rooted in gender inequity are pervasive, with children and women being exposed to various extreme forms of violence and abusive behaviours, such as honour killings, child marriage, domestic abuse, and sexual violence.

The purpose of the 2021 SitAn of children and women in Afghanistan is to provide an up-to-date and comprehensive understanding of the realization of children's and women's rights in Afghanistan, including key areas of deprivation and causes of shortfalls and inequities. This evidence base aims to guide the development of policies, strategies, budgets, and national laws to create an environment for children that adheres to human rights' principles. Although reflecting the best state of knowledge at the time of writing, research for this SitAn was conducted in a context of significant changes and uncertainty for the country. In February 2020, a peace agreement was signed between the United States of America and the Taliban leading to the USA announcing the withdrawal of its troops by September 2021. This has created uncertainties for the peace outlook, as the key parties (the government and the Taliban) are yet to conclude a peace agreement).

The 2021 SitAn of children and women in Afghanistan follows a rights-based approach with a conceptual framework based on a wide range of international conventions, including the Convention on the Rights of the Child (CRC); the Afghanistan CRC Concluding Observations (and shadow paper by civil society); the Convention on the Elimination of All forms of Discrimination Against Women (CEDAW); the Convention on the Rights of Persons with Disabilities (CRPD); and the United Nations Security Council Resolution 1325, which provides guidance on the protection of women in conflict situations. This SitAn further captures progress towards the Sustainable Development Goals (SDGs), with a focus on the goals and targets related to the realization of women's and children's rights. It uses in-depth data analysis, extensive desk review and insights from 20 interviews with key stakeholders in Afghanistan, and covers the following five overarching dimensions of children's rights:

- 6. Every child survives and thrives,**
- 7. Every child learns,**
- 8. Every child is protected from violence and exploitation,**
- 9. Every child lives in a safe and clean environment, and**
- 10. Every child has a fair chance in life.**

¹ These include killing and maiming, recruitment and use by armed forces or armed groups, detention and abduction, denial of humanitarian access, attacks against schools and hospitals, as well as sexual violence.

² People in humanitarian need defined as the most vulnerable people that have the most severe needs (severe, extreme, and catastrophic). These include but are not limited to internally displaced persons, returnees, and conflict-affected people.

Overall, the analysis reveals that despite progress being registered in the vast majority of indicators across the above five dimensions, significant deprivations persist across all these, and inequities by gender, location and wealth status are acute. Furthermore, the improvement registered in some indicators across the education, health, nutrition and child protection sectors are now slowing down or stagnating.

Every child survives and thrives

The realization of children's and women's health-related rights in Afghanistan is poor, with significant deprivations prevailing particularly in maternal care and child mortality. The maternal mortality ratio was 638 per 100,000 live births in 2018, more than nine times higher than the SDG maternal mortality ratio target (70 deaths per 100,000 live births) (WHO 2019c). Similarly, the neonatal and under-five mortality rates remained high at 36 and 60 deaths respectively per 1,000 live births in 2019, most of which were preventable deaths, caused mainly by preterm birth complications and infections. Immunization, which is key to reducing child mortality, registered some progress, particularly in terms of delivery scale and the number of antigens covered by the national immunization programme. However, a large part of the Afghan target population remains unprotected against life-threatening diseases. In 2018, three in five and one in three of the target population was not fully immunized against measles as well as diphtheria, tetanus, and pertussis respectively (KIT Royal Tropical Institute, MoPH; NSIA, 2019).

Lastly, the children's and women's nutritional situation is a serious cause for concern. Malnutrition was highly prevalent in 2018, with an estimated 38 percent and 5 percent of children under the age of five being moderately or severely stunted, and moderately or severely wasted, respectively. It is possible that these numbers do not fully capture the extent of the problem. Firstly, these estimates were significantly lower than what would be expected in light of provincial anthropometric surveys conducted in Afghanistan in 2018 (KIT Royal Tropical Institute, MoPH; NSIA, 2019). Secondly, these estimates are likely to underestimate the prevalence of malnutrition in 2021, as they do not fully capture the impacts of the 2018-2019 drought. Indeed, estimates based on more recent data (including nutrition surveys collected by the Nutrition Cluster Afghanistan in 2019) point to a fast year-over-year increase in global acute malnutrition (GAM) caseloads from 2018 to 2020.

Every child learns

The education sector in Afghanistan faces tremendous challenges, including large numbers of out-of-school children, an insufficient teacher workforce and poor-quality teachers, as well as a weak school infrastructure. While showing rapid progress from 2001 to 2012, education indicators have been improving at a slower pace since 2013. Progress achieved has been uneven, with a large number of girls, children living in rural areas, and children in Kuchi communities (nomadic Afghans) registering substantially higher than average deprivations.

School attendance indicators show the presence of significant deprivations in access to education. In 2016, 4.2 million Afghan children were out of school (CSO, 2018; NSIA, 2020a). School completion rates are very low. In 2015, only one in two, two in five, and one in four children and young adults in the relevant age group³ completed primary school, lower secondary school, and upper secondary school respectively (UNESCO Institute for Statistics). Combining data on attendance rates, out of school children and drop-out rates show that poor educational attendance in Afghanistan is driven by being out of school, and – particularly – by not starting school.

Measures of quality of schooling are very low, suggesting substantial deprivations even among children and young people attending school. The evaluation of learning outcomes shows that the minimum proficiency level in reading and mathematics was achieved by only 22 percent and 25 percent of students in grades 2/3

³The relevant age group is defined as children aged 35- years above the intended age for completing a given level of education.

respectively. The quality of teachers is also an area of major concern, with 35 percent of teachers not meeting the minimum requirement of completing grade 14, leading to a pupil to qualified-teacher ratio of 111. Despite relatively low absence rates, investigations have shown that teachers in Afghanistan have very low content and pedagogical knowledge, as well as poor teaching skills (World Bank, 2018b).

Every child is protected from violence and exploitation

Children's rights to be protected from violence and exploitation are widely violated in Afghanistan. Multiple and severe deprivations include: i) high prevalence of grave violations against children; ii) low birth registration; iii) high rate of orphans among children and lack of family and community care; iv) high prevalence of child marriage; v) widespread domestic violence and gender-based violence; vi) violence in schools, vii) high prevalence of child labour; and viii) deprivation of liberty among children in contact with the law.

In the context of an intensifying conflict since 2014, children have been significantly affected by armed conflict. High prevalence of attacks by non-state armed groups, the use of improvised explosive devices, asymmetric attacks, targeted killings, school attacks, and attacks in hospitals have made Afghanistan the world's most affected country by grave violations against children in 2019. From July 2019 to June 2020 the UN verified 1,497 cases of grave violations of child rights, including 1,164 incidents of killing and maiming, 155 attacks on schools (across 16 provinces), and 326 child recruitments and use in armed forces and groups (OCHA and UNAMA, 2020).

Low birth registration remains a significant area of concern, as it hinders the realization of other child rights (such as access to education, health services, and social welfare) and puts children in situations of statelessness that may result in exploitation and violence. 30.8 percent of children were not registered in 2019-2020 nationally, with marked disparities persisting in birth registrations between urban, rural areas, and Kuchis (NSIA, 2020a).

Another key challenge experienced in the country is child marriage, which is more prevalent among girls. Evidence suggests that in 2016, 28 percent of women aged between 20 and 24 were married before turning 18, while 4 percent married before the age of 15 (CSO, 2018).

Lastly, the many children deprived of their liberty include victims of child abuse and exploitation (rather than perpetrators of any offence) and children accused of 'moral crimes', such as adultery or attempts to commit adultery (UNICEF and AIHRC, 2008). Children detained on national security charges are shown to have been tortured and ill-treated and are likely to be deprived of protection rights (e.g. provided with a legal counsel).

Every child lives in a safe and clean environment

More women and children saw their rights to live in a safe and clean environment fulfilled since 2014, although significant deprivations and inequities persist, particularly in their exposure to environmental pollution and access to water, sanitation, and hygiene (WASH) facilities.

Ambient air pollution and household air pollution (HAP) continue to pose threats to the health and well-being of children. With most households being deprived of cooking fuel and resorting to the use of animal dung, crop residue or bushes, twigs, firewood, or charcoal to cook, HAP is responsible for many respiratory infections, disabilities and deaths. In 2016, Afghanistan registered 49 deaths per 100,000 population due to ambient air pollution and 61 deaths per 100,000 population due to HAP, corresponding to 11,000 and 27,000 deaths, respectively. This is higher than the number of civil casualties due to armed conflict in 2019 (10,392), which has led some to argue that environmental pollution is deadlier than war in Afghanistan (UNAMA, 2019).

Access to WASH facilities remains low and inequitable. In particular, access to drinking water is a widely voiced concern among Afghans, with drinking water (particularly sufficient supply) identified as the first development priority by household representatives and male shuras in Afghanistan (CSO, 2018). In 2020, 75 percent of the population in Afghanistan used improved drinking water resources, with access by location varying widely from 95 percent in urban areas, to 70 and 47 percent in rural areas and among Kuchi (nomadic) communities, respectively. Furthermore, only 15 percent of the Afghan population had access to safely managed drinking water in 2019-20,⁴ which decreased by 30 percent relative to 2016.

The SDG 6.2 target to achieve access to adequate and equitable sanitation and hygiene and end all open defecation is far from being attained in Afghanistan. In 2017, less than one in two Afghans had access to at least basic sanitation facilities (37 percent and 62 percent in rural and urban areas respectively). 10 percent of the population had access to only limited (or shared) sanitation, while 34 percent had access to unimproved sanitation facilities (WHO and UNICEF, n.d.). Although open defecation (OD) has been practically eliminated in the country's urban areas, 17 percent of the rural population still practices it. For hygiene, less than two in five Afghans had access to a basic handwashing facility in 2017, while 34 percent of the population only had access to limited handwashing facilities, and 28 percent had no access to handwashing facilities on premises (WHO and UNICEF, 2019). Access to a basic handwashing facility varies significantly by location and wealth, with access to basic handwashing facilities in urban areas (64 percent) being more than twice as much as in rural areas, with households in the poorest quintile having no access whatsoever to basic handwashing facilities.

Every child has a fair chance in life

Child poverty remains a significant challenge in Afghanistan, with child poverty rates (both monetary and multidimensional) being higher than the national poverty rates. In 2017, only one in four children in Afghanistan was found to be non-poor both in monetary and multidimensional terms (CSO, 2018). The remaining three in four live in either multidimensional or monetary poverty, or both. Children in both types of poverty are the poorest of the poor and have been estimated to account for 40 percent of all children.

Poverty bears serious consequences for children's lives both during their childhood and adulthood, impacting all other children's rights. Poor children are more likely to have poorer nutritional status and to spend less time in education. Poverty also increases health risks for children associated with reduced access to WASH facilities and increases the risks of child labour and underage marriage.



⁴Safely managed drinking water is defined by WHO and UNICEF as an improved water source that is accessible on premises, available when needed and free from faecal and priority chemical contamination.



Introduction

The last SitAn for children and women in Afghanistan was carried out in 2014. It highlighted severe deprivations and inequities in children and women's rights. The 2014 SitAn showed that, despite the country's progress especially across the education and health sectors, the maternal and under-five mortality rates remained high (at 460 per 100,000 live births and 99 per 1,000 live births, respectively). 3.5 million school-age children (around 75 percent of whom were girls) were out of school, and 39 percent and 72 percent of the population did not use improved drinking water sources and improved sanitation facilities, respectively (UNICEF, 2014). These national averages also concealed important disparities between regions, genders, and urban and rural areas.

The 2014 SitAn depicted a complex and multi-layered child protection situation in Afghanistan, with children facing various forms of violence, abuse, and exploitation, including early and forced marriage, domestic violence, neglect of children with disability, employment in hazardous sectors, sale and trafficking, as well as victimization and stigmatization for survivors of violence and abuse.

Since then, the Government of Afghanistan has taken important steps towards protecting and promoting children's and women's rights in the country.

In 2015, Afghanistan adopted the 2030 Agenda for Sustainable Development. This includes 17 SDGs for sustainable social, economic, and environmental development. These goals cannot be achieved without the realization of children's and women's rights. In addition, by signing up to the UN's 2030 Agenda, Afghanistan committed to the pledge to 'leave no one behind', the realization of human rights for all, gender equality, and the empowerment of women and girls. At the same time, the country endorsed the promise made by all signatories of the Agenda to ensure that all men, women, boys and girls can fulfil their potential in dignity, equality and a healthy environment.

In 2018, the country's revised Penal Code came into force and outlawed practices of sexual exploitation of children and children's recruitment. The new Afghan Penal Code defined crimes and penalties for children aged 12-16 and 16-18, as well as types of crimes against children.

In 2019, the Afghan Parliament approved the Law on Protection of Child Rights, which set the legal definition of a child as a person below the age of 18, and provided a legal framework for promoting, protecting and guaranteeing children's basic rights, including access to services for birth registration, health, education, vaccination and social protection (GoIRA and MoJ, 2019).

Despite the increased emphasis on children's rights in the country's political agenda in recent years, Afghanistan continues to suffer from many grave violations of children's rights. In 2018, Afghanistan was characterized as "the worst place in the world to be born" (IOHR, 2018). According to the United Nations Special Representative of the Secretary-General for Children in Armed Conflict (UNICEF, 2020b), Afghanistan was the deadliest country in the world for children in conflict in 2020 for the fifth consecutive year. After 927 child killings in armed conflict and 2,135 child injuries during the same year, UNICEF warned that Afghanistan's situation has become particularly deadly for children and called to action all parties that have a bearing to this outcome to protect children and safeguard their rights to education, health, water, sanitation, hygiene and other services, and end grave violations against children (UNICEF, 2019c). These violations involve violence against children and women such as forced and/or underage marriages, honour killings, exploitation, sexual abuse and human trafficking, prevention of access to humanitarian aid and recruitment of child soldiers.

Besides the impact of conflict on Afghan children, monetary and multidimensional poverty, environmental change, natural disasters (including drought in 2018), and adherence to harmful traditions, customs, and norms, are some of the country's hard realities. They pose significant risks to the fulfilment of children's rights and their wellbeing.

Purpose and research objectives

The SitAn of children's rights and wellbeing is a guiding document designed to identify national development problems and shortcomings in the fulfilment of children's rights. Its purpose will be to give an up-to-date and comprehensive understanding of the status of children's and women's rights in Afghanistan, key areas of deprivation, the causes of shortfalls and inequities, and to prioritize possible solutions and areas of action.

An important function of this SitAn is the provision of specific policy recommendations and evidence for child rights advocacy, critical for informing national policy and institutions. More specifically, it will inform the development of UNICEF's Country Programme (2022-2025). The results of this analysis will also provide the necessary evidence base required for the planning and development of policies, strategies, budgets, and national laws that will create an enabling environment for children that adheres to human rights principles, regarding universality, non-discrimination, participation and accountability.

At the same time, this document aims to promote the best analytical use of existing data (qualitative and quantitative), enhancing the current state of knowledge relating to children in Afghanistan and improving the capacity of development partners to assess the contribution of their efforts to the situation of children in the country.

By providing an objective and comprehensive understanding of the situation, the SitAn is expected to add value to the decision-making of the wider audience on the realization of children's rights. This goes beyond the responsible government departments and UNICEF, but includes development partners, civil society, private sector actors, and other key stakeholders.

The overarching objectives of the SitAn are to:

1. identify trends, patterns, incidence and causes of key deprivations;
2. identify and analyse the causes (social, political, economic conditions and cultural norms) for girls, boys, and families to be left behind and prevent them from benefiting from interventions and services;
3. analyse the extent to which gender inequalities and the fulfilment/non-fulfilment of the rights of women affect overall inequalities and deprivations, including those affecting children;
4. assess the current or potential risks, including conflict, natural hazards, and climate change; and
5. analyse the extent to which evidence-based interventions and services needed to address deprivations are prioritized in national policies, laws, strategies, plans and budgets, and supported by UNICEF and partners.

Approach and methodology

Building on the methodology employed in the previous project, this SitAn adopts a conceptual framework based on the Convention on the Rights of the Child (CRC); the Afghanistan CRC Concluding Observations (and shadow paper by civil society); international human rights conventions, including the Convention on the Elimination of All forms of Discrimination Against Women (CEDAW); the Convention on the Rights of Persons with Disabilities (CRPD); and the United Nations Security Council Resolution 1325, which provides guidance on the protection of women in conflict situations. It further captures progress towards the SDGs, with a focus on goals and targets related to the realization of women and children's rights. In particular, the conceptual framework guiding the development of this SitAn builds on previous work carried out by UNICEF and considers the following five overarching dimensions of children's rights:

- 1. Every child survives and thrives**

- 2. Every child learns**

- 3. Every child is protected from violence and exploitation**

- 4. Every child lives in a safe and clean environment**

- 5. Every child has a fair chance in life**

These dimensions mirror the five goals in the current UNICEF Strategic Plan (2018-2021). This SitAn was developed taking account of UNICEF's previous mapping of the articles of the CRC to the SDGs goals and targets (UNICEF n.d.).

Every child is born with the inherent rights to survive and start living healthy (Dimension 1); participate in education (Dimension 2); be protected from any form of violence and exploitation (Dimension 3); live in a secure and healthy environment (Dimension 4); and have access to the necessary resources that ensure a fair chance in life (Dimension 5). Inequities and deprivations among children or between groups of children in any of these dimensions are manifestations of violations of children's rights causing concern for the situation of these children and calling for international and national strategic responses.

To analyse the situation of children across the five dimensions while meeting the SitAn's research objectives, a mixed-methods approach was designed and employed.

- a. Thorough and comprehensive desk-based research of best available evidence found in existing literature (academic and grey). A key priority of the desk-based research was to address identified data gaps and build a robust understanding of the situation of vulnerable children and women that are unreachable to national censuses, household surveys and other national and international databases. To this end, official statistics were complemented with alternative data sources and evidence from organizations working with marginalized groups and populations, human rights organizations, and local advocates.
- b. Collection and analysis of quantitative data capturing the situation of children in Afghanistan with a focus on finding and analysing data that offer disaggregation by various children's characteristics, e.g. sex, disability, area, family income.
- c. A set of 20 interviews with a wide variety of duty bearers to understand their roles, motivations, and the capacity constraints they face in delivering their obligation with respect to children's rights.

The outputs of all four elements of the methodology were synthesized in a coherent, objective, and credible narrative on children's rights and wellbeing in the country. More specifically, to analyse each of the five dimensions, existing quantitative data were used and analysed, then juxtaposed with new qualitative insights that were collected through interviews with government departments as well as voluntary organizations, donors, and development partners. The starting point for tracking progress across the SDG child-focused indicators relevant to each dimension, was the data collected from the Global SDG Indicators Database (UN n.d.).

All dimensions were then analysed to the greatest degree of disaggregation possible based on existing data and interviews with 20 key stakeholders, ensuring the SitAn remains in line with the earlier mentioned conventions relevant to children's and women's rights.

The report is organized as follows:

Country overview: a general discussion of the socio-economic and political environment in Afghanistan. Using UNICEF's Core Guidance for carrying out New Generation Situation Analysis (UNICEF, 2019a), the Country Overview chapter will cover: a) Demographics; b) Political economy and governance; c) Multidimensional risk profile; d) Global and regional issues; e) Public Finance; f) Poverty; g) The enabling environment; h) Essential products, markets, and supply chains for children; i) Knowledge, attitudes, and practices.

Focus on people living with disabilities in Afghanistan: a case study providing an overview of the deprivations experienced by people (including children) living with disability in Afghanistan.

Dimension one: Every child survives and thrives: an examination of indicators related to children's nutrition, maternal care and child mortality, coverage of essential health services, and immunization.

Dimension two: Every child learns: analysis of children's situation with respect to their rights in education, covering children's school attendance and completion rates, learning outcomes, and the overall learning environment to which children have access.

Dimension three: Every child is protected from violence, exploitation, and harmful practices: an analysis of children's inherent rights to live free from violence and exploitation by shedding light on issues related to intimate partner violence and sexual violence against children, harmful practices such as child marriage, child labour, and child death due to violence.

Dimension four: Every child lives in a safe and clean environment: describes the safety situation faced by children and households in Afghanistan due to environmental pollution, lack of access to adequate WASH facilities, clean energy and natural disasters.

Dimension five: Every child has a fair chance in life: the latest available data that help understand the prevalence of poverty among children in Afghanistan, focusing on both monetary and multidimensional aspects of poverty.

Recommendations: proposes evidence-based recommendations for policies and strategies that have been tested and were successful in leaving no one behind and creating an enabling environment that allows every child to reach its full potential in line with human rights principles.

Country Overview

TOPICS COVERED:

Country factsheet

Demographics

Political economy and governance

Multidimensional risk profile

Global and regional issues

Public finance

Poverty

The enabling environment

Essential products, markets, and supply chains for children

Knowledge, attitudes and practices

Situation analysis of
Children in Afghanistan



Section 1

Country factsheet⁵

Demographics	Economic growth and human development	Poverty and inequality ⁶
Population: 32.9 million (2020) ⁷	GDP per capita (2021 US\$): 507 (2019)	Poverty rate: 47.3 per cent (2020)
Population growth: 2.3 percent (2019)	GDP per capita, PPP (2021 international \$): 2156 (2019)	GINI Index: 0.3 (2020)
Life expectancy at birth (years): 64.5 (2018)	GNI per capita, PPP (2021 international \$): 2190 (2019)	Total Food Insecurity Rate: 36.9 percent (2020)
Life expectancy at birth, female (years): 66 (2018)	Average GDP growth from 2004 to 2019: 6.5 percent	Moderate or severe food insecurity rate: 59.5 percent (2020)
Life expectancy at birth, male (years): 63 (2018)	Labour force participation rate (percentage of total population aged 15-64): 50.5 (2020)	Adult literacy rate (percentage of people ages 15 and above): 36.1 percent (2019)
	Unemployment (total labour force): 11.7 percent (2020)	Youth literacy rate (people aged 15-24 years): 54.0 percent (2019)
	Domestic resources: 13.4 percent of GDP (2020)	
	Human Development Index: 0.511 (2019) ⁸	
	Gender Development Index: 0.659 (2019)	

⁵ Unless otherwise specified, data presented in the Country Factsheet are available at the World Bank's World Development Indicators database.

⁶ Latest data on poverty and inequality in Afghanistan are available in the report of the 2020 Key Statistical Indicators, published by NSIA.

⁷ Latest data on Afghanistan's population are available in the 2020 Key Statistical Indicators report, published by the National Statistics and Information Authority (NSIA).

⁸ Latest data on Afghanistan's Human Development Index are available in the report of the Afghanistan Living Conditions Survey 201617-, published by the Central Statistics Organization (CSO).

BACKGROUND

POINTS COVERED:

- **Demographics**
- **Political economy and governance**

Demographics

Afghanistan's population is young and rapidly growing. Consistently high fertility rates that averaged 5.6 births per woman between 2005 and 2018 have resulted in an average population growth of over 3 percent during that period (UN Department of Economic and Social Affairs, Population Division 2019).

Rapid population growth poses important challenges, contributing to food insecurity as well as putting pressure on already insufficient public services and on a labour market characterized by low absorption capacity (GoIRA and UNDP 2008). High fertility rates also mean that the population is very young, with 47.7 percent of the total population being under the age of 15 (48.4 percent of the male population and 47 percent of the female), and 2.7 percent aged over 65 (3.2 percent of the male population and 2.1 of the female) in 2019-20. This has contributed to a high child dependency ratio⁹ of 94.5, and a high total dependency ratio¹⁰ of 100 in 2019 (NSIA 2020a). These figures mean that every 100 people in the income-earning ages 15 to 64 must provide for as many as 94.5 children (aged below 15) and as many as 100 children and older people (aged 65 and over).

High dependency ratios indicate a significant burden placed on the government and the economically active population to provide social services needed by children, including education, childcare, and healthcare (UN, 2007). The imbalance between children and people of working age, in a context of low female labour participation (16.5 percent in 2019-20) (NSIA 2020a), contributes to low investment in children and child labour (CSO, 2018).

Consistent with high fertility rates, the average household size in Afghanistan is large – 7.3 people per household (NSIA, 2021). In 2018, the most prevalent forms of household types were those consisting of a married couple with children (42 percent) and extended households (43 percent) (CSO, 2018).¹¹ One negative consequence of high fertility rates on family welfare was poverty. The Afghanistan Living Conditions Survey (ALCS), carried out in 2016-17, showed that among large households and households with relatively many children the poverty rate increased (CSO 2018). However, Afghanistan's young population also provides the country with a window of opportunity to realize a demographic dividend. Projections show that Afghanistan is the only country in South Asia with pre-population dividend (UN Department of Economic and Social Affairs, Population Division, 2019). As such, if policies, budgets, and programmes are restructured to enhance young people's opportunities, today's children and youth can be the driving force for economic prosperity in the coming decade.

On average, the number of males and females are roughly equal (gender balance) in Afghanistan, with 49 percent of the population being female in 2019-20. Sex ratios vary among rural, urban, and Kuchi populations. The highest sex ratio is registered among the Kuchi population (107.9 males per 100 females) (NSIA 2020a).

⁹The child dependency ratio refers to the proportion of dependent people younger than 15 relative to the working-age population (ages 15-64).

¹⁰The total dependency ratio refers to the proportion of dependent people younger than 15 or older than 64 relative to the working-age population (ages 15-64).

¹¹An extended family refers to a household with any of the following compositions: i) a single-family nucleus with other people related to the nucleus, ii) two or more family nuclei related to each other, iii) two or more family nuclei related to each other living with other people related to at least one of the nuclei and iv) two or more persons related to each other, none of whom constitute a family nucleus.

Political economy and governance

Four decades of conflict have brought wide-ranging social and economic repercussions, including weaker institutions and deep social and ethnic divisions. Ongoing conflict limits public service delivery and opportunities for economic growth. For example, agricultural infrastructures have been thoroughly damaged and in the meantime there has been no recourse to technical support and advice to upgrade services (World Bank, 2016).

The Afghan state remains fragile. After the withdrawal of international forces in 2014, the country held the first presidential elections in its history, which caused further turbulence (BTI, 2020). Contested presidential election outcomes in 2014 and 2019 were eventually solved with power-sharing agreements. This helped avoid open conflict over power, but created competing networks within the government, which limited its governing ability (World Bank, 2020; Strand, Borchgrevink and Berg Harpviken, 2017). Following the demise of the Taliban regime in 2001, governments in Afghanistan mainly consisted of former rebel and Islamist parties. Even after the 2014 elections, previous militants are still involved in the government. However, consensus is growing among political parties that electoral reforms are necessary to strengthen the presence of democracy (BTI, 2020).

A peace agreement was signed in February 2020 between the Taliban and the USA, with the USA announcing in April 2021 the withdrawal of all combat troops from Afghanistan in September 2021. The peace agreement focused on four issues: reducing violence, withdrawing foreign troops, starting intra-Afghan negotiations, and guaranteeing that Afghanistan will not again become a refuge for terrorists. This peace agreement is regarded as a first step towards ending the war in Afghanistan, with a peace agreement between the Taliban and the Afghan government remaining a significant challenge at the time of writing. Intra-Afghan peace is hampered in part by the continued use of violence by the Taliban and the fragility of the Afghan government (Council on Foreign Relations, 2020). Indeed, since the peace agreement with the USA, the Taliban resumed and intensified their attacks against the Afghan National Defense and Security Forces (ANDSF). More than 70 attacks in 24 provinces were reported during the week that followed the agreement. The attacks predominately targeted the country's rural areas and were rarer in cities (EASO, 2020).

According to official USA government estimates, until 2019 GoIRA controlled only 53.8 percent of Afghan districts. 33.9 percent was still contested in armed conflict and 12.3 percent was under the control or influence of the Taliban. The Taliban, having established a strategic presence in the southern province of Helmand, have (or have attempted to) also seized control in almost every other province, including provincial capitals. In the meantime, the Islamic State in Khorasan expanded to several eastern Afghan provinces, also carrying out major attacks in Kabul and suicide attacks targeting civilians (Global Conflict Tracker, 2021).

The Afghan economy is heavily informal, which limits the government's ability to collect taxes, provide public services and strengthen its state building efforts, which in turn limits economic growth. Although new revenues for sustained economic growth have been considered, including promoting foreign investments and exploiting large mineral resources, the Afghan economy is dominated by agriculture, which is the main source of economic growth, employment, and subsistence. (World Bank, 2016; Ghiasy, Zhou, and Hallgren, 2015). The government's current priorities are peace-building, state-building and market-building, especially in terms of establishing self-reliance and economic growth (MoF, 2020a). According to government sources, development is focused on water management and making Afghanistan a trade corridor between South and Central Asia. The latter is expected to help boost the local economy and, by extension, the most disadvantaged, and the families of poor children.

Afghanistan is also highly dependent on international aid, which makes up around 40 percent of GDP (World Bank, 2018a). From 2014 to 2019, Afghanistan registered average annual economic growth of only 2.4 percent, due to lower levels of international aid, political instability, and insecurity (World Bank, 2020).

The low resilience of the economy and the fragile state of politics, increasing donor fatigue and reduced international aid, risk to undermine any progress achieved in the country since 2002, and put the country on a backward trajectory (Ghiasy et al., 2017). At the same time, the high levels of corruption reduce the impact of current international aid allocations, hamper the functioning of the judiciary system, and increase inequality (Strand, Borchgrevink, and Berg Harpviken, 2017). Governmental and non-governmental stakeholders argue that rule of law remains a thin concept in Afghanistan. It requires further elaboration, strategic implementation techniques, and the continuous training of the staff employed to ensure they are up to date with new legislation and the enforcement changes these relate to. The dominance of corruption results in citizens' hesitation to resort to the legal system to report crimes or resolve conflicts, thus further impeding the country's progress in this area.

Starting in 2020, the COVID-19 pandemic caused incomes to fall and the prices of essential goods – such as food and household goods – to rise. Poverty was projected to increase sharply to up to 72 percent. Inflation has been mitigated with price regulations, the reopening of borders for food imports and the distribution of wheat from strategic grain reserves. It is expected that the COVID-19 crisis will have a lasting impact, with the economy taking several years to recover in a context of political insecurity and uncertainty around international support (World Bank, 2020).



MULTIDIMENSIONAL RISK PROFILE

POINTS COVERED:

- Humanitarian needs
- Conflict and grave violations committed against children
- Internal displacement
- Natural hazards

Humanitarian needs

According to the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), the number of people in Afghanistan in humanitarian need¹² in June 2020 had reached 14 million. OCHA expected this number to reach 18.4 million people in 2021, 53 percent and 22 percent of which being children and women, respectively.

A breakdown of the needs by level of severity is shown in Table 1. In 2021, 75 percent of the projected population in Afghanistan is expected to be at least in a situation of stress (e.g. a situation of living standards that lead to the adoption of coping strategies because of an inability to meet some basic needs).¹³

The increase in humanitarian needs in Afghanistan is driven by conflict, food insecurity, high cross-border mobility, and the social, economic, and health impacts of COVID-19. As significant resources were spent on needs related to COVID-19 in 2020, the unaddressed needs during this year will be more acute in 2021, particularly in protracted displacement sites (OCHA, 2020b).

¹² People in humanitarian need are defined as the most vulnerable people that have the most severe needs (severe, extreme, and catastrophic). These include but are not limited to internally displaced persons, returnees, and conflict-affected people.

¹³ The JIAF Severity Scale defines the following severity phases:

1. None/Minimal: Living standards are acceptable (considering the context): possibility of having some signs of deterioration and/or inadequate social basic services, possible needs for strengthening the legal framework. Ability to afford/meet all essential basic needs without adopting unsustainable coping mechanisms (such as erosion/depletion of assets). No or minimal/low risk of impact on physical and mental wellbeing.
2. Stress: Living Standards under stress, leading to adoption of coping strategies (that reduce ability to protect or invest in livelihoods). Inability to afford/meet some basic needs without adopting stressed, unsustainable and/or short-term reversible coping mechanisms. Minimal impact on physical and mental wellbeing (stressed physical and mental wellbeing) overall. Possibility of having some localized/targeted incidents of violence (including human rights violations).
3. Severe: Degrading Living Standards (from usual/typical), leading to adoption of negative Coping Mechanisms with threat of irreversible harm (such as accelerated erosion/depletion of assets). Reduced access/availability of social/basic goods and services. Inability to meet some basic needs without adopting crisis/emergency – short/medium term irreversible – coping mechanisms. Degrading Physical and Mental Wellbeing. Physical and mental harm resulting in a loss of dignity.
4. Extreme: Collapse of living standards, with survival based on humanitarian assistance and/or long term irreversible extreme coping strategies. Extreme loss/liquidation of livelihood assets that will lead to large gaps/needs in the short term. Widespread grave violations of human rights. Presence of irreversible harm and heightened mortality.
5. Catastrophic: Total collapse of living standards. Near/full exhaustion of coping options. Last resort coping mechanisms/exhausted. Widespread mortality (CDR, U5DR) and/or irreversible harm. Widespread physical and mental irreversible harm leading to excess mortality. Widespread grave violations of human rights.

Table 1. Severity of needs projected in 2021

Severity of need	Frequency (in million)
Minimal	9.9
Stress	12.1
Severe	12.1
Extreme	5.8
Catastrophic	0.5

Source: Afghanistan Humanitarian Needs Overview 2021 (December 2020) (OCHA 2020b)

Conflict and grave violations committed against children

The conflict taking place in Afghanistan for the last 40 years is considered as one of the worst in the world. In 2020, Afghanistan was ranked as the least peaceful country in the world by the Global Peace Index (Institute for Economics and Peace, 2020). High prevalence of non-state armed groups attacks, the use of improvised explosive devices, asymmetric attacks, targeted killings, and school attacks, as well as attacks in hospitals, continue to severely affect women and children, despite the signing of the peace deal between the USA and the Taliban in February 2020. Increasing trends in the scope and intensity of conflict since 2014 have given Afghanistan the world's highest number of civilian casualties (Institute for Economics and Peace, 2020).

The conflict is considered deadliest for children, with women and children forming 44 percent of civilian casualties in the first three quarters of 2020 (UNAMA, 2020; United Nations, 2020). Despite the ongoing intra-Afghan peace talks, the unwillingness of the Taliban to agree to a ceasefire during the first peace talks and the accelerated withdrawal of international military forces suggest that the security situation is likely to deteriorate further in 2021 (OCHA and UNAMA, 2020; UNAMA, 2020).

Children are particularly vulnerable to conflict, as they are often subject to grave child rights' violations. These include killing and maiming, recruitment and use of children by armed forces or armed groups, detention and abduction of children, attacks on schools or hospitals, denial of humanitarian access, as well as rape and other forms of sexual violence against children. From July 2019 to June 2020, the UN verified 1,497 cases of grave violations of child rights. These include 1,164 incidents of killing and maiming, 155 attacks on schools (across 16 provinces), and 326 child recruitments and use in armed forces and groups (OCHA and UNAMA, 2020). In the first nine months of 2019, an average of nine children were killed or maimed in Afghanistan every day (UNICEF, 2019b). Although these figures are likely to significantly under-estimate the true number of grave child rights violations, they are still alarming for their contributions to the worsening protection and security situation faced by children.

In relation to crimes of Violence Against Women and Girls (VAWAG), of the 303 reports of crimes monitored between September 2018 and February 2020 by the United Nations Assistance Mission in Afghanistan (UNAMA), only 49 percent proceeded through the justice chain to be addressed in a court room. About 17 percent of these documented cases were not pursued by Attorney General's Office. This was either because the victim did not file a complaint (in some cases because they were directly related to the ongoing armed conflict) or subsequently withdrew it. Many aspects of the justice system are still deterring female victims from reporting their perpetrators or fail to support them in that process. In the same period, 40 cases of women committing suicide or self-immolation in response to lack of support or an escape from violence they had endured were also monitored (UNAMA and OHCHR, 2020).

Internal displacement

Another serious consequence of the ongoing conflict is the displacement of hundreds of thousands of people every year. As of June 2020, close to 5 million Internally Displaced Persons (IDPs) in Afghanistan fled their homes or place of origin and resided elsewhere in the country. Close to 70 percent of IDPs were displaced to avoid the adverse effects of armed conflict (IOM, 2020a).

Internal movements of conflict-driven IDPs decreased in 2020. From January 2020 to December 2020, 390,841 people fled their homes due to the conflict. 80 percent of these were children and women (children 60 percent and women 20 percent). In 2019, 442,262 IDPs who fled their homes in 2019 due to conflict (children 59 percent and women 21 percent) (OCHA, 2021).

There is evidence to show that people were less willing to leave their homes in 2020 due to deteriorating economic circumstances during the COVID-19 pandemic, which could explain the drop in the number of IDPs despite the ongoing conflict (OCHA, 2020b). Displacement severely impacts people's economic and social conditions as well as their safety, partly due to increased exposure to explosive hazards present in large parts of the country. Large internal displacement also exerts pressure on public services in host communities, whose limited capacity restricts their ability to fulfil the population's needs.

With millions of IDPs living in different settlements, displacement has become a key humanitarian challenge for the country and the international humanitarian community. At the same time, humanitarian NGOs operating in Afghanistan express concerns about donor fatigue in providing longer-term funding for development initiatives to facilitate the integration of IDPs in host communities.

In most regions, stakeholders endeavour to provide IDP households with the means to survive. Yet their capacity to plan and ensure sustainable and durable solutions is limited due to existing funding gaps. To be able to do humanitarian and development nexus programmes, stakeholders need increased and more sustainable funds to respond to the needs of vulnerable communities, including IDPs. The ongoing conflict, and the uncertainty surrounding the outcome of peace talks, has led key donors to reduce their funding for early recovery and development type of initiatives at places of displacement. The current situation of the global pandemic further increased donors' fatigue, with most of the funding going to public health interventions.

Natural hazards

Another important risk factor and an essential driver of displacement is the country's high vulnerability to intense and recurring natural disasters, with one in three IDPs having fled their homes due to concerns about natural disasters in their place of origin (IOM, 2020a).

The placement of Afghanistan in a seismically active region, as well as environmental degradation and climate change impacts make it highly vulnerable to natural hazards, including earthquakes, flooding, heavy rainfall, extreme weather landslides and mudflows, and droughts. Natural disasters have been recurrent and severe, exacerbating the vulnerability of the Afghan population and augmenting internal displacement and migration.

Afghanistan's humanitarian and disasters risk profile as measured by the Inform Risk Index is at 8.1 – the second highest in the world after Somalia. Afghanistan is the tenth most vulnerable country to climate change and the eleventh least prepared country for climatic shocks (Chen et al., 2015). The combination of high climate risks, susceptibility to earthquakes, food insecurity, and poor preparedness have rendered Afghanistan the most at-risk country in the region.

In 2019 and 2020 combined, over 410,000 people have been affected by natural disasters in Afghanistan (OCHA, 2020c). The 2018-2019 drought – caused by a 70 percent decrease in rain, snow, and sleet across most of the country – halved the overall harvest compared to normal levels. This, in turn, led 35 percent of the

population into acute food insecurity, and to large-scale displacement. In 2018, 170,000 people were displaced in the western region alone. Climate shocks still affect rural communities in Afghanistan, where agricultural work and livestock are the main sources of income (Asia Displacement Solutions Platform, 2021).



GLOBAL AND REGIONAL ISSUES

POINTS COVERED:

- Migration
- Urbanization
- COVID-19

Migration

For many years, young people and families with children as well as unaccompanied children have been on the move searching for a better future abroad. Afghans represent the world's largest population of protracted refugees in Asia, and in 2019 they were the third largest population of refugees in the world after Syria and Venezuela (UNHCR, 2020). Afghanistan is the country of origin for more than one in 10 refugees globally. More than 2.5 million people have moved or fled abroad from Afghanistan since 2012 (IOM, 2020a).

Migration cannot be considered the outcome of a single driver. The literature on migration outlines a variety of migration factors that are socio-economic in nature. The most visible driver of migration relates to the economic status of a migrating household or individual. A recent survey of potential migrants from seven provinces (Herat, Kabul, Ghor, Balkh, Nimroz, Faryab and Kunduz) showed that 65 percent of survey participants stated lack of jobs and livelihood opportunities as the main push factor. Conflict and the general security situation in the country, as well as the lack of economic growth and prosperity, were also oft-stated reasons (IOM, 2019).

Iran, Pakistan, Europe, and Turkey are the most popular destinations for Afghan migrants. Out of 2,796,432 migrants who moved outside Afghanistan between 2012 and 2020, 360,855 migrated to European countries (13 percent), 1,779,056 to Iran (63 percent), and 578,890 to Pakistan (21 percent). The Middle East and other Asian countries are recorded as receiving the fewest Afghan migrants (2 percent) (IOM, 2020a).

The deterioration of the economies of Iran and Pakistan and the decreased protection in these countries, coupled with increasing returns from Europe, have progressively led to decreasing rates of out-migration since 2015 (IOM, 2020a). Host country policies that regulate the return of migrants to their home countries have resulted in a new wave of Afghan returnees and massive repatriations, which amplify existing humanitarian needs.

In 2019, half a million Afghan asylum-seekers were forcibly returned to Afghanistan from neighbouring countries. From Europe, asylum seekers were returned either under the European Union's Joint Way Forward Agreement or under bilateral agreements with the Afghan government. Turkey also forcibly returned 19,000 people to Afghanistan by September 2019 (Amnesty International, 2019).

By mid-2020, difficulties in accessing the overburdened health system in Iran amidst increasing cases of COVID-19 and the loss of their low-paid jobs, induced by the global economic collapse, forced around 200,000 Afghans, most of whom were undocumented, to flee Iran and return to their home country (Ziabari, 2020). Between 1 January 2021 and 4 February 2021 another 69,664 undocumented migrants returned to Afghanistan from Iran and 726 from Pakistan. According to IOM, these numbers show more than a doubling of the rate of returns from the same periods in 2020 and 2019 (IOM, 2021). Among Afghan migrants, one of the most vulnerable groups in need of protection are unaccompanied children and children with families that returned to Afghanistan after attempting to migrate. From July 2016 to October 2017, UNICEF Afghanistan reunified more than 3,000 children with their families (UNICEF, 2017).

Given current socio-economic conditions, Afghanistan is not prepared to support and integrate the large-scale inflows of Afghan returnees. Many returnees are often not able to return to their places of origin,

settling instead in cities that may offer more safety. This creates extra pressures for urban centres, which, in addition to returnees, absorb waves of IDPs who left their homes due to conflict and natural hazards, and rural populations who move to urban centres in search of better opportunities.

Children usually experience increased difficulties upon their return to Afghanistan, often without the possibility to access education and healthcare. Long distances to the nearest healthcare facility, a lack of adequate numbers of doctors and attacks against health facilities and workers continue to limit access to health care for many returnees. For similar reasons, the children of returnees often find it difficult to participate in education due to stigmatization. Child marriage is often employed as a coping mechanism by returnees' households in the face of poverty and hunger (Sydney, 2020). Evidence about children returnees shows acute vulnerabilities, including lack of safety and support during the return process. Moreover, economic deprivations, including their housing and economic situations, do not allow them to have decent standards of living in line with the UNCRC recommendations mandate of a standard of living.

Competition for limited basic services poses heightened risks for both returnees and host communities. Considering the emergency for the public health system caused by returnees, WHO has warned that increased number of returnees in certain provinces poses a further challenge for an already stretched healthcare system, increasing the health risks for Afghan citizens, particularly pregnant women and newly born children (WHO EMRO, 2018).

Another major concern that impedes the reintegration of returned refugees is the lack of employment opportunities. A recent study on the reintegration of Afghan returnees into the labour market showed that returnees are less likely to be wage employed than non-migrants (Loschmann and Marchand, 2020). As a result, large numbers of returnees face various hardships upon their arrival in Afghanistan. They experience multiple deprivations in terms of living conditions and security, education, health and access to basic services. Many returnees live in mud huts, damaged buildings, tents or in the open air, and worry about the winter.

Urbanization

Most of the Afghan population lives in rural areas. Based on population statistics provided by the NSIA, 23 million Afghan people live in rural areas and 7.7 million live in cities. The remaining 1.5 million live as Kuchis.

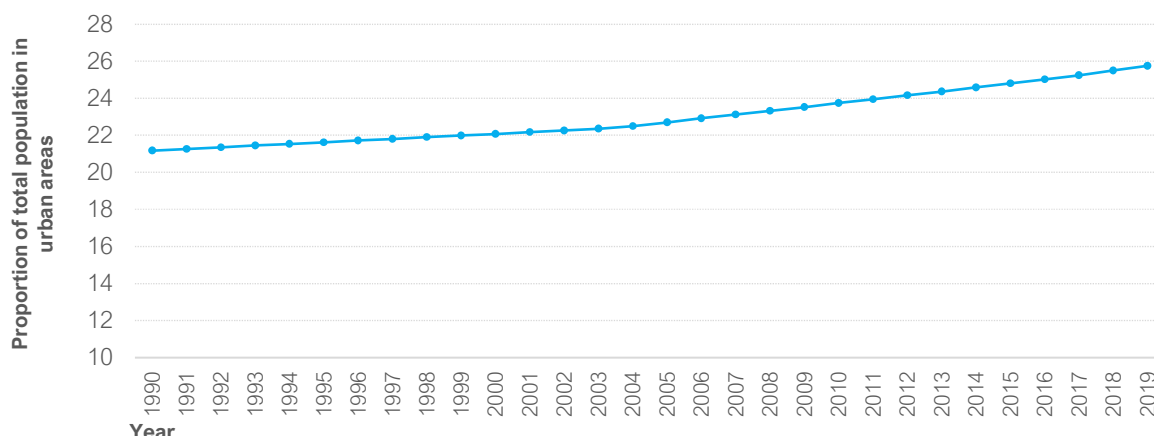
Afghanistan's urban population has increased at an average rate of close to 5 percent. This rate is higher than the regional average for countries in South Asia that have an average growth of urban population close to 3 percent.¹⁴ Between 1990 and 2019, Afghanistan's urban population as a percentage of the total population has increased to 25.8 percent from 21.2 percent (Figure 1).

¹⁴ Average population growth rates in urban and rural areas for Afghanistan and South Asia are calculated based on data provided by the World Bank's DataBank on World Development Indicators available here:

<https://databank.worldbank.org/reports.aspx?source=2&series=SP.RUR.TOTL.ZS&country=AFG#> and here:

<https://databank.worldbank.org/source/world-development-indicators/preview/on>.

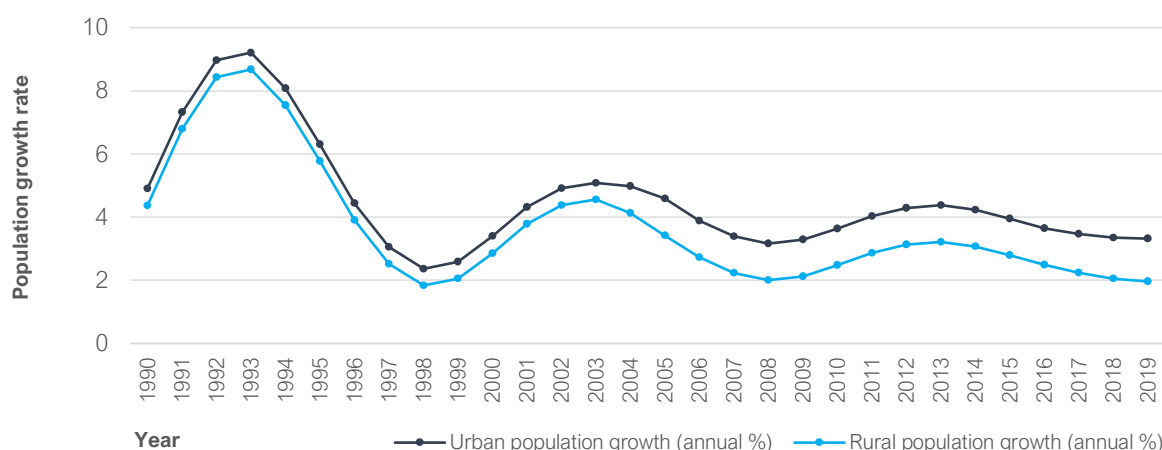
Figure 1. Afghanistan’s urban population as a percentage of the total population



Source: World Bank’s DataBank on World Development Indicators

The urban population has grown steadily and faster than the rural population between 1990 and 2003. As Figure 2 shows, the gap between the annual growth rate of the urban population and that of the rural population widened in Afghanistan after 2004.

Figure 2. Afghanistan’s annual growth rate of population in rural and urban areas for the period 1990-2019



Source: World Bank’s DataBank on World Development Indicators

Rural violence and insecurity are key determinants of Afghanistan’s rapid urbanization. The findings of the 2019 Asia Foundation public opinion survey showed that rural residents perceived the Taliban threat almost twice as often (75.9 percent) compared to urban residents (37.2 percent) (Asia Foundation, 2019b).

Besides rural insecurity and a higher prevalence of violence, there are other key economic factors that explain Afghanistan’s rapid urbanization. Rural poverty measured in both monetary and multidimensional terms has been consistently higher than urban poverty up to the most recent ALCS in 2016-17 (CSO, 2018; NSIA, 2019). Despite the recent convergence in poverty rates between rural and urban residence, the last Income, Expenditure and Labour Force Survey (IE&LFS) showed that in 2020 more poor people lived in rural areas. Five out of seven poor Afghans in monetary terms live in rural areas, as do four out of five multidimensionally poor Afghans (NSIA, 2020a).

Rapid urbanization will further increase pressure on cities in terms of public services, infrastructure, and the provision of economic opportunities. Indicatively, findings of the 2019-2020 IE&LFS in Afghanistan show that urban poverty increased from 41.6 percent in 2016 to 47 percent in 2020. Urban food insecurity increased

from 42.1 percent in 2016 to 46.2 percent in 2020 (NSIA, 2020a). As urbanization trends rise, the negative consequences of food insecurity on child health and development raise grave concerns about urban children's wellbeing.

COVID-19

As of 25 March 2021, MoPH data shows that 56,226 people across all 34 provinces in Afghanistan are confirmed to have had COVID-19. Some 49,802 people have recovered, and 2,467 people have died of 91 of whom 91 are healthcare workers. The COVID-19 test-positivity-rates stood at 17 percent. Little is so far known about COVID-19 infection in children and its overall impact on their health and wellbeing. With emerging evidence showing that COVID-19 affects the respiratory system, and since pneumonia (an acute respiratory infection) accounts for 15 percent of all deaths of children under the age of five, the potential of co-infections from COVID-19, could lead to more deaths of children if the infection is not identified, managed, and treated in a timely manner. Given the many current unknowns, this means that the focus on outpatient and in-patient care for children is likely to become highly demanding and critical.

Concerns have been raised over the access of women and children to healthcare services during the pandemic. Testimonies of stakeholders indicate that infected women were turned away from overcrowded hospitals and preference was instead given to treating men. Women due to give birth were also not looked after, sometimes resulting in fatal complications for them and their infants.

The non-health impacts of COVID-19 and the associated policy responses have been universal. Children all over the world experienced adverse effects on their routine learning course, wellbeing, and their abilities to build the necessary skills set for claiming more equal opportunities later. COVID-19 has brought rising food insecurity to Afghanistan, creating a situation that resembles the drought of 2018. Millions of people in Afghanistan are in crisis as the average prices for wheat flour, pulses, sugar, cooking oil and rice have increased while workers' purchasing power has declined (OCHA, 2020a). It is estimated that 80 percent of the population in Afghanistan relies on informal labour or daily wage labour, both of which have been adversely affected by the pandemic. NGOs have reported an increase in forced marriages, child marriages, children labour and/or begging and children migrating to neighbouring countries for work during 2020 as a coping mechanism for families dealing with food insecurity. In 2020, every second person in need of support or assistance in Afghanistan was a child. That rate is expected to have increased by mid-2021.

The resulting situation will expand and deepen deprivations, especially for children aged 0-17, who will bear the highest burden in all areas of deprivation, such as food security, adequate sanitation, access to safe drinking water, and access to clean cooking fuel. An additional 4.1 million children aged between six and 18 years are expected to be deprived of school attendance due to COVID-19. This increases the number of school-aged children out of education to 9.7 million. If these children are unable to return to school, the incidence of multidimensional poverty could rise to 60.9 percent (University of Oxford and UNICEF Afghanistan, 2020).

COVID-19 has affected children in areas of conflict – and particularly children in Afghanistan – in unique ways, as the consequences of the pandemic interact with the severe security and protection deprivations faced by Afghan children and families.

As in many other areas of conflict, children in Afghanistan experience increasing violence and instability. Reports from 17 protection clusters indicate an increase in forced labour, recruitment and use of children by armed groups in Afghanistan (Save the Children International, 2020b).

Recent research on the impact of COVID-19 on women in Afghanistan suggests that women and girls are affected disproportionately by war, conflict, social problems, and health emergencies compared to men,

and that COVID-19 is intensifying existing inequalities. Oxfam's Multi-Sector Needs Assessment of 607 households in five Afghan provinces showed that 97 percent of female respondents reported that the incidence of GBV has increased since the pandemic began (Oxfam, 2020). NGO observations from recent engagements with local populations suggest that COVID-19 and its effects have been particularly damaging for women's and children's access to healthcare and education.

While there is a growing body of research documenting the adverse effects of COVID-19 on women and girls, the negative experiences of boys and young men, especially of those considered to be vulnerable, is underexplored in comparison. Interviews with male survivors (boys and young men) of sexual violence in Afghanistan and an outreach worker of the Youth Health and Development Organization (YHDO) revealed mixed evidence. Some survivors reported that sexually abusive practices such as bacha bazi (literally 'boy play', a form of child sex slavery) became less prominent during the period of the pandemic. The main reason for that was that the lockdown and social distancing measures closed the locations often used for these practices. On the other hand, others said that their participation in sexually abusive practices has remained unchanged; perpetrators have moved to new locations where different risks exist or violence is perpetrated by new types of actors. The situation consequent to COVID-19 has further limited access to health services for male survivors due to fears of contracting the disease. This, in turn, has led to negative health outcomes for male survivors of sexual abuse, including reduced access to treatment and testing for HIV and other sexually transmitted infections. Interviews with survivors also showed the negative effect of the pandemic on their mental health, with some of them reporting increased substance abuse and reduced access to psychosocial support (YHDO, 2020).



PUBLIC FINANCE

POINTS COVERED:

- Overview
- Health and nutrition
- Education
- Safe and Clean Environment: WASH, environmental protection, and energy
- Child protection
- Social protection

Overview

Over the last five years (2017 to 2021), the National Budget has grown by 13 percent in nominal terms. Domestic revenues have increased from 9.9 percent of GDP in 2015 to 15.8 percent of GDP in 2019. On-budget grants received amounted to 42 percent of total expenditure translating to 14 percent of GDP. In 2021, domestic resources are projected to finance 62 percent of the budget, while 38 percent will be financed by foreign grants and loans. In the medium term (2021-2024), on-budget grants are projected to decline by 40 percent from AFN219 billion (\$2.8 billion) in 2021 to AFN132 billion (\$1.7 billion) in 2024. This reduction will be compensated by a 35 percent increase in domestic resources (MoF, 2021).

In the current budget 2021, the allocation to the social sector¹⁵ is 22 percent of the overall budget compared to 26 percent in 1396/2017. With a population growth of 11 percent over the same period, a 4-percent-age point drop in the social sector allocation poses a risk for equitable and quality social service delivery. Although it is acknowledged that the current insecurity has resulted in defence, public order, and safety crowding out social sector spending, increased expenditure in human development hinges on fruitful peace negotiations. Public spending in key indicators in fulfilment of women and children SDG targets has been very unstable, thus posing a big challenge in the actualization of SDGs (Table 2).

The limited fiscal space in Afghanistan is a key constraint to the government's ability to provide the resources necessary to ensure children's rights. For the fiscal year 1399/2020-21, the government predicted limited budgetary room of AFN2.1 billion (\$27 million) that would be directed to finance new projects. The government's fiscal strategy is to prioritize projects in sectors that can contribute to the country's economy by increasing output and creating jobs, reducing poverty, and promoting private sector activity. These sectors include agriculture and irrigation, the extractive industry, infrastructure and regional integration, sectors to supply domestic markets, information and communication technology, and human capital development (MoF, 2019). Another key issue is the disconnect between budget allocation and budget utilization, with utilization often lagging behind allocation partly due to weak public finance management.

¹⁵ The social sector constitutes Education, Health, Housing and Community Amenities and Social Protection expenditure.

Table 2. Public Finances towards selected SDG Indicators

	1396/2017	1397/2018	1398/2019	1399/2020	1400/2021
The proportion of total government spending on essential services (education, health, and social protection, (Means of Implementation indicator 1. a.2)	24.5%	26.2%	17.9%	21%	20%
The proportion of government recurrent and capital spending in sectors that disproportionately benefit women, the poor and vulnerable groups (Means of Implementation indicator 1.b.1)¹⁶	13.7%	14.6%	10.4%	8.4%	11%

According to World Bank, the impact of COVID-19 was a sharp contraction of the economy of Afghanistan over the first half of 2020 due to reduced consumption, exports and remittances (World Bank n.d.). Revenues fell with the onset of the COVID-19 crisis. Domestic revenue estimates for the 1399/2020-21 fiscal year were revised downward by 31 percent from AFN209 billion (\$2.7 billion) to AFN144 billion (\$1.9 billion) at the mid-year budget review. On a year-to-year basis (September 2019 to September 2020), domestic revenues fell by 15 percent, which is 20 percent below the monthly target. July 2020 recorded the biggest reduction in month-by-month domestic revenue (at 64 percent), followed by May 2020, which saw a 62 percent reduction.

With falling revenues, the fiscal space available to the government to increase funding in areas that contribute to the realization of children's rights is expected to be limited in future. As the international community and donors redirect their funds and support towards the alleviation of COVID-19 impacts, the country's budgetary room will be further constrained as a result of fewer international contributions in the Basic Package of Health Services (BPHS) and Essential Package of Hospital Services (EPHS) (WHO, 2020).

Health and nutrition

The Health System is financed by the government, international partners, and the public's out-of-pocket expenditures.

The Government of Afghanistan allocated about 4 percent of the national budget to the health sector in 1400 (2021/2022), amounting to AFN21.2 billion (\$275.34 million). In 1399 (2020-/2021, more than half (57 percent) of spending in health services went to outpatient services, and 6 percent went to hospitals. The remaining health budget is allocated to support public health services and other functions that don't fall under any other classification, including blood collection, immunization, testing for diseases, production and dissemination of information, and research and development, with nutrition only receiving a very small

¹⁶ Sectors include: Health, Environmental protection, Housing & Community Amenities and Social protection

portion of the budget (MoF, 2021; 2020b).

There is a significant burden placed on households with the latest (2018) estimates of out-of-pocket payments suggesting that household spending amounts to 78 percent of current health expenditure.¹⁷ To make progress in achieving universal health coverage and the SDGs, there is a need to reform the health financing system.

Education

In 2020, public expenditure on education covered funding provided to students' services, regulation, licensing, oversight and enforcement of standards, research and experimental development into education affairs and services at all levels of education. In 1400/2021-2022 the Government of Afghanistan allocated AFN51.5 billion (\$668.83) to the education, culture and religion sector, equivalent to 10.8 percent of the national budget.

In 1399/ 2020-2021, the Government of Afghanistan allocated the biggest part of the education budget to pre-primary and primary education, which made up nearly 45 percent of public expenditure in this sector, or AFN22 billion (\$228 million). Spending in education n.e.c.¹⁸ was the second largest category, making nearly 27 percent of the education budget. Spending in this category describes all the government's functions in education related to the development, implementation, administration and monitoring of educational policies, strategies and budgets, the design and enforcement of legislation and standards, and the preparation and dissemination of relevant information including technical documentation and statistics. Tertiary education was allocated 17 percent of the education budget whereas secondary and post-secondary (non-tertiary) education accounted for less than 1 percent (MoF 2020b).

Limited budgets and inefficient resource management further hamper equitable access to quality education. From 2017 to 2020, public expenditure on education stagnated at around 3 percent of GDP. The bulk of these expenditures is spent on salaries (World Bank, 2019). The salary share of the recurrent expenditure of the Ministry of Education (MoE) ranges from 91 to 93 percent, indicating salary as the dominant budgetary component, with limited resources available for technical materials and sustainable maintenance of infrastructure.

The stagnation of public spending in education has intensified the education system's dependency on international aid for financial and technical resources and education service delivery in the country. Substantial resources continue to be delivered through off-budget mechanisms, presenting a risk of fragmentation in aid effectiveness and sustainability. In early 2021, most donors channelled their funding for education through a World Bank administrated programme, Education Quality Reform in Afghanistan (EQRA) (Strand 2015), a \$300 million multi-donor-funded World Bank programme (HRW, 2018) that supports Afghanistan's National Education Strategic Plan and its reform process in a manner more consistent with aid effectiveness and Global Partnership for Education (GPE) principles.

¹⁷ World Bank data on out-of-pocket expenditure as a percentage of current health expenditure) are available here:

<https://data.worldbank.org/indicator/SH.XPD.OOPC.CH.ZS?locations=AF>

¹⁸ This classification describes funding to functions that cannot be categorized under Pre-primary and Primary Education, Secondary Education, Tertiary Education, and Post-secondary No Tertiary Education.

The education sector also receives continued off-budget funding support (75 percent of total official development assistance) from bilateral and other multilateral donors, national and international NGOs and United Nations agencies, including UNICEF, UNESCO, and WFP. One significant source of such funding is the \$49.5 million Education Cannot Wait (ECW) Multi-Year Resilience Programme 2019-2021 (ECW, 2018) that bridges humanitarian and development education interventions as well as \$1 million from the Global Partnership for Education (GPE) in response to the needs of out-of-school children, with a focus on girls, IDPs, and returned refugee communities.

The large dependency of the education budget on ODA, which covers 36 percent of educational expenditure, creates a sustainability risk in the event that ODA decreases or other priorities arise. Existing funding will be insufficient to meet the enormous needs of the sector and the needs of out-of-school children while ensuring inclusive and equitable quality education for all. Insufficient funding is exacerbated by allegations of poor resource management, corruption and nepotism within the education sector.

Safe and Clean Environment: WASH, environmental protection, and energy

Information on total public expenditure made in WASH is fragmented, as the current functional classification system does not disentangle WASH expenditure made by the government from other government functions.

Budgets allocated to the water supply to houses and communities is reported under Housing and Community Amenities, which covers government expenditure in housing and community development, water supply management, street lighting and housing. Spending on housing comprises grants, loans and subsidies to develop the housing sector, purchase land and improve and maintain the housing stock. In the 1400/2021-22 fiscal year, Housing and Community Amenities were allocated 2.2 percent of Afghanistan's national budget – equivalent to AFN10.25 billion (\$133.11 million). In 1399/2020-21, 2.6 percent of the national budget was allocated mostly to the Ministry of Urban Development and Land and the Ministry of Rural Rehabilitation Development to spend on Housing and Community Amenities, which was equivalent to AFN11 billion (\$145 million). In 1399/2020-21, expenditure in water supply management made up about 6 percent of the Housing and Community Amenities budget, equivalent to nearly 0.2 percent of the total budget (MoF, 2020b).

Environmental protection in 1399/2020-21 was allocated 0.4 percent of the total budget while public expenditure on fuel and energy accounted for 3.8 percent of the country's budget (MoF 2020b).

Child protection

It is difficult to measure the exact size of public investment in child protection, because of its multidisciplinary measure. The Financial Benchmark Study of Afghanistan 2015 used a financial benchmark instrument with which to obtain a comparable measure of actual expenditure on child protection, and showed that in 2015 the Government of Afghanistan spent 1.5 percent of its overall budget on child protection services outside of cash transfers for families and health services for child victims of violence and abuse. This budget covered expenditure on cash benefits for children in families affected by conflict and families of martyrs. Excluding this, most expenditure is for child victims of violence, abused children, neglected children and children without adequate family care.

Social protection

Social protection refers to government expenditure on services and transfers – whether in cash or in kind – provided to households or individuals considered ill and disabled, aged, and orphaned, households with

dependent children or children in need of help, those who are unemployed or earning low wages and those found (at risk of) being isolated, such as refugees, rural population, and violence victims.

According to the national budget for the 1400/2021-22 fiscal year, the social protection sector budget was 4.3 percent of the national budget (MoF, 2021). A review of budget allocations in the 1399/2020-21 national budget shows that only 2.6 percent of social protection expenditure (or 0.1 percent of the country's budget) goes to families and children, while the rest goes to survivors, old people, and other functions of social protection (MoF, 2020b).



POVERTY

POINTS COVERED:

- Monetary poverty
- Multidimensional poverty
- Inequality
- Working poverty

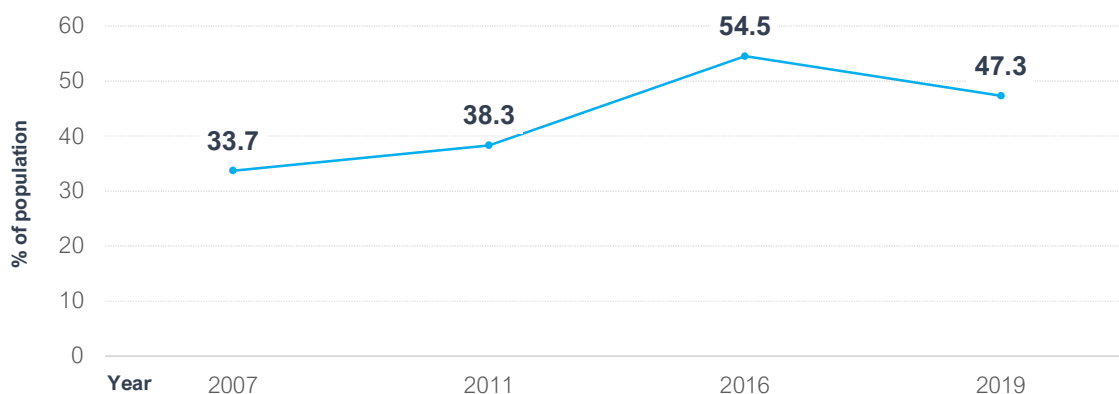
Monetary poverty

Increasing conflict and political instability coupled with reduced aid and international spending led to a slow-down of Afghanistan’s economic growth during the period that followed the last SitAn.

During the period 2014–2019, Afghanistan’s average annual economic growth was only 2.4 percent compared to the regional average of 6.6 percent. Per capita GDP has fallen by 17.4 percent since 2014, while it has increased by 30.9 percent in South Asia.¹⁹

The economic slowdown has had negative impacts on living standards, with 15 million Afghans living in poverty in 2020 compared to 10 million in 2012. The proportion of children living in monetary poor households has nevertheless decreased from 58 percent in 2016 to 51 percent in 2020. The household poverty rate has also declined from 54.5 in 2016 to 47.3 percent according to the results of the 2020 IE&LFS. The increased number of people living in poverty is on account of population growth outpacing the reduction in the poverty rate.

Figure 3. Proportion of population living below the national poverty line (%) (SDG 1.2.1)



Source: Global SDG Indicators Database. The database reports World Bank staff estimates based on NRVA 2007-08, 2011-12 and ALCS 2016-17. Poverty estimates for 2019 are based on the preliminary results of the IE&LFS 2019-20.

The IE&LFS findings indicate an improvement since 2016 in unemployment too. Since the last ALCS was carried out, unemployment fell from 23.9 percent in 2016/17 (CSO, 2018) to 18.6 percent in 2019/20.

The ALCS showed that important inequalities existed among households of different socio-economic characteristics and between rural and urban areas. Larger households face increased poverty rates as do households with non-educated heads.

¹⁹ Calculations on national and regional GDP growth and GDP per capita growth were made using data from the World Bank’s World Development Indicators

As the population had been growing faster than the economy and with millions of Afghan refugees and asylum seekers returning to Afghanistan, poverty widened during 2016/17, increasing in both urban and rural areas. Historically, poverty has been higher in rural areas than in urban areas, and has been highest among the Kuchi population.

Today Kuchi communities continue to be the population group with the highest poverty rate as more than half (57.7 percent) of the Kuchi population lives with less than \$1 per day. The decrease in the overall poverty rate is associated with a convergence in the poverty rates in urban and rural areas. Specifically, rural poverty fell from 58.2 percent in 2016 to 46.7 percent in 2020. At the same time, urban poverty rates rose from 41.6 percent in 2016 to 47.0 percent in 2020.

The decrease in poverty and unemployment rates in 2020 translated to fewer households in food insecurity. The IE&LFS 2019/2020 showed that the prevalence of food insecurity decreased from 44.6 percent in 2016/17 (ALCS) to 36.9 percent in 2020, the main beneficiaries being rural households. Contrary to rural food insecurity, which declined from 46.2 percent to 33.8 percent, food insecurity in urban areas and among Kuchis increased from 42.1 percent to 46.2 percent and from 32.3 percent to 35.3 percent respectively in that period. The rising food insecurity of cities is driven mainly by rapid urbanization and the large influx of returnees and IDPs to urban centres (NSIA 2020a).

Multidimensional poverty

The 2020 IE&LFS indicates that multidimensional poverty declined from 52 percent in 2016 to 49 percent in 2020 at a national level. The Kuchi population continues to face the highest MPI poverty rates that reach up to 87.4 percent. More urban households live in multidimensional poverty today than in 2016, with the urban poverty rate rising to 21.8 percent. On the other hand, rural multidimensional poverty has improved since the last ALCS after falling to 56.4 percent. Still four of every five MPI poor Afghans live in rural areas (NSIA, 2020a).

Using survey data collected as part of the 2016-17 ALCS, in 2019 NSIA developed a poverty measure for uncovering the deprivations in various aspects of life faced by people in Afghanistan. The Afghanistan Multidimensional Poverty Index (A-MPI) showed that half of the population of Afghanistan were multidimensionally poor in 2016-17, with multidimensional poverty ranging from 14.7 percent in Kabul to as much as 85.5 percent in Badghis. Multidimensional poverty has been found to be highest among the Kuchi communities, of whom 89 percent is MPI poor. In rural areas the prevalence of multidimensional poverty is more than three times higher than in urban centres (rural: 61.1 percent, urban 18.1 percent), with 83 percent of poor population living in rural areas (NSIA, 2019).

Most alarming were the findings that the MPI was the highest for children aged 0–17 years compared to all other age groups (18-39 years old and 40+ years old). The 2020 IE&LFS found that 53.3 percent of children were MPI poor in 2020, as compared to less than 44 percent of adults. This highlights the vulnerability of children and adolescents in Afghanistan and the need for increased protection against poverty for this age group (NSIA, 2021).

Inequality

Common measurements of inequality include income inequality, gender inequality (disparities) and service delivery inequality (poor access to essential services by disadvantaged populations), e.g. persons living with disabilities, refugees, extreme poor etc.

The Gini index is a common measure of income inequality or expenditure inequality. The Gini index ranges between 0 and 1, with zero indicating perfect equality in the country, and 1 showing a situation of perfect inequality.

The evolution of the Gini index for Afghanistan between the surveys of 2011-12, 2016-17, and 2019-20 showed that small reductions in inequality are taking place. Specifically, the Gini index started from a value of 0.33 in 2012. That reduced to 0.31 in 2016 and reached 0.3 in 2020. Inequality is still slightly higher in urban (0.32) than rural areas (0.26), and is lowest among the Kuchi population, according to the findings of the 2019/2020 IE&LFS.

Looking at gender inequality, women and girls are in disadvantaged position in Afghanistan. Historical and cultural norms exclude girls from education and the labour market, making them more likely to perpetuate the intergenerational cycle of poverty. Only 20 percent of women are economically active compared 80 percent of men. Of an estimated 3.7 million out-of-school children, 2.2 million children are girls (MoE et al., 2018). When they are able to access education, girls are 1.3 times more likely to drop out of school before reaching grade 6, indicating a higher risk of no primary completion for girls (CSO, 2018). Women’s and girls’ inequalities in education translate to poorer development opportunities. The 2019/2020 IE&LFS revealed that in 2020 only two in nine (21.7 percent) of females are literate, compared to one of every two (50.4 percent) males (NSIA 2020a).

An indication of the extent to which early marriage is a strong barrier to education was the ALCS’s finding that those who are married are 4.3 times more likely not to have attended education than unmarried people. In 2016-17, close to one in three (28.3 percent) of women were married before the age of 18 years in Afghanistan, and 4.2 percent before the age of 15.

Working poverty

The prevalence of the working poor among the Afghan population shows that employment alone is not a cure for poverty.

According to ILO’s modelled estimates, the working poverty rate in people above the age of 15 is 34.3 percent. Women are more likely to live below the international poverty line of \$1.9 PPP, despite being in employment across all age groups.

Table 3. SDG indicator 1.1.1 - Working poverty rate (percentage of employed living below USD1.90 PPP)

Age group	15+	15-24	25+
Female	45.1	45.5	44.9
Male	31.4	39.5	28.3
Total	34.3	41.0	31.5

Source: ILO’s Data on SDG labour market indicators (ILO 2021)

A major part of the Afghanistan’s economy is unorganized, unofficial, and illegal. The labour market in Afghanistan is still in a poor state. This is reflected in family, unorganized and informal work, low paid and low productivity jobs, child labour, hard and work and long working hours. More than half of all employed Afghans (45.7 percent) work in agriculture (NSIA, 2020a), a sector associated with higher poverty rates, according to the findings of the previous ALCS (CSO, 2018).

THE ENABLING ENVIRONMENT

POINTS COVERED:

- Overview
- Health
- Nutrition
- WASH
- Social Protection
- Social Protection

Overview

The ratification of the Convention on the Rights of the Child (CRC) in 1994 and of its optional protocols in 2002 and 2003 compels the government to protect, respect and fulfil the rights of all children within its jurisdiction. An enabling environment for children and young people should provide the legal framework necessary for establishing and safeguarding women's and children's rights as laid out in the CRC. Such rights include the right to political participation, the right to protection, education, health and marriage, the right to decent work and protection from child labour, the right to social protection, digital rights and the right to equality and non-discrimination.

Since the last SitAn in 2014, a promising milestone in child rights was reached with the signing of the first ever Law on Protection of Child Rights ('The Child Rights Act' or 'The Act'), which is aligned with the CRC. The Law on Protection of Child Rights was passed through a Presidential Decree on 5 March 2019 and was enacted on 9 April 2019 – 25 years after the ratification of the CRC.

The age of criminal responsibility is currently 12 and capital punishment and life imprisonment are prohibited under the age of 18. Protection against rape is provided in Afghan law, but marital rape is not covered. The legislation protects against some aspects of violence against women (e.g. rape and sexual harassment of minors), but not all. For example, there is no legal protection against marital rape and other aspects of domestic violence. The country's marriage legislation still distinguishes between women and men, with the legal age of marriage being 18 for men and 16 for girls. The minimum age for accessing employment, recruitment in armed forces and purchase of tobacco products is 18. Compulsory education is defined up to lower secondary, and both primary and secondary education is tuition free (UNICEF, 2018c).

Besides legislation, effective policies, programmes and public investment in children reaps many rewards, such as protecting and advancing children's rights, creating opportunities, and facilitating their contribution (when adults) to shared prosperity. Impediments to effective child-focused policies include low budget priority, due to a lack of awareness among financial decision-makers of the economic case for investing in children; insufficient budget allocation for child-related plans; inefficient and ineffective expenditure due to delayed disbursements, leakages, procurement issues, high cost, low impact interventions; inequitable allocations resulting in lower investment and poorer services for disadvantaged populations; and weak financial accountability.

Health

Progress has been made with reference to Chapter 4 (Health Care) of the Act is in the areas of access to appropriate Health Services (Article 29) and vaccination (Article 30). Access to public health facilities for the population is at 90.6 percent (compared to 9 percent in 2002) and within two hours travel time. For about 56.6 percent of the population access to a public health facility is within 30 minutes' travel time, with accessibility decreasing for poorer and rural population. Penta 3 coverage is 61 percent, Measles 1 is 64 percent, and 70.9 percent of children aged between six and 59 months were provided two doses of age-appropriate Vitamin A. ANC 1 coverage is 65.2 percent, delivery by skilled birth attendants is 58.8 percent, institutional deliveries are 58.8 percent and exclusive breastfeeding stands at 57.5 percent.

Between 2010 and 2020, the Government of Afghanistan, under the Ministry of Public Health (MoPH) and partners, have developed, revised, implemented, and monitored health policies geared towards achieving equitable health access especially for women and children. These include Afghanistan National Health Policy (2015-2020), Expanded Programme on Immunization Strategy (2015 – 2020), and the National Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH) Strategy 2017–2021.

Besides the government's policies, social norms are also key to understanding the enabling environment for children's health in Afghanistan. Socially-constructed differences between women and men (gender norms) determine their respective access to health-related resources, decision-making power, choice of marriage and childbearing timing, and their roles and responsibilities in society, mobility, and autonomy. These impact their opportunities to attain optimal health care services. Men are the primary household decision-makers, and this may inhibit timely decision and access to health care services for women and children.

Gender norms that prohibit the interaction of females with males outside the family, the generally low adult literacy levels, and the existence of taboos in discussing sexuality and its impact on health both within and outside the medical profession, continue to pose significant obstacles to effective communication of health issues and timely access to health services.

Despite the implementation of free health services by outsourcing to national and international NGOs, health services, basic and essential packages for health services (BPHS/EPHS) in many areas are still unavailable, inadequate, or sub-optimal. People living in hard-to-reach and inaccessible areas are disproportionately affected by the lack of health services and are especially insecure.

Role pattern and capacity gap analysis

Despite the passage of the Child Rights Act and progress made to date, there must be political will at all levels of government to implement its provisions, and cross-sectoral efforts should be closely monitored by relevant government departments as well as other key duty bearer organizations.

The key duty-bearer institutions responsible for realizing children's rights in the health sector are the MoPH, various United Nations agencies and national and international NGOs.

MoPH is the responsible government department for the provision of health service for all Afghans and leads a wide range of programmes, including the fight against COVID-19, the hospital reform project, the polio eradication programme, and the System Enhancing for Health Actions in Transition (SEHAT) Programme. Specialized United Nations agencies also have duty-bearer responsibilities for the health of children. WHO's role focuses on supporting MoPH for health sector policy development by contributing to the development of national technical documents, including policy, strategy, clinical protocols, and guidelines. UNFPA's role centres on adolescent and maternal health care services, including family planning. UNDP is the principal recipient of Global Fund grants and supports HIV, tuberculosis and malaria programmes in the country. UNODC supports Afghanistan's efforts in drug demand reduction and drug rehabilitation. IOM is responsible for health

services for migrants and displaced population. IOM tracks population movements and provides cross-border health services, including COVID-19 response. National and international NGOs are responsible for delivering health-related projects and/or delivering health services with some form of contract with the government.

Fragmented coordination within the health sector has led to duplication of efforts and interventions in the health sector. The government's lack of coordination with donors and partners who implement public health projects, is a source of much concern for donors..

As for most government departments, MoPH is constrained by low budgets and a lack of human resources and skilled staff. During interview discussions with MoPH, it transpired that some personnel in MoPH's directorates only work for the ministry on a short-term contractual basis. This continues to affect MoPH's day-to-day operations, particularly when the contracts of its technical staff are not extended, challenging the capacity of MoPH's managers to ensure the sustainability of the Ministry's operations. Low budgets and lack of skilled personnel constrain the ministry's capacity to monitor the situation in health by collecting appropriate data and producing relevant statistics.

At the same time, there are donor concerns over a lack of technical capacity in MoPH, to support and/or facilitate the implementation of public health projects and interventions for children. With financial support from donors, health projects are initiated. However, they are not routinely monitored by MoPH to ensure that project activities are implemented, and immediate results are achieved. The inadequate management capacity and governance at the regional, provincial and health facility level have been identified as further impediments to the implementation of cost-effective and quality health care services.

Nutrition

Article 24 of the CRC says that "States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health" and shall take appropriate measures "to combat disease and malnutrition" through the provision of adequate nutritious foods, clean drinking water, and health care.

The National Public Nutrition Strategy (2019-2023) forms the base of the nutrition sector and is aligned with the Afghanistan Food Security and Nutrition Agenda (AFSeN-A). Together, the two strategies constitute the framework for multisectoral programming and aim to ensure sustainability and cost-effectiveness of services and interventions to address the country's poor nutritional situation.

In terms of rights and policies, stunting has been prioritized by both MoPH and MoE. No nutrition-specific survey has been completed since 2013 and little is known about the current status. Proxy indicators show there is likely to have been some backsliding in progress on stunting and wasting.

Different departments have integrated nutritional aspects with the delivery of services in both ministries, indicating the increasing importance of nutrition. Moreover, in 2019, the Child Rights Act included breastfeeding as key right to a child.

Role pattern and capacity gap analysis

MoPH is the ministry responsible for leadership and oversight of nutrition in Afghanistan. The provincial Department of Public Health (DoPH) also see themselves as the monitoring and implementation authority for the nutrition programme at the provincial level as well as a coordination and advocacy leader for nutrition. Both MoPH and DoPH have limited capacity to implement and scale up nutrition interventions due to low funding. At the provincial level, DoPH's capacity varies among provinces and greater coordination is needed between DoPH and key partners and stakeholders, the AFSEN platform, UN agencies, and other programmes, such as SEHATMANDI, to avoid duplication of effort and use available resources to scale up existing efforts.

MoE is also a key partner for nutrition. It coordinates with MoPH in the implementation of school-based

nutrition programmes (e.g. the Weekly Iron Folic Acid Supplementation (WIFS) programme for school girls). MoE also provides leadership in policy facilitation, coordination and data collections and reporting as well as sectoral planning. MoE convenes consultations, workshops and training sessions for coordination and capacity development and leads the development of guidelines. Centralized governance and lack of coordination between central and provincial government offices are key constraints faced by MoE in delivering its obligations. At the provincial level, the Department of Education (DoE), has shown poor commitment to the nutrition agenda and has assigned very low priority to WIFS.

The Afghanistan Food Security and Nutrition (AFSeN) secretariat coordinates with around 14 ministries and organizations, including the private sector, at the central and provincial level through AFSeN provincial committees. It is a relatively new platform for stakeholder coordination and its weak capacity at provincial level is affected by political changes.

NGOs and BPHS partners deliver and supervise the nutrition services. These organizations have the required staff available, equipped with the right training to deliver the services. The key constraints faced by NGOs and BPHS partners relate to quality of service and the inaccessibility security constraints of harder to reach areas and the lack of coordination with other stakeholders.

The United Nations agencies in the country have the available technical capacity to support the planning, implementation, and monitoring of nutrition programmes for children and women. However, this capacity is often constrained by other competing priorities. The World Bank is another government partner. The World Bank is the Convenor for Sehatmandi health project. Given the level of the Bank's funding to other large scale bilateral programmes, it is a primary influencer and a key advocacy partner. The World Bank has the technical capacity to lead nutrition interventions although the organization's resources are allocated across many technical areas and the oversight of many other projects.

Other impediments to well-nourished children and women relate to low awareness and poor behaviours, compounded by gendered feeding, lack of data on nutrition, poor coordination between Health Facilities and communities, and low government budgets dependent upon donors/BPHS.

Education

Since 2001, the Government of Afghanistan has taken significant steps in rebuilding the education system to safeguard and advance children's rights to education.

The Constitution and Education Law of 2008 established the legal framework for MoE, introducing "free education until the bachelor's level" as the right of all citizens of Afghanistan. Informed by the Afghanistan National Peace and Development Framework, the National Education Strategic Plan (NESP III, 2017-2021) further stressed the need for the country to offer education for all, prioritizing quality and relevance, equitable access as well as efficient and transparent education system management. At policy level, the government and partners have done much to facilitate children's rights to quality education. With the support of development partners, including UNICEF, several enabling policies and strategies have been developed and implemented – such as Girls' Education Policy, Out-of-School Children (OOSC) Policy, Community-Based Education (CBE) Outreach Policies, Social Mobilization Strategy, National Assessment Framework for Afghanistan (NAFA) – to adequately address children's needs, especially girls and the underprivileged living in underserved areas.

Despite significant policy steps taken in education, the weak and fragmented implementation of policies, often leads to a low level of understanding by various stakeholders at national and sub-national levels, thereby affecting service delivery in the sector. Several policies are outdated or no longer exist. They require strengthening, including the examinations policy, policies for early childhood development, a framework to include children with disabilities into education (including adequate infrastructure and capacity building of academic staff to support these children), female teacher deployment and training policies,

as well as the primary teachers' competency profile and professional code of conduct. To ensure a supportive system for children's education, existing guidelines, and additional frameworks to enhance children's rights in the education sector should be further developed and reinforced. Examples include a policy for children with disabilities and a Comprehensive School Safety Framework to protect children from violence in school.

2020 was a year of crisis within a crisis in Afghanistan. School closures throughout the country were one of the government's immediate responses to the pandemic, which deprived many children of a warm place during the winter months, raising concerns about the policy's effectiveness in protecting children's health. In the same period, private schools in Kabul and some other provincial capitals launched online educational services for children. The MoE also pursued context-appropriate digital teaching and learning as well as assisted self-learning approaches during the COVID-19 pandemic. As a result of the culmination of 40 years of conflict and the associated large population movements, COVID-19 found the education system to have significant deficiencies in human and financial resources, qualified teachers (especially female teachers), infrastructure, and adequate teaching and learning materials. Consequently, the already fragile and resource-constrained public education system in Afghanistan was not prepared to provide alternative methods to classroom-based delivery and fill the gaps created by school closures. The MoE is currently reopening schools gradually for the grades and in the areas that it is deemed safe to do so.

The pandemic added to the overlapping challenges that prevent enrolment and accelerate the drop-out of children in Afghanistan, particularly girls', with insecurity featuring as one of the most significant obstacles. Widespread reports have provided evidence about the military use of educational facilities, and schools' destruction as part of election-related violence.

Other groups are also vulnerable to being left out of education, including working children, those living with disabilities and/or children affected by conflict. Other structural barriers and challenges contributing to children's deprivations in education include the geographic isolation of many populations in mountainous terrain and the high degree of ethnic and linguistic diversity, which limits access to mainstream education. Economic difficulties and cultural practices – such as early marriage – also deter educational attainment.

Role pattern and capacity gap analysis

A critical overview of Afghanistan's education sector requires education stakeholders to be organized by their level of power and/or interest in the sector. Education partners have a certain influence over policy dialogue and decision-making process necessary for achieving (or limiting) meaningful change in the sector. Stakeholders with high levels of power and interests are the organizations that need to be fully engaged in the sector, particularly in the ongoing reform process, to enable the Government of Afghanistan to meet the national educational priorities and commitments to SDGs 4 and 5 (Bryson, 2004).

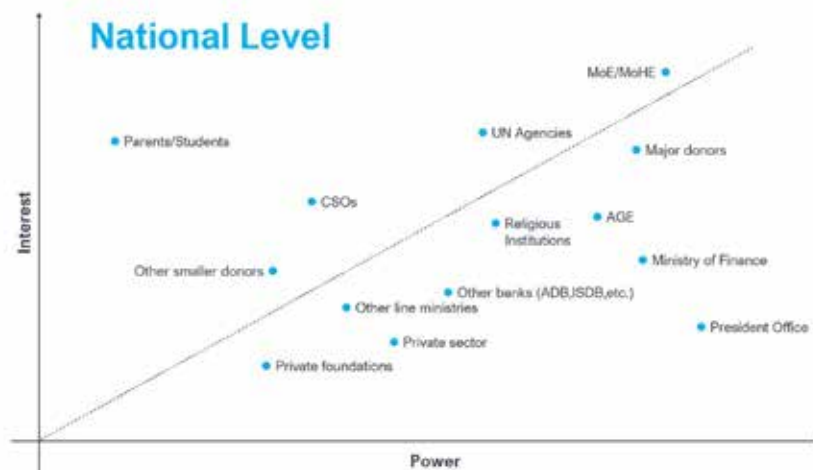
MoE's capacity to deliver against the national educational priorities and commitments to SDGs 4 and 5 is very limited. Lack of allocation of adequate domestic funds and poor allocation of resources in education has left many children in Afghanistan without access to education services, as has dwindling donor support along with allegations of corruption and nepotism within the sector. Regarding budget and expenditure, MoE is heavily dependent on external donor aid for development programmes and part of its operating budget, with at least 36 percent of educational expenditure covered by external support. The highly centralized management and coordination of the education sector has resulted in service delivery gaps in addressing needs-based demand in the sector, due to limited delegation of planning and budgeting to the sub-national level. Another important challenge for the sector relates to the execution capacity of MoE and the ministry's ability to implement the educational projects in due time. The lack of quality data and reporting, as well as a fragmented education management information system (EMIS) in the sector further impedes MoE's capacity to plan, monitor, and implement policies based on educational outcomes.

Considering the MoE’s limited capacity to meet the growing demand for education, the donor community supports the education sector and invests resources to support education for all, especially girls. As one of the major contributors to education in Afghanistan, through both on- and off-budget financing, the World Bank administers the Afghanistan Reconstruction Trust Fund (ARTF) while serving as a trustee for GPE’s Afghanistan development funds. Substantial funding and technical assistance are also provided through bilateral collaboration with key players, such as the United States Agency for International Development (USAID), Canada, Sweden, Switzerland, the United Kingdom, and Germany.

As committed partners, United Nations agencies, notably UNICEF and UNESCO, have education at the core of their mandates with a demonstrated and acknowledged ability to influence decision-making. They contribute to Government of Afghanistan’s national educational priorities, in line with NESP III and VI, as well as international commitments to SDGs, in particular SDG Goals 4 and 5, in both humanitarian and development contexts. Under the One UN Mutual Accountability Framework, the Education Thematic Group, co-led by UNICEF in collaboration with UNESCO, works towards greater efficiency and harmonization of United Nations education interventions (such as system strengthening, community-based education, curriculum reform, and school feeding programmes), anchored in human rights standards and principles, and aligned with Afghanistan’s national priorities. UNICEF is the grantee of Education Cannot Wait Multi-Year Resilience Programme (ECWMY) and of the Global Partnership for Education (GPE) accelerated fund.

In addition to national and international education actors, key government institutions, such as the MoF, are key players. Given their high level of institutional and budgetary power and influence, these institutions can play a significant role in advocating for and mobilizing increased public financing for education. Other development partners, such as ADB and the Islamic Development Bank (ISDB), plus the private sector, can also be critical partners in influencing educational policies and dialogue and leveraging important resources for the sector.

Figure 4. Education stakeholder power versus interest grid at national level



Source: UNICEF’s internal research on stakeholders’ power and interest in the education sector.

Figure 5. Education stakeholder power versus interest grid at sub-national level



Source: UNICEF’s internal research on stakeholders’ power and interest in the Education sector.

Strengthening and sustaining the education sector in Afghanistan, with a focus on maintaining and building on the gains realized in the past two decades, requires strategic engagement with education stakeholders (e.g. government, donors, development partners, communities, private sector, teachers, parents). This will leverage resources and partnerships for children, while advocating for increased education public financing to ensure every child has access to equitable quality learning and life-sustaining education services in humanitarian situations.

WASH

The Constitution of Afghanistan in Article 54 ensures that “The state shall adopt necessary measures to attain the physical and spiritual health of the family, especially of the child and mother”. Article 29 (4) of the Law on Protection of Child Rights, requires state organizations to take the necessary measures for providing adequate nutrition and safe drinking water to children. In addition, the CRC under Articles 23 and 24 requires the state parties to take appropriate measures to ensure child and maternal health. Particularly, Article 24 (c) and (e) the CRC specifies state parties’ responsibilities to ensure the provision of adequate nutritious foods and clean drinking-water, as well as the access of children to hygiene and environmental sanitation.

At a policy level, there is a lack of a comprehensive sanitation framework, especially about ending open defecation and providing universal basic sanitation services. A legal framework that recognizes the rights (and needs) of affected populations during times of emergency is absent at present. The lack of WASH in Schools Standards combined with a shortage in technical and managerial capacities in WASH planning limit the capacity of the government to improve WASH in schools through public spending.

The absence of a WASH coordination framework and of national joint sector reviews result in poor management and coordination in WASH planning and development at the sub-national level, specifically between PRRDs, health and education departments. At present, multiple organizations develop and execute sanitation projects without coordination and knowledge management. A disconnect between humanitarian and development funding streams is also hampering coordination in WASH programming. There has been no dedicated budget for humanitarian response reported by the government. Humanitarian issues are also poorly incorporated into policy making, with the policy framework not holding institutions accountable for coordinated response both in rural and urban subsectors.

In terms of social norms, there is very low awareness among the community of water conservation, climate change and the importance of the availability of water resources. Communities lack an understanding of building community climate resilience, and humanitarian response is not considered a core function of any government department (such as the Ministry of Rural Rehabilitation and Development). Little is currently known about social norms surrounding open defecation, usage and maintenance of toilets and proper disposal in ODF communities.

Role patterns and capacity gap analysis

The key stakeholders responsible for improving WASH in Afghanistan are the Rural Water Supply, Sanitation & Irrigation Programme (Ru-WatSIP) of MRRD/PRRDs, the MoPH and the provincial departments of public health, as well as the MoE and provincial education departments.

Ru-WatSIP is a government-led programme for WASH in rural Afghanistan created by the MRRD. The programme is responsible for policy and strategy formulation, planning, coordination, and implementation of rural water supply activities across the country. It brings together and coordinates activities of the private sector, NGOs, rural communities (Community Development Councils) and District Development Assemblies (DDAs). Ru-WatSIP is the custodian of Afghanistan's National Rural WASH Policy (2016-2020) and the National Rural WASH Strategic Plan (2016-2020). The programme provides a platform for WASH cross-sectoral partners to collaborate on technical and operational matters of WASH interventions on a monthly basis through the Water and Sanitation Sector Group (MRRD, MoPH, and MoE, 2016). However, implementation and coordination between rural and urban WASH subsectors remain insufficient to achieve national and SDG targets.

Lack of capacity and resources allocated to Ru-WatSIP limit the programme's ability to achieve the National Sanitation Goal of declaring the country open defecation free (ODF) by 2020 and promoting environmentally-sound, climate-resilient WASH facilities.

The lead ministry for ensuring quality of health care, including provision of water, sanitation, and hygiene in health care facilities, is the MoPH and its provincial departments of public health. MoPH co-leads for mitigation and control of drinking water quality and coordination of the hygiene and sanitation promotion interventions in communities and HCFs. MoPH is responsible for the hygiene curriculum's content in schools, public information on WASH, and hygiene behavioural change communication at the community level.

Inadequate institutional capacity at both national and sub-national levels and the lack of a strategic roadmap for MoPH on sanitation and hygiene are key barriers to an effective WASH strategy for HCFs across the country. In addition, lack of a regulatory framework for hygiene behavioural change in health centres limits MoPH's capacity to drive behavioural change at the community level.

Regarding WASH at schools, it is MoE and the provincial education departments that lead the government's efforts to provide drinking water, gender-separated toilets, facilities for hand washing and dedicated wash-rooms for girls for menstrual hygiene management. MoE is also responsible for the operation and maintenance of safe drinking water, sanitation services and menstrual hygiene management. It is also the custodian of WASH in Schools (WinS) standards and designs.

A recent evaluation of WinS in Afghanistan showed that much more needs to be done to deliver practical change for students' access to WASH at schools. It revealed that WinS implementation had little relevance to UNICEF's gender, equity and rights-based approaches to programming (UNICEF Afghanistan, 2017).

The key messages that emerged from this evaluation was that MoE lacked the capacity to effectively implement the WinS programme. At the time of the evaluation, MoE's health department was significantly under-resourced in terms of personnel, with only one engineer appointed in the Infrastructure Development Department (ISD) for overseeing the construction and the implementation of the contracted WASH facilities in schools.

Training was neglected, and planning focused heavily on construction, without incorporating plans for the operation and maintenance of WASH facilities. Toilets for the disabled were assessed as inadequate or even dangerous for disabled children. The implementation of menstrual hygiene management was unsuccessful in providing usable facilities for girls and normalizing the concept of menstrual hygiene management. Girls never used the constructed facilities. Female teachers lacked the capacity to reach out to schoolgirls and promote good menstrual hygiene management practice. Where training was provided to teachers, it was deemed to be old-fashioned, unchallenging or not stimulating. Lack of effective teachers' training, shortage of female teachers and lack of appropriate space for menstrual hygiene management discussions limited the effectiveness of the software training component of the WinS programme to train teachers to promote WASH.

Other stakeholders that contribute to the county's efforts to meet the WASH goals are the Ministry of Urban Development and Housing (MUDH), Afghanistan's Urban Water Supply Sewerage System Corporation (AUWSSC), the National Water Affairs Regulatory Authority (NWARA), NSIA, and other development and humanitarian NGOs.

Social protection

Evidence is clear on the role social protection plays in managing multiple household and macro risks, including minimizing the adoption of negative coping mechanisms in the event of risks and shocks, providing a minimum income and a safety base to enable key investments for children and families to accelerate social and economic outcomes. Social protection programmes have also been found to impact the economic capacity of the poorest households, while contributing to local economic development. Evidence shows that social protection, particularly cash transfer programmes have positive protective effects on poverty reduction, school attendance, healthcare use, food security, emotional wellbeing, and family livelihoods.

Current social assistance programmes are limited in coverage. Only public sector employees appear to be covered by the existing social insurance programme, leaving a large 'missing middle' that is in precarious employment. The social protection system is currently not resilient to shocks and the current programmes lack the ability to expand vertically or horizontally.

At present, Afghanistan lacks a child-sensitive national social protection system and coherence between the national development plan and the national budget. Donors' COVID-19 responses have led to decreased budget execution rates of the development budget in 2020 (28 percent at midyear in 2020) compared to 34 percent in the previous year).

The government's capacity to provide adequate access to essential social service, especially to disadvantaged and vulnerable populations, has proved inadequate. Coverage of social protection remains very low. Currently, only 27.1 percent of the population living with disabilities, 155,000 families of martyrs, 120,000 retired pensioners, and 35,000 vulnerable families with children under 10 years old have access to social protection.

Low coverage of existing social protection interventions implies that families have no effective way of addressing or mitigating risks and shocks. Reduced consumption or migration in search of better opportunities are key trends in households' mechanisms to cope with shocks. Reduced capacity to migrate for households that live in extreme poverty means that lowering consumption is their only option to cope with shock, but that further deepens existing deprivations and leads to an intergenerational cycle of poverty.

Role patterns and capacity gap analysis

Globally and in Afghanistan, social protection has been identified as one of the key instruments for reducing poverty and inequality. For the Islamic Republic of Afghanistan, social protection is spread across several government ministries and departments, but coordination remains a challenge.

The following ministries stand out as key stakeholders for their implementation of social protection programmes in Afghanistan: Ministry of Labour and Social Affairs (MoLSA), MRRD, MoF and the Ministry of Martyrs and Disabled (MoMD). In addition to MoLSA, MoMD and MoPH, the Social Protection Law identifies the Afghan Red Crescent Society as implementing authorities.

MoLSA also chairs the Social Protection High Commission comprising members from the Ministry of Women's Affairs (MoWA), MoE, Ministry of Interior (MoI), Ministry of Hajj and Religious Affairs, MoF, Ministry of Information and Culture, and the Afghanistan Chamber of Commerce and Industries.

The High Commission meetings have not been regular and effective coordination is yet to be achieved. The High Commission agenda is limited to the social assistance pillar of social protection. The government has started reforming the social protection sector, with the new reforms including the development of a new social protection policy and parametric changes to the pension formula for the civil service. MoLSA and MoF are spearheading these reforms. Currently, only UNICEF has a formalized social protection work plan with MoLSA.

Child protection

Afghanistan has ratified several international treaties and conventions starting with the Convention on the Rights of the Child (CRC) in 1994, the Optional Protocol on the Sale of Children, Child Prostitution and Child Pornography (2002) and the Optional Protocol on the Involvement of Children in Armed Conflict (2003). The CRC, its two optional protocols, and other key international human rights instruments outline the state's responsibility to protect children from all forms of violence, abuse, neglect, and exploitation. Some elements of child protection are reflected in a series of national sectoral policies and strategies by relevant sectoral ministries, including the National Strategy for Children at Risk (NSFCAR), adopted in 2006. However, these policies, strategies and action plans are issue-based with fragmented approaches that allow duplications and contradictory interventions that do not address the multiple child protection vulnerabilities and risks present within the country.

Children's rights' violations are plentiful and widespread in Afghanistan because of poverty, rooted social norms and harmful practices, decades of war, protracted conflict, and displacement. Children are disproportionately and harmfully affected in a country consumed by decades of violence. Compounding this violence, Afghanistan has been plagued by droughts, floods and other environmental concerns which exacerbate the suffering of millions of children and impede their universal rights. Children are exposed to toxic levels of stress within homes, schools, institutions and communities, have restricted access to education and health facilities, suffer from physical harm, including killing and maiming, gender-based-violence, child marriage, and psychological stress and disorders, and are exposed to prolonged extreme levels of violence (Save the Children, 2019).

Role pattern and capacity gap analysis

A wide range of stakeholders have mandates related to child and women protection. These include the Ministry of Justice and Independent Legal Instances; the Ministry of Labor and Social Affairs; the Ministry of

²⁰ The international instruments ratified by the Islamic Republic of Afghanistan are not legally binding to the domestic legal system.

²¹ MoJ developed a policy in 2011: Ministry of Justice Implementing the Convention on the Rights of the Child in Afghanistan.

Women's Affairs; the Ministry of Public Health; the National Commission on Protection of Children's Rights; and the Ministry of Culture, Information and Youth Affairs.

The Ministry of Justice and Independent Legal Instances is a key national player in child protection. Its role involves developing policies, strategies, and guidelines on justice for children, providing services to children in contact with the law (such as shelter, food, clothes, and education), investigating cases involving children, and coordinating with police and social workers on cases involving children.

The Ministry of Labor and Social Affairs sets, disseminates, and monitors guidelines and standards for provision of social welfare services, including child protection. It also conducts social enquiries that respect the best interests of the child. It develops all relevant guidelines and standards in close coordination with other involved parties and provides financial and operational support to all relevant actors in the child protection system.

The Ministry of Women's Affairs leads legislation reform on issues related to family, women, and children, including the Family Law, maintains common agenda to prevent and respond to violence against girls, among others.

The Ministry of Public Health provides birth registration, identifies, and reports on child abuse and exploitation, provides immediate emergency services to child victims of rape and sexual assault, and, for example, provides services to children/adolescents addicted to drugs.

The National Commission on Protection of Children's Rights leads the Child Right agenda in Afghanistan, including protection, and coordinates all government actions. It also oversees and provides guidance at all levels, for all required changes related to children's rights, and oversees the enforcement of all legislation relevant to children.

The Ministry of Culture, Information and Youth Affairs raises awareness on health issues, including early pregnancy and violence, develops policies and strategies for youth and raises awareness on the protection of children from abuse and violence. The Afghan Independent Human Rights Commission investigates children's issues and monitors human rights violations.

The Law on Protection of Child Rights, mainly coordinated by the Ministry of Labor and Social Affairs, the Ministry of Women's Affairs and UNICEF, is another area where implementation requires further attention. Actions have been taken on behalf of both governmental organizations and NGOs. Technical committees reviewing aspects relevant to the Law have been established in the provinces, chaired by the governor of each province or one of the governor's deputies and joined by provincial departments' directors. Simultaneously, efforts are being made by NGOs to raise public awareness within communities about what the Law entails. These can take the form of community discussions in remote villages to understand the community's knowledge about children's and women's rights: Do people know it is a crime to force children to join the insurgents? Or that it is illegal to sexually abuse them? Do communities, and more importantly, individual families realize it is unacceptable to force a girl to marry an old man? While it is acknowledged that more work is required in this area, particularly in terms of staff training to engage with communities efficiently (e.g. having a good grasp of local values and cultural norms in advance), NGO stakeholders also raise the importance of a support network collaborating with their staff each time (such as the community elders or its religious leaders) to further validate the importance of the interventions made in the community's eyes. The lack of commitment on behalf of those groups can be explained by the fact that, according to government sources, religious figures are still broadly against the participation of women and children in the community and local affairs.

A crucial aspect of raising awareness, according to observations by government officials, is that it affects the number of women and children's rights' violations reported. Increasing awareness inevitably means that more

cases will be brought forward by victims or by the community. Thus, there are limitations to assessing whether violations have increased or decreased over time, as this is tied to people's understanding of their rights and the ways in which they can secure them.

Alongside awareness, security is also considered as a barrier to implementing the Law. Stakeholder insights indicate that governmental and non-governmental employees are being targeted by non-state armed groups attacks during their operations, or that some programmes (e.g. protecting children and women) are not allowed to take place in some areas. Finding the balance between public awareness and security is particularly challenging for staff working in the field. However, it is expected that once awareness of women's and children's rights is established at the family level, this can then be implemented even in insecure settings such as conflict zones.

Further capacity constraints to the implementation of the Law are thought to be a lack of an overarching strategy and budget planning. Programmes organized by NGOs tend to be province-focused, do not extend to the district level and lack a long-term approach that could potentially result in fundamental changes. The Ministry of Labor and Social Affairs and the Ministry of Women's Affairs also require capacity building so that programmes and strategies can be applied in a timely manner and with efficiency.



ESSENTIAL PRODUCTS, MARKETS, AND SUPPLY CHAINS FOR CHILDREN

POINTS COVERED:

- Health and nutrition
- Education
- WASH

Health and nutrition

Essential systems to support children's access to nutritious foods are fragile, and food quality, micronutrient quality, and dietary diversity are limited in Afghanistan. More than 80 percent of households cannot afford a nutritious diet, resulting in high levels of malnutrition. Significant disparities in the consumption of high in protein and vitamins food groups exist between urban and rural areas. Only few households in rural areas have eggs, meat, or fruits, in their diets.

National efforts in the fight against stunting are impeded by the absence of an accountable supply chain management system that ensures that adequate amounts of essential supplies are provided to HCFs. Key problems related to HCFs' capacity to provide health services and address malnutrition-related problems remain: (i) the shortages of ready-to-use therapeutic food (RUTF); (ii) periodic stock-outs of iron and folic acid supplementation and essential medicines; and (iii) unavailability of various nutrition activities and products in BPHS, including multiple vitamins and minerals for children and women.

The affordability of healthcare also needs to be improved. Healthcare expenses currently represent high out-of-pocket expenditure. The major expenditure for outpatient and inpatient types of care is expenses incurred for drugs and supplies, followed the cost of transportation to the health facility. Spending from savings and borrowing from friends and family are the two most common sources of financing hospitalization, followed by salary (or other regular income) and the sale of household assets.

More than 70 percent of healthcare services are donor-based. Free of charge health services are currently available through the BPHS. However, low trust in public health services and reduced satisfaction levels about the quality of services provided lead nearly three-quarters of people to private sector clinics. Subsequently, MoPH clinics and hospitals are the point of care for less than one in three people who seek treatment. Higher utilization rates of public health facilities are observed when looking at the choices of people for a point of hospitalization, reflecting the high burden of hospitalization for many households. Of those people that require hospitalization, about two-thirds stay in a MoPH hospital, 28.3 percent in a private clinic or hospital and 3.4 percent in a health facility abroad (KIT Royal Tropical Institute, MoPH, and NSIA, 2019).

Education

The lack of human and financial resources in the educational system in Afghanistan is reflected in shortages of qualified teachers, especially of female teachers, infrastructure, and adequate teaching and learning materials.

The lack of female teachers is an important problem as it discourages girls from attending school. The last ALCS showed that most often girls do not attend school because the 'family did not allow it'. If more female teachers are recruited, more families that currently do not want their girls – especially adolescent girls – being taught by men would feel more comfortable with sending their daughters or sisters to school. Female teachers can also be more effective actors/role models in encouraging girls' access to education, retention in school, and continuation along the continuum.

In addition, lack of infrastructure still prevents many children in Afghanistan from access to education, and particularly girls and children with disabilities. Around 50 percent of schools do not have basic infrastructure, and therefore lack the capacity to accept further enrolment applications. These schools operate in open areas or classes are delivered under tents or in rented buildings, which adversely impact the quality of services delivered to students. Of those schools that have appropriate infrastructure and buildings, 37 percent lack basic drinking water and WASH facilities. And only 57 percent of schools with sanitation facilities provide gender-segregated service. 20 percent of educational facilities have adapted infrastructure and materials for children with disabilities (IRoA and MoE, 2018).

The shortage of teaching and learning materials, especially textbooks, age-appropriate and relevant supplementary reading also reduce the quality of education services. Distribution of educational material is skewed towards formal schools. Alternative pathways to schooling, such as the Community Based Schools (CBS) and Accelerated Learning Centres (ALCs), are often left without the essential learning commodities, which frequently impacts quality.

Although the government supposedly provides ‘free education until the bachelor’s level’, there are families facing significant financial barriers in the form of ancillary costs. For many low-income families, the indirect cost of schooling, including school supplies, uniforms, transport, and food, remains significantly high and discourages them from enrolling their children in school.

WASH

There are several quality issues in the provision of WASH facilities. These include inadequate water quality testing and surveillance; drinking water contamination by E. coli, arsenic, and fluoride in some parts of the country; frequent system breakdowns due to poor quality construction and use of sub-standard materials. A substantial number of children deaths are due to diarrhoea,²² the implementation of – equal access to – WASH facilities could help to avoid such deaths. Quality standards for WASH in schools is also an overlooked problem. It has, however, been observed that high schools are usually better equipped, probably because the students are more aware of their rights and can advocate for quality in the facilities. In primary schools, parents’ associations need to get activated and demand the upgrade of facilities for their children.

Women face increased vulnerabilities from lack of WASH access, considering their needs for MHM. In addition, most women and girls are deprived of MHM commodities such as sanitary pads, as they do not have the economic power or leverage to buy them.

²² This is further developed in Dimension 1 - Every child survives and thrives.

KNOWLEDGE, ATTITUDES AND PRACTICES

POINTS COVERED:

- Overview
- Cultural Values
- Roles and functions
- Negative social norms and violence
- Marriage norms

Overview

The role of religion as a philosophy of life is fundamental in understanding social norms, culture, and daily life. Afghanistan is established as an Islamic republic and therefore Islamic traditions and its moral code are important factors that govern societal knowledge, attitudes, and practices. Daily attitudes and practices in Afghanistan are deeply embedded in conservative values that stem from the spirit of the Islamic doctrine, law, and its different interpretations. Social norms and harmful practices rooted in gender inequity are pervasive.

Decades of war and conflict along with the Taliban's control over some of the country's areas have weakened the government's joined efforts with the international community to raise awareness, drive behaviour change and eliminate harmful traditions and practices that violate children's and women's rights.

Cultural values

Although Islam can be seen as the broader framework within which social norms and attitudes are cultivated and perpetuated, there is no single interpretation of the Islamic doctrine in the country. Therefore, perceptions about societal roles and functions vary across different ethnic or religious groups and geographic areas.

One of the most essential cultural values among people of Afghanistan is the concept of honour. The value of honour prevails in all ethnic and geographic groups in Afghanistan. However, being highly esteemed in the eyes of the community can mean different things for different groups of Afghans.

The concept of honour and the perception that some behaviours are shameful, have created adverse behaviours that threaten children's and women's – but also men's – lives and wellbeing. Those behaviours include: (i) imprisonment and corporal punishment against women, girls and boys due to dishonourable behaviour that taints the family's reputation; (ii) executions if the punishment is ordered by institutions outside the formal judicial system; (iii) and unfair treatment of women who have a public role in the country or work outside home (EASO, 2019).

Roles and functions

The 15th annual public opinion survey run by the Asia Foundation in 2019, ahead of the (then) forthcoming presidential elections in Afghanistan, showed that not all women's rights are equally accepted among Afghan communities.

A vast majority of the surveyed population (17,812 people) mentioned that they would not cast their vote for a president who accepted a peace deal with the Taliban blocking women from realizing their rights to participate in education (65.6 percent) and work outside home (65 percent). More than half (62 percent) of men in the sample would like to be represented by a male in the parliament, whereas less than 5 percent wishes a

female representative in the parliament. According to the survey's findings, most Afghans believe that women should be allowed to vote. Only 59 percent believe that women should decide on their own who to vote for. Nearly 17 percent of Afghans believes that men should decide for whom women must vote for. 23 percent believe that women should decide their vote in consultation with men (The Asia Foundation, 2019b).

Negative social norms and violence

“ If there is no beating, there is no good manner ”

– insight from the field

Children and young people have for many years been exposed to extreme forms of violence and abusive behaviours due to negative social norms and traditional practices. Forced and underage marriage, physical and psychological violence, sexual abuse, and child labour are some of the brutal realities that children in Afghanistan are exposed to.

Girls face higher risks of being victims of honour killings, domestic abuse, and sexual violence. For married women and girls, social norms that favour the subordinate position of women at home and justify abusive behaviours of husbands increase the risk of domestic violence. The last DHS (2015) showed that 80 percent of women and 72 percent of men in Afghanistan believe that a husband is justified in beating his wife for at least one of the following reasons:

- she burns the food,
- she argues with him,
- she goes out without telling him,
- she neglects the children, and
- she refuses to have sex with him (CSO, MoPH, and ICF, 2017).

In addition, the frontline experience of NGOs and input from government sources confirm that gender equality is to this day an unresolved issue in Afghanistan, to the extent that women may not even be aware that they have equal rights to men, including their rights to work and own a property. Decreased awareness is facilitated by a lack of designated facilities for women's socialization, especially when combined with traditions dictating that once they reach puberty, girls should stop attending school, and instead get married and take care of the household. Women in rural areas are more affected by these negative social norms than women in urban settings, where progress has been made in the past years. Prevalent in rural communities is still the mindset that violence against women can be a way to shape their behaviour, a local proverb being 'If there is no beating, there is no good manner'. Raising awareness among women, but also within their communities will remove a key constraint from achieving gender equality. According to suggestions from stakeholders, for this to happen, it should be clarified that women's rights are also in line with Islamic laws.

Boys and young men are not immune to negative social norms violence. Boys face significantly higher chances to be recruited by armed groups and forces or fall victims of bacha bazi – a harmful practice that involves hiring young boys as dancers or for sexual activities (UNICEF, 2019c).

Marriage norms

Marriage is a powerful institution in Afghanistan. The practice of marriage is almost universal with less than 1 percent of the population (both women and men) above 40 years of age being unmarried (CSO, 2018).

Weddings can be costly in Afghanistan as the groom's family is often required to pay a bride price (walwar in Pashto or sherbaha in Dari) to the bride's family on top of the wedding expenses. The price of a bride is a customary practice without legal grounds. It varies from province to province and is usually determined based on the bride's characteristics. Of most interest is the bride's family credentials, education, skills, age, beauty, perceived morality, and reputation, but the price of a bride is also influenced by bride prices set in the community.

Another characteristic that seems to determine the bride's value is her migration status. Findings presented below come from engagement with 204 unmarried or recently married individuals (51 percent male and 49 percent female) from the capitals of the country's five provinces (Balkh, Bamyan, Herat, Kandahar and Nangarhar). Although they cannot be completely representative, the following table gives an estimate of the size of the bride's price (in 2018), demonstrating the role of returning from migration in determining the price.

Table 4. Bride prices (in Afghanis) per province and migrant status

Province	Non-migrant		Return migrants	
	Lower	Higher	Lower	Higher
Balkh	200,000	1.5- 2 million	50,000 – 100,000	500,000
Bamyan	100,000	600,000	0-40,000	100,000
Herat	350,000	2 million	200,000	1.2 million
Kandahar	100,000	5 million	100,000	4 million
Nangarhar	100,000	1.5 million	100,000	1.2 million

Source: Afghanistan Public Policy Research Organization

In the year that this report was published, the average income of an Afghan was AF34,171 (\$456). Table 4 shows the bride's price for a non-migrant wife can be three times the average income of the groom under a conservative scenario (lower estimate scenario in Bamyan, Kandahar or Nangarhar), but can go as high as 146 times the average groom's income for wives from Kandahar.

The bride price can have adverse effects for both female and male young people. It places a high economic burden to the groom's family. Often, the bride price exceeds the regular monthly (and sometimes yearly) earnings of the groom's family, leading the family and the grooms into great debt. It also objectifies women and girls and incentivizes families with daughters to marry them to the highest bidder so that the family receives the highest possible price. The tradition can lead to forced and underage marriage. It can also be an extra source of vulnerability for women after the marriage takes place. Revenge and abusive behaviour by the groom's family is a key security risk for married women if the husband's family believes that the price paid was unjustified and too high (APPRO, 2018a). Additionally, this customary practice can create further risks to the security and reputation of young women and girls, as young men often urge brides-to-be to run away from their families so as to avoid to pay the respective prices. The bride is entitled to ask from the groom or his family the bride's dowry (mahr), which remains the property of the bride after the marriage. It provides financial security for women in case their husbands die or ask for a divorce. However, it is not uncommon for a bride's family not to give this money to the bride to secure funds for marrying their male children (UNAMA and OHCHR, 2010).

Types of marriage

Marriage in Afghanistan can take various forms. Given that it remains largely outside the government's control and oversight, marriage might involve the preservation of various traditions that often contradict the country's legislation and violate women's and children's rights. These may include the following:

Exchange marriage (*baadal*): an arrangement of exchanging daughters or other female members of the family between two families in the context of marriage. A female member of a family (or more) is given in exchange for another female from the second party, to marry a member of the other's family. *Baadal* marriages often involve the exchange of children. *Afghanistan in 2019: A Survey of the Afghan People* showed that 27.2 percent of Afghans strongly or somewhat agree with *baadal* (The Asia Foundation, 2019b).

This tradition is rooted in poverty, as *baadal* is often seen as an agreement that reduces the costs associated with marriage. *Baadal* marriages, contradict the Afghan legislation and Sharia, both of which legitimize marriage on the grounds of consent and are more prevalent to rural areas and specific communities (Landinfo, 2011).

Compensation marriage (*baad*): a marriage contract that involves giving a young girl (or more) for marriage as part of conflict or feud settlement between families, tribes, or clans. Under this tradition the young girl is given to the victim's family as a bride as compensation.

Based on responses collected in the *Afghanistan in 2019: A Survey of the Afghan People*, 9.3 percent of Afghans strongly or somewhat agree with the practice of *baad* (The Asia Foundation, 2019b).

Polygyny: Being married to up to four women at the same time is a man's right in Afghanistan. Contrary to *baadal* and *baad*, polygamous marriages are lawful in Afghanistan as they follow both the Afghan law and Sharia law. Specifically, marrying more than one woman is permissible in Afghanistan under Article 86 of the country's Civil Code conditional on the realization of the following three:

- There is no fear of injustice among wives,
- The man is sufficiently wealthy to sustain the alimony of the wives – e.g. food, clothing, residence, medical treatment,
- There is legitimate interest including infertility of the first wife or her suffering from difficult-to-cure illnesses (MoJ, 2014).

Findings from the last ALCS (2016-17) showed that 8 percent of married women in Afghanistan live in polygamous marriages. The incidence of polygamy seems to be positively associated with age. The proportion of women aged 15-19 in a polygamous union in 2016-17 was at 3.8 percent. During the same year, this percentage increases to 14.7 percent for women aged 40-44 and at 14 percent for women aged 45-49 years.

Widow marriages: The perception that women are a property of their family is directly manifested in the tradition of widow marriages. Widows are often forced by their late husband's relatives to marry one of her late husband's brothers or other male relatives (e.g. cousins), denying widows' the right to inheritance after the death of her husband and ensuring all inheritance and the widow are kept within the family or tribe.

The practice is against the Afghan Law that approves marriage conditional on both parties' informed consent and will. However, for many widows remarrying a close relative is the only option after their husbands' death to remaining close to their children and avoiding stigma (Landinfo, 2011).

Child marriage: Child marriage is widespread in Afghanistan, but more often seen in the provinces of Nim-rooz, Kandahar, Zabul and Uruzgan.

The Civil Code does not currently set the same legal age thresholds for girls and boys for legal capacity to enter a marriage union. According to Article 70 of the Civil Code, the legal age for someone to enter marriage is 18 for males and 16 for females (MoJ, 2014). With the consent of her father, a girl can be married as young as 15.

The Government of Afghanistan with the 2019 Law on Protection of Child Rights set the legal definition for all children as someone below the age of 18. However, the new Law did not change the legal age of marriage in the country (GoIRA and MoJ, 2019).

Families often drive their children into marriage relationships as a coping strategy to reduce the household's economic burden. Evidence from the Afghanistan Living Conditions Survey in 2016-17 showed that of those households that reported that had experienced one or more shocks in the year before the survey, 1 percent used the selling of child bribes as a coping strategy.

Early marriage acts as a barrier to education for girls (World Bank, 2020a). As a result, these girls are often excluded from labour markets later in life and lack economic independence.

Focus on people living with disabilities in Afghanistan



Situation analysis of Children in Afghanistan

Persons with disabilities are among the most vulnerable globally. They are discriminated against, have limited access to basic services and often do not participate in societal and community life at the same level as the rest of the population. Despite ratification of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) by Afghanistan, little has been achieved to date in terms of educational, social or economic development, as well as rehabilitation and healthcare access for persons with disabilities. UNICEF Afghanistan is currently undertaking a Situation Analysis of children living with disabilities that will provide an in-depth assessment of the realization of their rights as set by the UNCRPD.

Due to the impacts of the ongoing conflict, Afghanistan's child population is at high risk of being born with, or acquiring, a primary or secondary disability. Available data from 17 provinces indicate that 28.2 percent of respondents with disabilities above eight years old could read and write a simple text (Trani and Bakhshi, 2008). This overall rate masks significant variation by gender, age group, and type of disability. About 33.4 percent of male respondents aged eight and above were literate as opposed to the 19.4 percent of literate females with disabilities above this age. Interestingly, 35 percent of children between eight and 15 years were able to read and write.

Persons with disabilities are less likely to access school or participate in the labour market and are more likely to be left behind. Recent research shows that only 17 percent of youth with disabilities participated in formal and non-formal education and training 12 months prior to the survey (CSO, 2018). About 37.7 percent of persons with disabilities are unemployed against an average national unemployment rate of 23.9 percent. A 2019 Afghanistan Independent Human Rights Commission survey-based report on 979 children and adults with disabilities across 28 Afghan provinces found that physical disabilities were most common, followed by visual, hearing and mental disabilities (Asia Foundation, 2020). Causes of impairment are likely to include war violence (half the victims of explosive weapons in Afghanistan are children), heart disease, respiratory infection, road injuries, birth defects, and poor health services and malnutrition (Asia Foundation, 2020).

In 2019, the Asia Foundation published its Model Disability Survey of Afghanistan (MDSA). The study found that only 21.1 percent of the adult population had no disabilities; 24.6 percent experienced mild disability; 40.4 percent moderate; and 13.9 percent severe disability. Prevalence rates for children were found to be lower, with 82.7 percent of the child population having no disability; 6.6 percent had a mild; 7.1 percent a

moderate; and 3.5 percent had a severe disability. The most commonly cited limitations experienced by children were related to using transport, taking part in the environment for peer and community engagement, and taking part in school (Asia Foundation, 2020). The MDSA found that less than 5 percent of the population used assistive devices. The most expressed need was for eyeglasses and walking support. The most used devices were eyeglasses (4.1 percent), followed by canes and walking sticks (3.2 percent) and chairs for self-care (1 percent). Of those who used assistive devices, most experienced no difficulties with use. The most reported obstacles were related to products being uncomfortable and the wrong size.

Public stigma toward people with disabilities is influenced by the perceived cause of disability (Trani, Bakhshi, and Nandipati, 2012). People born with an impairment are often referred to as Mayub (a pejorative term in Dari). Those who develop disabilities later in life from an identified cause are referred to as Malul. Mayubiat refers to a disability with an unknown cause, and typically implies a dysfunction in the body that cannot be fixed by medical intervention. The cause is deemed supernatural or religious in nature. People would mention a curse of God, spirits, jinn, fate (kismet) or black magic. Maluliat is perceived very differently. Malul are identified as having lost or broken a body part later in life, resulting from an identified causal event (such as war-, violence- or accident-related injuries). This distinction between Mayub and Malul has different consequences in terms of social exclusion. A Malul faces relatively limited negative public attitudes. Malul who have been impaired due to a war injury often enjoy higher social status and receive social assistance from the Ministry of Martyrs and Disabled. Discriminatory attitudes particularly affect Mayub, influencing family members' attitudes as well. In Afghanistan, as in other Asian countries, families tend to conceal the person with disabilities from society to preserve family honour and protect the person's integrity (Bakhshi, Trani, and Rolland, 2006).

Provision of assistive technologies to children with disabilities

Assistive Technologies (AT) – the systems, services and products that enhance the functioning of people with impairments – are likely to be required by a large proportion of children with disabilities in Afghanistan. Afghanistan has signed and ratified the UN Convention on the Rights of Persons with Disabilities (CRPD), which includes a commitment to provide AT equitably to all who need it. However, little action has been taken to meet this commitment, hence the vast gap between the need for AT and its provision. Evidence shows that under 5 percent of people with disabilities use an assistive device (Asia Foundation 2020). The same study found that 44 percent of adults surveyed did not use assistive devices, because they were not aware that they existed. Among those who did not have assistive products, between 66 percent and 72.7 percent needed them. A key barrier to both AT provision and access in Afghanistan is distance between services and those with needs. Insecurity, poverty, and poor infrastructure exacerbate difficulties related to both beneficiaries travelling to centres, and providers taking services to beneficiaries.

Rights-based analysis of the situation of children and women in Afghanistan

Situation analysis of
Children in Afghanistan

- Dimension one:**
Every child survives and thrives
- Dimension two:**
Every child learns
- Dimension three:**
Every child is protected from violence and exploitation
- Dimension four:**
Every child lives in a safe and clean environment
- Dimension five:**
Every child has a fair chance in life
- Recommendations**



Section 2

Dimension one

EVERY CHILD SURVIVES AND THRIVES

POINTS COVERED:

- Overview
- Nutrition
- Maternal care
- Child mortality
- Coverage of essential health services
- Immunization
- Causes of deprivations in health and nutrition
- Key policies, strategies, and programmatic approaches

SDG indicators

2.2.1	Prevalence of stunting among children under 5 (%)
2.2.2.a	Prevalence of wasting among children under 5 (%)
2.2.2.b	Prevalence of overweight among children under 5 (%)
3.1.1	Maternal mortality ratio (maternal deaths per 100,000 live births)
3.1.2	Proportion of births attended by skilled health personnel (%)
3.2.1	Under-five mortality rate (deaths per 1,000 live births)
3.2.2	Neonatal mortality rate (deaths per 1,000 live births)
3.7.2	Adolescent birth rate (births per 1,000 girls 15-19)
3.8.1	Population coverage of essential health services (%)
3.b.1	Proportion of the target population covered by all vaccines included in their national programme – DTP3, MCV2

Overview

Overall, the realization of children’s and women’s rights in Afghanistan has improved, although deprivations remain severe. Despite recording a significant decrease from 2013 to 2018, malnutrition rates in Afghanistan have severely deteriorated following the 2018 drought – one of the most severe in recent times – with malnutrition rates remaining very high among children and women as of 2020.

The maternal mortality ratio (MMR) has declined consistently since 2014. Nonetheless, in 2018 MMR in Afghanistan stood at 638 per 100,000 live births, substantially higher than the SDG target of 70.

According to IE&LFS 2020, skilled birth attendance (SBA) rose consistently from 2014 to 2020, reaching 62 percent. The high prevalence of home delivery (37.5 percent) contributes to high maternal and neonatal mortalities.

The neonatal and under-five mortality rates remain high at 36 and 60 deaths respectively per 1,000 live births, most of which were preventable. Deaths are primarily caused by pre-term birth complications and infections (sepsis/meningitis, pneumonia, and diarrhoea).

The coverage of essential health services remains low, with a universal health coverage service coverage index of 37, up by roughly 30 percent since 2010.

Significant improvements have been made in immunization. Yet three in five and one in three of the target population is not fully immunized against measles and diphtheria, tetanus, and pertussis, respectively.

The improvement in health indicators was mainly driven by increased access to healthcare services, which is far from universal. Much room for improvement remains in terms of access and quality of care. Other factors hindering the realization of health- and nutrition-related rights include low education and literacy rates, chronic poverty, adverse social norms, inadequate access to water and sanitation, conflict, disasters, lack of equipment in medical facilities, lack of experienced medical staff, misbehaviour with patients, poor-quality medicine, limited access to media, inaccessibility to electricity, and corruption.

Nutrition

Prevalence of malnutrition among children under 5

Taken at face value, estimates from the 2018 Afghanistan Health Survey (AHS) point to an amelioration in the nutritional status of children under five in Afghanistan in 2018 compared to 2013.

Table 5. Prevalence of malnutrition among children under 5 in Afghanistan (SDGs indicators 2.2.1, 2.2.2a, and 2.2.2b)

Nutrition indicator	Percentage of children under 5	
	2018	2013
Moderately or severely wasted ²³	5.1	9.5
Severely wasted	1.5	4
Moderately or severely stunted ²⁴	38.2	40.4
Severely stunted	18.7	20.9
Moderately or severely overweight	4.1	5.3

Sources: the Afghanistan National Nutrition Survey, 2013; and the Afghanistan Health Survey, 2018

It is nevertheless worth noting that the 2018 statistics shown in Table 5 are likely to underestimate the prevalence of wasting and stunting among children under five in 2018, with these estimates being significantly lower than what would be expected in light of provincial anthropometric surveys (KIT Royal Tropical Institute, MoPH; and NSIA, 2019). Even with the likely underestimation, data from the 2018 Afghanistan Health Survey show that the nutritional situation of children in Afghanistan is problematic. In addition to the figures in Table 5, the 2018 Afghanistan Health Survey shows no significant difference in the

²³Wasting refers to acute malnutrition and results from insufficient food intake, reduced diet quality or a high incidence of infectious diseases, especially diarrhea. Wasting is measured using anthropometric cutoffs and clinical signs. The WHO definitions are as follows:

- Moderate acute malnutrition (MAM), defined as weight-for-height z-score (WHZ) between -2 and -3 or mid-upper arm circumference (MUAC) between 115 millimeters and <125 millimeters.
- Severe acute malnutrition (SAM), defined as WHZ < -3 or MUAC < 115 millimeters, or the presence of bilateral pitting edema, or both.
- Global acute malnutrition (GAM) refers to MAM and SAM together (Nutrition Cluster and UNICEF 2017; WHO 2012).

²⁴Stunting is defined as short stature for age and is a measure of chronic malnutrition. It is due to prolonged nutritional deprivation and results in developmental impairments and lower long-term economic potential later in life, among others. + intergenerational effect, with stunted women being at greater risk of delivering an infant with low birth weight (World Bank, 2016).

prevalence of wasting and stunting in rural and urban areas.

Stunting is a significant challenge, with almost two out of every five children under five being moderately or severely stunted in 2018, and relatively little progress being made in this area between 2013 and 2018. The prevalence of wasting was high with an estimated 5 percent of children under 5 being moderately or severely wasted in 2018 (this figure is likely to be a significant underestimate). On the other end of the malnutrition spectrum, 4 percent of children in Afghanistan were estimated to be overweight in 2018.

As discussed above, estimates from Table 5 should be interpreted with caution, particularly in the context of a deteriorating nutritional situation in Afghanistan since the 2018-2019 drought. Estimates based on more recent data (including nutrition surveys collected by the Nutrition Cluster Afghanistan in 2019) reveals a worse nutritional situation than that found by the 2018 AHS, with a near doubling of Global Acute Malnutrition (GAM) caseloads from 2017 to 2020, and a faster year-over-year increase in GAM caseloads since 2018.

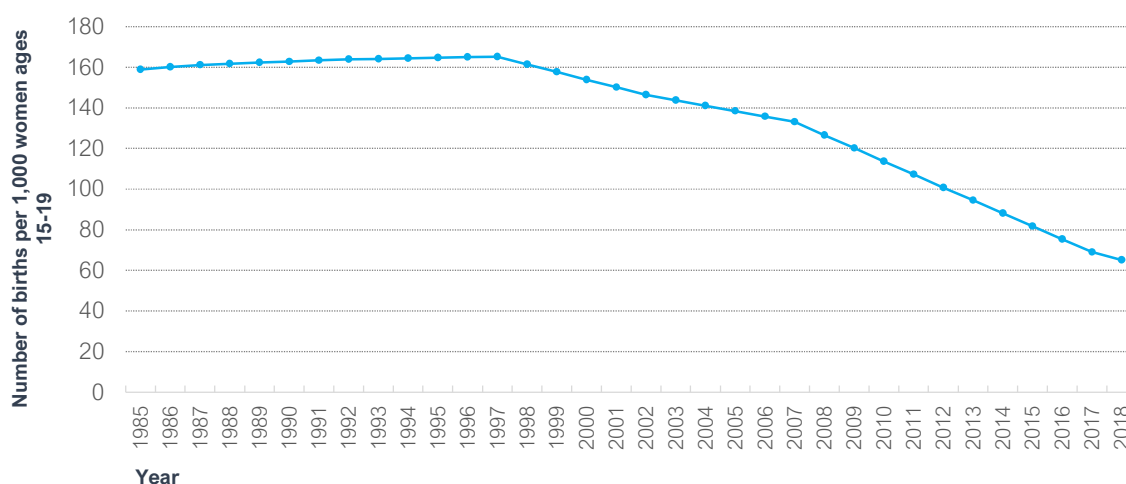
Although the Severe Acute Malnutrition caseload (SAM) rose at a significantly lower rate than the GAM caseload from 2017 to 2020 (16 percent), it is estimated to have recorded an accelerating increase year on year from 2018 to 2020. Therefore, the rapid rise in GAM rates is primarily driven by increases in the prevalence of Moderate Acute Malnutrition (MAM). In 2019, 22 of the 34 provinces were above the emergency level threshold of acute malnutrition/wasting based on the WHO classification of wasting rates for children under the age of 5, with the other 12 provinces displaying a serious rate of acute malnutrition, according to the WHO classification (UNICEF; UNICEF and Government of Afghanistan, 2020).

Maternal care

Early pregnancies

Early pregnancy and childbearing increase the health and mortality risks for both newborns and young mothers. Globally, complication in pregnancy and childbirth are the top causes of death among girls aged 15–19 years old. Babies of mothers below the age of 20 face a higher risk of neonatal mortality and are more likely to have low birth weight, be born pre-term delivery, and develop severe neonatal conditions (Chen et al., 2007).

Figure 6. Adolescent fertility rate (births per 1,000 women ages 15-19) (SDG 3.7.2)



Adolescent fertility rates (measured as the number of births to women 15 to 19 years of age per 1,000

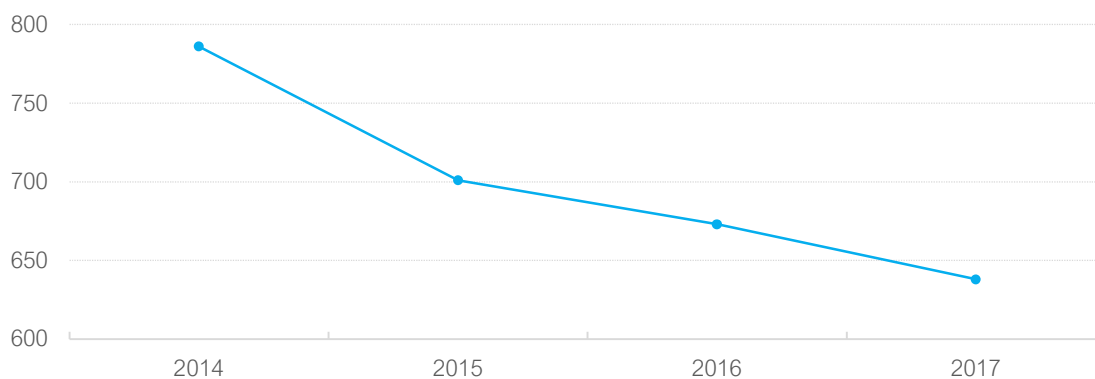
women in that age group) have consistently decreased since 1997. The World Bank's latest estimates of adolescent fertility rates in Afghanistan suggest that the adolescent fertility rate in 2018 was 65.1 adolescent births per 1000 women aged 15-19 years. NSIA reports a slightly lower adolescent fertility rate at 62 births per 1,000 adolescent women of this age group (NSIA, 2020a).

Maternal mortality

MMR refers to the number of maternal deaths in each time per 100,000 live births during the same period. It reflects the risk of maternal death relative to the number of live births and quantifies the risk of mortality associated with a single birth (as opposed to reflecting both this risk as well as the fertility level of a population) (WHO, 2019c).

Figure 7. Maternal Mortality Ratio - number of deaths per 100,000 live births (SDG indicator 3.1.1)

Source: World Health Organization



From 2014 to 2017, MMR in Afghanistan has been 'very high', and well above the SDG MMR target of 70 deaths per 100,000 live births, ranging between 786 and 638. In 2017, the MMR in Afghanistan was among the 10 highest in the world. The proportion of deaths of women of reproductive age that were due to maternal causes (PM) was at 37 percent, giving Afghanistan the world's highest PM, along with Mauritania (WHO, 2019c)

MMR registered a fall of some 20 percent from 2014 to 2017, with a consistent decline throughout this period. However, the average annual rate of reduction (ARR) in MMR between 2000 and 2017 was below 5 percent. That this fell between 2000 and 2010 and 2010 and 2017 signals slower progress in reducing the MMR and the fact that the country remains at great risk. However, it is worth noting that while estimates presented in Figure 7 are the best available, the MMR is likely to be underestimated due to the underreporting of women deaths due to PM. This is reflected by broad uncertainty intervals, with an 80 percent uncertainty interval in 2017 ranging between 427 and 1010 (WHO, 2019c).

Access to skilled care during childbirth

Under the revised 2018 definition of skilled birth attendants (SBA) provided as guidance for measuring and monitoring the SDG indicator 3.1.2, SBA refers to personnel who:

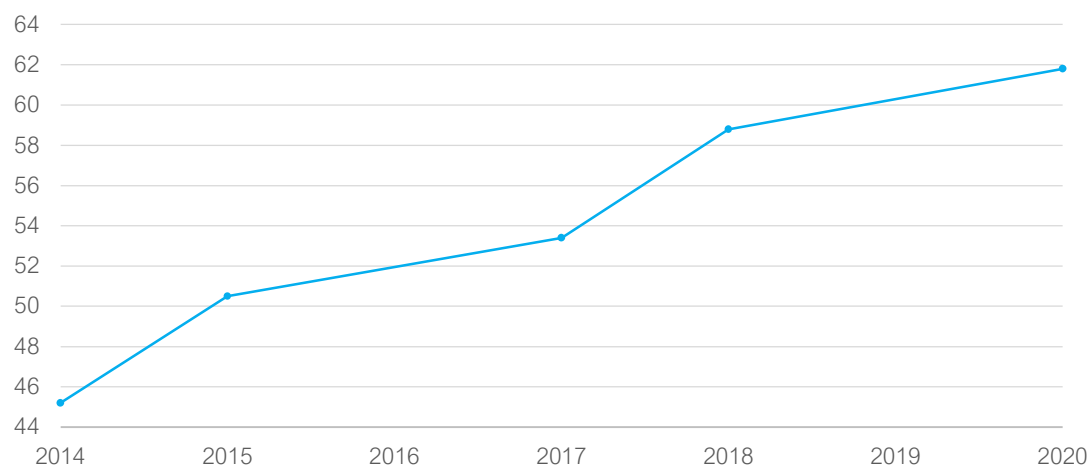
- are competent maternal and newborn health professionals, who as a team have all eight of the following competencies: i) scope of knowledge; ii) scope of practice; iii) pre-pregnancy and antenatal care; iv) intrapartum care; v) postpartum and postnatal care; vi) newborn care; vii) care related to loss or termination; and viii) leadership.
- are educated, trained, and regulated to national and international standards.

- operate within an enabling environment (a well-functioning health system) with building blocks involving effective: i) service delivery (including packages; delivery models; infrastructure; management; safety & quality; demand for care); ii) health workforce (including national workforce policies and investment plans; advocacy; norms, standards, and data); and iii) information (involving facility and population-based information and surveillance systems; global standards, tools); iv) medical products, vaccines and technologies (with suitable norms, standards, policies; reliable procurement; equitable access; quality); v) financing (involving effective national health financing policies; tools and data on health expenditures; costing); and vi) leadership and governance (involving health sector policies; harmonization and alignment; oversight and regulation) (WHO, 2018a; 2007).

The proportion of births delivered by SBA is a critical SDG indicator (3.1.2). SDG 3 relates to healthy lives and promoting wellbeing for all at all ages. In addition, SDG indicator 3.1.2 is of high importance in measuring progress against the SDG targets 3.1 and 3.2. SDG 3.1 set the target of reducing the global MMR to less than 70 per 100,000 live births by 2030. SDG 3.2 set the target to end preventable deaths of newborns and children under 5 years of age, aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births. Having SBA and access to specialized assistance at the time of childbirth is a critical lifesaving intervention for both mothers and babies and a preventative factor for long lasting morbidity, especially in vulnerable settings.

It is also central to achieving the Global Strategy for Women’s, Children’s and Adolescents’ Health, 2016–2030 and is a key component of the framework for ending preventable maternal mortality (EPMM) 2015–2030 (Human Reproductive Programme and WHO, 2015; Every Woman Every Child, 2015).

Figure 8. Percentage of births attended by skilled health personnel (SDG indicator 3.1.2)



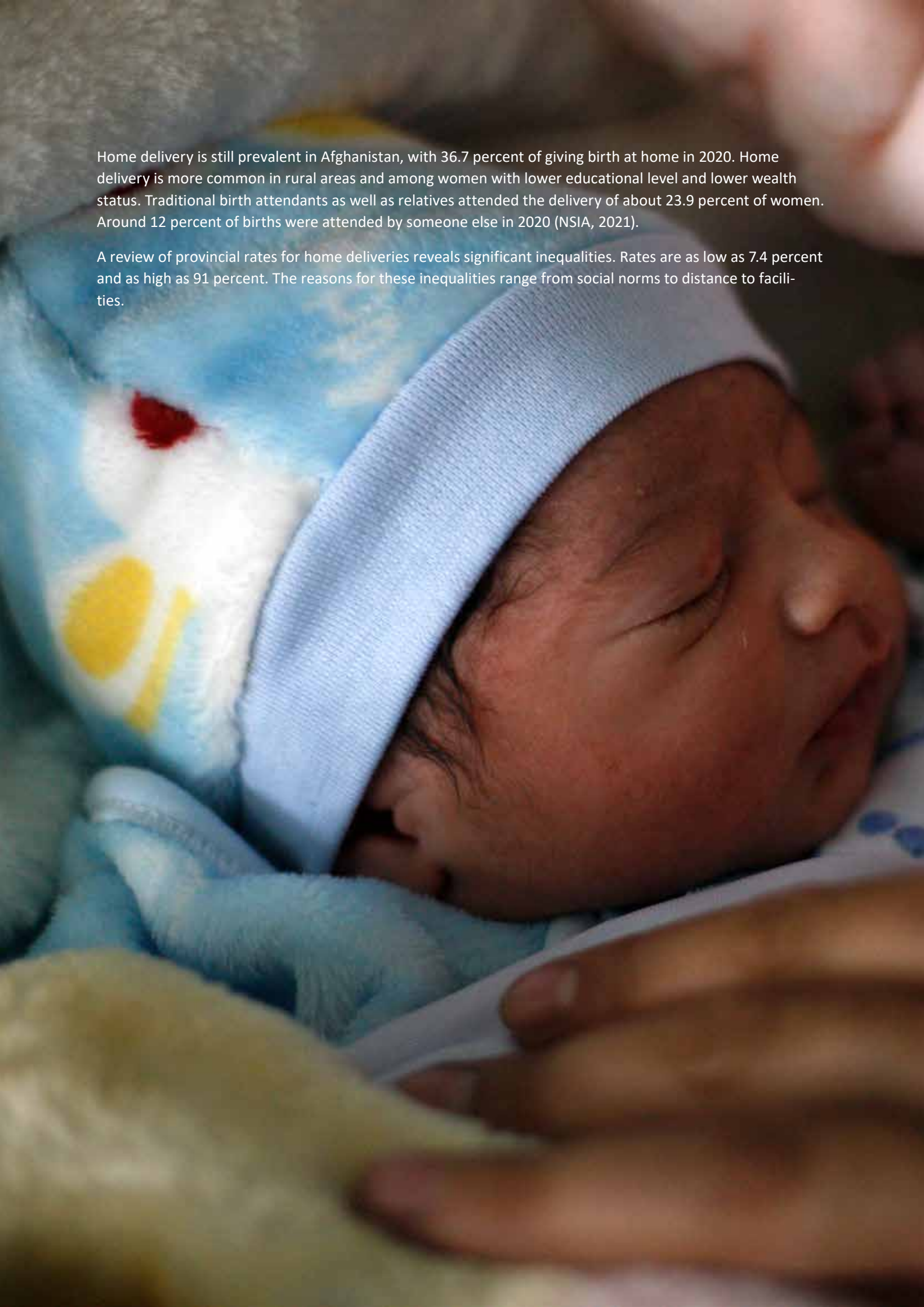
Please note that each data point comes from a different survey:

- 2014: Afghanistan Living Conditions Survey 2013-2014
- 2015: Afghanistan Demographic and Health Survey 2015
- 2017: Afghanistan Living Conditions Survey 2016-2017
- 2018: Afghanistan Health Survey 2018
- 2020: Income, Expenditure and Labour Force Survey 2020

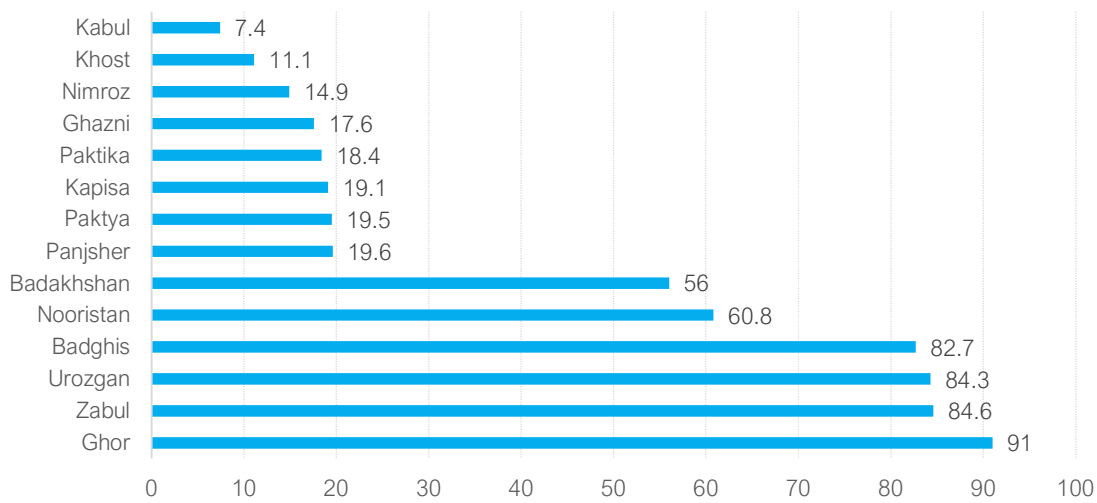
In 2020, 61.8 percent of women delivered with an SBA, with midwives or nurse, doctors and community health worker attending 54.9 and 3 percent of all births in 2020, respectively. Consistent with the share of births attended by SBA, 62.5 percent of women had an institutional delivery in 2020; 57.3 percent of deliveries took place at public facilities and 5.2 percent took place at a private health facility (NSIA, 2021).

Home delivery is still prevalent in Afghanistan, with 36.7 percent of giving birth at home in 2020. Home delivery is more common in rural areas and among women with lower educational level and lower wealth status. Traditional birth attendants as well as relatives attended the delivery of about 23.9 percent of women. Around 12 percent of births were attended by someone else in 2020 (NSIA, 2021).

A review of provincial rates for home deliveries reveals significant inequalities. Rates are as low as 7.4 percent and as high as 91 percent. The reasons for these inequalities range from social norms to distance to facilities.



Proportion of Women delivering at home - Top 20% and Bottom 20%

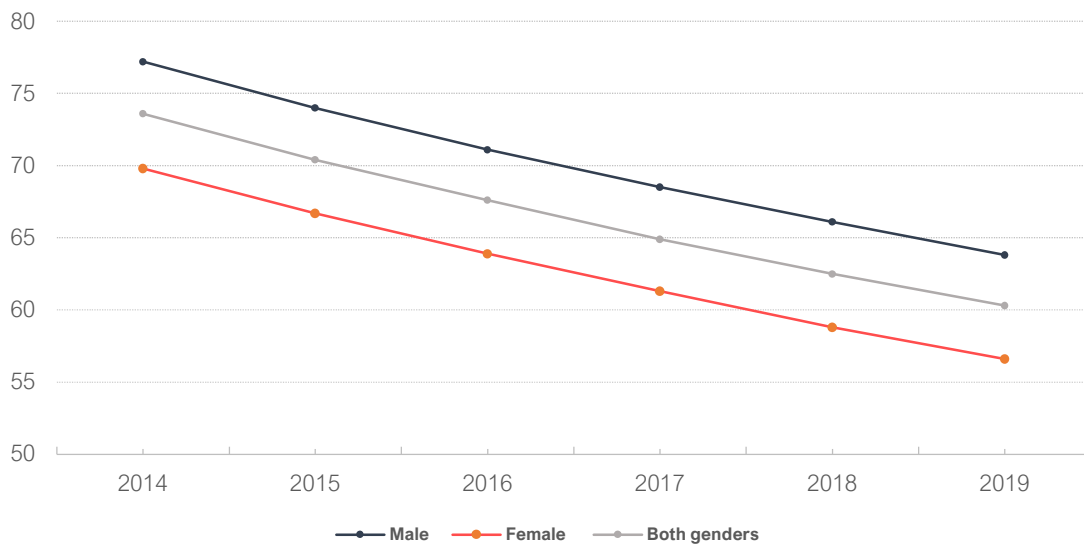


Child mortality

Under-five mortality

The under-five mortality rate is the probability of a child born in a particular year dying before the age of five given the age-specific mortality rates in that period (WHO, n.d.).

Figure 9. Under-five mortality rate – deaths per 1,000 live births by gender (SDG indicator 3.2.1)



Source: United Nations Inter-agency Group for Child Mortality Estimation

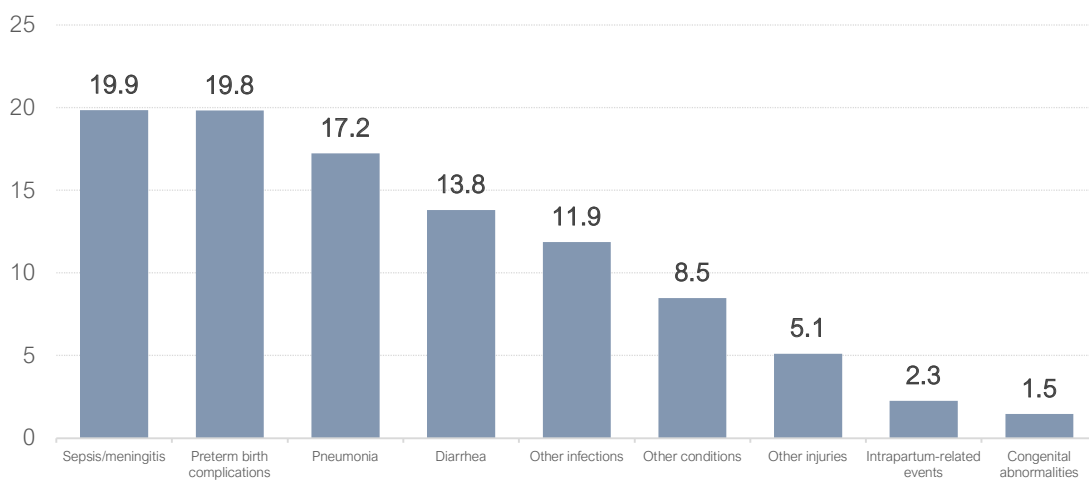
The under-five mortality rate in Afghanistan decreased by about 20 percent from 2014 to 2019, with a consistent decline throughout this period. Although the under-five mortality of males was consistently higher than that of females, their mortality decreased at approximately the same rate during 2014-2019 (Figure 10).

The 2018 Afghanistan Health Survey showed that from 2008 to 2018, under-five mortality was 30 percent higher in rural compared to urban areas. It was highest in the Western region (at 102.679 deaths per 1,000 live births) and lowest in the Southern and South Eastern regions (at under 18 deaths per 1,000 live births).

In 2018, nearly two-thirds of deaths of children under five (including neonates²⁵) were caused by an infection, with top infections being sepsis, meningitis, pneumonia and diarrhoea (Figure 10). Another leading cause in 2018 was pre-term birth complications, which accounts for nearly 20 percent of deaths.

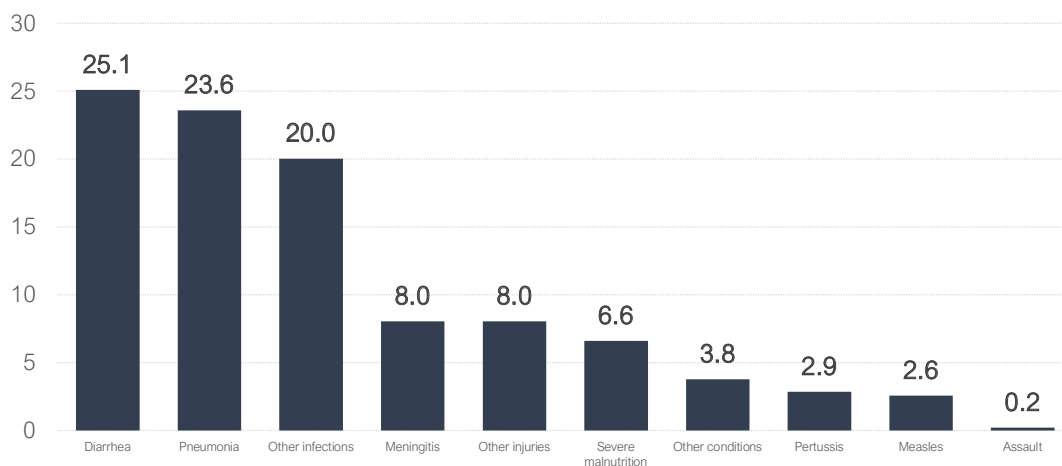
Over three quarter of deaths of children aged one to 59 months were caused by infectious diseases in 2018 (Figure 11). Half the deaths were attributed to diarrhoea and pneumonia alone (KIT Royal Tropical Institute, MoPH; NSIA, 2019).

Figure 10. Causes of death of children under 5 (including both neonates and young children) in 2018



Source: The Afghanistan Health Survey 2018

Figure 11. Causes of death of children under 5 (excluding neonates) in 2018



Source: The Afghanistan Health Survey 2018

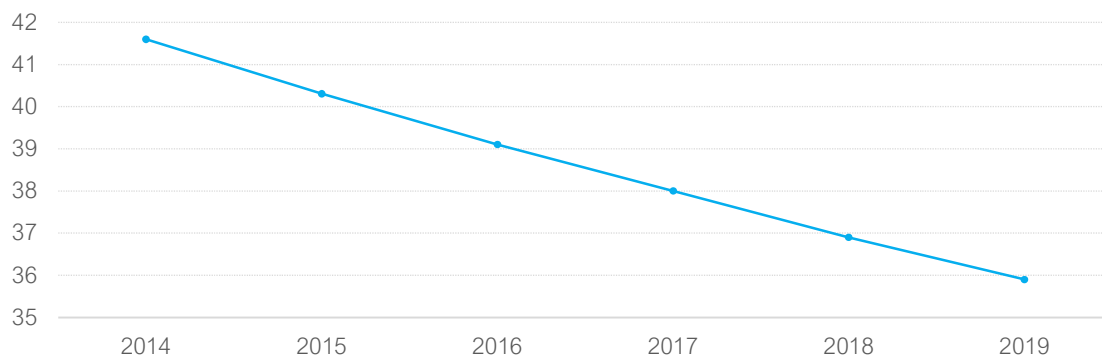
²⁵ Neonates are defined as infants aged 0-28 days..

Neonatal mortality

Neonatal mortality is defined as the probability to die within the first 28 days of life. It is viewed as a good indication of both maternal and newborn health and care (WHO, 2006). Neonatal mortality went down by about 15 percent from 2014 to 2019, registering a consistent decrease throughout this period (Figure 13). Comparing the neonatal and the under-five mortality rates shows that Afghanistan achieved a higher fall in the mortality of young children aged between one and 59 months than the mortality rate of neonates. The 2018 Afghanistan Health Survey further reported that from 2008 to 2018, neonatal mortality was 12 percent higher in rural than in urban areas. It was highest in the Western and Central Highland regions (at 38 and 34 deaths per 1,000 live births respectively) and lowest in the Southern and South Eastern regions (at eight and nine deaths per 1,000 live births).

The neonatal mortality rate excludes stillbirths (defined as babies showing no sign of life at birth). The prevalence of stillbirths in Afghanistan was high at 29 deaths per 1,000 total births, well above the Every Newborn Action Plan (ENAP) 2030 target of 12 stillbirths per 1,000 total births. Afghanistan’s annual rate of reduction in stillbirths was at 1 percent between 2000 and 2019. Data on stillbirths are not collected in Afghanistan, which contributes to masking its true burden (United Nations IGME, 2020).

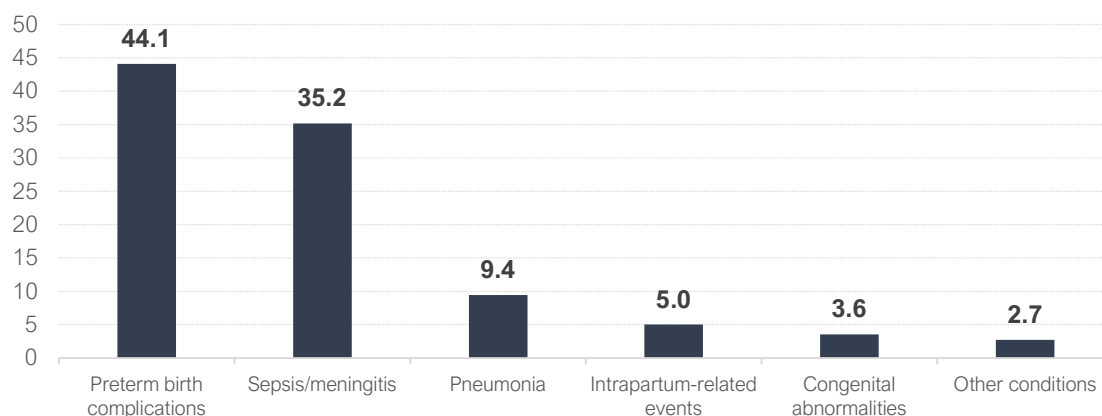
Figure 12. Neonatal mortality rate - deaths per 1,000 live births (SDG indicator 3.2.2)



Source: United Nations Inter-agency Group for Child Mortality Estimation

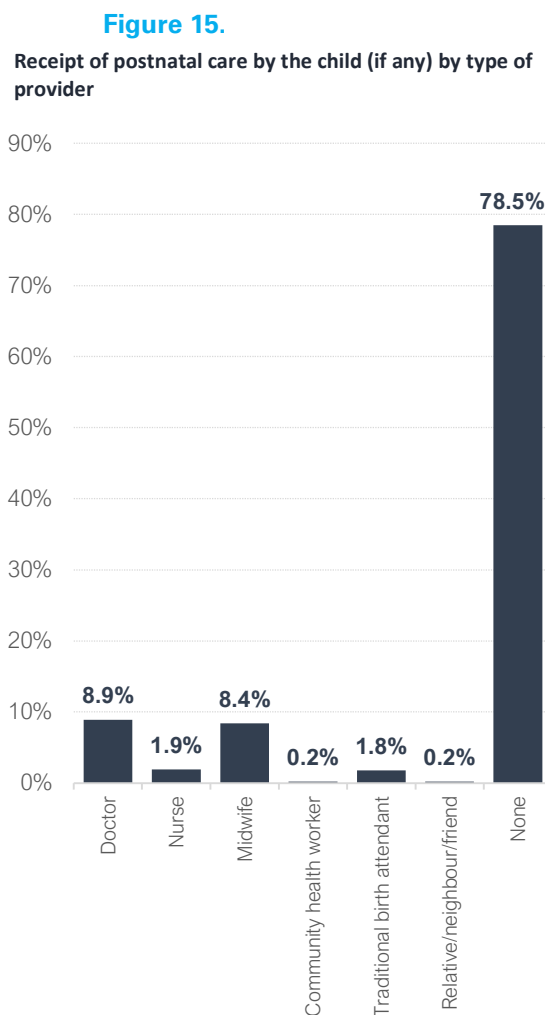
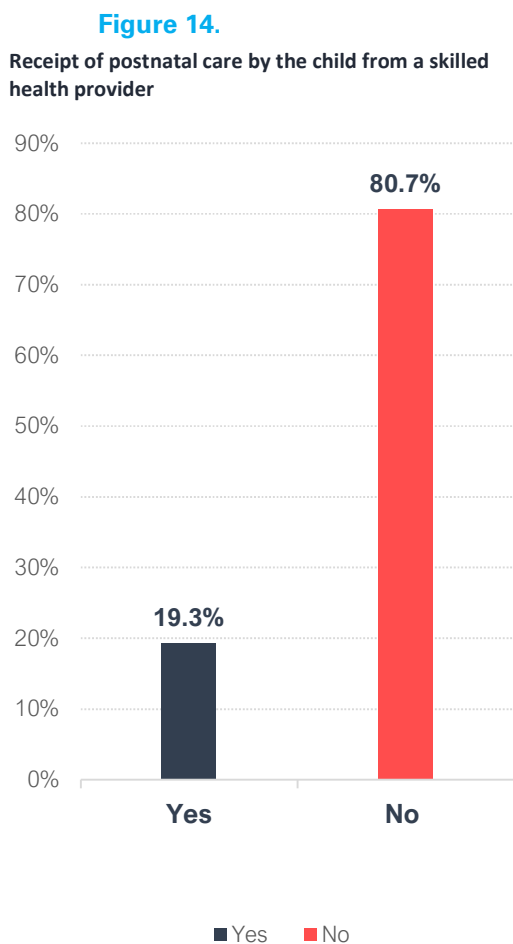
Pre-term birth complications caused about half of all neonatal deaths. Nearly another half was due to infections, with sepsis and meningitis causing 35 percent of neonatal deaths, and pneumonia being responsible for about 10 percent of neonatal deaths.

Figure 13. Causes of death of neonates aged 0-27 days in 2018



Source: The Afghanistan Health Survey 2018

Considering most neonatal deaths internationally occur one week following birth, postnatal care is considered effective in reducing maternal and neonatal mortality and improving health. In 2018, over 80 percent of children²⁶ did not receive any form of postnatal care. Postnatal care was provided mainly by doctors, followed by midwives and nurses who provided postnatal care to roughly 9 percent, 8.5 percent and 2 percent of children, respectively²⁷.

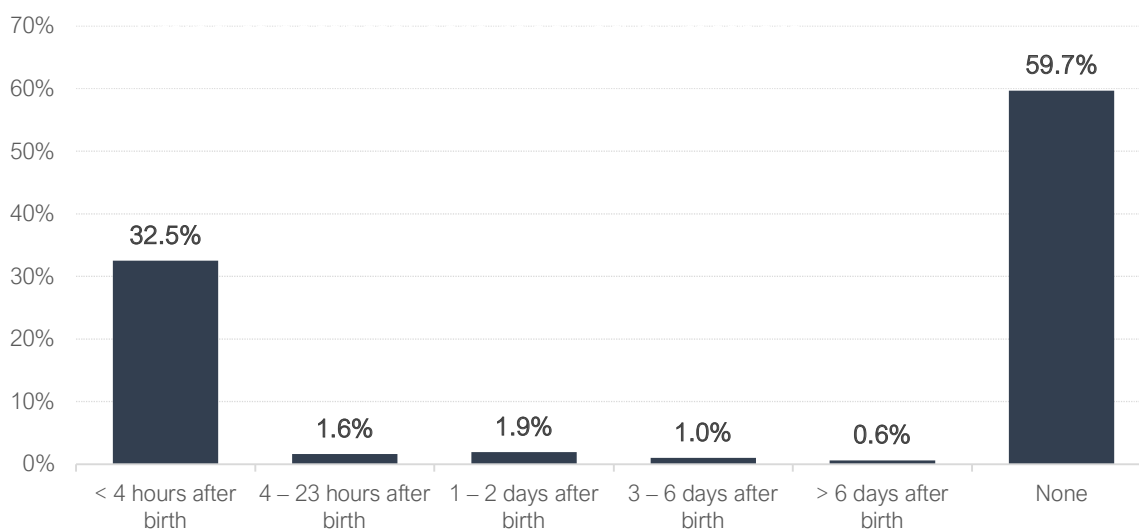


Source: The Afghanistan Health Survey 2018.

²⁶ Specifically, the sample of children considered are households' last child born in the two years preceding the 2018 Afghanistan Health Survey.

²⁷ *ibid.*

Figure 16. Timing of postnatal care received by mothers



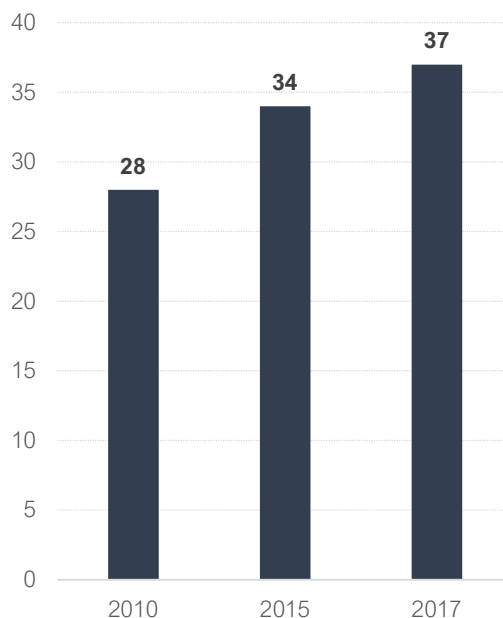
Source: The Afghanistan Health Survey 2018

Coverage of essential health services

Coverage of essential health services (SDG indicator 3.8.1) refers to the average range of critical health services including reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capacity and access, among the general and the most disadvantaged population (WHO, 2016; 2019b). Coverage of essential health services is measured by the Universal Health Coverage (UHC) service coverage index. This is constructed based on 16 tracer indicators of access to health services. The index reflects the coverage of health services needed by most populations and ranges between 0 and 100 percent, with 100 being the target.

The UHC service coverage index has risen by 32 percent in 2017 relative to 2010, but remains low at 37 in 2017 from 28 in 2010 (Figure 18).

Source: Tracking universal health coverage: 2019 Global Monitoring



Report

Figure 17. Universal health coverage (UHC) service coverage index

Immunization

Immunization is key to reducing child mortality (especially under fives' mortality) and is also a useful indicator of the health system's performance (Burton et al., 2009). Immunization coverage is central in ensuring healthy lives and promoting wellbeing for all at all ages (SDG 3)

A key SDG indicator for measuring progress made in the provision of access to affordable vaccines is indicator 3.b.1, which measures the proportion of the target population covered by all vaccines included in their national programme.

Generally, immunization services have improved in Afghanistan. Progress has been made in terms of service delivery coverage, the number of antigens provided in the national immunization programme, and around vaccine and cold chain management. From 2004 to 2020, the number of vaccines in the Expanded Programme on

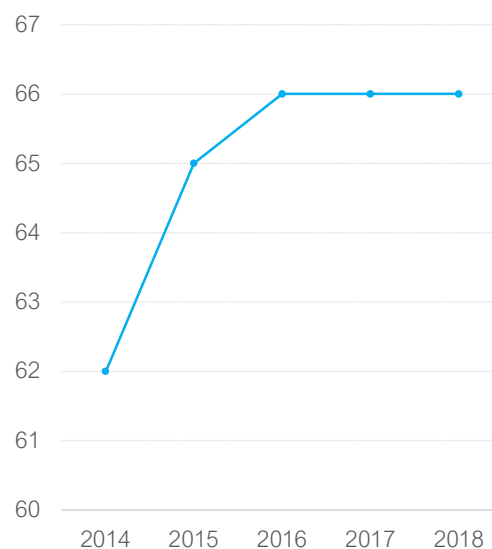
Immunization (EPI) have increased from seven to 11 antigens (BCG, OPV, IPV, PENTA, Measles, TT/Td, PCV, Hepatitis B, and Rota). According to coverage estimates from WHO and UNICEF, less than two in five (39 percent) of the target population had access to the second dose of the measles-containing vaccine (MCV2) in 2018. The proportion of the target population with access to three doses of the diphtheria-tetanus-pertussis (DTP3) vaccine increased by about 7 percent in 2018 relative to 2014 and has remained stagnant since 2016.

Increased child immunization rates for BCG (vaccine for tuberculosis), DPT/Penta3 and OPV3 between 2003 and 2015 have been followed by a drop in child immunization in all vaccines except OPV3 in 2015-2018. The 2018 AHS showed that 51.4 percent of children aged 12 to 23 months are fully immunized. 78 percent of children in this age group are BCG immunized and 71 percent are immunized against OPV3. Lower rates of child immunization are observed for measles and Penta3, with only 64 and 61 percent of children being immunized (KIT Royal Tropical Institute, MoPH, and NSIA, 2019).

Polio eradication

As of May 2021, Afghanistan is one of the only two polio-endemic countries in the world. In 2020, 56 Wild Polio Virus type 1 (WPV1) cases and 308 circulating Vaccine-derived polioviruses (cVDPV 2) have been confirmed (mainly in the South, the West, and the Southeast regions). In 2020, WPV1 cases were spreading to provinces traditionally not affected by polio, such as the North and Badakhshan. There is a growing risk of cVDPV2 importation to Afghanistan due to population movement from areas reporting cVDPV2 outbreaks in Pakistan (UNICEF and WHO, 2020). The prevalence of polio is likely to increase given the suspension of Supplementary Immunization Activities (SIAs) since March 2020 due to COVID-19. As of the end of 2020, 18 out of 34 provinces reported cases of polio, up from five in 2017. The number of infected districts increased from 20 in 2019 to 37 in 2020 (UNICEF and WHO, 2020).

Figure 18. Proportion of the target population covered by all vaccines included in their national program – DTP3 (%)



Sources: WHO/UNICEF coverage estimates 2018 revision

In 2018, only 71 percent of children received the oral poliovirus vaccine (OPV3), down from 73 percent in 2015. However, significant progress in polio immunization has been achieved, particularly in rural areas (where most reported cases of polio are), with 70 percent of rural children receiving their OPV3 vaccine in 2018 (KIT Royal Tropical Institute, MoPH, and NSIA, 2019). Despite the progress, there are significant challenges to eradicating polio in Afghanistan. These include the inability to perform house-to-house vaccination campaigns since April 2019, high population mobility, and persistently low routine immunization coverage in the polio high-risk provinces in the Southern Region including Kandahar, Helmand and Uruzgan.

Causes of deprivations in health and nutrition

High rates of malnutrition among children are due to a series of factors, including chronic poverty, poor child feeding practices, absence of local community-based interventions, lack of awareness among men and women about women's rights to health, low access to WASH, poor female education and literacy, as well as conflict- and natural disasters-related shocks (UNICEF, and Government of Afghanistan, 2020).

Poor compliance with infant and young child feeding and caring practices is a major challenge for many children across the country irrespective of wealth status, geographic location, and education of the head of the households. In turn, malnutrition impairs children's physical development, and children's ability to fight infections and non-communicable diseases. Malnutrition underlies 45 percent of child deaths and is the largest risk factor driving death and disability (Dizon and Herforth, 2018).

The observed improvement of health indicators was driven primarily by improved provision of essential health services. These include higher immunization rates, improved knowledge and training of health staff and community health workers on nutritional issues, presence of nutritional counsellors who support breastfeeding and feeding of small children, and attention to iron and folic acid programmes, better treatment illnesses such as diarrhoea and pneumonia, and higher access to water and sanitation at the household level. In turn, these improvements are partly the result of the implementation of the BPHS through contracting-out mechanisms (Salehi and Akseer, 2020).

Further improvements should be made in terms of access to health services to guarantee women's and children's rights to health and survival. In rural areas, services may be far from homes. Conflict and harsh weather and geographic conditions limit access to services. Women and girls may have limited ability to access services due to conservative cultural beliefs. Early marriage driven by social norms, economic vulnerability, and limited social services, combined with the absence of birth control strategies, contribute to poor health and nutritional outcomes for infants, and the intergenerational cycle of malnutrition.

Currently, a series of demand-side barriers to improved Reproductive Maternal Newborn Child and Adolescent Health (RMNCAH) and use of immunization services exist, including:

- **Low education and adult literacy rates:** Education is a well-established and key determinant of health seeking behaviour. Education attainment and adult literacy remain low, with evident gender inequities.
- **Women's limited role in decision-making:** The 2015 DHS showed that only 5 percent of women make decisions alone about their own healthcare, while 44 percent report that their husbands make the decisions for them (CSO, MoPH, and ICF, 2017).
- **Child marriage:** Underage marriage hinders women from achieving their full potential and attainment of their rights, making them more dependent and poorer.
- **Birth registration:** Among children under five years old, only 29.5 percent are registered (CSO, 2018). Lack of legal identity is a key barrier to children's access to health services.

Key policies, strategies, and programmatic approaches

The National Health and Nutrition Policy (2012–2020), the National Health Strategy (2016–2020), the National Public Nutrition Strategy (2019–2023), and the Afghan Food and Nutrition Security Plan (2019–2023) form the basis of the health sector in Afghanistan with the goal of improving the overall health and nutrition status of the population, especially of women, children, and vulnerable groups. The MoE's School Health Policy also promotes better health and nutrition outcomes for adolescents.

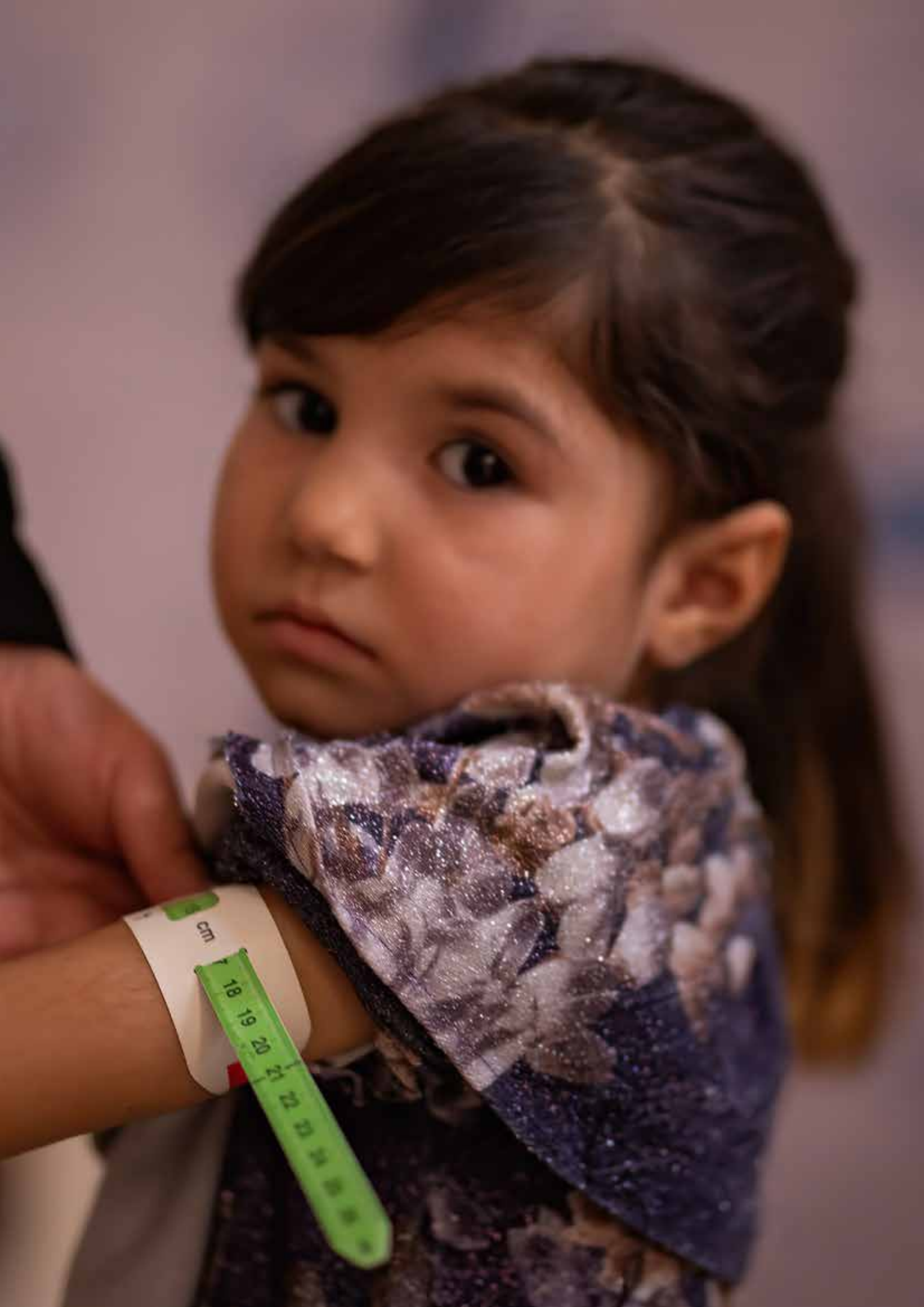
Within the last decade (2010–2020), the Government of Afghanistan, the MoPH and partners have developed, implemented, and monitored health policies geared towards achieving equitable health access for women and children. Some of these policies include Afghanistan National Health Policy (2015–2020), the EPI Strategy (2015–2020), and National RMNCAH Strategy 2017–2021. The AFSeN provincial multisectoral plans coordinate nutrition, education, health, poverty, and gender among 14 sectoral ministries. The Strategic Plan is formulated in line with the SDG 2: Zero Hunger, and outlines key interventions needed to address food and nutrition insecurity.

In terms of rights and policies, stunting has been prioritized by the MoPH and the MoE. Departments in both ministries have also integrated nutritional aspects to delivery, indicating the increasing importance of nutrition. In 2019, the MoPH along with over 40 national and international partners and the Afghanistan Nutrition Cluster provided emergency nutrition services, particularly in priority districts. Interventions provided included treatment of severe and moderate acute malnutrition, blanket supplementary feeding programme (BSFP), micronutrient supplementation and deworming to children under five. Major challenges faced included the lack of resources and capacity to provide nutrition services in decentralized facilities closer to communities, insufficient funding and shortage of RUTF (UNICEF, and Government of Afghanistan, 2020).

In terms of service delivery to women and children, the reach and scope have both widened at all stages of the life cycle. Children are reached through biannual vitamin A supplementation and deworming throughout the country. Through the establishment and expansion of the community-based nutrition services children and women have increased access to services at Health Posts, the lowest level of health and nutrition service delivery at community level.

The increased availability of female nutrition counsellors in all 34 provinces has created increased space for women to access one-to-one counselling services for improved care of themselves and their children. The Maternal Infant and Young Child Nutrition package (MICYN) includes nutrition-sensitive activities such as WASH and food security to address cross-sectoral issues of malnutrition. In addition, the weekly WIFS programme for school-going adolescent girls is implemented through joint efforts of MoPH, and MoE to prevent anaemia among adolescent girls who attend formal, private, and CBSs of alternative schooling pathways, such as the ALCs and CBE.

The coverage of HFs delivering services for SAM and MAM has increased to provide life-saving treatment services to children under five years of age, as part of routine services. The scale has been possible through the collaborative effort of various partners, including the service providers of the BPHS, other donor funded programmes, as well as various UN agencies. Priority has been given to implementing BPHS in rural areas, where access to both public and private health facilities is more restricted than in urban centres. MoPH estimates that 90 percent of the population in rural areas has access to BPHS. The main challenge to all services is that they are funded off-budget, thus not guaranteed to be accessible in the long run to strengthen systems.



Dimension two

EVERY CHILD LEARNS

POINTS COVERED:

- School attendance and completion rates
- Learning outcomes
- The learning environment

SDG indicators

4.1.2: Completion rate (primary education, lower secondary education, upper secondary education)

4.1.1: Proportion of children and young people (a) in grades 2/3; achieving at least a minimum proficiency level in (i) reading and (ii) mathematics, by sex²⁸

4.a.1 Proportion of school with access WASH (%)

Overview

Despite significant progress being made in terms of educational attendance in the decade following 2001, with the number of enrolled children increasing from 1 million in 2001 (almost all boys) to 8.6 million in 2013 (39 percent of whom were girls), progress across various indicators of access to education (such as the net and gross attendance rates/ratios, adult and youth literacy rates, school-life expectancy, and gender parity) have since slowed down (CSO 2018; MoE 2014).

School attendance is low in Afghanistan, with a significant number (4.2 million) of out of school children and a gross attendance ratio of 54 percent in primary education and 39.9 percent in secondary. As of 2017, drop-out rates were relatively low (15 percent for primary school). Transition rate to lower secondary and upper secondary schools is relatively high (with roughly 95 percent of those who completed primary school and lower secondary school transitioning to lower and upper secondary school respectively). School completion rates are still poor. Only one in two children and young adults in the relevant age group completed primary school in 2015 and two in five completed the lower secondary level. The upper secondary school level was completed by one in four children and young adults. The combination of data on attendance rates, out of school children and drop-out rates shows that poor educational attendance in Afghanistan is not driven by high drop-out but by being out-of-school, and not starting school.

Significant challenges to improving education quality persist as it is shown looking at key markers of education quality. The pupil-qualified-teacher ratio is currently at 111. The minimum proficiency level in reading and mathematics has been achieved by only 22 percent and 25 percent of students in grades 2/3, respectively.

School infrastructure in Afghanistan is also problematic and with very low access to WASH facilities. In 2018, the top deprivations in terms of WASH facilities in schools were: i) handwashing facilities, ii) access to single-sex basic sanitation, and iii) access to basic drinking water.

²⁸ SDG indicator 4.1.1 measures the proportion of children and young people (a) in grades 2/3; (b) at the end of primary; and (c) at the end of lower secondary achieving at least a minimum proficiency level in (i) reading and (ii) mathematics, by sex. Data is not available on the proportion of children and young people at the end of primary school at the end of lower secondary achieving at least a minimum proficiency level in reading and mathematics.

School attendance and completion rates

School attendance

The gross attendance ratio (GAR) refers to the proportion of students attending a given level of education, regardless of age, relative to the official school-age population corresponding to the same level of education. It is a measure of attendance regardless of whether students are in the intended age group or not (UNESCO, 2020). The overall gross attendance ratio in Afghanistan in 2019 was 54 for primary education and 39.9 for secondary education (NSIA, 2020a). In comparison, the net attendance rate – that is, the total number of students in the respective age group of each level of education who are attending that level at any time during the academic year, referenced as a percentage of the total population in that age group – was 44.2 percent for primary education and 33.3 percent for secondary education for both sexes in the same year.

Yet the national GAR concealed significant differences by gender and location. In 2019, the GAR for primary education was equal to 52.0 in rural areas and 71.8 in rural. In the same year, the GAR was at 62.9 and 44.1 for males and females, respectively. The gap was even larger for secondary school, with a GAR of 50.4 and 29.5 for males and females respectively, and 56.9 and 35.4 in urban and rural areas, respectively. Kuchi communities displayed the lowest attendance in school, with the GAR being 3.3 for primary and 1.7 for secondary education.

Data on gender quality indicators in education are available from the 2016–2017 ALCS. The gender parity index of attendance is the ratio of gross female to male attendance, with a value of 1 indicating gender parity. In 2016, the parity index was 0.69 and 0.51 for primary and secondary school respectively, again concealing significant differences by gender and residence area type. Gender inequality in educational attendance is found to be relatively low in urban areas with a gender parity index of 0.9 and 0.74 for primary and secondary education, respectively. In rural areas, higher inequality in educational attendance is shown in the gender parity index: 0.62 and 0.38 for primary and secondary education, respectively. With a lower gender parity index for secondary education compared to primary education in both rural and urban areas, gender inequality in access to education increases with the level of education (CSO, 2018).

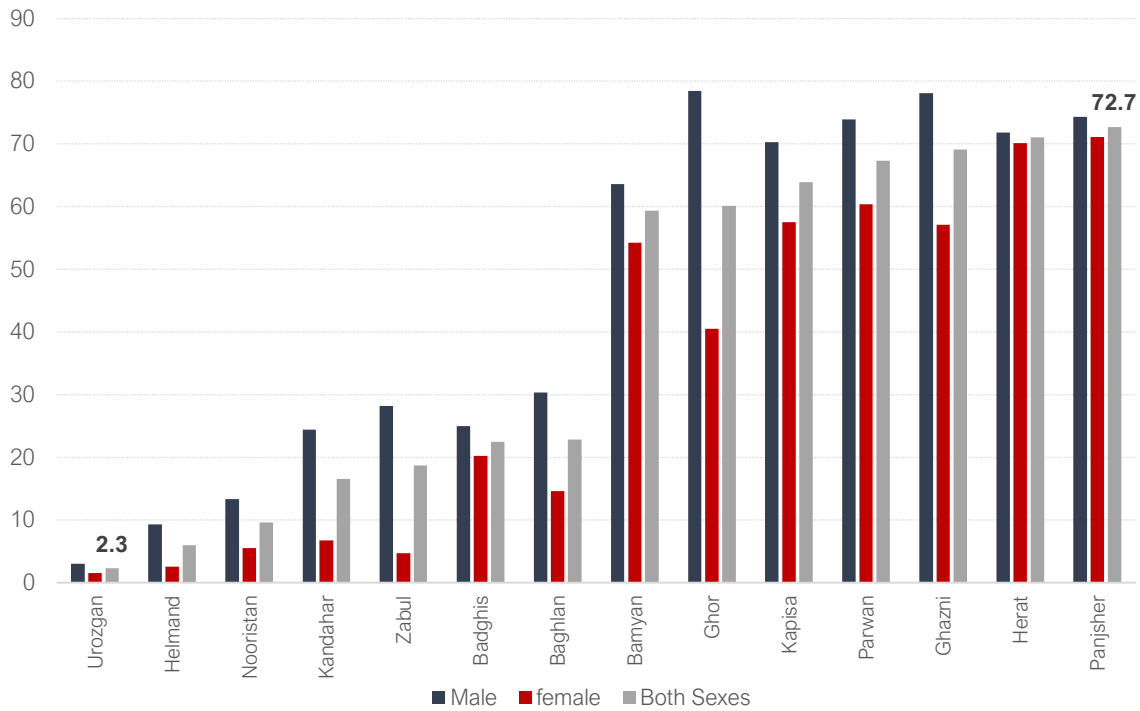
The age of students often differs from the official school age, partly due to late start and temporary drop-out. Data on education attendance rates by age provide evidence of delayed entry into education. Despite primary education being supposed to start at the age of six, only one in two boys and two in five girls aged six were attending school in 2016–2017. Education attendance rates peak for both boys and girls at the age of 10, and continuously decrease thereafter. For both male and female young adults, the largest decrease in education attendance rates (in absolute value) occurs aged 16–17 (CSO, 2018).

The net attendance rate refers to attendance rate in a given educational level of children and young people falling under the age group that theoretically corresponds to that level of education. The target set by the IRoA in 2010 was to reach a 100 percent attendance rate by 2020. In 2019, net attendance rates for primary and secondary education were 44.2 percent and 33.3 percent, respectively. Net attendance rates varied significantly by gender, with males registering 51.1 percent and 41.8 percent net attendance rates for primary and secondary school respectively, compared to 36.6 percent and 24.9 percent for girls. Rural and urban areas also differ substantially in net attendance rates, with urban areas registering a net attendance of 59.7 and 49.1 percent for primary and secondary school respectively, compared to 42.3 percent and 52.0 percent for rural areas.

It is interesting to note that the net attendance rate of females in urban areas (55.9 percent in primary education and 43.6 percent in secondary) is higher or almost equal to that of males in rural areas (50.7 percent in primary school and 39.1 percent in secondary) and consistently above the national average. On the other hand, females in rural areas display substantial deprivation in net attendance rate, which is lower than the national average and the net attendance rates of females living in urban areas. With a higher education level,

the gap in net attendance rates between urban and rural areas increases. Disparities at regional level remain huge; 70 percentage point difference is found between the province with highest net attendance rate (Panjsher) and that with the lowest net attendance rate (Urozgan).

Figure 19. Provinces with top 20% and bottom 20% net attendance rates of primary education in 2020



Source: 2019–2020 Income, Expenditure and Labour Force Survey

The 2016–2017 ALCS showed that more than 4.2 million of children in Afghanistan were out of school in 2016, 60 percent of whom were girls. About 2.1 million primary-school-age children were out of primary school, 90 percent of whom lived in rural areas. And approximately an equal number (2.1 million) of secondary-school-age children were out-of-school in 2016, with 84 percent living in rural areas (CSO, 2018). Comparing the school attendance rates, in both gross and net terms, between 2016 and 2019, it becomes apparent that school attendance has dropped in Afghanistan since 2016. It is therefore expected that the current number of OOSC stands at more than 4.2 million.

Besides revealing the magnitude of the problem of OOSC in Afghanistan, the findings of the ALCS show that children in rural areas face increased risk of being left out of education. Other groups of children that face an increased risk of being left out of education include working children, street children, children living with disabilities and children affected by conflict. Indicatively, of the 800,000 children estimated to have special needs in 2018, 95 percent were deprived of access to education programmes (MoE, 2018).

Drop-out

In 2016–2017, 85 percent of pupils who started grade 1, made it to grade 6. Males and pupils living in urban areas were most likely to reach grade 6, with 87 percent of boys and 88 percent of urban pupils who started grade 1, reaching grade 6. Females and pupils living in rural areas were less likely to reach grade 6, with 83 percent of girls and 84 percent of rural pupils who started grade 1 reaching grade 6.

Grade-by-grade drop-out rates²⁹ were found to increase with the primary school grade, except for grade

²⁹ Grade-by-grade drop-out rates is the ratio of drop-outs to the number of students in a given grade.

five, where it decreased. In 2016–2017, the transition rate to secondary school³⁰ was 95 percent, meaning that almost all children and young adults who completed primary school continued their formal education. There was little difference in transition rates by gender and location, with transition rates for boys, girls, urban and rural pupils all above 94 percent. Like primary school education, grade-to-grade transition rates in secondary education are relatively high, with 96 percent of children and young adults advancing to the next grade every year. There is no significant difference between males and females. Continuation rates from lower to upper secondary education are of similar magnitude to those registered between primary and lower secondary school, with a fall in drop-out rates in upper secondary education. Continuation rates decrease substantially for the transition from upper secondary school to tertiary education, with only 59 percent of students who completed secondary school transitioning to tertiary education. There are substantial differences by gender and location. The continuation rate is 68 percent and 51 percent for urban and rural students, respectively, and 55 percent and 61 percent for females and males, respectively (CSO, 2018).

Drop-outs are more common in poorer households and higher for children of higher grades as the opportunity cost of school becomes higher. These children are often driven to child labour to contribute to the household's budget.

School completion

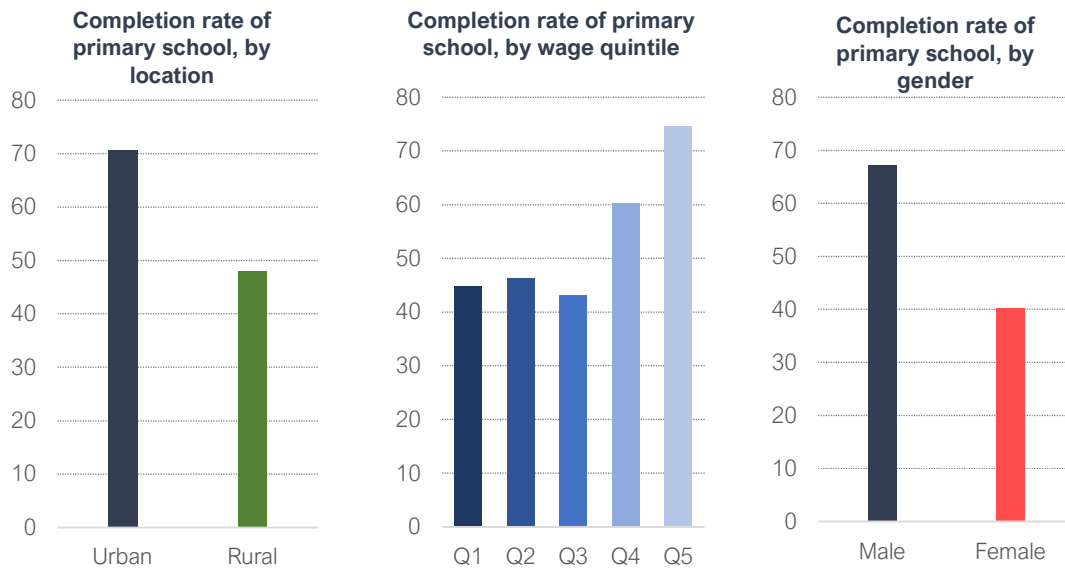
Completion rate of primary school

Roughly one in two children in the relevant age group completed primary school in 2015.³¹ Completion rates were significantly higher for males (67 percent) than females (40 percent), and for urban areas (70 percent) than rural areas (48 percent). Overall, primary school completion tends to increase with wealth, although there are a few observations to be made from the data:

- The primary school completion rates for the first, second and third quintiles are roughly similar (around 45 percent). Surprisingly, the third quintile's primary school completion is lower than that of both the first and second wealth quintiles.
- Primary school completion starts to increase significantly from the fourth wealth quintile.
- Even among the 20 percent richest households in Afghanistan, one in four children of the relevant age group did not complete primary school in 2015.

³⁰ The transition rate to secondary school is defined as the proportion of children completing primary who move to lower secondary school relative to the proportion of children completing primary school.

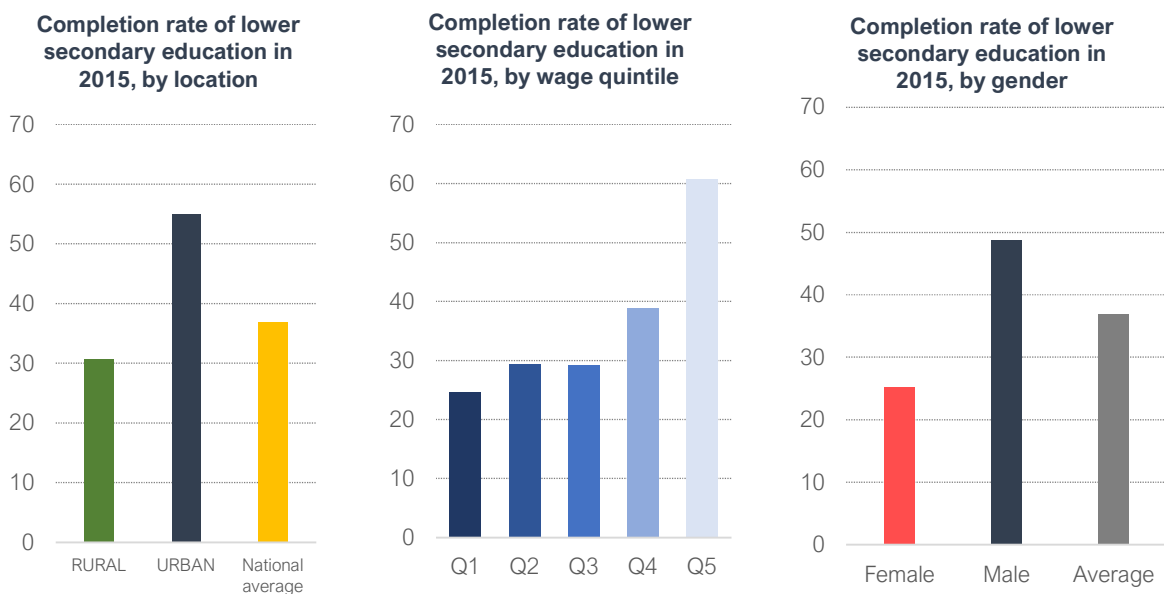
³¹ Throughout this section, completion rates are defined as the percentage of children or young people aged 35+ years above the intended age for the last grade of each level of education who have completed that grade. The intended age for completion of each level of education is calculated relative to the official primary school entrance age, assuming full-time education and no repetition or skipping of grades. Further methodological notes for this indicator can be found here: <http://uis.unesco.org/node/3297556>



Source: UNESCO Institute for Statistics

Completion rate of lower secondary school

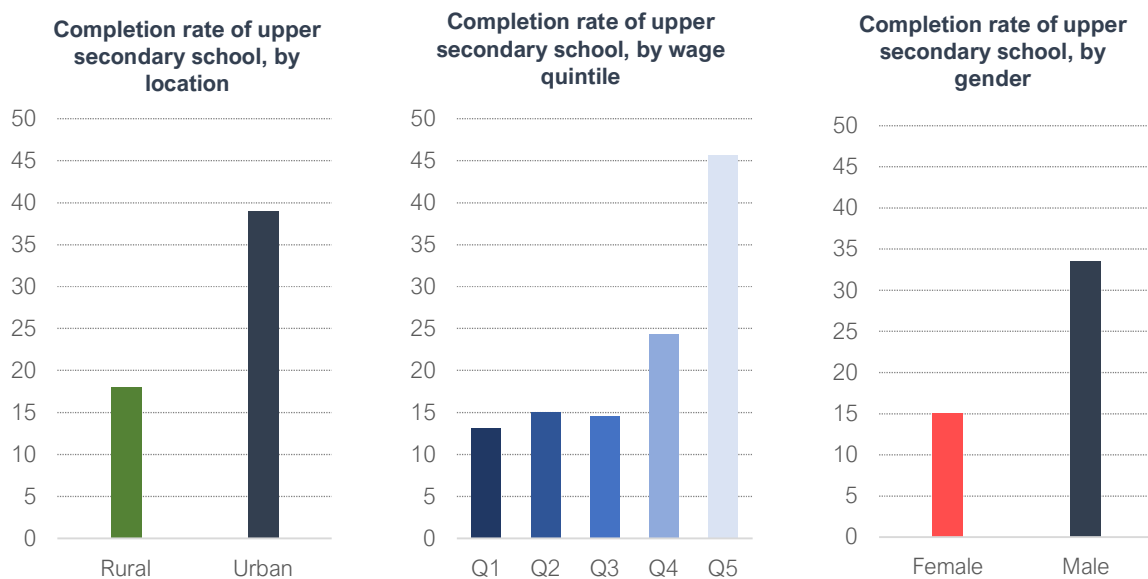
Some 37 percent of children and young adults, aged three to five years above the age at which lower secondary school is meant to finish, actually completed it in 2015. This was significantly higher for males (49 percent) than females (25 percent), and in urban areas (55 percent) than rural areas (31 percent). Overall, completion rates of lower secondary school education increased with wealth, although the third wealth quintile achieved slightly lower completion rates of lower secondary school (about 0.1 percentage point lower) than the second wealth quintile.



Completion rate of upper secondary school

Less than one in four children and young adults aged three to five years above the age at which upper secondary school should be completed had, completed upper secondary school in 2015. This was significantly higher for males (34 percent) than females (15 percent), and in urban areas (39 percent) than rural areas (18 percent). Overall, completion rates of upper secondary school education increased with wealth, although the third wealth quintile achieved slightly lower completion rates of lower secondary school (about 0.5 percentage point lower) than the second wealth quintile.

Source: UNESCO Institute for Statistics



Comparing completion rates across education levels and the differing achievements by demographic group

Overall, the data shows that completion rates are lower the higher the educational level. It also shows significant inequities by gender and residence area type. In 2015, completion rates for males were significantly higher than those for females. This gap was substantial for all education levels and increased the higher the education level: whereas completion rates for males were 67 percent higher than those of females for primary education, they were 123 percent higher for upper secondary education.

Similarly, the gap in completion rates between urban and rural areas was significant, with urban areas consistently registering substantially higher completion rates than rural areas for all levels of education. The urban/rural gap in completion rates was substantial and increased the higher the education level: whereas completion rates in urban areas were 47 percent higher than those in rural areas for primary education, they were 117 percent higher for upper secondary education.

A further observation on completion rates by wealth status is that completion rates among the third wealth quintile are consistently lower than the second wealth quintile across all levels of education. Although this difference is small and sometimes insignificant, it remains puzzling considering that educational attainment tends to increase with wealth status. In addition, the highest wealth quintile's completion rates for all educational levels, although higher than the lower wealth quintile's, remains low. This can be an indication that poverty alone is not enough to account for the low completion rates in Afghanistan.

It is important to note that considering the definition of completion rates,³² low completion rates could be due to delayed entry into a given level of education, high drop-out, high repetition, late completion, or a combination of these factors. The data on the age of entry into education and OOSC discussed above shows that low completion rates in Afghanistan are largely driven by high numbers of OOSC and delayed entry into education.

Table 6.
Gender gap in completion rates by education level

Education level	Gender gap in completion rates ³³
Primary education	67%
Lower secondary education	94%
Upper secondary education	123%

Table 7.
Urban/rural gap in completion rates by education level

Education level	Urban/rural gap in completion rates ³⁴
Primary education	47%
Lower secondary education	79%
Upper secondary education	117%

Learning outcomes

Proficiency level in reading and mathematics in grades 2/3

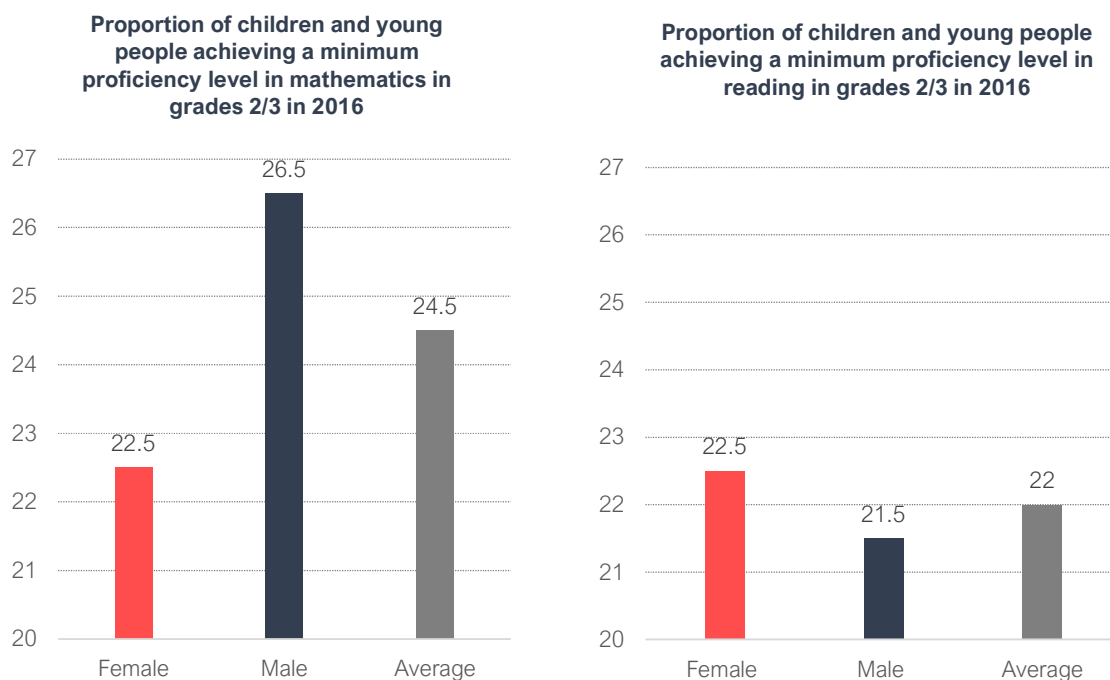
Learning outcomes provide an indication of the quality of education. Student achievements measures can be viewed as a supplement to measures of quantity (e.g education attendance), as they show the degree to which education attendance is conducive to learning.

In 2016, 22 percent of children and young people in grades 2/3 achieved a minimum proficiency level in reading, and about 25 percent in mathematics. Learning outcomes in grades 2/3 varied by gender, although not systematically favouring either gender. While the share of males reaching minimum proficiency in mathematics was higher than females (about 27 percent for males and 23 percent for females), more females achieved minimum proficiency in reading in grades 2-3 (23 percent for females compared to 22 percent for males).

³² Completion rates are defined as the percentage of children or young people aged 3-5 years above the intended age for the last grade of each level of education who have completed that grade. The intended age for completion of each level of education is calculated relative to the official primary school entrance age, assuming full-time education and no repetition or skipping of grades.

³³ This is calculated as $[1 - (\frac{\text{males' completion rates}}{\text{fe completion rates}})] \times 100$. Results are rounded to the nearest integer. The resulting number is to be interpreted as the percentage by which males' completion rates were higher than females' completion rates in 2015.

³⁴ This is calculated as $[1 - (\frac{\text{completion rates in rural areas}}{\text{completion rates in urban areas}})] \times 100$. Results are rounded to the nearest integer. The resulting number is to be interpreted as the percentage by which urban areas' completion rates were higher than rural areas' completion rates in 2015.



Source: UNESCO Institute for Statistics

More recent data on students’ achievements in mathematics and language indicate that, in 2018, after spending four years in primary school, less than half of Afghan students achieved a minimum proficiency in grade 1 mathematics and only around 65 percent can master the language curriculum (World Bank and IBRD, 2021).

Quality of education services

In 2019, about 23 percent of respondents in the public opinion survey Afghanistan in 2019: A Survey of the Afghan People believed that the quality of school services had improved over the previous year, whereas nearly 54 percent believed that it remained the same. People living in urban areas (29 percent) were more likely than those living in rural areas (21 percent) to report an improvement. Looking across provinces, people from Zabul (56 percent), Uruzgan (44 percent), and Ghazni (30 percent) reported more often than people from other provinces that the quality of school services had deteriorated since the previous year. In contrast, in the provinces of Helmand (40 percent), Khost (38 percent), Samangan (33 percent), Kapisa (31 percent), and Laghman (30 percent), respondents were more likely to report improvement in school services than those in other provinces (Asia Foundation, 2019b).

Teachers are one of the most important determinants of student learning. In 2017, 35 percent of teachers did not meet the minimum requirement of completing grade 14. Empirical investigations of teachers’ performance in Afghanistan show that despite relatively low absence rates, teachers have very low content and pedagogical knowledge, as well as poor teaching skills. For example, an investigation conducted by the World Bank showed that almost 20 percent of surveyed mathematics’ teachers were unable to correctly compute a double-digit addition and 50 percent were unable to compute the perimeter of a rectangle. Less than 20 percent used effective teaching strategies (such as lesson structuring, planning, and providing feedback to students). This study showcased two systemic problems in Afghanistan’s education sector: the system used to select and train teachers, which fails to provide high-quality teachers; and the system used to monitor and support teachers, which does not help them deliver high-quality teaching (World Bank, 2018b).

“ A suicide attack isn’t the most dangerous thing for us, because a few people will die – Afghan mothers will have other children. It is the unprofessional and unknowledgeable teachers that are most dangerous for us because they kill the future of Afghanistan. ”

sight from the field (Harvard Humanitarian Initiative, ATHA, and Sida, 2018)

Another important marker of quality of education is the pupil-teacher ratio. The MoE’s target of 35 students per teacher is not reached, with a pupil-teacher ratio of 47, and a pupil-qualified-teacher ratio of 111 (CSO, 2018; NSIA, 2020a). Uneven growth and large inequities persist in teacher provision, with more than a quarter of a million teachers on a variety of contracts. In many schools, more than 40 percent of teachers are contracted. According to the Joint Education Sector Review Report 2019, women represent only one-third of the teaching force, but most of them work in big cities. This average also masks important differences, with an estimated 25 percent of principals, deputy principals and head teachers being women (World Bank, 2018b). In general, teachers tend to stay on payroll and attrition rates are low in the profession. This, in turn, prevents the renewal of the teaching workforce (MoE, 2018). Lastly, the limited and weak capacity of (4,000) academic supervisors, a critical arm of any education system that seeks to provide effective monitoring and mentorship to teachers, especially in-service professionals, has resulted in ineffective investments in teacher training.

Very few attitudinal research studies on violence in schools have been conducted in the last 10 years. Even with scarce data on the prevalence of school violence, corporal/physical punishment is particularly widespread and is accepted as a method for discipline although corporal punishment is prohibited by the Education Act of 2008 and violations are legally prosecuted (Article 52).

A recent report on children’s experiences of violence showed that a large proportion (35.5 percent) of teachers still use physical punishment to keep discipline within the classroom or in school generally. The use of verbal punishment was reported by most teachers as a practice to keep discipline in the classroom indicating that teachers were more reluctant to use physical than verbal punishment. Boys were found to be more likely than girls to experience physical punishment at schools, with the most common forms of corporal punishment in schools found to be being hit with a whip, stick or another object (29.4 percent of boys and 22.9 percent of girls), being slapped, hit or beaten (19.4 percent of boys and 18.3 percent of girls) or having their ears twisted (23.1 percent of boys and 3.1 percent of girls), with fewer children reporting teachers making them kneel or run around as punishment. The study found that the use of corporal punishment as a way to discipline children was associated with teachers’ characteristics, including the teachers’ age, whether the teacher had children, their years of experience in teaching, and the teacher’s negative behaviours, such as being unprepared for lessons, missing classes and arriving late for class or leaving early. Younger and less experienced teachers were significantly more likely to physically punish student than older and more experienced teachers. Teachers with no children and teachers who demonstrated negative behaviours at school were also found more likely to practice corporal punishment (Corboz and Siddiq, 2017).

Learning environment

WASH in schools

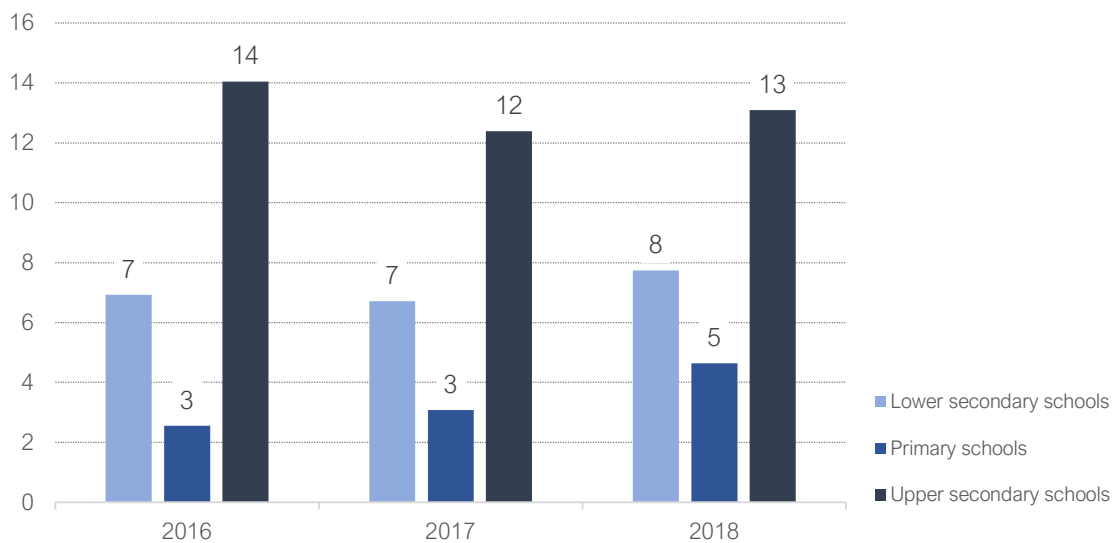
Access to WASH is important for educational attainment, because children who cannot wash their hands are at risk of contracting infections and diarrheal disease, which reduces school attendance, and private and secure sanitation improves girls’ educational attainment, partly by allowing better MHM (UNICEF, n.d.)

Access to basic handwashing facilities in schools

Access to handwashing facilities remained very limited for all education levels from 2016 to 2018, with a higher access rate the higher the education level. From 2016 to 2018, the proportion of primary schools with basic handwashing was very low (below 5 percent), with a YOY increase of less than 1 percentage point. Access to basic handwashing facilities remained below 10 percent from 2016 to 2018. A slight overall increase was registered from 2016 to 2018 (1 percentage point) despite a slight dip in 2017. Access to basic handwashing facilities in upper secondary schools – highest among all education levels – was below 15 percent from 2016 to 2018 and registered a slight fall of roughly 1 percentage point in this period.

Figure 20. Proportion of schools with access to basic handwashing facilities, by educational level

Source: UNESCO Institute for Statistics

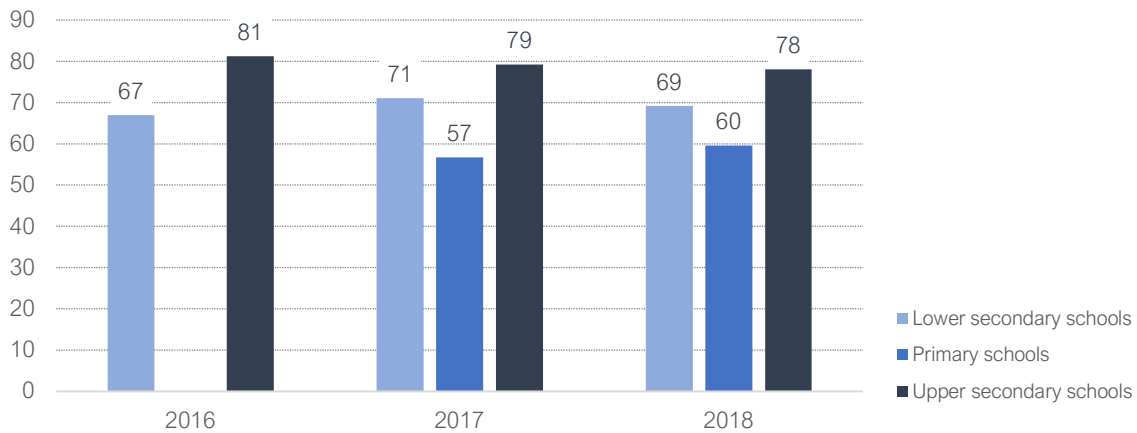


Access to basic drinking water

Almost three in five primary schools had access to basic drinking water in 2018, up by 5 percent from 2017. Nearly 70 percent of lower secondary schools had access to basic drinking water in 2018. From 2016 to 2018, the number of secondary schools with access to basic drinking water fluctuated, with an increase in access of 6 percent in 2017, followed by a fall of 3 percent in 2018.

Almost four in five upper secondary schools had access to basic drinking water in 2018. This number registered a small and consistent decline from 2016 to 2018, with an overall decrease of 4 percent throughout this period.

Figure 21. Proportion of schools with access to basic drinking water, by educational level

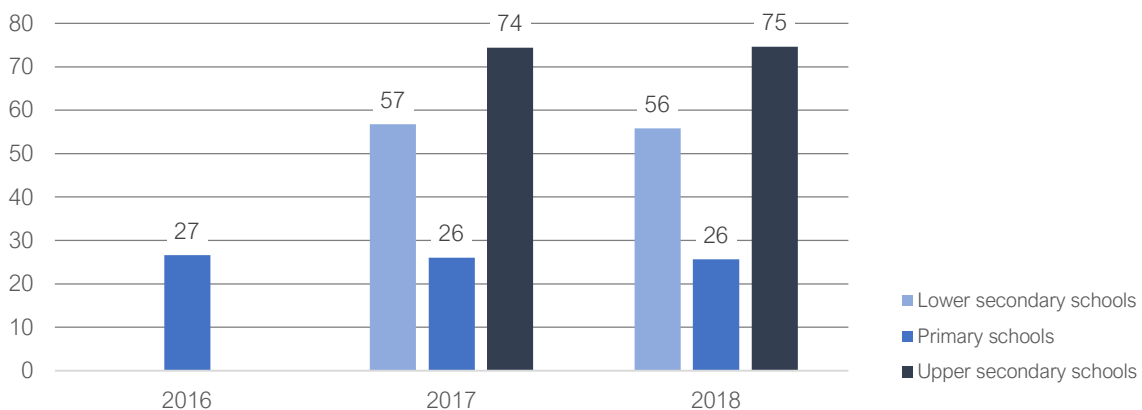


Source: UNESCO Institute for Statistics

Access to single-sex basic sanitation

Access to single-sex basic sanitation varied substantially across educational levels. In 2018, roughly one in four primary schools, one in two lower secondary schools, and three in four upper secondary schools had access to single-sex basic sanitation. The level of access remained stagnant from 2016 to 2018 for upper secondary schools. However, both primary and lower secondary schools registered a slight decline in access to single-sex basic sanitation, with a 1 percentage point decrease throughout this period.

Figure 22. Proportion of schools with access to single-sex basic sanitation, by educational level



Source: UNESCO Institute for Statistics

In 2018, the highest deprivations of schools in WASH facilities by type of facility were in increasing order: i) handwashing facilities; ii) access to single-sex basic sanitation; and iii) access to basic drinking water.

Lastly, considering the relative deprivations in WASH facilities by educational level, Figures 22 and 23 show that access to each of the WASH facilities invariably increases with educational level.

Causes of deprivations in education

An increase in enrolment rates from 2001 to 2018 was facilitated by the establishment of 16,532 public and private general schools and the construction of around 8,000 school facilities across the country. Children’s access to education – particularly that of girls – has also been boosted by alternative schooling pathways such as the CBE, which brought schooling closer to hundreds of thousands OOSC in remote and socially

conservative areas. Despite the achievements, substantial challenges remain.

Among the population aged above six years old, the reasons for never attending school include long distance to school (36 percent), family disapproval (25 percent) and the need for the child to work (10 percent). These reasons differ by gender and location. Distance to school is found to hamper 40 percent of rural school-age children and 18 percent of urban children to start school. Family disapproval of education has been found to prevent from education 40 percent of school-aged girls and 3 percent of school-aged boys who never attended education (CSO, 2018).

On the other hand, the reasons for dropping out of school include the need for the child to work (24 percent of people aged between six and 24 who dropped out of school), opposition from the family to continue attending school (15 percent), a belief that the child has studied as much as needed (13 percent), and dissatisfaction with the school experience (7 percent), among others. Again, girls' families were found to object more often to the child's continuation in school than boys' families, for whom this reason constituted 31 percent and 2 percent of reasons for discontinuing education respectively (CSO, 2018).

The school infrastructure is poor, with nearly 49 percent of schools lacking adequate buildings, 62 percent not having surrounding walls, 31 percent lack drinking water, and 33 percent suffering from a lack of functional latrines. Damage caused by bombings add another layer of pressure to resources. In rural areas, the lack of schools translates into long distances to the nearest school, which is a major perceived barrier to girls' education, mainly because of safety concerns. The insufficient numbers of girls' schools (16 percent of all schools) contribute further to gender inequities in educational attainment.

School attendance is also hampered by the humanitarian crisis. Insecurity remains a concern for parents who worry about the safety of their children while at school. In conflict areas, children are forced to choose between reducing exposure to danger and staying illiterate. Due to insecurity, 722 schools were forcefully closed and remained closed as of October 2019, affecting 328,094 children's (113,597 girls and 214,497 boys) access to education (OCHA, 2019). Displacement, internal or otherwise, is also a vulnerability factor. Since the beginning of January 2020, more than 300,000 million Afghans are estimated to have returned from the Islamic Republic of Iran and Pakistan (IOM, 2020b), putting a severe strain on the absorption capacity of Afghan systems and institutions, including that of the education sector. In addition, as a large part of the country remains under the control of anti-government elements, the degree of investment and access that the government can provide for education, especially in the more isolated areas, is limited.

Negative social norms and harmful traditional practices also act as barriers to educational attainment. These include poor perceptions of the value of education, child marriage, parental reluctance for girls to be taught by men, and public stigma of people living with disabilities, including children (UNICEF, 2018b). Especially in poorer families with limited resources, where daughters are seen as possessions of their future husbands, families are often unwilling to invest in their development and do not allow them to participate in school. In several places, it is even considered a disgrace for the family to have the female members educated. Returnees stand as a positive influence against such mentalities, as they tend to be more open-minded and allow the family females to pursue higher education degrees.

Last, an important reason explaining poor educational outcomes is that the education system remains fragile and severely limited in its human and financial resources. There is a shortage of qualified and female teachers, and adequate teaching and learning material. More than half of the country's teachers have been found not to meet the minimum academic qualifications required (14th grade degree). There is a shortage of teachers in rural areas, as there are of teachers of mathematics and science (CSO, 2018).

Key policies, strategies, and programmatic approaches

The Constitution of Afghanistan and the Education Law of 2008 established the legal framework within which the MoE can provide “free education until the bachelor’s level” and deliver its obligations to all citizens of Afghanistan in terms of their rights to education. Informed by the Afghanistan National Peace and Development Framework (ANPDF), the National Education Strategic Plan (NESP III, 2017-2021) stressed the need for the country to offer education for all, prioritizing quality and relevance, equitable access, as well as an efficient and transparent education system management. With the support of development partners, including UNICEF, enabling policies and strategies were endorsed to adequately address children’s needs, especially girls’ and underprivileged populations living in underserved areas, including Girls’ Education, CBE Outreach Policies, and the Social Mobilization Strategy.

MoE in collaboration with UNICEF and the World Bank are currently implementing the EQRA Education Project. EQRA’s main aims are to reform the curriculum so that it matches the children’s learning capabilities in each grade, to update the skills taught in accordance with the needs of the labour market, as well as to revise the recruitment process for teachers. Reforming the curriculum also entails reviewing the textbooks in a way that will promote gender equality through learning. Placing corporatized traditional learning with transformative education, the first NAFA has been endorsed, standardizing, and promoting assessment for learning. The NAFA’s implementation will help strengthen the MoE’s capacity to measure learning outcomes in a systematic way that addresses bottlenecks. Quality standards for education have been developed to ensure a harmonized and comprehensive approach to education in a way that reduces inefficiencies and duplications within the sector. To further improve the quality of service provided in public schools, the MoE has recruited and trained thousands of teachers on advanced pedagogical perspective and classroom management, and it is now applying formative learning assessment strategies to advance learning outcomes. Regulations have also been put in place to prohibit the harassment of women and children at schools, aiming to encourage more female teachers and students. Despite these efforts, the dissemination and implementation of these policies are weak and fragmented overall, leading to a low level of understanding by various stakeholders at national and sub-national levels, thereby affecting service delivery in the sector.

In line with the ANPDF’s II guiding principles, the government developed the new NESP-2030, covering the period from 2022 to 2030 and providing strategic direction for the development of education in the next decade. NESP-2030 includes four programmes complementing each other in achieving education goals: General Education, Literacy and Continued Adult Education, Islamic Education, and General Management and Support. General Education will cover most school-aged children. Islamic Education will provide access to an alternative education modality where families demand the enrolment of their children in madrasas. Literacy and Continued Adult Education will cover children who have dropped out of school, and youth and adults who have missed their opportunity for education. The General Management and Support programme will strengthen the institutional framework, systems and procedures, and human resources capacity will ensure efficient delivery of equitable quality education. NESP-2030 will also focus on student enrolment and learning as well as on the relevance of education. To reach these objectives, key educational reforms are expected to be introduced that will involve: the promotion of early childhood education; establishment of a new teacher competency framework with higher entry qualifications and continued development programmes linked to better salaries and incentive opportunities, especially for women; a completely overhauled curriculum focusing on student competencies and practical skills; a legally enshrined role for parents and communities in school planning, oversight and accountability; and a commitment to data-driven equitable provision across all provinces and districts.

In addition to the ongoing development and humanitarian support, the Government of Afghanistan has received nearly \$12.3 million funding assistance from the Global Partnership for Education (GPE) and Education Cannot Wait (ECW) to support the national education COVID-19 response plan. The funding will help

ensure children's continued access to and engagement with education through alternative learning (distance learning through television and radio, self-learning, and continuing learning for communities in small groups taking medical and health instructions into consideration). It aims to help finance the MoE with its school reopening strategy, while sustaining institutional and individual resilience and competencies dealing with the immediate and ongoing implications of the pandemic.

In the context of the COVID-19 pandemic, the MoE aimed to take advantage of technology for education, including digital learning and governance. In particular, the ministry made use of the Higher Education Learning Management System (HELMS) online learning system. It also cooperated with governmental and private television and radio networks to offer classes on these platforms. As of August 2020, a total of 147,589 students (including university students) in Afghanistan were registered in HELMS, but this system did not manage to fully substitute for traditional learning methods due to a variety of factors, including poor access to electricity and internet, distrust of e-learning by students and families, lack of e-learning resources, and lack of an organized government plan to develop e-learning methods, with members of parliaments, among others, being sceptical about the potential e-learning methods (Center for Strategic and Regional Studies, 2020).



Dimension three

EVERY CHILD IS PROTECTED FROM VIOLENCE AND EXPLOITATION

POINTS COVERED:

- Birth registration
- Intimate partner violence and sexual violence
- Harmful practices
- Deaths due to violence

SDG indicators	16.9.1 Proportion of children under 5 years of age whose births have been registered with a civil authority (%)
	16.2.3 Proportion of young women and men aged 18–29 years who experienced sexual violence by age 18 (%)
	16.1.2 Conflict-related deaths per 100,000 population, by sex, age and cause
	5.2.1 Proportion of ever-partnered women and girls aged 15-19 subjected to physical, sexual, or psychological violence by a current or former intimate partner (%)
	5.3.1 Proportion of women aged 20-24 who were married or in union before age 18 (%)
	8.7.1 Proportion of children aged 5-17 engaged in child labour (%)
	16.2.1 Proportion of children aged 1-14 who experienced any physical punishment and/or psychological aggression by caregivers in the past month (%)

Overview

Despite the proactive measures that the Government of Afghanistan has taken to address violations of child rights and child protection through the strengthening of legal frameworks on the protection and rights of children and through improving services for children in need, children’s rights to be protected from violence and exploitation are widely violated. Key deprivations include: i) high prevalence of grave violations against children; ii) low birth registration; iii) high rate of orphans among children and lack of family and community care; iv) high prevalence of child marriage; v) widespread domestic violence and gender-based violence; vi) violence in schools, vii) high prevalence of child labour; and viii) deprivation of liberty of children in contact with the law.

The right for birth registration is far from being fulfilled, with an estimated 30.8 percent of under 5 children not registered in 2019/2020, and marked disparities persist between urban, rural and Kuchi populations.

In 2015, 683,290 children had lost one or both of their parents, which puts them at significant risk of lacking community and family care. Orphanages are critically lacking in the country and often fail to protect children, with children living in these institutions being subject to mental, physical, and sexual abuse (Save the Children, 2018a).

Child marriage is highly prevalent in Afghanistan and girls are far more vulnerable to child marriage. Evidence suggests that in 2016, 28 percent of women aged between 20 and 24 were married before turning 18 and 4 percent married before the age of 15 (CSO, 2018).

Domestic violence is also widespread and impacts children as targets or witnesses of violent acts. In 2017, an estimated 74 percent of children aged between two and 14 were subjected to at least one form of psychological or physical punishment by their mothers/caretakers or other household members and 38 percent of children were subjected to severe physical punishment (Save the Children, 2017).

Estimates of the extent of child labour differ widely. While UNICEF estimates that 30 percent of children were engaged in child labour in Afghanistan in 2019, estimates from the National Statistics and Information Authority (NSIA) suggest that 9 percent of children and adolescents aged between five and 17 were working. Groups most vulnerable to child labour included boys and the children of households of returnees and IDPs.

Children deprived of their liberty include victims of child abuse and exploitation (rather than perpetrators of any offence) and children accused of 'moral crimes', such as adultery or attempts to commit adultery (UNICEF and AIHRC, 2008). Some children detained on national security charges are shown to have been tortured and ill-treated and were likely to be deprived of protection rights (e.g. provided with a legal counsel).

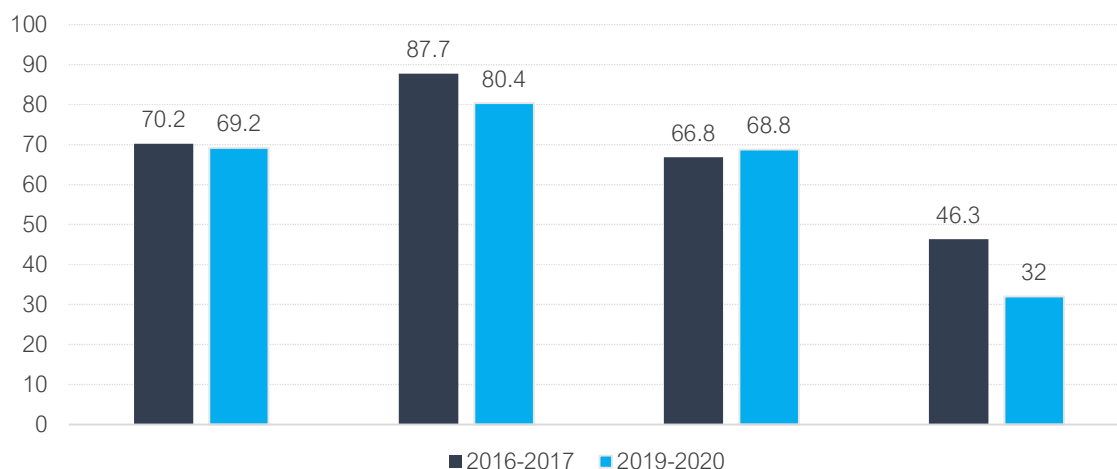
The situation of children affected by armed conflict is deteriorating, with Afghanistan being the world's most affected country by grave violations against children in 2019. Afghanistan registers a significant increase in the number of children killed and maimed; continuing recruitment and use of children in armed conflict; the perpetration of rape and other forms of sexual violence against children, including bacha bazi; and attacks on hospitals and schools (United Nations Security Council, 2020).

Birth registration

Every child has the right to be registered, have a name, and have a nationality, as stated in the UNCRC (UNICEF, 2013). Available data shows that 30.8 percent of children under five have not been registered (NSIA, 2020). Marked disparities exist by urban/rural divide and in Kuchi communities. Recent data show that while about 19.6 percent of children are not registered in urban areas, over 31.2 percent are not registered in rural areas and over 68 percent among the Kuchi community (NSIA, 2020). Lack of civil documentation occurs more frequently for girls than boys, perpetuating the circle of gender inequality. The risks faced by children who are not registered are tremendous. The absence of birth registration may hinder the realization of other child rights, such as access to education, health, and social welfare. It also puts children into situations of statelessness, that may result in exploitation and violence, such as child marriage and child labour, and on some occasions it may put them in conflict with the law (UNICEF, 2013).



Figure 23. Proportion of Children under 5 years of age whose births have been registered with civil authority (in %)



Separation of children and lack of family and community care

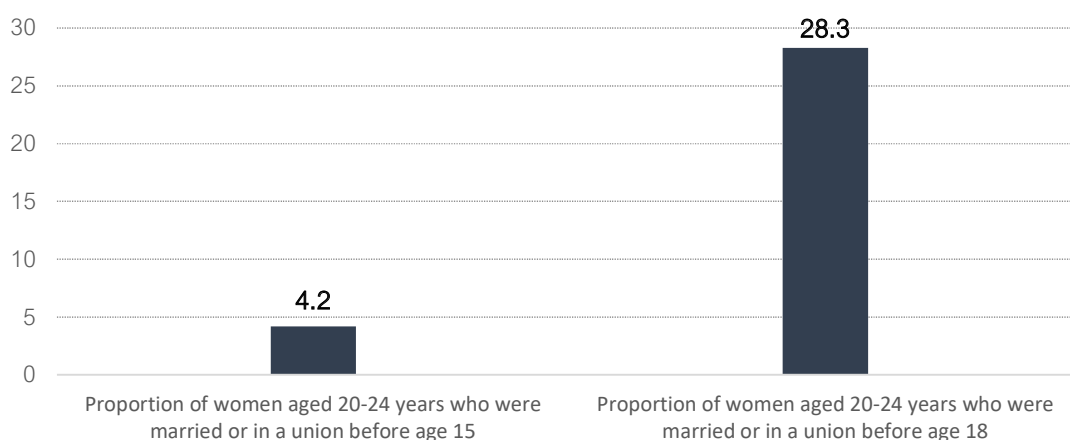
As of 2015, 4 percent of children under 18 lost one or both of their parents, which accounts for more than 683,290 children without one or both parents. The prevalence of orphanhood varies by children’s age, increasing from 1 percent for children under the age of two to almost 10 percent at 15 to 17 (CSO, MoPH, and ICF, 2017). Many of those children lost their parents in suicide attacks, insurgency attacks, assassinations, roadside bomb explosions, traffic accidents and disease. Most children deprived of both parents live in the community or in the street. Children who lost their father and live in a female-headed household face many challenges due to the subordinated role of mothers and the lack of social and economic opportunities. Orphanages are critically lacking, with the country counting 80 orphanages in 2015 (32 of which are state-run and 48 of which are private orphanages), serving 13,245 orphans, 4,100 of whom are female (Afghanistan Times, 2015). Childcare institutions often fail to protect children, with children living in these institutions being subject to mental, physical, and sexual abuse (Save the Children, 2018a). These abuses compound the vulnerability of orphan children who are at high risk of attachment disorder, developmental delay and neural atrophy to the developing brain, with children under the age of three advised not to be placed in institutional care (Gudbrandson, 2006).

Child marriage

Child marriage is highly prevalent in Afghanistan with girls being far more vulnerable to child marriage and its negative effects. UNICEF reports that at least one in three young girls is married before the age of 18. A recent report from a mixed methods research that included surveys, case studies, focus groups and interviews in five provinces across Afghanistan (Bamyan, Kandahar, Paktia, Ghor and Badghis) presented evidence of the negative consequences faced by underaged married girls that included stories about restricted mobility, unhappy marriages, violence and even attempted suicides (MoLSAMD and UNICEF, 2018).

The Afghanistan Living Conditions Survey (ALCS) 2016-17 showed that there is a proportion of the population that still does not comply with the minimum age stated in the country’s Civil Code. Some 28 percent of women aged between 20 and 24 were married before turning 18; and 4 percent were married before the age of 15 (Figure 25).

Figure 24. Proportion of women aged 20-24 years who were married or in a union before age 15 (%) (SDG 5.3.1)



Source: Global SDG Indicators Database based on data from the Afghanistan Living Conditions Survey 2016-17.

Children from rural areas and children from Kuchi and IDP communities are at greater risk of child marriage as the phenomenon has greater prevalence among these populations. Of those women aged 20-24 who are married before the age of 18, close to 32 percent are from rural areas of the country and 36 percent are from the Kuchi communities (CSO, 2018). Of those married girls aged 15-19, 3.8 percent are in a polygamous marriage. The Civil Code in Afghanistan currently permits polygamous marriages conditional only on:

- There is no fear of injustice among wives;
- The man is sufficiently wealthy to sustain the alimony of the wives – e.g. food, clothing, residence, medical treatment; and
- There is legitimate interest including infertility of the first wife or her suffering from difficult to cure illnesses (MoJ, 2014).

UNICEF’s discussions with child brides have shown that these conditions are not always met. Marriage remains largely outside the government’s control and oversight, whereas child agency in decisions affecting a child’s life is restricted.

“The decision of my marriage was made by my father. It is our tradition that the parents decide their children’s marriage and they decide who to give their daughter to and whom not to. My father said it was his nephew and he could not upset his sister and therefore I had to marry him. I did not have any say in this decision and I was not happy with it. My husband already had an older wife, and his economic situation was not very good. He is also older than I am. I always cried when I was by myself and wished the marriage never took place but it did and I have a bad life now.”

Case study – Married female aged 16 Kandahar (MoLSAMD and UNICEF, 2018)

Domestic violence

Domestic violence against children

Violence at home afflicts children as victims or witnesses of violent acts. In 2017, an estimated 74 percent of children aged between two and 14 were subjected to at least one form of psychological or physical punishment by their mothers/caretakers or other household members and 38 percent of children were subjected to severe physical punishment. Boys were subject to more severe physical punishment than girls (40 percent for boys and 37 percent for girls) with no significant difference in terms of the geographical location (rural to urban) or the economic status of the household (Save the Children, 2017). However, there is a significant difference in the use of severe physical punishment by region, with the highest incidence found in the Eastern region (53 percent) and the lowest in the Central Highlands region (27 percent). Older children experience 30 percent more severe physical punishment than children less than five years old.

Domestic violence against women and girls

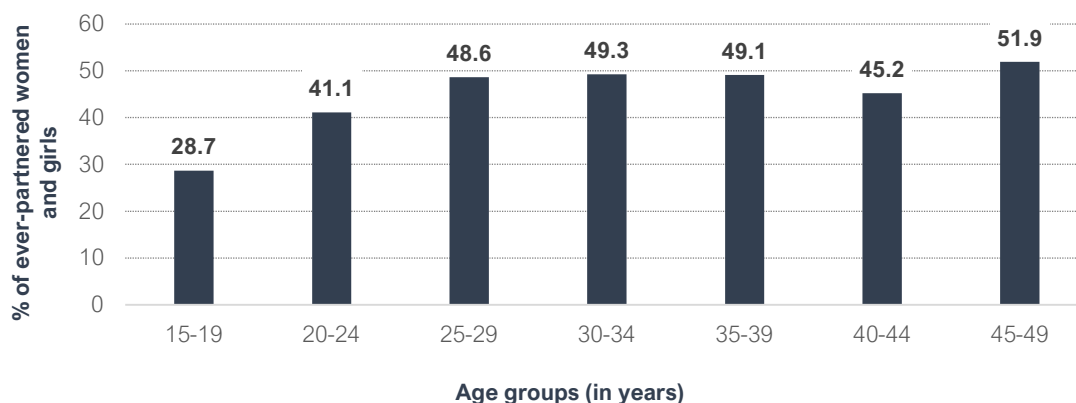
Reported domestic violence experienced by women and girls is significant, with 53 percent of ever-married women aged 15-49 reporting experiencing physical violence at least once, 31 percent of whom had experienced physical violence within the 12 months before being surveyed. Husbands are the most likely perpetrators of violence inside the household, which directly or indirectly impacts the children. Almost 56 percent of ever-married women aged 15-49 report having experienced emotional, physical, or sexual violence from their spouse, and 52 percent report having experienced one or more of these forms of violence in the past 12 months. In addition, violence at home led to physical injuries in a total of 26 percent of surveyed ever-married women who had experienced spousal physical violence in the past 12 months (CSO, MoPH, and ICF, 2017). A wealth of global evidence shows that violence is intergenerational and children who are witnesses or victims of violence can become perpetrators in the future if not supported (Widom and Wilson, 2015).

In a country where marriage is almost universal and gender norms normalize violence against women and girls, the risk of experiencing intimate partner violence is very high.³⁵ Intimate partner violence is widespread, with close to 50 percent of ever-partnered women in all age groups of women aged at least 25 reporting that they had been subject to physical and/or sexual violence by a current or a former intimate partner during the last year (Figure 26). Despite being high, reported intimate partner violence is lower for women below the age of 25. This could seem counterintuitive, as one would expect females to have more agency the older they are, or the longer they stay in a relationship. A possible explanation for reported violence to be lower among younger females could be that they have a smaller propensity to accurately declare the violence by an intimate partner due to feelings of psychological insecurity or fear of reprisals.

When surveyed, close to 41 percent of ever-partnered women and girls aged 20-24 reported an experience of some form of intimate partner violence during the previous year. The prevalence of violence perpetrated by an intimate partner drops close to 29 percent for ever-partnered girls and women below the age of 20. Of those ever-married women who reported experiences of violence in the DHS 2015, 61 percent never sought help, or never told anyone about the violence.

³⁵ Refer to Topic 8 (knowledge, attitudes, and practices) in Section 1 (Country Overview) for extensive analysis on social norms, cultural values, and roles and functions.

Figure 25. Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual, or psychological violence by a current or former intimate partner in the previous 12 months, by age, in 2015 (SDG 5.2.1)



Source: Global SDG Indicators Database (UN n.d.)

The DHS survey showed a high prevalence of negative social attitudes among women and men that justify domestic abuse.

The DHS evidenced that tolerance of wife beating increases in rural areas and decreases with education for both women and men. Physical violence against women was found to be more prevalent in rural areas (56 percent) than in urban areas (43 percent). Women’s experience of physical violence shows significant differences across provinces. Less than one in 10 women reported experiences of physical violence in Helmand (6 percent) and Badakhshan (7 percent), as compared to Ghor (93 percent) and Herat (91 percent), where physical violence against women was found to be almost universal. The level of education of these women showed positive association with reporting violence with more educated women, reporting less violence. Women who had no education were found to be twice as likely to report experiencing violence (56 percent) compared to women who had secondary education (28 percent) (CSO, MoPH, and ICF, 2017).

Gender-based violence against boys and girls

Despite a scarcity of systemic data on the extent, nature and drivers of sexual- and gender-based violence against boys and girls, indicative evidence confirms that it is pervasive and widespread. According to 2015 estimates, 1.1 percent of women aged 18-29 experienced sexual violence by the age of 18 (SDG 16.2.3) (UN, n.d.). In 2019, only 82 cases of sexual violence against children were reported to the formal system, with 48 percent of cases being perpetrated by strangers and 29 percent by older children (MoLSA, 2019). However, these statistics are strong underestimates as sexual violence is grossly under-reported. Inadequate implementation of the rule of law in the country and the lack of special courts for sexual violence against women and girls (VAWAG) cases in all 34 provinces, has led many of the reported cases of attacks and incidences of VAWAG to be settled outside the legal and human rights framework, following pressures applied to victims to withdraw allegations or informal mediation (Amnesty International, 2019). Special courts for gender-based violence (GBV) cases are currently limited to few provinces, mainly due to the lack of budget, administrative equipment, and female staff. A further constraint is insecurity, as prosecutors and judges are targeted by non-state armed groups.

Stigmatization and social taboos associated with rape result in many girls and boys being abandoned by their families and women by their husbands. Children who are subjected to sexual abuse and rape become social outcasts, while their violators get impunity. Girls and boys subjected to rape often experience grave physical injury with long-term consequences. The psychological effects, including depression, trauma, shame and withdrawal, have devastating consequences for learning.

Studies showed that many girls drop out of school after rape because of unwanted pregnancy, unsafe abortion, and sexually transmitted diseases, including HIV and AIDS, as well as other forms of ill health, trauma, displacement, or stigmatization. Fear of physical attacks and sexual violence hinders the ability of children, particularly although not exclusively girls, in enrolling in schools. There have been several reported instances of boys who were raped by male teachers and subjected to sexual harassment by older boys. Of significant concern is the practice of *bacha bazi*, or boy play. According to the Afghanistan Independent Human Rights Commission (AIHRC), the practice exists in all provinces. In 2018 the United Nations recorded 78 additional cases of rape and other forms of sexual violence against boys, most associated with *bacha bazi*. Similar to the cases of VAWAG, the issue of impunity for perpetrators remains a serious problem (UN, 2018). Whereas *bacha bazi* officially became a crime with the enforcement of 2018 Penal Code, insights indicate that it has only ceased to be practiced in public spaces. It remains particularly prevalent and common in the northern regions of Afghanistan.

In addition to the deeply embedded taboo of sexual violence and the stigma placed on children who report experience of sexual violence, the juvenile justice system also fails children in Afghanistan in many respects. Besides the lack of criminal prosecution of perpetrators of sexual abuse against children and *bacha bazi*, there are cases of children who reported that after seeking help from the police, law enforcement officials further abused (beating or sexual abuse) and harassed children, preventing them from reporting their complaints (United States Department of State, 2019). Moreover, women and girl survivors of sexual violence, including rape, are often blamed for the violence. In some cases, they may be forced to self-immolate or be killed by their family members to restore their honour, or they are convicted of moral crimes including *zina* (adultery) (Afghanistan Independent Human Rights Commission, 2015). The AIHRC registered more than 280 women who had been killed by family members during 2011 and 2012. 50 percent of these killings were due to women suspected of committing *zina* and attempted *zina* (Afghanistan Independent Human Rights Commission, 2018).

Violence in schools

Very little attitudinal research on violence in schools has been conducted in the last 10 years and despite scarce data on the prevalence of violence in schools, corporal/physical punishment is very widespread in Afghan schools and is seemingly accepted as a method for discipline. Corporal punishment is prohibited by the Education Act of 2008 and violations are legally prosecuted (Art. 52). However, a vast majority of teachers believe that physical punishment “is an essential and unavoidable” practice to keep discipline within the classroom or school (Federal Republic of Germany Foreign Office and Save the Children, 2011). A Helpdesk report from the DFID Human Development Centre on corporal punishment in Afghanistan and Pakistan indicated that more than four out of five children were vulnerable to physical abuse from parents, elders, and teachers, with boys being more likely than girls to suffer physical abuse. Anecdotal evidence from three public schools in Jalalabad and 20 public schools in Mazar-i-Sharif in 2008 found very high levels of physical punishment, with children punished in 100 percent of observed classes in boys’ schools and 20 percent in girls’ schools. Humiliating punishment, including verbal abuse, was also common. Children were often authorized by the school to beat other children, and over 50 percent of teachers believed they had the right to beat students (Federal Republic of Germany Foreign Office and Save the Children, 2011).

An investigation carried out by *The Guardian* sheds light on the sexual abuse of boys in schools, which is underreported and taboo in the Afghan society. More than 546 children have been identified as having been abused by teachers, school headmasters and prominent figures in schools. Some of those children were killed by their families once they confirmed that they had been sexually abused. Other identified children and families who reported their case to authorities have been threatened and subjected to retaliation. *The Guardian* shows that children are vulnerable in schools and at home, and cannot safely report sexual abuse as it is strongly linked to family and community honour (*The Guardian*, 2019).

Child labour

The Afghan Law set the legal age for work in Afghanistan at 15 years. Labour force participation of adolescents aged 15 to 18 is considered vocational training that should not go over 35 hours per week and not be harmful to adolescents (UNICEF, 2018a). UNICEF estimated that 30 percent of children were engaged in child labour in Afghanistan in 2019 (UNICEF, 2019c). Preliminary results from the Survey on Income, Expenditure and Labor Force in Afghanistan 2019-20 indicate a much smaller number. Only 9 percent of children aged between five and 17 were found to be in child labour (SDG 8.7.1). The survey results confirm that boys are more vulnerable to child labour than girls, as they were found to be more than twice as likely as girls to be engaged in work.

Another vulnerable group of children in relation to child labour are children of households of returnees and IDPs. A recent survey of Afghan returnees showed that children of returnees face higher chances of being engaged in child labour because they need to support the family; 36.6 percent of returnees responded that at least one child in the family was out of school because of work (The Asia Foundation, 2019a). Stakeholders' interviews for this SitAn stated that most of the internally displaced families are faced with severe economic constraints. To meet basic needs, parents send their children to work as laborers in local markets. Like IDPs, children of refugee returnees, especially from Pakistan and Iran, make up the bulk of the labour force in major cities, including Herat, Kabul and Nangarhar.

Child labour and poverty are directly proportional – as child labour increases so does poverty, and vice versa. Child labour impacts children's mental and physical wellbeing, and deprives children of mental, social, and physical development (Government of Afghanistan and ILO, 2018). It exposes children to the risk of physical injuries. Consequences of child labour include exposure to deception and exploitation by terrorist and criminal groups; involvement in illicit agriculture, poppy cultivation and harvesting, and higher chances of drug addiction; involvement in hazardous jobs and exposure to permanent injuries, poor health, and even death; heightened risk of sexual exploitation and HIV/AIDS and other sexually transmitted diseases, as well as loss of self-esteem and confidence; prevention from attending school and negatively affecting retention and performance; and deprivation from the right to play, the right to be protected from harm, and access to health services, food, and safe shelter (Government of Afghanistan and ILO, 2018).

Child migration

According to the International Organization for Migration (IOM) report on Afghanistan, there were 4.8 million Afghan migrants worldwide, with around 48 percent in Iran and 31 percent in Pakistan (IOM, 2018). Due to forced returns, the prolonged conflict, and natural disasters, there were around 4,191,521 IDPs living in Afghanistan. As per reports by the Ministry of Labor and Social Affairs (MOLSA), it is estimated that 22,000 Afghan people were deported from Turkey during 2019, of which approximately 10 percent were unaccompanied minors (UAMs) and separated children. Since 2016, a significant number of unaccompanied children are being returned from Iran and Pakistan. In 2019 alone, 485,096 Afghans were returned from Iran, of which 1,700 were UAMs (IOM, 2019). There are also children being returned from Europe, although there is no official record of the number of unaccompanied children. Most of those children are deprived of several rights, including care and protection, education, identity, health.

Little is known about the impact returning to Afghanistan has on children and communities. A lack of sufficient data on the situation of children on the move and on children returned to Afghanistan limits the capacity of the national protection system to systematically respond to the needs of these children and to support the continued provision of care, including reintegration and resettlement. Therefore, there is a need for the voices of these children and their families to be incorporated into the structures designed to support them. With insufficient support, some children will inevitably decide to migrate once more and put their lives in danger.

According to the programmatic reports from January to December 2019, 4,554 child returnees from Iran and other countries were unified with their families. Most were reunified in the Northern region. These children mostly came from Herat, Ghor, and Faryab provinces.

Deprivation of Liberty of Children in Contact with the Law

Art. 4 of the Juvenile Code distinguishes between three basic categories of children: i) a non-discerning child who is younger than seven years; ii) a discerning child, who is between seven and 12 years of age; and iii) a juvenile, which is between 12 and 18 years of age. Criminal responsibility applies to children between the ages of 12 and 18 as per Art. 5 of the Juvenile Code.

Many children deprived of their liberty and put in juvenile rehabilitation centres (JRC) are victims of child abuse and exploitation as opposed to perpetrators of any offence (UNICEF and AIHRC, 2008). They are arrested and detained instead of being provided protection and support. Some of these children are being held in detention for offences such as homosexuality, debauchery and running away from home. The poor staff-to-child ratio does not allow for consistent oversight, monitoring, and supervision, particularly at night, potentially exposing these children to greater risk than if they were to remain within their families.

More than 600 women and girls have suffered detention for so-called 'moral crimes', including zina or 'attempts to commit zina' (Human Rights Watch, 2013). Weak or non-existent criminal investigations and judicial procedures mean their convictions are often subjective. Detaining girls for 'moral crimes' is a gross violation of child rights. It also promotes the idea that transgressions of cultural norms are 'crimes' that require violence and abuse as legitimate forms of social control. Many girls face retribution by their families when they are released from detention or cannot return home at all.

Victims of human trafficking are routinely prosecuted and convicted of crimes. Male victims of child trafficking, especially those engaged in bacha bazi or armed conflict, are sometimes deprived of their liberty and sent to juvenile detention or rehabilitation facilities on criminal charges instead of receiving appropriate victim support services. Children involved in cultivating or smuggling illicit narcotics face criminal risks. 7 percent of children in JHCs in 2010 were detained on drug-related charges. Drugs commonly used by children aged 10-15 years were cannabis, opium and heroin; with opium, tranquilizers and cannabis also commonly used by children under the age of 10. Indeed, narcotics are sometimes used as general painkillers to treat children's headaches, fevers and stomach problems, and children of parents who regularly use drugs are more likely to be drug-users (MoLSA, 2016). Opportunities for addiction treatment are rare, despite the relatively large proportion of the population struggling with drug addiction. NGOs reported that authorities housed some child trafficking victims in JDCs, sometimes for several years. Such children are considered criminals even after being transferred to rehabilitation centres. UNAMA reported that some of these children were subjected to torture and ill treatment (UNICEF and AIHRC, 2008).

In 2020, more than 400 children detained on national security charges faced multiple risks, were tortured, or ill-treated and were likely to be deprived of protection rights. They are less likely to see a legal counsel and may also be at risk upon release through retaliatory harm or re-enrolment in armed groups. A recent report prepared by UNAMA and OHCHR evidenced that children deprived of liberty for security – or terrorism-related – offences remain at a higher risk of being subjected to torture and ill-treatment. Interviews with detained children showed that methods of torture and ill-treatment can include: (i) physical methods likely to leave visible marks on the body of the child, such as beating or kicking; (ii) methods that don't leave signs such as suffocation or forceful drinking of liquids; and (iii) non-physical methods, such as psychological or verbal abuse and threats (UNAMA and OHCHR, 2021). So far, there has been no prosecution of Afghan National Police officers for using torture, suggesting a culture of impunity. In any judicial proceedings against children, they should be treated first as victims in need of rehabilitation and reintegration, as specified in Article 39 of the CRC.

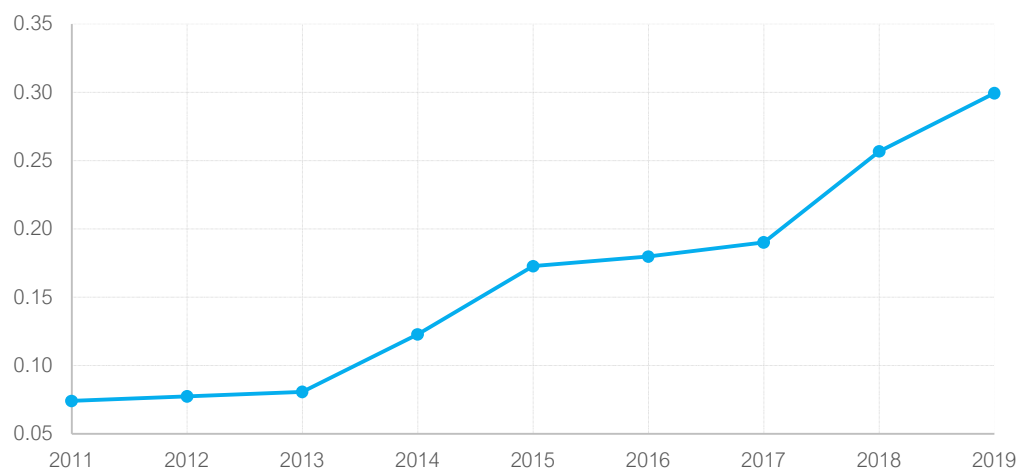
Protracted armed conflict and grave violations

“When fighting breaks out, no place is safe in our village, but home is still better than outside. We hide in the corners of rooms.” — 14-year-old girl, Afghanistan.

(Save the Children International 2020a)

Target 16.1 of the SDGs is to “significantly reduce all forms of violence and related death rates everywhere”. SDG Indicator 16.1.2 (conflict-related deaths per 100,000 population, by sex, age, and cause) is used to monitor direct and indirect deaths associated with armed conflicts. Only aggregated data on battle-related deaths is available, although no disaggregation by sex and age is provided (Figure 27). A steep increase in the number of recorded battle-related deaths has been registered. This more than doubled between 2014 and 2019. The conflict in Afghanistan is considered deadliest for children, with women and children forming 44 percent of civilian casualties in the first three quarters of 2020 (UNAMA 2020; United Nations, 2020).

Figure 26. Battle-related deaths (per 100,000 population) (SDG 16.1.2)



Source: Uppsala Conflict Data Programme³⁶

The situation of children affected by armed conflict is deteriorating, with a significant increase in 2020 of the number of children killed and maimed; the continuing recruitment and use of children; the perpetration of rape and other forms of sexual violence against children, including bacha bazi; and attacks on hospitals and schools (United Nations Security Council, 2020). In the first nine months of 2019, an average of nine children were killed or maimed in Afghanistan every day (UNICEF, 2019b). In 2019, Afghanistan was the most affected country by grave violations against children. There was a 67 percent increase in suicide and complex attacks affecting children, outweighing the decrease in casualties from aerial attacks. Child recruitment and use, gender-based violence and child abductions were significant. A total of 3,149 children (70 percent of whom were boys) were killed (874 children) and maimed (2,275 children), mainly because of ground engagements (1,213), non-suicide attacks using improvised explosive devices (575), and suicide and complex attacks (460).

³⁶ The data can be accessed here: <http://www.pcr.uu.se/research/ucdp/>

Explosive remnants of war and aerial attacks caused 403 and 341 casualties, respectively. The remaining 157 casualties resulted mostly from search operations, targeted or deliberate killings, and escalation of force. Sexual violence affecting 18 children (13 boys, five girls) was attributed to the Taliban (14), the Afghan National Police (three) and one incident was jointly attributed to both Afghan Local Police and pro-government militias (General Assembly Security Council, 2019). Nonetheless, these figures are likely to significantly underestimate the true number of grave child rights violations in the country, they are still alarming on about the worsening protection and security situation faced by children.

Stakeholder interviewed as part of this SitAn raised concerns over the impact of the war on children's mental health and upbringing and the fact that these issues have not been adequately addressed. Because children are raised in an environment where bomb blasts and suicide attacks are embedded in their daily experience, even if they have escaped recruitment by non-state armed groups, they grow to consider ordinary the incidents themselves as well as the social and emotional insecurity attached to them.

According to the statistics of the Mine Action Coordination Center of Afghanistan, in 2018, 1,738.7 km² of land was covered with landmines, including 951.5 km² with unexploded ordnance from the war; 156.5 km² has been newly identified with landmines and 630.8 km² has been occupied by military manoeuvres from international forces. In 2018 alone, 496 people lost their lives due to landmines and unexploded ordnance. Compared to 2016 and 2017, these numbers are 27.2 and 7.3 times less likely to occur, respectively. Among those who died from landmines and unexploded ordnance in 2018, 10.3 percent were women and 86.7 percent men.

Causes of violence against children and exploitation

The root causes of violence and exploitation of children are widespread and extreme poverty, the long-lasting war and conflict, displacement, weak institutions, the prevalence of harmful social norms and traditions, and the large number of out-of-school children. Poverty increases children's vulnerability to violence and exploitation. Economic difficulties faced by households may force children into unlawful labour and work on the streets, and lead families to transactional practices with other families that often involve underage and forced marriage (ILO and UNICEF, 2019a; Amnesty International, 2019). Conflict in the area remains a key cause of violence against children and exploitation that adversely interacts with poverty leaving many children's future at the mercy of warfare. Most street beggars and child labourers are disabled and maimed children. Households' poor economic conditions and the ease with which children may be manipulated, scared, or seduced by glamorized stories of adventure and fighting, have led many children to voluntarily join the armed forces. Others have been recruited after being kidnapped and forced with the threat of a gun (Tallon, 2019).

Access to the justice system for women and girls is hindered by dominant cultural norms that require victims to remain silent if they wish to preserve their family's reputation, as well as shame, stigma and fear of reprisals. The inability of the state to perform due diligence and investigate, prosecute and punish perpetrators of VAWAG or to provide compensation to survivors has led to high impunity rates (Qazi Zada, 2020). High rates of impunity normalize violence against children and increase the chances of it recurring.

Stakeholders interviewed for this SitAn argued that the rule of law has been better developed in urban areas. In rural areas, there is a lack of trust in the formal justice system and involving the authorities in the resolution of conflicts as well as reporting criminal behaviour is considered shameful. Informal justice systems, such as *jirgas* or *shuras*, based on a group of community elders resolving conflicts, are instead prevalent and preferred over the official justice system. While there is the potential of decreasing the volume of work in the formal justice system by having *jirgas* or *shuras* address misdemeanours, this requires an understanding of the legal system and the types of offences by their members.

The existence of informal justice systems and societal pressures to deal privately with cases of violence through mediation also play a key role in leaving VAWAG unpunished, sending a message that VAWAG is acceptable. That, therefore, increases the likelihood of it recurring. UNAMA recently reported that encouragement of informal mediation of VAWAG may even come from law enforcement authorities and ERAW Law institutions, including the police, prosecutors and judges, who sometimes endorse the process and observe the proceedings (UNAMA and OHCHR, 2018).

Stakeholders interviewed argued that domestic violence also causes casualties, and the absence of GBV complaint mechanisms has been one of the factors. The Ministry of Refugees and Repatriation was recently able to develop a complaints response mechanism with the financial support of Welthungerhilfe so that female IDPs and returnees can file complaints to be addressed by relevant agencies. However, the programme has not been yet operationalized due to the absence of a comprehensive campaign strategy to make women and girls aware that there is a system in place for them.

Harmful cultural practices, such as exchange of brides, bride price, and engagement before birth, contribute to child marriage (OECD, 2019). Other factors contributing to child marriage and early childbirth are: limited access to comprehensive sexual and reproductive health education and services; stigma surrounding young women's sexuality as a barrier to accessing health services; and the absence of youth-friendly health facilities in Afghanistan (Gereš et al., 2018). A study on child marriage in Afghanistan found that while child marriage was often more negative than positive at individual levels, the perceived community's approval of child marriage was high (MoLSAMD and UNICEF, 2018). The expectation of a community's approval of sexual and gender-based violence and harmful practices (SGBV/HP) influences personal approval of SGBV/HP.

Key policies, strategies, and programmatic approaches

Since 2008, the Government of the Islamic Republic of Afghanistan has made significant progress in aligning its national legal framework to the national constitution and international commitments on child rights. Several legislations have been promulgated on diverse issues related to child protection rights, such as human trafficking; children in conflict with the law; children with disability; violence against children and women, especially girls; children without parental care; and migrant children. While some elements of child protection are reflected in some national sectoral policies and strategies by relevant sectoral ministries, including the National Strategy for Children at Risk (NSFCAR) adopted in 2006, these policies, strategies and action plans have fragmented approaches that allow duplications and contradictory actions/interventions that do not address the multiple child protection vulnerabilities and risks present within the country.

In March 2019, the Law on the Protection of Child Rights (passed by Presidential Decree) was enforced for the first time by the government and it is awaiting ratification by Parliament. This law promotes the entirety of child rights, avoids fragmentation when addressing child rights to protection, and provides the first legal framework that promotes, protects, and guarantees the rights of every child – anyone under the age of 18. In 2020, the first draft of the new Family Law was completed by the Ministry of Women's Affairs with more improvement to the provisions related to age of marriage, custody, protection of women and girls from domestic violence and honour killing. In 2020, the Ministry of Interior launched its policy on safeguarding the rights and protection of children that includes provisions to prevent the recruitment and use of children in armed conflict and the perpetration of sexual violence against children (United Nations General Assembly, 2021)

As of March 2021, the Government of the Islamic Republic of Afghanistan was developing a comprehensive child protection policy that adopts a systems-strengthening approach for child protection and includes, among others: a costed, evidence-based implementation of laws and policies that serve to promote the right of children to protection to prevent occurring abuses and to ensure that the best interests of the child are considered when violations occur and remedial responses are sought; regulation and monitoring of child protection standards at all levels, including in child residential/foster care contexts; and the delivery of child pro-

tection-related services supported by a committed workforce, particularly within social/justice and health/education sectors, with relevant/appropriate competencies and mandates. The National Child Protection policy will focus on families and communities as critical agents for the care and protection of children.

New legislation has also been introduced to protect male children who are vulnerable to military recruitment and bacha bazi, and to prosecute perpetrators. In 2018, the government revised the penal code and criminalized the recruitment and use of children by armed forces and bacha bazi. The penal code criminalized bacha bazi, building on the 2017 Law to Combat Crimes of Trafficking in Persons and Smuggling in Migrants. Article 660 of Chapter 5 of the revised penal code specifies a punishment of up to 15 years for the authorities of security forces involved in the practice of bacha bazi (United States Department of State, 2019). The revised penal code also included provisions for rape and sexual harassment. It details the acts that constitute a crime and are permissible for punishment, but did not incorporate all the provisions of the EAW law (APPRO, 2018b) leaving the status of the law in a state of uncertainty.

The Department of Gender in the MoPH launched the operation of 37 family support centres in 26 provinces. These are hosted in provincial hospitals and provide victims of GBV with free care, free legal counselling, and wellbeing sessions. Victims can be also referred to healthcare facilities if that is deemed necessary and if they consent to it. Thus far, services have been offered to 30,000 victims of GBV, women and children. Data from all centres are collected in an online database. Relevant training sessions are organized with community representatives to raise awareness against GBV and negative traditional practices (e.g. forced marriages). From the same data, it has been extracted that during the lockdown due to COVID-19, GBV at home increased physically, sexually, and emotionally.

With UNFPA support, the Department of Gender in MoPH trains healthcare providers in GBV standard operating procedure (SOP), especially in the areas of providing healthcare services to victims, respecting principles, as well as understanding matters of confidentiality, safety, and security. Healthcare providers are also offered bespoke training and counselling sessions to develop and further enhance their communication skills with the victims. These sessions also aim to reduce the physical and sexual harassment of women in the health sector, while there are already cases in which the harasser has been successfully reported and imprisoned. Notably, the Department of Gender has also taken steps to raise awareness among healthcare providers about the practice of virginity tests. Whereas the 2018 Penal Code states that the test can be done if that is the decision of an authorized court and if there is consent on behalf of the girl, its legitimacy has no medical, Afghan law or Islamic law foundation. The Department of Gender attempts to problematize the use of virginity tests even when consent has supposedly been given.

The Law on the Elimination of Violence Against Women (EAW) was adopted by Presidential Decree in 2009. It criminalizes child, forced marriage, and 20 more other harmful practices. Approval of the EAW was declined by the Afghan Parliament in May 2013, with opposition mainly focusing on the Law's contradiction with Islamic law and, particularly, with Article 3 of the Constitution. Given its ambiguous status and the prevailing judicial attitudes towards the Law, EAW is only occasionally implemented across the country, leaving room for informal institutions and justice systems to settle cases of violence against women and girls. It is estimated that around 80 percent of disputes on cases of VAWAG are resolved through jirga (Qazi Zada, 2020).

Regarding the state's response to survivors of VAWAG, the government committed for survivor-focused and right-based services. These will be provided by trained personnel using established guidelines and protocols (that will secure a standard level of care) and through appropriate referrals to survivors. To this end the Government of Afghanistan takes steps to ensure coordinated response mechanisms are in place, confidential case management and immediate access to all survivors of VAWAG to quality services including consultation and legal aid. The government also committed to promote the recruitment of women in public services and the adequate provision of health centres with necessary commodities and trained staff to improve forensic evidence collection at specific locations (GoIRA and MoWA, 2016).



Dimension four

EVERY CHILD LIVES IN A SAFE AND CLEAN ENVIRONMENT

POINTS COVERED:

- Environmental pollution
- WASH
- Clean energy
- Disaster deaths

SDG indicators

3.9.1 Mortality rate attributed to household and ambient air pollution per 100,000 population
6.1.1 Proportion of population using safely managed drinking water services (%)
6.2.1.a Proportion of population using safely managed sanitation services (%)
6.2.1.b Proportion of population with a basic handwashing facility with soap and water available on premises (%)
6.2.1.c Proportion of population practicing open defecation (%)
1.4.1.a Proportion of the population using basic drinking water services (%)
1.4.1.b Proportion of the population using basic sanitation services (%)
7.1.2 Proportion of population with primary reliance on clean fuels and technology (%)
13.1.1 Number of deaths caused by disaster per 100,000 population

Overview

The fulfilment of women and children’s rights to living in a safe and clean environment has improved since 2014, although significant deprivations and inequities persist. Ambient air pollution and household air pollution (HAP) continue to be threats to the health and wellbeing of children. Air pollution can be lethal for children under the age of five, while it can also result in asthma, bronchitis, other respiratory infections and diseases, and cognitive developmental problems with long-lasting adverse impacts. With most (63 percent) households being deprived of cooking fuel and resorting instead to the use of animal dung, crop residue or bushes, twigs, firewood or charcoal to cook, HAP is responsible for several respiratory infections, disabilities or death (NSIA, 2019). Women and children – especially girls – are at greater risk of harm due to HAP, given the country’s negative cultural and social norms that expect females to stay at home more than males.

Access to electricity and water, sanitation, and hygiene (WASH) facilities has improved since the last SitAn was carried out (2014). There is now almost universal access (98 percent) to electricity throughout Afghanistan, though not for all households and not during all hours of the day. Inequalities in access to quality water drinking services still exist between children living in households in urban and rural areas, and children from households of different economic status. Universal access to at least basic facilities for drinking water has nearly been achieved only in the capital, Kabul.

Since the last SitAn, open defecation (OD) has been eliminated in the country's urban areas, but 17 percent of the rural population still practices it. As of 2017, less than half (38 percent) of the Afghan population had access to basic handwashing facilities at home, with large differences being observed between rural and urban areas. The children at greater risk of hygiene and sanitation problems are those from households in rural areas and Kuchi communities, presenting the highest deprivations in both types of services.

Natural hazards also pose increased risks to the safety and health of children, especially for those living in the poorest households, who experience a natural disaster shock twice as often as the wealthiest households. Natural and environmental disasters interact with a range of socio-economic vulnerabilities and can bring considerable adverse effects on children. Such disasters can lead to emergency crises for children and pose multiple threats to their physical and mental health and wellbeing due to disease, malnutrition, and a sense of insecurity.

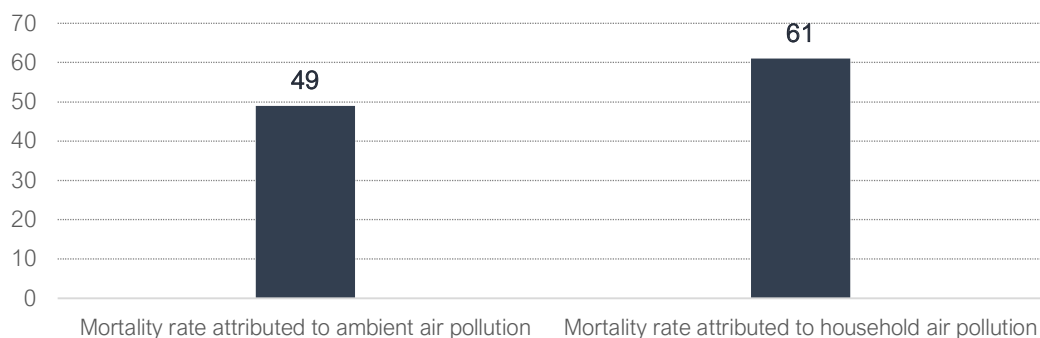
Environmental pollution

Ambient air pollution refers to the air pollution in the outdoor environment of an area. HAP is a more specific term used to describe indoor pollution or poor air quality within the house. HAP is a result of everyday household practices, such as cooking using open fires or inefficient stoves fuelled by kerosene, biomass (wood, animal dung and crop waste), and coal.

According to WHO, HAP is a leading environmental risk factor for death and disability worldwide and an important risk factor for non-communicable diseases including pneumonia, stroke, ischaemic heart disease, chronic obstructive pulmonary disease (COPD) and lung cancer. Nearly one out of two pneumonia deaths of children below the age of five are the result of particle matter inhaled from indoor air (WHO, 2018b).

In 2016, Afghanistan recorded 49 deaths for every 100,000 people due to ambient air pollution, and 61 deaths for every 100,000 people due to HAP. It is estimated that HAP kills more than 27,000 people each year, while outdoor pollution kills over 11,000. Comparing the country's tally of 10,392 civilian casualties due to armed conflict in 2019 (UNAMA, 2019), some conclude that air pollution is even deadlier than war in Afghanistan.

Figure 27. Mortality rate attributed to household and ambient air pollution per 100,000 population (SDG 3.9.1)



Source: Global Health Observatory (GHO), World Health Organization (WHO)

Air pollution can be lethal for children under the age of five. Previous research has shown that air pollution is linked with asthma, bronchitis, and other respiratory infections and diseases having an adverse long-lasting impact on children's health and wellbeing (UNICEF, 2016a). The literature suggests that exposure to air pollution can have significant effects on the cognitive development of children and can cause behaviour problems in later childhood. Indicatively, prenatal exposure to certain air pollutants slows children's information processing speed and is associated with attention-deficit/hyperactivity disorder symptoms (Peterson et al., 2015).

Pollution in Afghanistan is a major concern. The problem appears to be more severe in Kabul, which is among the five capital cities with the worst air quality, after Delhi (India), Dhaka (Bangladesh), and Ulaanbaatar (Mongolia) (IQAir, 2019).

The source of cooking fuel was identified in the last Afghanistan Multidimensional Poverty Index (A-MPI) as the second highest deprivation, after female schooling, with 63 percent of households being deprived of adequate fuel cooking sources. These households use animal dung, crop residue or bushes, twigs, firewood or charcoal to cook in the dwelling, causing HAP and increasing the risks for respiratory infections, disabilities, or death (NSIA, 2019).

WASH

SDG 6 is concerned with ensuring the availability and sustainable management of water and sanitation for all. Access to WASH services is key to reducing the spread of and death from disease, especially for children. In 2016, the mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene was at 13.9 per 100,000 population and was higher for females (15.3 deaths per 100,000 females) than males (12.6 deaths per 100,000 males) (WHO, 2019a).

WHO's and UNICEF's Joint Monitoring Programme (JMP) for WASH has been responsible for monitoring progress towards the SDG targets related to WASH since 1990. Today, JMP's extensive global database is the leading source of comparable WASH coverage estimates at national, regional, and global levels.

Access to basic drinking water services

Target 6.1 of SDG 6 states that countries should achieve universal and equitable access to safe and affordable drinking water for all by 2030. Attached to this target, indicator 6.1.1 tracks progress towards equitable and universal access to affordable drinking water by measuring the proportion of population using safely managed drinking water services, which is defined as a source of drinking water that meets the three following conditions:³⁷

- it is located on the premises;
- it is available when needed; and
- it is free of priority chemical contamination and faecal contamination.

Findings from previous JPM analysis indicate that Afghanistan is one of the 20 countries that increased use of basic water services by more than 20 percent between 2000 and 2017. During this period, the country increased access to at least basic drinking services by almost 40 percent (WHO and UNICEF, 2019).

Despite the significant progress that has been achieved, access to drinking water remains a problem for many people in Afghanistan. A survey of male and female household representatives and male shuras in Afghanistan revealed that drinking water (particularly sufficient supply) was identified as the first development priority. The issue of drinking water has been prioritized more among rural communities and the nomadic Kuchi population (CSO, 2018). Access to WASH facilities is limited in school settings and healthcare facilities (HCF).³⁸ According to the Health Management Information System data in 2019, 35 percent of health facilities did not have access to safe drinking water, 23 percent did not have latrines, and 37 percent did not have access to improved sanitation facilities.

³⁷ <https://www.sdg6monitoring.org/indicator-611/>

³⁸ An analysis of access to WASH facilities in schools is provided in Dimension 2 – Every child learns.

In 2016, access to WASH commodities and services such as soap and handwashing water had only been achieved by 81 percent of HCFs, but the hand hygiene practices were extremely poor among health care providers, and have been documented to be as low as 18 percent in tertiary facilities before patient examinations (Jhpiego, 2017).

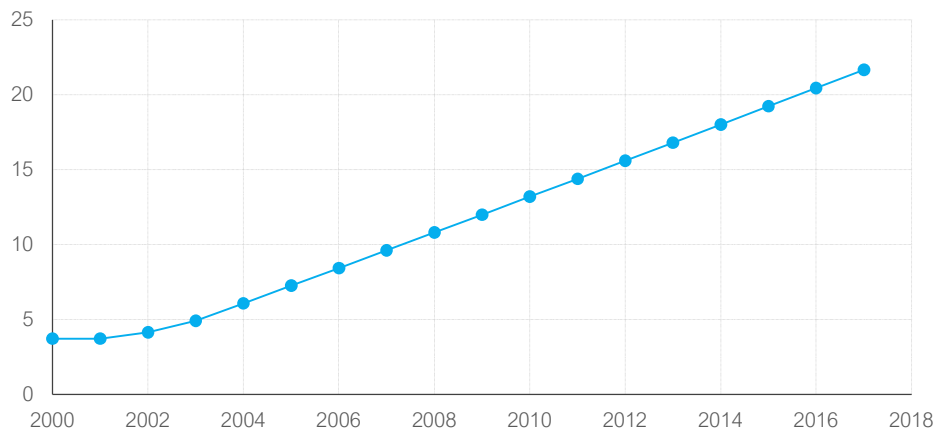
NSIA estimates in 2020 indicate that 75 percent of the population in Afghanistan used improved drinking water resources in 2020. Near 'universal' usage of improved drinking water resources has only been achieved in urban areas, with 95 percent of the population securing access to improved drinking water resources, while only 70 and 47 percent of the rural and Kuchi (nomadic) population respectively had access to such resources (NSIA, 2020a). 15 percent of the Afghan population had access to safely managed drinking water in 2019-20, a decrease of 30 percent from 2016.

Half of the Afghan population has only access to a non-piped improved water source for drinking water (49 percent, or 17,255,516 people). By 2017, access to drinking water from a piped source was achieved by only 22 percent of the population (Figure 29). Inequalities in access to quality water drinking services still exist between children living in households from urban and rural areas, and children from households of different economic characteristics. Almost half (45 percent) of people living in urban areas have access to piped sources for drinking water, with most others (51 percent) being served through non-piped sources. In rural areas, only 14 percent of people have access to a piped source of water – that is less than the country's average (22 percent). Close to half (48 percent) of the rural population has now access to drinking water through a non-piped water source (WHO and UNICEF, n.d.).

³⁹ According to WHO, "improved drinking water sources includes sources that, by nature of their construction or through active intervention, are protected from outside contamination, particularly faecal matter. These include piped water in a dwelling, plot or yard, and other improved sources" (WHO, n.d.)

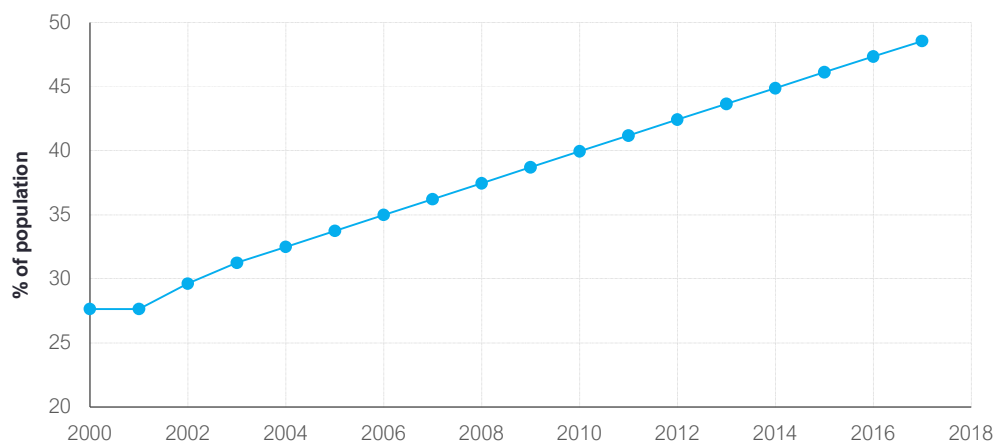
⁴⁰ Safely managed drinking water is defined by WHO and UNICEF as an improved water source that is accessible on premises, available when needed and free from faecal and priority chemical contamination.

Figure 28. Percentage of the population with access to piped-improved drinking water (2000-2017)



Data Source: WHO/UNICEF JMP.⁴¹

Figure 29. Percentage of the population with access to non-piped improved drinking water (2000-2017)

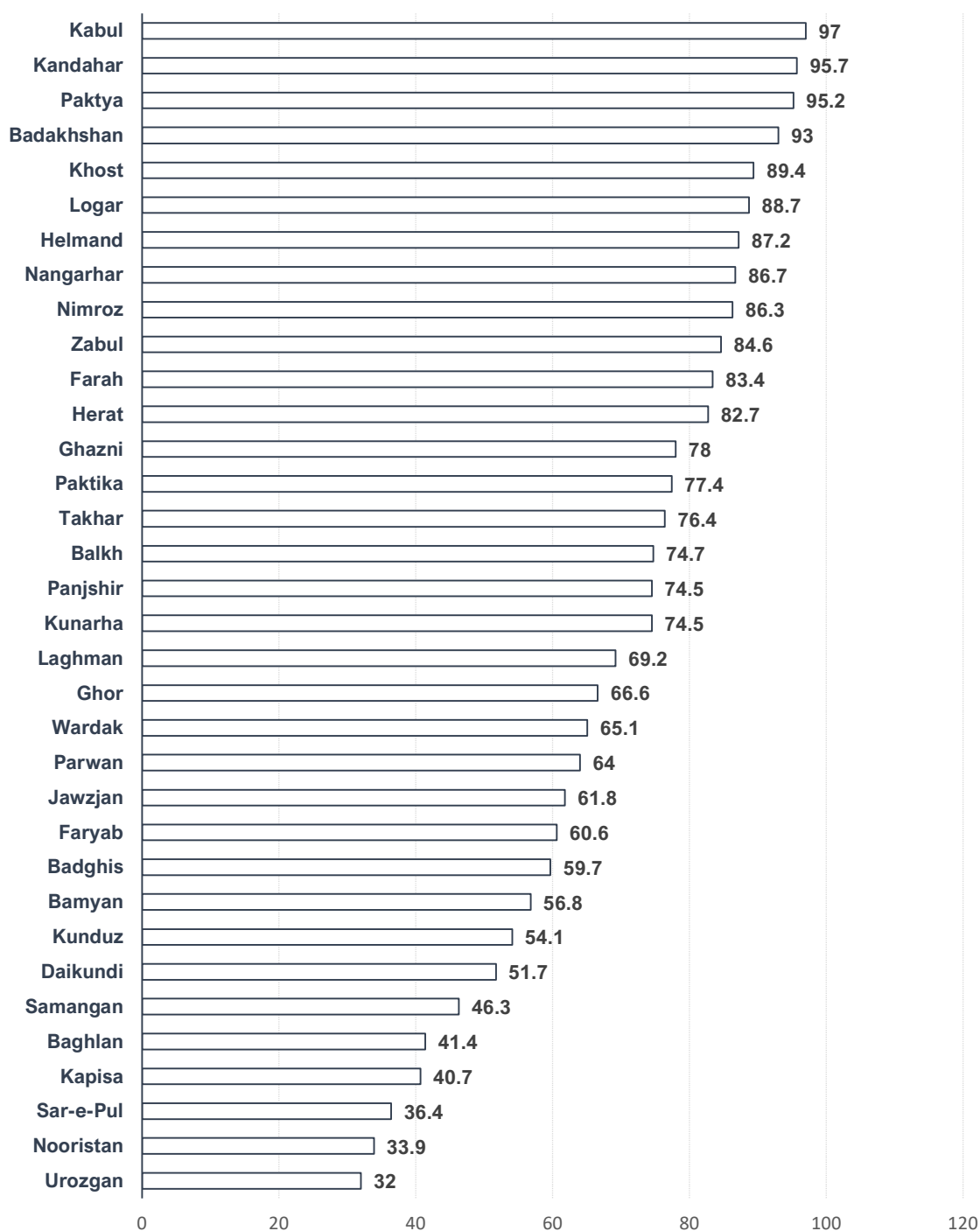


Data Source: WHO/UNICEF JMP.⁴²

⁴¹ The data can be found on the JMP dashboard: washdata.org/data/household#!/dashboard/new

⁴² The data can be found on the JMP dashboard: washdata.org/data/household#!/dashboard/new

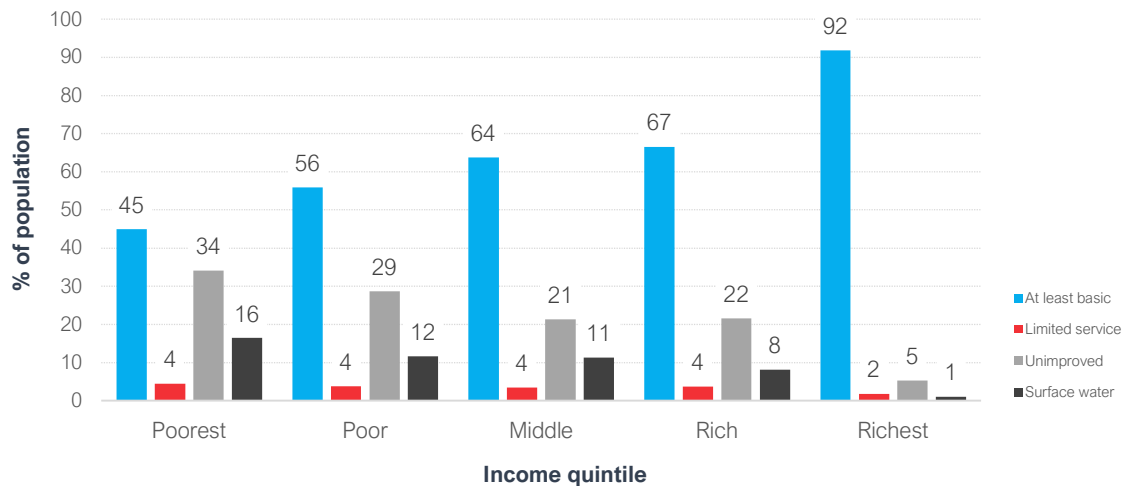
Figure 30. Population using an improved water source in 2020, by province (%)



Source: Income, Expenditure and Labour Force Survey

Universal access to at least basic facilities for drinking water has been nearly achieved only in the country’s capital, Kabul. In all other provinces, the prevalence of unimproved sources or surface water as a source of drinking water ranges between 16 and 92 percent (Figure 31).

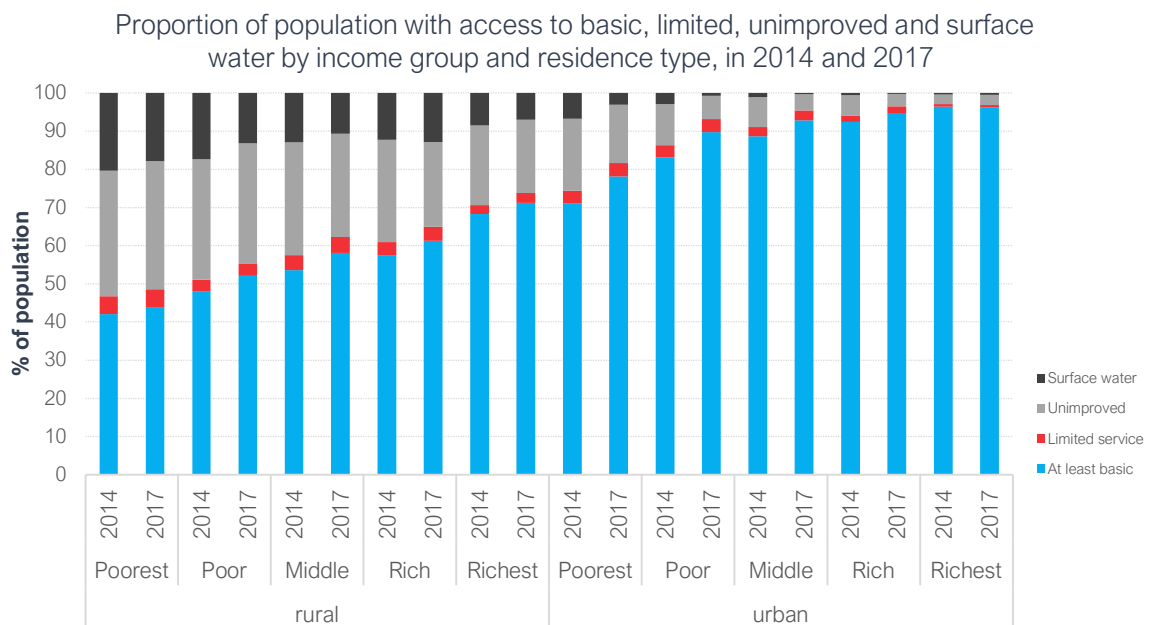
Figure 31. Access to drinking water services by income quintile



Data Source: WHO/UNICEF JMP. Note: totals may be off by +/- 1 percentage point due to rounding.

Half of households in the poorest quintile drink water from an unimproved source or surface water. In the second poorest quintile, two out of five households use unimproved sources or surface water for drinking water (Figure 32).

Figure 32. Access to drinking water services by income quintile and residence type in 2014 and 2017



Data Source: WHO/UNICEF JMP.

Progress reaches households below the middle-income group faster in rural than in urban areas (Figure 33). Between 2014 and 2017, the proportion of urban population with access to basic drinking water services increased from 71 percent to 78 percent in the poorest households, from 83 percent to 90 percent in poor households and from 89 percent to 93 percent in middle-income households. This translates to nearly 765,000 new urban households of middle income and below with access to basic drinking water. During the same period more than 1 million rural households gained access to basic drinking water services.

At the same time, in urban areas access to only surface water has reached zero levels in almost all income groups except for the poor and poorest quintiles, in which a share of 1 percent and 3 percent of households respectively still drinks surface water. In rural areas, meanwhile, the prevalence of surface water as the main source of drinking water ranges between 7 percent in the richest households to 18 percent in the poorest.

Regarding the safety of water in Afghanistan, the results from the water quality testing module that was piloted in 10 of the 34 Afghan provinces in ALCS 2016-17, showed 58 percent of households surveyed had access to drinking water sources that were contaminated with *E. coli*, with 27 percent of water sources considered as of high or very high risk. Less than half of urban households had *E. coli* in their drinking water. At the same time, one in three households in rural and Kuchi communities were found to drink water from a contaminated source (CSO, 2018).

Sanitation and Hygiene

The ambition to achieve access to adequate and equitable sanitation and hygiene and end all open defecation, paying special attention to women's and girls' needs, is expressed in target 6.2 attached to SDG 6. Progress towards target 6.2 for sanitation is measured by indicator 6.2.1 which tracks the Proportion of population using (a) safely managed sanitation services, (b) a hand-washing facility with soap and water and (c) practicing open defecation.

Sanitation

The term 'safely managed' describes a new higher ranking in the service level ladder used to assess sanitation in the MDG framework, i.e. in increasing order, the MDG service level ladder used to be: a) no service (open defecation); b) unimproved sanitation; c) shared or limited sanitation; and d) basic sanitation facilities. The 'safely managed' service level sits upon the basic level category and is defined as a 'private improved facility where waste is safely disposed on-site or transported and treated off-site; plus a handwashing facility with soap and water' (UNICEF, 2016b).

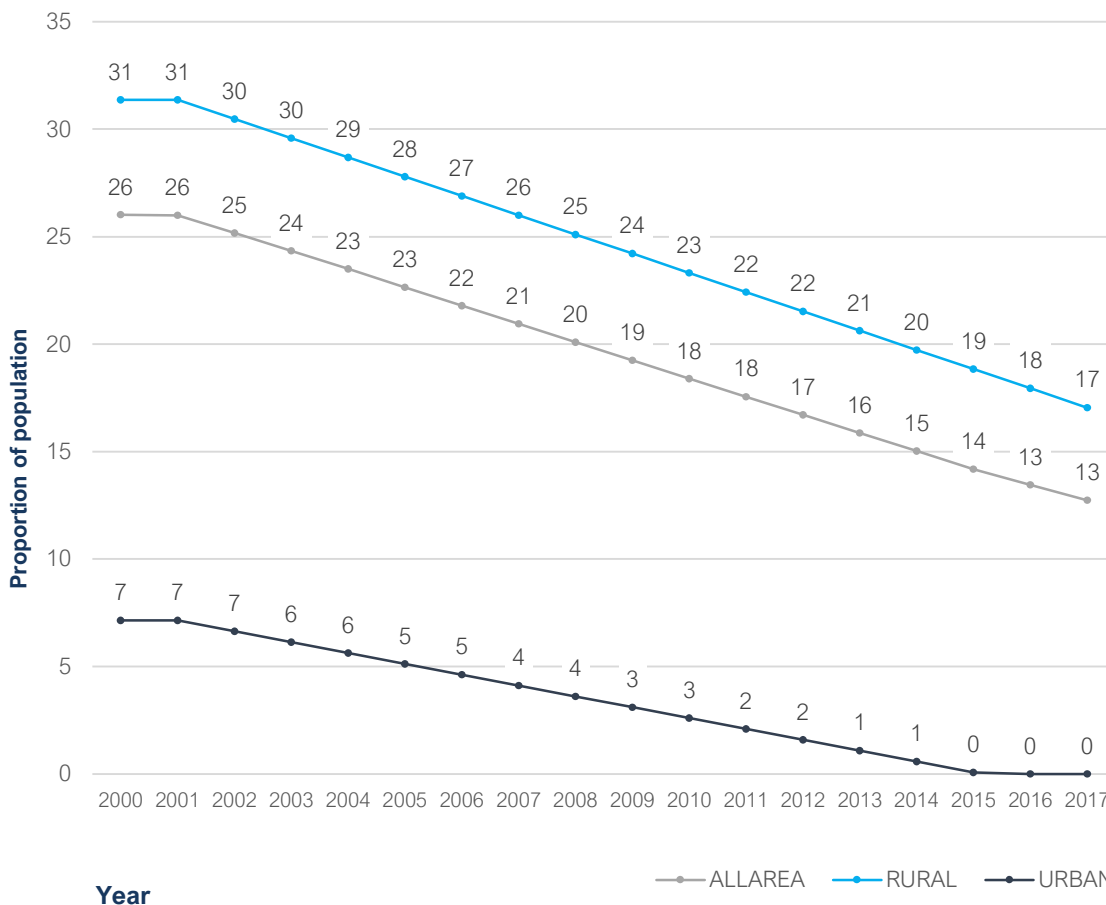
In 2017, an estimated 43 percent of the Afghan population had access to at least basic sanitation facilities (37 percent in rural areas and 62 percent in cities). Another 10 percent of the population only had access to limited (or shared) sanitation (6 percent in rural areas and 21 percent in urban), whereas 34 percent had access to unimproved sanitation facilities (WHO and UNICEF, n.d.).

Since the last SitAn in 2014, 394,620 people gained access to some form of sanitation facilities and stopped practicing open defecation. The practice has been eliminated in the country's urban areas (<1 percent), but 17 percent of rural population still practices open defecation, according to the WHO/UNICEF Joint Monitoring Programme for WASH (Figure 34).

⁴³ In the Strategy for WASH 20162030-, UNICEF provides the following definitions for sanitation service levels: a) Unimproved sanitation is an unimproved facility that does not protect against contamination – the term describes the use of pit latrines without a slab or platform, hanging latrines or bucket latrines (WHO and UNICEF, 2020); b) shared sanitation is an improved facility shared with other households; and c) basic sanitation describes a private and improved facility which separates excreta from human contact (UNICEF, 2016b).

⁴⁴ Calculations based on data found from WHO/UNICEF JMP global database for WASH available here: <https://www.washdata.org/data/household#!/table?geo0=country&geo1=AFG>

Figure 33. Proportion of population practicing open defecation, by residence type (%)



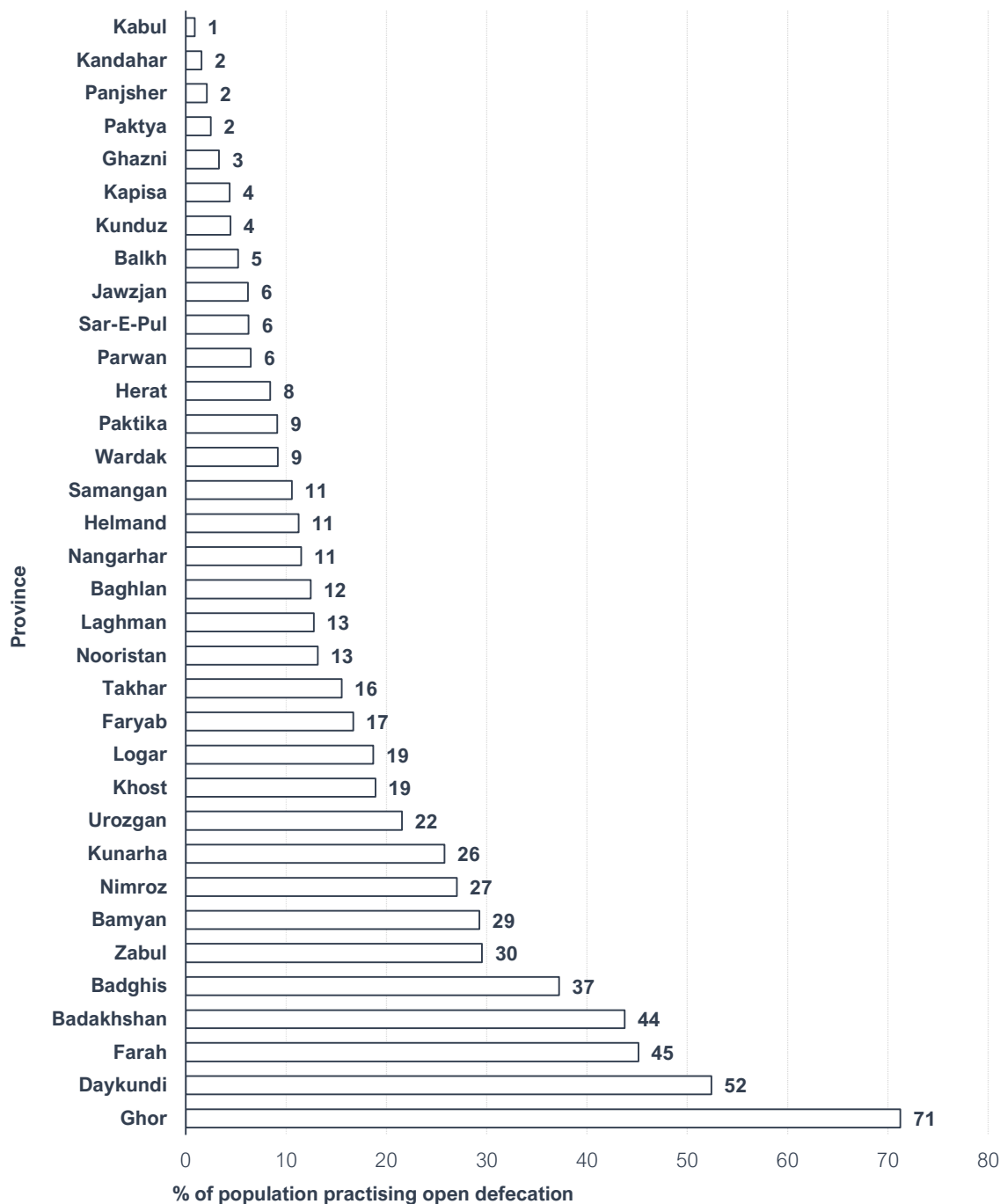
Data Source: Global SDG Indicators Database. The data comes from the Afghanistan Living Conditions Survey 2017.

In Balkh, Kunduz, Kapisa, Ghazni, Paktya, Panjsher, Kandahar and Kabul provinces, less than 5 percent of people practice open defecation. In 2017, Kabul is the only province which is very close to being open defecation free (ODF) (CSO, 2018).

In 16 provinces (i.e. Jawzjan, Sar-E-Pul, Parwan, Herat, Paktika, Wardak, Samangan, Helmand, Nangarhar, Baghlan, Laghman, Nooristan, Takhar, Faryab, Logar and Khost) open defecation is still practiced by between 6 percent (Jawzjan) to 19 percent (Khost) of the population. In other provinces, more than 20 percent of people still practice open defecation, with Ghor reporting a prevalence of more than 70 percent (Figure 35).

Children living in the nomadic Kuchi communities also face increased health risks linked to lack of sanitation, since the proportion of Kuchis with access to any sanitation facility is almost zero (CSO, 2018).

Figure 34. Prevalence of open defecation in 2017 by province



Data Source: The Afghanistan Living Conditions Survey 2017

An increase in access to at least basic and limited sanitation services has been achieved across all income quintiles, whereas a reduction in the use of unimproved sanitation facilities has been achieved only in the two top income quintiles (Tables 8-10).

In 2014 and 2017, 39 percent and 44 percent of the Afghan population respectively had access to at least basic sanitation services, corresponding to a 10 percent increase. Access to limited sanitation facilities was secured by 13 percent and 14 percent of the population in 2014 and 2017 respectively. Lastly, 54 percent and 52 percent of the Afghan population had access to unimproved sanitation facilities in 2014 and 2017. A breakdown of the level of access to sanitation facilities by level of wealth is provided in Tables 8, 9 and 10.

Table 8. Access to at least basic sanitation service

Quintile	2014		2017		Change in population with access to at least basic sanitation services between 2014-2018
	Coverage (%)	Population	Coverage (%)	Population	
Poorest	25	1,608,322	31	2,195,512	587,190
Poor	25	1,645,363	26	1,876,359	230,995
Middle	29	1,919,102	33	2,311,383	392,281
Rich	27	1,793,944	29	2,065,645	271,701
Richest	52	3,376,152	56	3,953,308	577,156

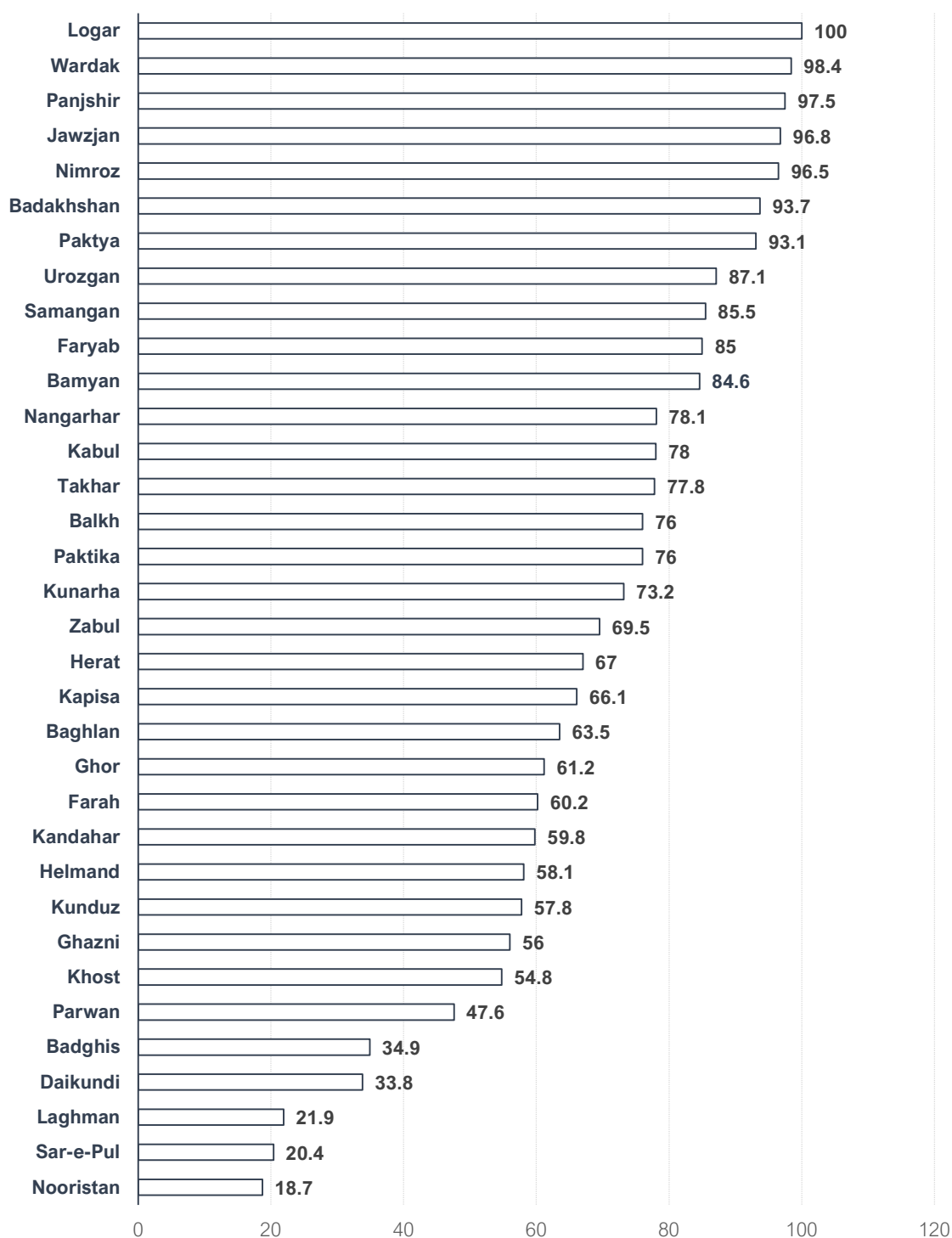
Table 9. Access to limited sanitation facilities

Quintile	2014		2017		Change in population with access to limited sanitation services between 2014-2017
	Coverage (%)	Population	Coverage (%)	Population	
Poorest	5	322,974	6	440,891	117,916
Poor	6	416,598	7	475,085	58,487
Middle	8	540,672	9	651,190	110,518
Rich	11	738,906	12	850,818	111,912
Richest	20	1,342,319	22	1,571,789	229,470

Table 10. Access to unimproved sanitation facilities

Quintile	2014		2017		Change in population with access to unimproved sanitation services between 2014-2017
	Coverage (%)	Population	Coverage (%)	Population	
Poorest	45	2,949,203	44	3,158,820	209,617
Poor	50	3,246,384	52	3,692,525	446,140
Middle	49	3,214,497	50	3,539,907	325,409
Rich	44	2,875,434	40	2,851,084	-24,350
Richest	27	1,754,375	21	1,519,921	-234,454

Figure 35. Population using improved sanitation in 2020, by province (%)

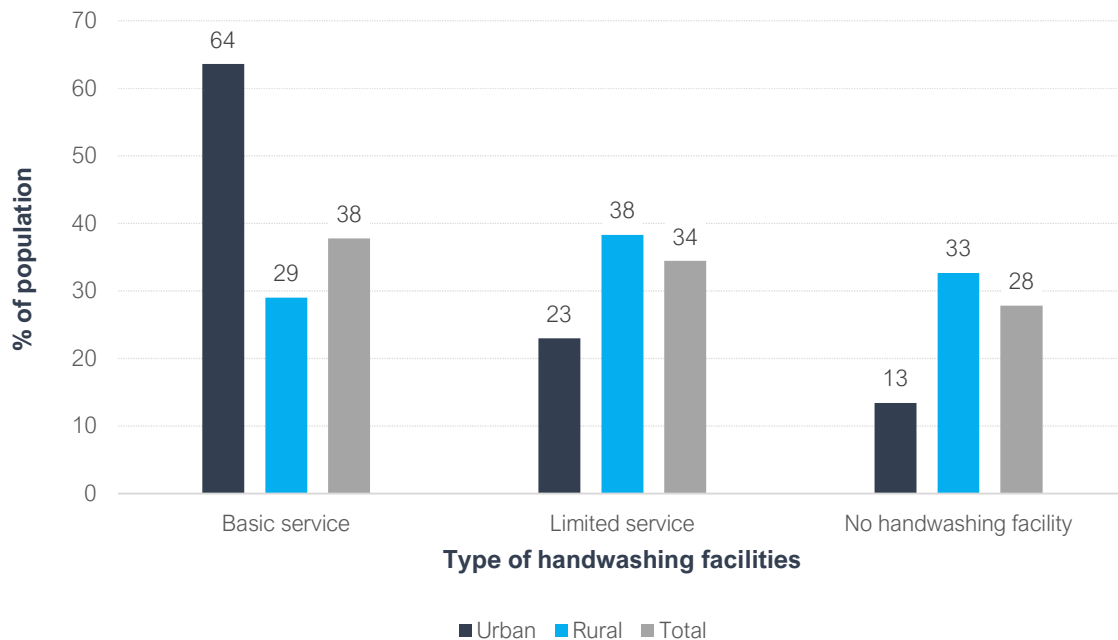


Source: Income, Expenditure and Labour Force Survey 2020

Hygiene

Hygiene comprises all conditions, practices and behaviours that contribute to maintaining a good state of health and the prevention of the spread of diseases. Hygiene-related practices and behaviours include hand-washing, menstrual hygiene management and food hygiene.

Figure 36. Proportion of population with basic, limited and no handwashing facilities on premises, by residence type (%) in 2017



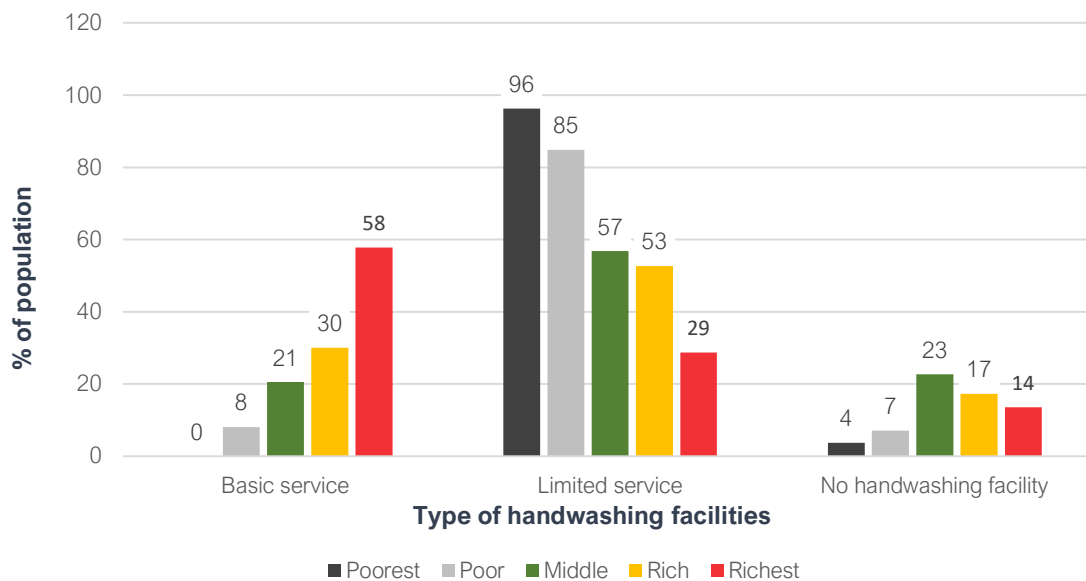
Data Source: Global SDG Indicators Database. The data come from WHO/UNICEF JMP global database for WASH.

In 2017, 38 percent of the Afghan population had access to a basic handwashing facility, defined as a facility with soap and water available on premises. 34 percent of the population only had access to limited handwashing facilities, which is defined as the availability of a handwashing facility on premises without soap and water service. The remaining population (28 percent) had no access to handwashing facilities on premises (WHO and UNICEF, 2019).

In rural areas nearly three of 10 people have access to basic handwashing facilities on premises (Figure 37). That is less than half as many as in urban areas. According to UNICEF’s and WHO’s national hygiene estimates, 38 percent of rural population has access to only limited handwashing facilities and 33 percent has no such facilities at all.

Children living in households in the poorest quintile are at greater risk from disease related to poor hygiene, as none of them has access to at least basic handwashing facilities at home, and nearly all rely on limited handwashing facilities (Figure 38).

Figure 37. Proportion of the population with basic, limited and no handwashing facilities on premises, by income quintile (%) in 2017

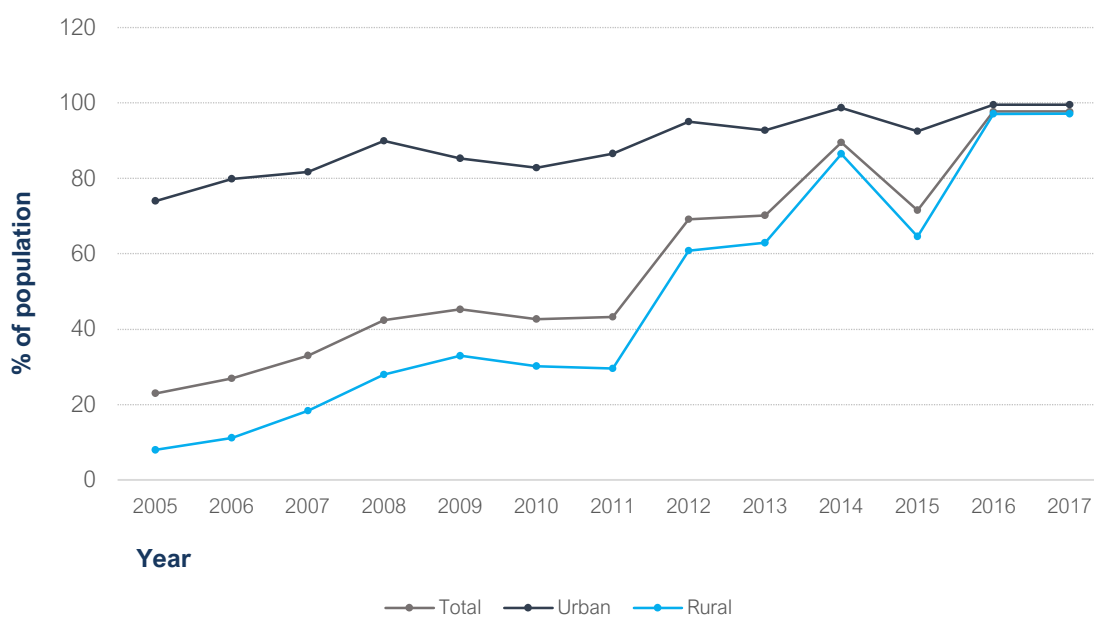


Data Source: Global SDG Indicators Database. The data come from WHO/UNICEF JMP global database for WASH.

Clean energy

A shift towards clean energy sources is imperative for improving air quality in Afghanistan, where air pollution caused from fossil fuels is the second highest risk factor for pneumonia. Pneumonia is the world’s deadliest infectious disease for children. It killed more than 11,100 children under the age of five in 2018 in Afghanistan (Save the Children, UNICEF, and Every Breath Counts Coalition, 2020).

Figure 38. Proportion of population with access to electricity (SDG 7.1.1)



Source: Global SDG Indicators Database.

Almost universal access (98 percent) to electricity has been achieved in Afghanistan, according to ALCS 2016-17 (CSO, 2018).

The 2019 public opinion survey showed that one in five Afghans believes that the nation's electricity supply has improved compared to the year before. Public perception about the electricity situation at home was found to vary by residence type and province.

Urban residents (32.7 percent) are twice as likely as their rural counterparts (15.9 percent) to believe that electricity has improved. One in three rural respondents believed that the electricity situation worsened in their area.

More people from the North East (31.1 percent), the Central/Kabul (24.8 percent) and the North West (23.1 percent) regions said that the situation of electricity supply has improved, compared to the Central/Highlands region (6.6 percent). People from Kanduz (45.3 percent) were most likely to respond that the situation improved, whereas people from Kunar (62.2 percent), Nangarhar (49.9 percent) and Zabul (47.6 percent), most often reported that electricity has deteriorated (Asia Foundation, 2019b).

Some 7.1 percent of rural households reported they have no electricity at home. There were fewer than 1 percent of urban households with no electricity at home. More than 10 percent of respondents reported no electricity at home in the provinces of Sar-e-Pul (25.4 percent), Nuristan (21.2 percent), Paktia (15.5 percent) and in Helmand (15.1 percent).

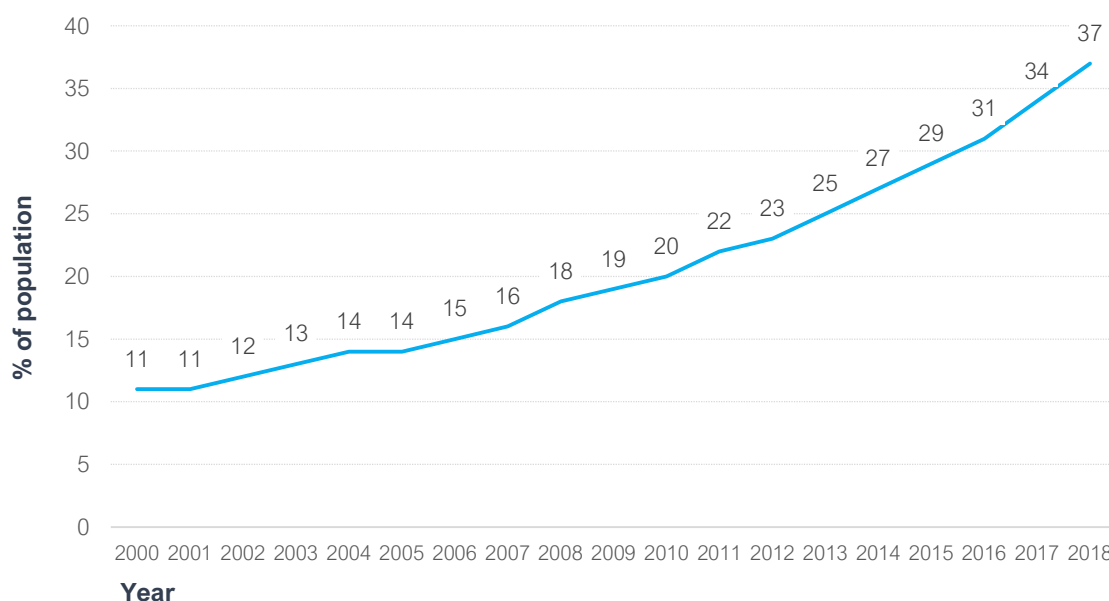
Electricity was available for a maximum of 10 hours per day for close to half (46 percent) of those that said that they had access to electricity in 2019. Electricity was available for 11 to 15 hours per day for fewer than one in five (15.4 percent) of people with electricity at home. Only 37.5 percent of people with access to electricity said it was available for more than 16 hours per day (Asia Foundation, 2019b).

Significant inequalities in access to electricity were found between urban and rural respondents, with people from rural areas (25.5 percent) being five times more likely to have electricity available for a maximum of five hours per day than those from urban areas (5.2 percent). Access to electricity for 16–24 hours per day was found to be available more often for urban (67.9 percent) than rural residents (26.5 percent).

A vast majority (75.4 percent) of people living in the Central/Highlands region has electricity at home for just five hours or less per day. In the Central/Kabul region (58.1 percent) and the North West (51.5 percent), slightly more than half of people surveyed were found to have electricity for at least 16 hours per day. The likelihood of having electricity at home for at least 16 hours is highest in Kunduz (79.1 percent) and Kabul (76.6 percent). The most deprived provinces in terms of the number of hours of electricity access were found to be Daikundi (81.1 percent) and Bamyan (69.5 percent), where most people reported that electricity is available for five hours or less per day (Asia Foundation, 2019b).

Figure 39. Proportion of population with primary reliance on clean fuels and technology (SDG 7.1.2)

Source: Global SDG Indicators Database.



Less than 40 percent of the population in Afghanistan relies on clean fuels and technologies as a primary source of energy (Figure 40). Primary reliance on clean fuels for lighting, cooking and heating has been achieved by 98 percent, 25 percent and 4 percent of the population, respectively (CSO, 2018).

The survey by The Asia Foundation in 2019 showed that the source of electricity varies with the households’ demographic characteristics, with nine out of 10 urban households in the sample receiving their power from the grid. In rural areas, only 28 percent of households have access to the electrical grid. Slightly more than half of the rural households (53 percent) surveyed use solar panels as sources of electricity (Asia Foundation, 2019b).

Most of the survey’s respondents from the Central/Kabul, North East and North West regions, said that their main source of electricity in house was the grid. In all other regions, solar panels as a main source of electricity were the most prevalent response.

Disaster deaths

For women, the disabled, children and orphans, the displaced, aged people as well as those who are unable to claim support, the incident of a disaster increases existing vulnerabilities linked to their special needs (SESRIC, n.d.). Natural and environmental disasters interact with a range of socio-economic vulnerabilities and can lead to considerable adverse effects for children. Such disasters can lead to emergency crises for children and pose multiple threats to their physical and mental health and wellbeing due to diseases, malnutrition and sense of insecurity.

In 2019, 332,536 people were affected by a natural disaster. Of those, 368 died and 418 were injured or developed an illness attributable to the disaster. Natural disasters have caused damages to dwellings of 185,512 people and destroyed those of 146,606 people (Table 11).

Table 11. Number of deaths, missing persons and directly affected persons attributed to disasters per 100,000 population (SDG 13.1.1)

Description	2017	2018	2019
Deaths and missing persons attributed to disasters (number)	18	-	368
Deaths due to disaster (number)	17	-	368
Injured or ill people attributed to disasters (number)	89	127	418
Missing persons due to disaster (number)	1	-	-
People affected by disaster (number)	29,933	283,200	332,536
People whose damaged dwellings were attributed to disasters (number)	240	5,559	185,512
People whose destroyed dwellings were attributed to disasters (number)	24,315	3,400	146,606
People whose livelihoods were disrupted or destroyed, attributed to disasters (number)	5,289	274,114	-

Source: Global SDG Indicators Database

Vulnerability to natural hazards increases with poverty not only because the poorest households lack the resources to cope with disasters, but also because the poorest households experience natural hazard shocks almost twice as frequently as the wealthiest (World Bank, 2017).

Causes of poor environment for children

Fiscal constraints and limited budgetary allocations have been and continue to be a major barrier in the enhancement of existing WASH and electricity systems in Afghanistan and their expansion to WASH and electricity deprived areas. Poor management of WASH projects, lack of clear responsibilities and of coordination at sub-national levels between the different government departments are also key factors in understanding the country's high deprivation in WASH. Years of war and conflict have further deterred infrastructure development and often damaged existing infrastructure. Climate change and natural hazard shocks have also led to increased water stress, as well as higher frequency and severity of droughts and floods. In turn, this has increased stress on available WASH services, requiring greater resilience to overcome adverse shocks and sustain these services.

Social norms in the country still function as demand side barriers to the improvement of WASH resilience. Examples include the shared beliefs among communities that water is already free and readily available, and the established acceptance of open defecation in social behaviour and cultural practices in rural areas. Combined with lack of knowledge and information on safe sanitation practices and hygiene behaviours, many communities are not empowered to demand policy, social and infrastructural change in their environment especially during emergencies.

Regarding environmental emergencies, Afghanistan is particularly prone to natural disasters, such as recurring droughts, earthquakes and floods, which can be attributed to the country's geographical location, environmental degradation and climate change.

Key policies, strategies and programmatic approaches

A key government-led initiative for improving access to WASH and electricity is the Citizens Charter National Programme (CCNP) (IRoA, 2017). The CCNP provides a basic package of services to 12,000 communities across all 34 provinces. It consists of:

- universal access to clean water, providing near to 20,000 water points;
- quality education in state owned schools where teacher attendance is guaranteed, and minimum learning hours are set for children; and
- a basic package of health services, including mandated services at all clinics, minimum hours of operation and requirements on personnel numbers.

The Citizen's Charter was designed to operate through Community Development Councils (CDCs), which allowed communities to participate in the development process of service delivery and decide on development priorities. A noteworthy provision for these councils is that 50 percent of their composition needs to be formed by women, whether these serve as members or chairpersons. This provision has been put in place to ensure that planning encompasses the needs of women, which are both culturally and environmentally different to those of men in Afghanistan. It also seeks to increase the contributions of women in local affairs. While women have not been as active as had been hoped, an initial evaluation shows that acceptance of women's community participation has increased through the programme.

On top of the basic package of services set out above, CDCs could decide to have at least one of the following services:

- basic electricity from clean sources in distant areas with no access to the grid system;
- basic all-year roads to increase access of people from villages to markets; or
- small-scale irrigation and drainage infrastructure.

The Citizen's Charter cost more than \$600 million and was financed by the International Development Association (IDA) through grant financing and the Afghanistan Reconstruction Trust Fund (ARTF) (World Bank, 2020).

Dimension five

EVERY CHILD HAS A FAIR CHANCE IN LIFE

POINTS COVERED:

- Monetary poverty
- Multidimensional poverty
- Social protection

SDG indicators

1.2.1 Children living below the national poverty line (%)

1.2.2 Children living in poverty in all its dimensions according to Global MPI (%)

1.3.1 Proportion of child population covered by social protection floors/systems (%)

Overview

Poverty steals from children what they need the most for their survival and development. Being poor has serious consequences for children’s lives both during childhood and adulthood. Poor children are more likely to suffer from malnutrition-related physical and mental development problems or spend less time in education. Poverty also increases health risks for children associated with lack of access to WASH facilities and services. Child poverty increases the risks of child labour and underage marriage, as it creates adverse incentives for households living in areas where these practices are acceptable. Dimension 5 looks at the right of every child to have a fair chance in life, acknowledging the major contribution of poverty to children’s wellbeing and their ability to realize their full potential.

In Afghanistan, child poverty measured in monetary terms has declined to 50.5 percent, and multidimensional poverty for children has decreased to 54 percent. Nevertheless, child poverty, whether monetary or multidimensional, still remains higher than national poverty rates as well as poverty rates in age groups above the age of 18. At a national level, monetary poverty has declined to 47.1 percent from 54.5 percent in 2016-2017, while multidimensional poverty also fell to 49.4 percent from 51.7 in the same period.

Only one in four children (25.3 percent) in Afghanistan were found to be non-poor in terms of both monetary and multidimensional poverty, according to the 2016-2017 ALCS. The other three-quarters live in either multidimensional poverty, or monetary poverty or both. Those children in both types of poverty are the poorest of the poor. It is estimated that they account for 40 percent of all children (NSIA, 2019).

Female schooling is the area of highest deprivation among poor children, followed by school attendance and adequate cooking fuel.

Monetary poverty

In 2020, 51 percent of children were living in monetary poor households, that is households living below the national poverty line (NSIA, 2020b) compared 58.3 percent in 2016-2017 (NSIA, 2019). Nationally, poverty stood at 47.1 percent in 2020. Child poverty remains higher than the overall population poverty rate. It follows, therefore, that children continue to be more likely to live in households that are monetary poor than the older population. Urban poverty increased from 42 percent in 2016-2017 to 46 percent in 2019-2020, while rural poverty fell from 59 percent to 48 percent in the same period.

In line with international standards, the national poverty line in Afghanistan is calculated as the minimum per capita consumption required for the members of a household to be able to meet their basic needs in terms of

food- and non-food components of a household’s consumption. In 2016-2017, the national poverty line was calculated at AFN2,064 per person per month (CSO, 2018). This figure translates to nearly \$1 per day using the (then) current exchange rate (AFN69 to \$1) (IMF, 2019).

More recent evidence from the 2019-2020 IE&FS shows that the monetary poverty situation has improved for many children in Afghanistan. However, the problem of child poverty remains important. The 2019-2020 IE&FS showed that child poverty declined to 50.5 percent in 2019/2020 from 58.3 percent in 2016/2017.

A persisting poverty trend observed in Afghanistan is that children are more vulnerable to poverty, as child poverty rates have been and still exceed the country’s average poverty rate for the whole population.

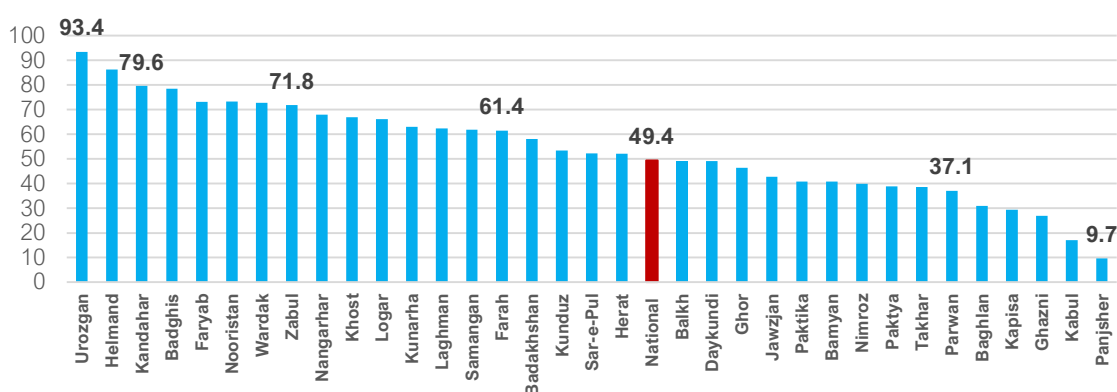
Multidimensional poverty

Findings from the 2020 IE&LFS indicate that multidimensional poverty has declined from 52 percent in 2016 to 49 percent in 2020 at the national level. The Kuchi population continues to face the highest multidimensional poverty rates at 87.4 percent, while 54 percent of children currently live in multidimensional poverty compared to 56 in 2016. Like urban monetary poverty, urban multidimensional poverty has increased to 21.8 percent in 2020 from 18 percent in 2016. In 2020, 19 provinces had a prevalence of multidimensional poverty above the national average, with multidimensional poverty being highest in Urozgan, Helmand and Kandahar (Figure 41).

Available data consistently show that children are more likely to be vulnerable to multidimensional poverty than adults, with multidimensional poverty being significantly higher (10 percentage points) among children than the adult population. The actual number of children living in multidimensional poverty in 2019/2020 is estimated at 11.058 million compared to 4.9 million in the 18-39 age group and 2.48 million for the 40 and above age group.

The 0-17 age group (children) recorded a 9 percent increase in the number of people living in multidimensional poverty – from 10.9 million in 2016 to 11.058 in 2020. The 18-39 and 40-plus age groups recorded declines of 4 percent and 12 percent, respectively, over the same period.

Figure 40. Multidimensional poverty rates by province



Social protection

SDG 1 seeks the universal eradication of all forms of poverty by 2030. To that end, target 1.3 is about implementing nationally-appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable.

To measure progress towards target 1.3, the SDG indicator 1.3.1 has been introduced measuring the proportion of population covered by social protection floors/systems, by sex, distinguishing children, unemployed persons, older persons, persons with disabilities, pregnant women, newborns, work-injury victims and the poor and the vulnerable (ILO and UNICEF, 2019b). Indicator 1.3.1 is particularly relevant for Articles 4 and 26 of the Convention of the Rights of the Child.

Article 4

States Parties shall undertake all appropriate legislative, administrative, and other measures for the implementation of the rights recognized in the present Convention. With regard to economic, social and cultural rights, States Parties shall undertake such measures to the maximum extent of their available resources and, where needed, within the framework of international co-operation.

Article 26

1. States Parties shall recognize for every child the right to benefit from social security, including social insurance, and shall take the necessary measures to achieve the full realization of this right in accordance with their national law.

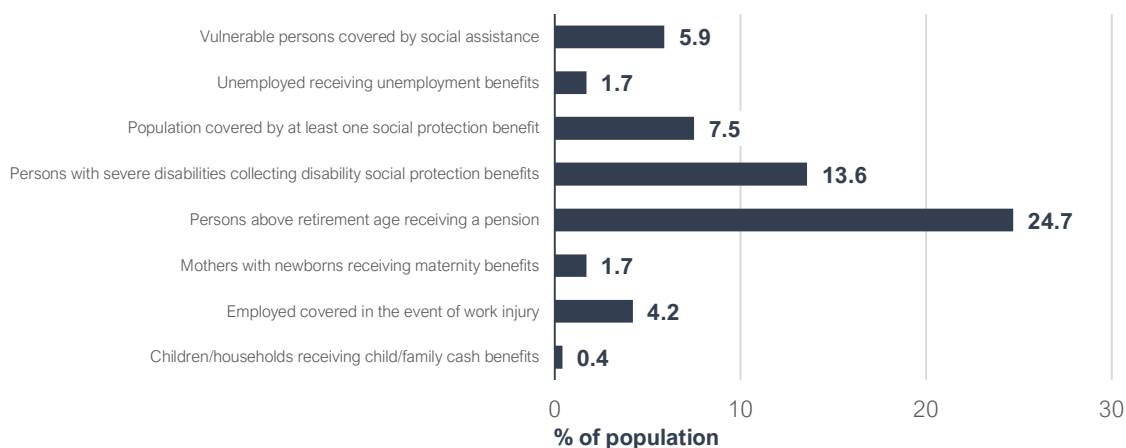
2. The benefits should, where appropriate, be granted, taking into account the resources and the circumstances of the child and persons having responsibility for the maintenance of the child, as well as any other consideration relevant to an application for benefits made by or on behalf of the child.

Social protection systems – and, specifically, social protection floors and cash transfers – are essential to ensure that children living in forms of poverty can realize their full potential in overcoming the barriers of poverty and vulnerabilities.

According to ILO estimates, the social protection system covered 7.5 percent of the population in 2019, while more than 95 percent of employed people were not covered in the event of an injury. Less than a quarter of the country's population above retirement age received a pension, while just 1.7 percent of unemployed people received unemployment benefit. More than 90 percent of vulnerable populations were not covered by some form of social assistance and less than a quarter of people with severe disabilities received disability related social protection benefits (Figure 42).

Despite the high prevalence of child poverty, both in monetary and MPI terms, the state's social protection system faces significant barriers to reaching poor people and especially children. Looking at the social protection coverage for children and families, less than 2 percent of mothers with newborns received maternity benefits, while less than 1 percent of families received family-focused cash benefits.

Figure 41. Proportion of population covered by social protection floors/systems (%) (SDG 1.3.1)



Source: ILO’s ILOSTAT database

Causes of poverty and multidimensional deprivations

The more than four decades of war and violence have wreaked a devastating effect on Afghanistan’s economy. This has in turn weakened households’ economic resilience and diminished the state’s ability to allocate sufficient funding for protecting children and households that live in poverty (in both monetary and MPI terms) and expanding access to the basic services that address the needs of children with the highest deprivations (e.g. education) due to a lack of sustainable public revenues.

High population growth rates have outstripped the country’s economic growth. That situation is made worse by the return of millions of Afghan migrants. This has further constrained the country’s capacity to lift the majority of the population out of poverty.

High fertility rates and strongly held social norms of large family size in many areas (UNFPA, 2017) also seem to push households into poverty. Demographic characteristics in Afghanistan are closely correlated with poverty rates. Large households are more common and more likely to be poor. Low educational attainment is also common: 62 percent of the population live in households the heads of which are illiterate, and on average, 52.8 percent of these are poor, compared with 36 percent of households with literate heads (NSIA, 2021).

Key policies, strategies and programmatic approaches

In 2020, the MoF released a draft of the Afghanistan National Peace and Development Framework (ANPDF II) setting out its vision for development for 2021-2025. It is focused on three broad objectives: peace-building, state-building, and market-building. Its ambitions in terms of market-building are to build “a productive and broad-based economy that creates jobs”, address the adverse economic effects of COVID-19 and the protracted conflict, reduce poverty and foster inclusive growth. Overall, ANPDF II outlines strategies and implementation plans aligned with the SDGs (Ministry of Finance, 2020).

A key poverty reduction strategy that seeks to fill the gap in pro-poor policies is the Citizens’ Charter programme, which aims to reduce poverty, fragility, and violence by targeted household-level interventions. Specifically, through the provision of minimum service standards in education, health, basic rural infrastructure and agriculture services, this programme is a key government-led national strategy to provide poor households from 12,000 communities across all 34 provinces with a basic package of services comprising of access to clean water, state-funded quality education and a basic package of health services. Conditional on each community’s priorities, CDCs can choose to also have at least one of following services: i) basic electricity

from clean sources; ii) basic all-year roads to increase access of people from villages to markets; iii) small-scale irrigation and drainage infrastructure (IRoA, 2017).

As part of the national response to COVID-19, the government announced the National Meal Programme to provide all Afghan households with income support, whether in cash or in kind (food), over two months (MoF, 2020a). Free bread was first provided to poor people in Kabul on 29 April 2020. This was extended to more cities before it finally ended in late June 2020. In May 2020, the government waived electricity bills of less than AFN1,000 (\$13) for two months for families in Kabul and paid the utility bills for the previous two months for half of Kabul's households. Around 1.5 million Kabul residents were beneficiaries of this policy. Additionally, in November 2020, the government revised the national budget, approving additional spending of a health package amounting to AFN6.2 billion, a social package (including the free bread programme) of AFN2.8 billion, AFN1.7 billion for the wheat purchase programme, AFN2.3 billion for cash transfers to provinces, and AFN5.9 billion and AFN1.0 billion to support agriculture and short-term employment respectively.

With the support of additional funding of AFN20.8 billion provided by the World Bank, Afghanistan rolled out a relief package amounting to 1.6 percent of the national GDP. The programme targeted households with incomes of \$2 a day or less (twice the national poverty line). The relief provided amounted to \$50 in essential food staples and hygiene products for all eligible rural households and \$100 in a combination of cash and in-kind support in two tranches for all eligible urban households. The programme was almost universal, as about 90 percent of all Afghan households fall below the eligibility threshold (IMF, 2021).



Recommendations

Cross-cutting recommendations

Stakeholders across the board (government, NGOs and international monitoring organizations) urge the peace-making discussions to continue and hopefully resolve the situation. This is the only sustainable way to ensure the protection of women's and children's rights in Afghanistan in the long term. Violations of women and children's rights are part of a wider chain of deprivations caused by the ongoing conflict, including (but not restricted to) displacement, disability, and loss of income. The absence of a secure environment where these rights can be protected and of the socio-economic conditions under which they can be advocated for can only be addressed by resolving armed conflict and restoring peace.

The government needs to place children's rights at the top of its agenda and utilize more resources in raising awareness within society. This is crucial, considering that cultural norms do not consider children as rights' bearers and tend to prioritize the rights of adults. A change of mindset is crucial to safeguarding children's rights and ensuring sustainable development.

Improved collaboration between government offices and international aid donors needs to be established on greater transparency, involving the funding channels, the use of resources and the timelines and purposes of programmes implemented. Communication channels need to be opened among all actors involved if a long-term and impactful change is to be made on women's and children's lives. Civil society organizations should be better acknowledged and supported in Afghanistan, as they play a crucial role in the realization of children's rights in a context where government structures are weak.

The government needs to ensure that the personnel placed in positions related to the implementation of child-focused policies and programmes have the required skills, technical capabilities and preferably relevant experience. Even if this is a long-term goal, this includes capacity-building for the relevant departments to conduct research and manage programmes without external support being always necessary. Hiring professionals from abroad, yet with an extensive understanding of the cultural and national context, to coordinate demanding processes may be a solution to the present capacity constraints.

Regarding female empowerment, increased awareness of, and access to, appropriate birth control methods emerged as critical. The review of the relevant literature and discussions with stakeholders suggest that reduced fertility rates would encourage female participation in the labour market, reduce poverty rates and help mothers to raise healthier and happier children.

The impact of COVID-19 on the enforcement of women and children's rights will require extensive research once the pandemic is under control to assess the potential regulations and policies needed to address the pandemic's adverse impacts on the realization of these rights.

In a similar vein, robust systems of data collection, analysis and dissemination should be developed by children's rights' stakeholders from across the public, private and voluntary sectors. This will allow an evidence base to be created that supports the design of effective policies that deliver value for money. Despite the existence of a wide range of data sources, research underlying the present SitAn was constrained by data gaps that were particularly severe in the child justice and education sectors. It is also advised that the quality of public finance data published is enhanced (particularly on budget utilizations and their breakdown) to allow for third-party evaluations, therefore strengthening the government's ability to efficiently spend its budget.

Finally, there is a need for coordinated intersectoral policies to effectively address the multiple and overlapping deprivations in education, health, and access to WASH experienced by many children in the country.

Every child survives and thrives

Decisive action is required to improve the nutritional situation in Afghanistan, particularly to reduce stunting and wasting among children under five and pregnant or lactating women. This requires a holistic approach (combining humanitarian and development initiatives), by investing in preventive activities that ensure proper nutrition, health services, safe drinking water and sanitation, education, economic development, and other social services (Afghanistan Nutrition Cluster, 2018). Focus should remain on strengthening primary health-care services, which are the foundation to improved outcomes across all health-related rights of children and women. In this regard, the operationalization of the UNICEF primary healthcare framework is critical. There is also the need for priority expansion of essential services to the most deprived populations across both urban and rural areas (including migrant populations), and hard-to-reach population.

Greater focus must be placed on preventive and promotive nutrition service integrated into the package of health services. The current BPHS includes more than 23 nutrition interventions, but focus is not placed on preventive interventions and the selection of providers favours lowest price bidders as opposed to quality. To address periodic stock outs of iron and folic acid supplementation in health facilities, it is advised to add iron and folic acid supplementation in the quality of care performance indicators, as well as to establish a data infrastructure to track the utilization and wastage of supplements as part of the BPHS.

The evidence review clearly indicates a need to improve households' economic situation so that they are able to make choices for children and women that will better address their nutritional needs. These can include cash transfers, livestock rearing, farming inputs, income generation activities and increased coverage of social protection. A coordinated combination of one of the above with a cash transfer programme will create synergies for improving diet and nutrition.

Other promising interventions for improving the nutritional situation in Afghanistan include:

- The scale-up, support and enhancement of the Nutrition Counsellor programme, with a focus on community outreach to improve maternal, infant and young child feeding practices.
- The scale-up of the community-based nutrition package with an increased focus on community preventive and promotive services.
- Increased awareness-raising activities for social and behavioural change, prioritizing critical nutrition related behaviours.
- Increased provision of iron and folic acid supplementation during ANC visits and the provision of WIFS and folic acid supplementation for adolescent girls in and out of school, and the use of multiple micronutrient powders/tablets for children and women.
- Strengthening the monitoring and use of nutrition indicators through integration in the Health Information Management System and national surveys.
- Integration of nutrition into community-development platforms, such as self-help groups of the Women's Economic Empowerment Rural Development Project and CDCs for the Citizen's Charter programme.
- Mobile integrated health and nutrition teams and the use of nursery school and alternative learning platforms to extend reach to hard-to-reach populations.

Tangible efforts are needed in terms of strengthening food systems to ensure availability, and the social protection system to improve access by households to nutritious foods. A key approach is to provide women and children with vitamins and mineral supplements.

Promoting the availability and affordability of nutritious food staples in rural areas of Afghanistan with a particular focus on fortified wheat flour, fortified soy products (including flour, oil, milk, and protein) and the production of Ready-to-Eat Supplementary Food (RUSF), such as high-energy biscuits and lipid-based nutrient supplements need to be prioritized by stakeholders working on food security in the country.

Considering the financial impact of COVID-19 on Afghanistan's economy and the food insecurity of people in rural areas that has been caused by the consecutive droughts in the past years, NGO stakeholders interviewed by this SitAn argued that an impactful action for the immediate future would be to provide them with food baskets. More targeted campaigns about family support to breastfeeding women are also required, encouraging women to lactate for a longer period after birth, and the family to make space arrangements for it.

Other potential solutions include (i) introducing suitable items for cultivation; (ii) preparing a nutritious food menu using local and accessible foods through the community-based nutrition programme (CBNP) boosting local products in markets; and (iii) promoting behaviour change in favour of healthy diets also through education on small and relatively inexpensive changes to diets that can improve the nutrition status.

To increase public awareness and reach the most vulnerable and poor who are in dire need of nutritious products, there is scope for humanitarian organizations to include soy products and fortified flour into their food assistance packages and to initiate micronutrient supplementation programmes as part of the BPHS package.

Every child learns

Future strategies should focus both on building more schools and strengthening the quality of education delivered in schools. Encouraging school enrolment, especially of girls and in rural areas, requires holistic engagement with stakeholders, including parents, teachers, the private sector, communities and donors. The lack of any pre-primary policy and strategy is a key systemic gap affecting school preparedness, which should be addressed. To increase the enrolment of children living in remote areas, transportation allowances could be an incentive for transition to hub school and need to be factored into affirmative action as part of community-based education policy.

Another powerful category in advancing educational goals are national and local religious institutions. As an imperative part of the educational landscape in Afghanistan, these institutions should be engaged to promote long-term social-behavioural change in education, especially girls' education, nationwide. Religious institutions in Afghanistan have a high level of power that can influence both upstream policy dialogue and decision-making, and downstream education service delivery at national and sub-national levels. Recognizing education as a joint social responsibility, religious and local leaders – as the two influential local authorities – can use their socio-political positions to promote a meaningful transformation by changing communities' perceptions towards learning in the country.

Government sources assess that most international aid is provided for humanitarian purposes, but the budget needs to be directed to development projects as well, schools being such an example. Investments in the quality of schools and classroom teaching should include the provision of incentives for teachers and school staff, as well as better school equipment and infrastructure. The improvement of learning outcomes will further require public policy to be directed towards large-scale investment in early childhood education, especially in rural areas, to effectively prepare all children for schooling. To ensure a supportive system for quality education in the country, existing guidelines should be further developed and reinforced. There is a need for additional frameworks and policies to complement existing efforts and enhance children's rights in education. These include a policy on children with disabilities and a Comprehensive School Safety Framework to protect children from violence in school, as well as an examination policy and a framework for early childhood development.

Given social norms that require girls not to be taught by male teachers, the shortage of female teachers (particularly in rural and hard-to-reach areas) should be a key focus area to reduce gender inequalities in educational attainment and should cover all levels of education from pre-primary to upper secondary schools. It is also crucial that the quality of teachers is enhanced, through better teacher selection and training, as well as monitoring and continuous support, including hands-on support to teachers in both CBEs and hub schools. A teachers' competency framework and a professional code of conduct for teachers should be developed.

The absence of a policy in the education sector of children with disabilities should be addressed to promote the inclusion of an estimated 4 percent of children that live with some form of disability (MoE, 2018). This requires ensuring the accessibility and responsiveness of schools to this group's needs, including by adapting school infrastructure, the curriculum and materials, and providing teacher training so that teachers can better attend to the needs of these children.

Every child is protected from violence and exploitation

A clear need for reforming the country's legal, institutional and policy regime has emerged from analysing children's situation in Dimension 3. Priority should be given to specific legal reforms that will make clear to society where the constitution and the state stand in terms of international obligations on women's and children's rights.

To this end, a key area of action is the implementation of the Law on Protection of Child Rights, which has been endorsed by the President of the Islamic Republic of Afghanistan, but has still not been passed by Parliament. This would constitute an important step, with this law (i) safeguarding a wide range of children's rights in line with the Convention on the Rights of the Child (CRC); (ii) ensuring the best interests of the child in all areas and legal action against violators of child rights; and (iii) securing the livelihood, health, and physical and mental wellbeing of the child; and providing legal ground for a fair trial of the juvenile offender and their reintegration to the family and society (Ministry of Justice, 2019).

Another key area for future action is the protection and rehabilitation of children affected by armed conflict. In this regard, the implementation of the Road Map of the United Nations/Government Action Plan on the protection of children in armed conflict is crucial, as is the inclusion of sexual and gender-based violence and other grave violations that are attached as annexes to the original plan. A further advancement would be to develop similar strategies with other parties of the conflict, including the Taliban. Stronger political will and resources are needed to establish a robust monitoring and reporting mechanism to effectively respond to grave child rights violations and other impacts of armed conflict on children. Monitoring and reporting mechanisms need to strengthen their capacity at the national and regional levels, with more support required to ensure adequate data and knowledge management. A long-term strategic plan needs to be elaborated to ensure collaboration of all child protection partners as well as data and knowledge sharing.

Strengthening the national child protection system is also essential to ensure that children are protected from violence and exploitation. A wide range of approaches could be followed, including:

- Strengthening the social service workforce for child protection through capacity-building and training, particularly in developing the know-how to effectively support vulnerable children.
- Strengthening prevention strategies at scale to serve all the population, including preventing the separation of children; the provision of family, caregiver and parenting support; and strengthening safety in schools and online.
- Ensuring free and universal birth registration within the civil registration system, in accordance with national legal requirements.

- Improving children's access to a justice system that takes account of their special needs (in line with the CRC), partly through the establishment of specialized child justice systems.
- The provision of community-based mental health and psychosocial support services, including specialized care to children, adolescent and parents/caregivers. This is key to addressing the many mental health consequences of widespread violence in the country.
- Better allocation of public finances towards the children framework to ensure sufficient and sustainable financing of child protection policies and services.

Regulatory reforms should also be introduced to increase the state's governance effectiveness in monitoring and enforcing the law. These reforms should focus on strengthening the state's capacity to monitor how law enforcement authorities, including the police, prosecutors and judges, respond to victims' complaints and whether they take all the appropriate actions (in terms of prosecution, investigation and referrals to support and legal advice services after a complaint is made), and whether they are helping survivors to find justice through the official judicial system. Elimination of all violence against survivors who file a complaint by government officials through prosecution and punishment should be a top priority for the state.

Promoting female leadership in public services, policymaking, as well as in the judicial system should also be high in the agenda of the Government of Afghanistan. Responding to recent concerns regarding the leadership skills of women currently assigned public roles in the country, the government should focus on recruiting those who meet the typical requirements and have the leadership capacity to play a key role in frontline positions that ensure adherence to the law when managing cases of violence against women and girls. Further training should be provided to existing government employees to improve their capacity in recognizing survivors of violence and sexual violence and taking appropriate actions. In addition, special courts for the elimination of violence against women should be established in all 34 provinces and they should be given the authority to investigate and prosecute cases of violence against women and girls even if a complaint has been withdrawn.

The 2018 Penal Code needs to incorporate provisions made under the Elimination of Violence against Women (EVAW) law, dismiss and eliminate existing provisions that legitimize traditional practices that diminish the status of women and girls in the country (e.g. virginity test) as well as amend the legal age of marriage to 18 for both girls and boys, making child marriage officially a crime and following the legal definition of the child as defined in the Child Rights Protection Law 2019. Although the EVAW Law prohibits the marriage of a woman under the legal age of marriage, it does not provide a definition on the legal age of marriage. The EVAW Law need to be streamlined with the Child Rights Protection Law 2019 legal definition of a child and make explicit that the legal age of marriage starts after the completion of a woman's eighteenth year.

Appropriate awareness-raising for eliminating harmful practices and transforming social norms that tolerate or ignore violence against children and women should seek to reach all communities in Afghanistan, including those living in remote and inaccessible areas, nomadic communities and IDPs and returnees. Towards this goal, important synergies could be created by coordinating the efforts of the government, international and national NGOs – who often provide services to vulnerable and hard-to-reach groups in the country – and the major development partners to avoid duplication of efforts and ensure that all communities know about children's and women's rights, the adverse effects of violence and the legal consequences for perpetrators.

Policies that target the root causes of violence and harmful practices against children should also be designed. Priority should be given to improving the financial position of women, thereby relieving many households from severe poverty that often leads to a number of harmful practices for children and women.

To that end, husbands who are unemployed or under insecure employment should be also supported.

Access to the formal justice system should be enhanced. The latter can only be guaranteed for victims when both the government and INGOs direct their actions to challenging and changing the cultural mindset of victim-blaming, thus truly enabling female victims to exercise their rights. To that end, again according to stakeholder sources from governmental and non-governmental organizations, awareness should be raised not only among the population (e.g. through hosting campaigns in the media or engaging the civil society), but also by ensuring that all components of the justice system and law enforcement across the country are sufficiently informed about new legislation and how it should be implemented. Law enforcement bodies (such as the police) should have an adequate presence in all provinces and not be used instead by the state for other purposes, such as being sent to war. It remains a challenge, according to government sources, to identify and coordinate the structures of the legal and law enforcement systems in the country so that the existing legislation can be implemented.

Sources from both the government and NGOs agree that to design and implement suitable policies, a comparative analysis of the types of GBV and VAWAG, as well as an assessment of the particular needs of women and children living in different areas (e.g. rural as opposed to urban areas, or conflict zones) and/or under different circumstances are required. Overall, programmes that aim to improve implementation of children and women's rights in Afghanistan should have a long-term and multidimensional approach. These should include social and economic factors. Illiteracy and lack of awareness of children and women's rights are more often observed in poor families, who are more frequently faced with food insecurity and a lack of stable employment. Therefore, policies need to address these issues holistically, and avoid selectively isolating them. This entails reaching to the individual level, the community level and the level of institutions. The latter serves to guarantee that government employees are aware of the relevant changes in regulations and policies (e.g. the SDGs).

Consideration should be given to the rights of Afghan child refugees, internally displaced, or those on the move, and the violation of their rights in places where they seek refuge. NGOs and government sources highlight the ill-treatment of these children, including in Iran, Pakistan, and Europe. They urge increased advocacy to safeguard their rights and to improve their treatment in hosting places. International monitoring organizations further argue that not respecting the rights of refugee Afghan children is also a breach of the CRC.

Every child lives in a safe and clean environment

Realizing a safe and clean environment for children in Afghanistan will require cross sectoral approaches for improving:

- WASH resilience for all communities and institutions including schools and healthcare facilities;
- Environmental sustainability for reducing air pollution and achieving electricity access for all; and
- Disaster risk reduction

Improving WASH resilience for all Afghan communities will require government-led, multi-sectoral SDGs-aligned WASH policies and strategies, planning and coordination. The government needs to design and implement policies for mapping, monitoring and regulating the water resources, as well as to promote climate-resilient WASH technologies and water conservation. A national framework should be developed for monitoring water resources, and capacity should be increased for routine water-quality testing of water systems to monitor both bacteriological and chemical/physical contamination. This endeavour is crucial to reduce the risk of contaminated supplies leading to increased morbidity/mortality rates.

A national awareness-raising programme is needed to improve knowledge of the impacts of climate change on available water resources, and transform the prevailing social norms that strongly influence people's san-

itation and hygiene behaviours and practices. The MoF will need to make budget allocations to enhance the resilience of existing WASH systems. WASH expenditure should be tracked separately in the national budget, as should the different WASH expenditure (WASH in houses, schools, health care facilities and emergencies). Hand hygiene is emerging as one of the most important measures for preventing COVID-19 contamination. Given the very low level of access to handwashing facilities both in schools and healthcare facilities in Afghanistan, the scaling-up of universal hand hygiene is imperative in those institutions.

A strategy needs to be put in place to declare Afghanistan open-defecation-free by 2025. It is also critical that open-defecation-free behaviour is sustained in every district that has attained open-defecation-free status as of now. Eliminating open defecation is just the first step in ensuring that everyone has safely-managed sanitation services, as outlined in SDG 6. Understanding and implementing options for safe management of excreta is an important step to fulfilling the ambitions of the SDGs. Sanitation sector development plans should be designed to be programmatic rather than project-based, thus ensuring more efficient use of existing resources.

Women's hygiene and period poverty can be addressed by providing the necessary products to girls at school, a policy recently introduced by Scotland and New Zealand ('Period Inequality | Scotland.Org', n.d.; Zealand, n.d.). This will also ensure that girls do not miss school days because they are obliged to stay at home due to the lack of period products.

Reducing air pollution means switching to cleaner, renewable sources of energy, e.g. replacing fossil fuel with solar, wind and thermal sources. Creating green spaces in urban areas also contributes to improved air quality, as does the development of affordable public transportation. Sustainable ways of waste management and recycling can also play a key role.

Reducing the risk of natural disasters will require investments in infrastructure that will increase Afghanistan's environmental resilience. According to a recent World Bank report on Afghanistan's disaster risk profile, investments in strengthening dikes and house retrofits could improve cities' resilience to floods. House and school retrofits can also be key in reducing the economic costs of earthquakes and fatalities. More effective water management can reduce water shortages and the reinforcement of landslide-prone slopes could reduce the risk from landslides (World Bank, 2017). A key national priority is for the state to improve the availability analysis and dissemination of early warning signs through the development and tracking of key risk indicators (ILO and UNICEF, 2019a).

A universal approach to social protection of families affected by natural disasters or conflict in their region is also needed. The state needs to introduce appropriate mechanisms for ensuring that every child affected by natural disasters is reached automatically (ILO and UNICEF, 2019a).

Every child has a fair chance in life

The high prevalence of overlap of poverty in monetary and MPI terms call for cross-sectoral partnerships of the various departments of the Government of Afghanistan to develop and implement long-lasting interventions in social protection.

The positive impact of cash transfers in improving outcomes for children is well established. Therefore, it is important that Government has an inclusive social protection system that prioritise the most disadvantaged families.

Given the low levels of social protection coverage, social protection floors should be expanded to ensure a minimum amount of protection for all households in Afghanistan. Budget allocations should reflect the prevalence and severity of multidimensional poverty. To this end, there is a need for the MPI indicators to be updated regularly to inform the government's fiscal strategy.

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United Nations Children's Fund (UNICEF)
UNOCA Compound, Jalalabad Road,
Kabul, Afghanistan

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