



Afghanistan:

A Children's Crisis



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EXECUTIVE SUMMARY

Afghanistan is a country defined by the resilience and tenacity of its citizens – of its communities, its families, its children. Despite years of conflict, political changes, economic instability, and natural disasters, hard won development gains were realised, beginning to open doors for new opportunities and brighter futures for Afghanistan's girls and boys.

Today, those gains are at risk and the situation for children is more precarious than ever, in the face of what some class as the world's worst humanitarian crisis. Political change, and the impact of this on the policies, decisions, and investments of the international aid community, coupled with the compounded effects of displacement, climate shocks, and lingering impacts of the COVID-19 pandemic, are pushing food insecurity to levels not seen before. This is challenging the ability of families to survive daily life, contributing to the rapid deterioration of the public health system, and ultimately, placing the rights and protection of Afghanistan's children at risk.

This report highlights how children and their families have been impacted by recent changes to the humanitarian situation in Afghanistan. It provides an analysis of new primary research from four provinces, secondary data, and the testimonies of children and their families, who describe, in their own words, how the worsening situation in Afghanistan is impacting them.

Speaking with communities in Herat, Ghor, Badghis and Faryab provinces, World Vision found that:



In the surveyed areas, the **mean income for a household is less than a dollar a day** (USD 0.95). Despite a stagnation in income, **42 percent of households have reported an increase in food expenditure** over the past 12 months;



Demonstrating negative coping mechanisms to deal with rising food insecurity, families in Faryab had the highest rates of poor food consumption (85%) followed by Badghis (77%) and Ghor (73%);

53%

of **surveyed children** were classed as **acutely malnourished**;



Parents and caregivers are facing impossible choices. Education is in peril. To help support their families, **7 out of 10 boys and over half of all girls work instead of attending school**; 57 percent of caregivers reported that their children have missed school due to consequences of drought;

Children are in distress. Of the parents and caregivers surveyed, 66 percent shared that a child in their care had demonstrated signs of psychosocial distress;



The public health system is in crisis for women and children. **64 percent of babies are delivered at home, and less than a third of births are attended by a skilled professional.** The contraction of maternal, newborn and child health services and trained personnel rolls back years of progress and could contribute to a rise in infant and maternal mortality.



Action is urgently needed in Afghanistan to preserve and protect development gains, deliver life-saving assistance, and help respond to the challenges shared by children, parents and caregivers, and communities. Despite decades of challenges, the resilience and determination of the people of Afghanistan is unbowed and must be supported. We urge the following actions:



To all: Listen to Afghanistan's children. Hear their stories, hopes and dreams. Work together to take actions that secure the future they envision.

To Member States: Work to advance diplomatic solutions with respect to Afghanistan; Implement UN Security Council Resolution 2615, specifically paragraph 1 giving exception for funding 'humanitarian assistance and other activities in support of basic human needs through national law and policy; Amend domestic anti-terrorism or counterterrorism laws and policies to allow for exceptions or other humanitarian safeguards in the spirit of Resolution 2615; Unfreeze Afghanistan's assets in a manner that supports Afghan communities;



To international donor agencies: Fully fund the Afghanistan Humanitarian Response plan; Urgently restore and expand funding in line with Grand Bargain commitments on quality and equitable funding; Prioritise funding for child survival and protection; Revitalise Afghanistan's aid architecture;

To the UN: Revitalise a coherent strategy to engage with Afghanistan's *de facto* authorities and expand critical technical capacity at sub-national level, including on access and protection; adopt a strategy to address bureaucratic and administrative impediments; and



To the humanitarian community: Intensify advocacy efforts for girls' education; continue to strengthen inter-agency coordination and collaboration; prioritise durable solutions and build sustainability into humanitarian interventions wherever possible; and amplify the voices and perspectives of Afghanistan's children and youth.



Girl makes a yarn from wool.
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INTRODUCTION

One year on from momentous political change in Afghanistan, hard won development gains are already showing signs of erosion and the situation for children has never been more precarious. Political events, coupled with the impacts of decades of conflict, cyclical natural disasters and increasing severity of climate-related shocks, and the compounding socio-economic effects lingering from the COVID-19 pandemic, are testing the resilience of Afghan communities now more than ever. Families are being pushed to the brink and child survival is at risk. International action is urgently needed now.

Despite significant challenges, gains have been made for children and their families. Between 2010 and 2020, mortality rates for children under five years decreased by 34 percent. Stunting among children, as an outcome of chronic malnutrition, reduced by 26 percent. A 44 percent increase in people accessing safe drinking water occurred.ⁱ Female literacy nearly

doubled from 17 percent in 2011 to 28 percent in 2018.ⁱⁱ It is critical to acknowledge the progress and commitment of Afghan communities to achieving development goals, and further underscores the urgency to not only save lives with humanitarian assistance but act to preserve such gains.

Today, the picture is more alarming. Nationally, 18.9 million people, or nearly half of the population, are projected to face Crisis or worse (IPC Phase 3 or above) food insecurity, a 60 percent increase compared to the same time last year. In Ghor province alone, 20,000 people are at risk of Catastrophic or famine-like conditions (IPC Phase 5), due to food insecurity and limited humanitarian access.ⁱⁱⁱ Health services, particularly primary and maternal, newborn and child healthcare (MNCH), have experienced severe disruption due to the suspension of development assistance. Lingering school closures following the COVID-19 pandemic,

destruction of school infrastructure after decades of conflict, and restrictions put in place for girls' access to education by the *de facto* authorities threaten to undermine years of progress towards literacy and learning for children.

The political transition and the ensuing impact on basic services, the financial system and banking sector, application of sanctions regimes and counterterrorism measures, and continuity of development assistance has added to an already profound economic crisis and placed vulnerable populations further at risk. The UN estimates that 25 million people are living in poverty now, or more than two-thirds of the population.^{iv} As families are pushed to the edge, never has the urgency to support community-based recovery and resilience been greater.

World Vision is committed to preserving gains, protecting and advancing the rights of children, and supporting the resilience of Afghan communities to meet lifesaving needs, as well as to support sustainable development outcomes. To this end, World Vision has been partnering with Afghan communities for the past 21 years, through a range of interventions that seek to improve the well-being of children and their families in some of the hardest to reach areas in the west of the country. Each year, over 488,600 children and adults benefit from World

Vision programmes, across the provinces of Herat, Ghor, Badghis and Faryab.

One year on, World Vision connected with communities to understand how the multi-dimensional crisis in Afghanistan is affecting children, their families, and communities in our areas of operation. Original data collected from Herat, Ghor, Badghis and Faryab provinces, coupled with consultations with World Vision Afghanistan child protection experts and secondary research, tell the story of how every facet of the situation in Afghanistan is impacting the lives and futures of its children. This report reflects on these findings and provides recommendations for urgent international action necessary to save lives, protect development gains, advance recovery efforts, and most importantly, support the remarkable resilience of Afghan communities.

In Afghanistan today, girls and boys are in crisis. The challenges faced by children and their families are not however insurmountable, as evidence of progress over the last two decades have demonstrated. Revitalised approaches to foreign assistance by the international donor community to save lives and advance community-based, community-owned recovery and development, coupled with diplomatic action will make a difference to the future of Afghanistan's children.

Farida* had just turned seven years old when her father Nasratullah* reluctantly arranged her marriage in 2017.

Back then, she had thick black braided hair and loved to play outside with her friends. She was barely aware what marriage meant. At first, nothing changed except for the fact that her father, who had borrowed a large amount of money, agreed to give his daughter to the man – Ahmad* - who would, in exchange, assume her father's debt for her marriage dowry.

Farida lived quietly with her family, attending school, and almost forgetting about the dowry that had been paid for her. But now, five years later, Farida's husband returned. His uncomfortable visits to the family's home in the northwestern Afghan city of Herat are frequent, his knocks on the door are regular, his demands louder each time: Ahmad, an older man who is already married and even has grandchildren of a similar age to Farida, wants to take home his bride, he says. Today Farida is 12 years old and knows one thing: she only wants to go to school and play with her friends; she does not want to be married.

"Getting a divorce is the only dream I have in my life," Farida says. All she wants is a childhood, but instead, an economic crisis has stolen her childhood.

In a support center for vulnerable children, a student sketches her hopes and dreams. © World Vision, 2022

METHODOLOGY

This is a mixed-methodology report combining desk research with World Vision's multi-sectoral assessment that surveyed 31 districts in four western provinces of Afghanistan, including:

- 9 districts of Herat Province: Ghoryan, Guzera [Nizam-i- Shahid], Karrukh, Kushk [Rubat-i-Sangi], Kushk-i- Kuhna, Obe, Pashtun Zarghun, Province Center [Herat], Zendahjan;
- 5 districts of Badghis Province: Ab Kamari, Jawand, Murghab [Bala Murghab], Province Center [Qala-i- Naw], Qadis;
- 10 districts of Ghor Province: Char Sada, Dawlatyar, Duleena, Lal Wa SarJangal, Pasaband, Province Center [Chighcheran], Saghar, Shahrak, Taywara, Tulak; and
- 7 districts of Faryab Province: Almar, Dawlat Abad Khwaja Sabz Posh i Wali, Pashtun kot, Province Center [Maimana], Qaisar, Shirin Tagab.

Our central research question was ***“how is Afghanistan’s humanitarian crisis affecting children and families in Herat, Badghis, Ghor, and Faryab provinces?”***

The assessment used quantitative and qualitative data collection techniques. Quantitative data was collected using the KOBO mobile data collection platform. A total of 871 people were interviewed: 204 respondents (32 females and 172 males) from Herat Province; 201 respondents (46 females and 155 males) from Badghis Province; 262 respondents (26 females and 236 males) from Ghor Province; and 204 respondents (94 females and 110 males) from Faryab Province. Respondents with children less than five years accounted for 27 percent of those surveyed.

For qualitative data, questionnaire guides were used to collect data through focus group discussions (FGD) and key informant interviews (KII) with local leaders, community members, and a randomised selection of household representatives. A total of 31 FGDs and 31 KIIs were completed.¹ Primary data collection and the resulting analysis was limited due to significant challenges related to women’s participation and ability to access female respondents.

Data collection and analysis is supplemented with personal reflections from individuals who have participated in World Vision Afghanistan programming. All names have been changed and identities anonymised for safeguarding purposes.

¹ Herat Province: 10 FGDs, 9 KIIs; Badghis Province: 6 FGDs, 6 KIIs; Faryab Province: 6 FGDs, 7 KIIs; Ghor Province: 9 FGDs, 9 KIIs.

A CRISIS FOR AFGHANISTAN'S CHILDREN

The situation in Afghanistan today is fundamentally a crisis for children. Compounding events deeply challenge the ability for girls and boys to enjoy their rights to safety, protection, education, good health and to have a bright future. The recent transition has placed the rights of girls at particular risk.

In 2021, the UN verified over 2,500 grave violations of children's rights, of which are estimated to only be the tip of the iceberg according to the UN Secretary-General's Special Representative on Children and Armed Conflict.^v Afghanistan continued to have one of the highest numbers of child casualties in the world, including nearly 2,000 children injured because of conflict – primarily from improvised explosive devices and explosive remnants of war. Children continue to be recruited and used by armed groups, including being used as human shields or to transport explosive devices, and experience detention, sexual violence, and the effects of denial of humanitarian assistance.^{vi} At the beginning of 2022, 90 percent of child casualties were attributed to explosive ordnance and remnants of war.^{vii} Child protection systems have weakened, and pressure

on families from the economic crisis are exposing children to greater risks of violence, neglect, abuse and exploitation.

Education is a fundamental right for Afghan girls and boys but remains elusive. In 2021, the UN verified 116 attacks on schools and 35 incidences of military use of schools. A year ago, approximately 3.7 million children were out of school, in part due to COVID-19 closures.^{viii} On March 23, 2022, the *de facto* authorities delayed the reopening of schools for girls attending grade 7 to grade 12, leaving millions without access to education.^{ix}

Child survival itself is also increasingly precarious. Interruption of essential services, particularly child healthcare and nutrition services, and suspension or reduction of international donor funding to support these, is likely to have deadly consequence. UNICEF projects that 3.2 million children will suffer from acute malnutrition in 2022, including one million children from severe acute malnutrition at risk of death if no intervention is taken.^x



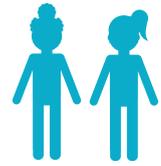
A boy works at a brick factory to earn income for his family to purchase food.
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In speaking with communities in Herat, Ghor, Badghis and Faryab provinces, World Vision found the following:

For girls and boys who can still access education, **48 percent of households reported their children missing school due to security risks**, with 11 percent of households sharing that the journey their children must take to get to school now poses more risk.



Girls eligible to access education between Grade 1 and Grade 6 face significant barriers such as the absence of girls-only schools to attend, and the requirement for all female teaching staff, **affecting 52 and 50 percent of girls** respectively. As of August 2022, Afghanistan has the lowest number of girls in school and female teachers in two decades.



Climate shocks also impact access to education, with 57 percent of parents and caregivers sharing that their children have missed school due to factors related to the drought. Forty-eight percent of children interviewed reported missing school to collect water at increasingly further distances and facing greater protection risks along the way.



With reduced access to primary healthcare, children are experiencing more health and nutrition risks. **Almost half (47%) of parents and caregivers reported that a child in their care suffered from an acute respiratory infection** in the last two weeks. Of households surveyed, **53 percent had a child who was acutely malnourished** according to middle-upper arm circumference measurement.



Interruptions to health systems put children at long-term risk. Of surveyed households, **23 percent of children under five had not been able to receive a measles vaccine**. A measles outbreak in early 2022 underlines the precarious situation for children's health when left without this basic intervention.



The impact of the crisis has created immense **psychosocial distress for children, with 66 percent of families reporting children demonstrating signs**, such as loss of appetite (22%), bedwetting (17%), recurring nightmares (15%) and speech disorders (10%), loss of interest (6%), spending excessive time in isolation (4%), volatile emotions (3%), significant changes in behaviour (3%), and devastatingly, self-harm (3%).



Many children have been separated from their parents and caregivers – unaccompanied and separated children are among the most vulnerable. The most common causes reported were that the family was unable to care for the child (34%), accidental separation such as during conflict (25%), a child sent away for safety, or to better access services (16%).

In every way, children are directly in crisis. Girls' and boys' survival is at risk – from stepping on or accidentally playing with an explosive ordnance or remnant of war, to failing to receive preventative and curative primary healthcare, or to experiencing the devastating and preventable effects of malnutrition on physical and cognitive development. Children's wellbeing has been compromised by psychosocial distress from conflict, displacement, and violence, abuse or exploitation closer to home. Macro-economic crisis is manifesting at the micro level as families are increasingly forced into impossible decisions, leading to children into labour, at risk of trafficking or forcibly married in exchange for dowry. Lack of opportunity to learn and gain education, particularly for girls, denies Afghanistan's children the future they so greatly deserve.



A boy polishes shoes to earn income for his family. © World Vision, 2022

Community-based child protection system strengthening and support to continue to build local capacity in child protection services such as community-based psychosocial support, and provision of early childhood education, explosive ordnance risk education, and localised approaches to primary and secondary school remain important options. World Vision has partnered with communities to support locally led and owned initiatives that help protect children, empower parents, and support learning outcomes. Scaling Community Management of Acute Malnutrition (CMAM) as an evidence-based approach to tackling alarming malnutrition in children under five is essential, alongside re-investment in community level approaches to preventative and curative healthcare for children.

An investment by the international community in child protection, education (particularly early child development), nutrition and health interventions, and multi-purpose cash assistance to better support parents and mitigate negative coping mechanisms are all critical, yet feasible steps to ensure child survival and tackle the crisis for Afghanistan's future generation head on.

Muhibullah* is one of many boys who has been forced to drop out of school at age 14, due to his family's financial situation. He walks the streets of Herat city to polish people's shoes for cash, earning around USD 1 per day.

Muhibullah and his father are the only breadwinners in their seven-member family. "I work from the morning to the evening all day but at the end of the day when I sit and count the money, it is always around 100 Afs (approximately USD 1.10). We rarely have three meals a day in our family." Together with his father, their combined income is less than USD 3 per day, divided to provide for all seven family members.

Muhibullah used to love attending school, but when they left their village for the city, he could not continue his studies past Grade 7. "I had to help my father to earn money for my family. Going to school helps me build my future, but how can I survive without eating something? Going to school means missing half of the work I do now, and that means half of my current income, which is never enough for our family. If there is nothing to eat, how is it possible to survive?"

The only hope Muhibullah has for his life is to be able to return to school and continue his education to become an engineer – "so that I will be able to pay off all the debts we owe now." In Afghanistan today, children struggle to dream of what they want to be when they grow up and be able to realise those dreams. Increasingly, few are even able to dream.

A CRISIS AFFECTING FAMILIES

One year on since the transition in political leadership, the crisis is hitting Afghan families harder than ever and stretching household resilience to a breaking point. As families are affected, parents and caregivers are less and less able to ensure a safe and protective environment for their children that ensures their physical, cognitive, and emotional development. As families and communities suffer, the crisis for children in Afghanistan is compounded.

Families have been affected by interruptions to and loss of household income to an extreme degree. In rural areas, agricultural production has been affected by drought and flash flooding, as well as the protracted impacts of years of insecurity. Erratic and below-average precipitation in the spring, coupled with a diminished snowpack used for irrigation, has likely reduced agricultural yields and led to crop losses.^{xi} Prolonged dryness has affected pastures in the west, contributing to below-average livestock prices in Ghor and Badghis provinces, possibly due to scarce pasture and water resources.^{xii} Fuel prices have risen sharply, further placing pressure on families and their household income. The price per litre of diesel increased 24 percent between June 2022 and July 2022; the price in July 2022 was double that of the same period last year.^{xiii}

Under pressure, parents and caregivers are turning to harmful and negative coping mechanisms. Early marriage has increased, as parents opt to arrange marriage for their girls, even from birth, in exchange for dowry as a form of additional household income or method of repaying debts.^{xiv} It is estimated the 28 percent of girls are married before the age of 18, but this figure may be much higher, particularly with the recent rapid economic decline.^{xv} Boys are also experiencing consequent protection risks, pushed into child labour including one of the worst forms -- recruitment and use by armed groups, or are at risk of injury or violence while traveling long distances to collect water where it is freely available or at a lower fee.^{xvi}

Communities are experiencing food insecurity on levels not seen for decades. A perfect storm of protracted displacement, destruction or interruption of agricultural and livestock production due to conflict and insecurity, cyclical natural disasters such as droughts and floods, and economic shocks have driven up the price of local goods and staple foods. This has contributed to a to a 60 percent increase in the projected number of people who will experience Crisis level food insecurity (IPC Phase 3 or higher) compared to the same period last year – 18.9 million people. This includes 20,000 people in Ghor Province facing Catastrophic (IPC Phase 5) food insecurity, or famine-like conditions, that can result in loss of life if no intervention is taken.^{xvii}

Access to the public health system, or the Basic Package of Health Services (BPHS) is now a cross-cutting challenge following the suspension of development programmes, particularly for pregnant women, mothers, and their children seeking free or low-cost MNCH primary and secondary care.^{xviii} While families in urban areas may have better access to healthcare, stock-outs of medicines and supplies, and the exclusion of female health workers pose significant challenges. In rural areas, families living in “white areas” without healthcare structures and services must travel long distances, which is often prohibitive due to feelings of insecurity, or due to mahram requirements.^{xix}



A girl boils water for tea at breakfast as part of domestic labour.
© World Vision, 2022

In speaking with communities in Herat, Ghor, Badghis and Faryab provinces, World Vision found the following:



Average household **monthly income is less than a dollar a day**. Across the four locations median income was 2,598 Afs (USD 29) - or approximately USD 0.95 per day. Eighty-seven percent of households reported their incomes are unchanged compared to 12 months ago.



Despite a stagnation in their median income, **42 percent of households² have reported an increase in food expenditure** over the past 12 months and 35 percent³ reported an increase in non-food expenditure.



More than half (53%) of families have experienced their livestock dying due to drought over the past 12 months, linked to scarce resources and water. Drought caused 61 percent of households to experience reduced livestock productivity.



Parents and caregivers are facing impossible choices. **Sixty-one percent of families have children who have missed school to contribute to household income**. The most common forms of labour were domestic work (25%), domestic agriculture (25%), helping the family business (20%), producing or selling in local markets (12%) and construction (7%). While engaged in labour, children have experienced severe health and safety risks.



Demonstrating **negative coping mechanisms to deal with rising food insecurity**, families in Faryab had the highest rates of poor food consumption (85%) followed by Badghis (77%) and Ghor (73%).



Interviewed communities estimated that **80 to 95 percent of households have experience chronic challenges to sustaining household food security**, with most households lacking even access to seeds.



According to middle-upper arm circumference measurement surveying, **global acute malnutrition rates** are at 13 percent in Herat, 16 percent in Badghis, 14 percent in Faryab and 19 percent in Ghor Provinces.



Pregnant and lactating women are disproportionately at risk, with 31 percent of women assessed using middle-upper arm circumference measurement identified as acutely malnourished.



In focus group discussions, community members admitted that due to social stigma, many **people do not publicly admit their hunger**. Climate shocks were found to have a devastating impact on food security, household income and livelihoods. Seventy-four percent of households experienced flooding or other kind of natural disaster in last 12 months, while 53 percent did so in just the last six months.

² 50% of female headed, 36% of male headed

³ 53% female headed, 29% male headed



Gendered analysis found **female headed households are more vulnerable to shocks compared to male headed households**, with 68 percent of female headed households affected compared to 49 percent male headed.



Family and community health are at risk due to a **lack of access to primary and secondary healthcare**. On average, in urban and peri-urban areas it takes 90 minutes to reach the nearest health centre. In rural areas, families travel an average of four hours during the summer months, and much longer in the winter.



Less than a third of births were attended by a skilled birth attendant such as a midwife (25%). 64 percent of babies are delivered at home. Access to midwifery can reduce infant mortality and stillbirth rates by over 80 percent.^{xx}



The collapse of the public health system has left families with few alternatives other than private healthcare. **Thirty percent of households reported not having enough money to pay for healthcare** and treatment costs.



Seventy-five percent of households rely on unsafe water sources. Of the four surveyed provinces, Badghis remains most affected (82%). Forty-seven percent of families reported that the main reason they rely on unsafe drinking water is because they cannot afford the cost to treat drinking water.

Families are on the frontline of experiencing the impact of the crisis in Afghanistan, particularly due to the economic situation as it rapidly deteriorated over the last year. With stagnant or loss of income against rising prices for necessities, parents and caregivers only have hard choices ahead, and each constrains their ability to protect and provide for their children. The collapse of free or low-cost essential services, such as access to healthcare and clean drinking water is only adding further stress on families and communities.

Abdul Rashid*, aged 30, offers a clear example how the crisis in Afghanistan is leaving children and their families desperately hungry. Abdul Rashid was displaced from his native province of Badghis to an informal settlement on the outskirts of Herat city four years ago. "Drought and hunger drove us from our native area to here. I used to work as a farmer on my land, but when drought hit, I worked for other farmers for a while."

However, Abdul Rashid soon became unemployed. He was forced to borrow from the local shop to pay for food. After two years of growing debt, he still hadn't found another job and was forced to sell his land. Once that was gone, he had nothing left, but his children were still hungry.

Abdul Rashid started borrowing again, "I would borrow flour, oil and other food items from the shopkeeper in our neighbourhood. After a while, the shopkeeper refused to give me food anymore and asked for his money. But I did not have anything to give him."

One day the shopkeeper came to his house and asked for his money. Abdul Rashid did not have any money to pay him, "The shopkeeper asked me to sell him my daughter, Khadija, now seven-years-old. I did not have any alternative, so I agreed to sell my daughter for 200,000 Afs [USD 2,250] so that I can pay off the debts and feed my other children for a while," admitted Abdul Rashid.

The provision of multi-purpose cash assistance to vulnerable families is urgently required. This approach helps strengthen household resilience and gives flexibility to parents and caregivers, particularly mothers, to purchase food items, household necessities and pay for fees now incurred for essential services. It is also an important strategy to mitigate harmful coping mechanisms adopted by parents, such as shifting their child from learning into income generation or arranging the marriage of their girls in exchange for dowry.

In addition to immediate food assistance, the restoration of foreign assistance commensurate with pre-August 2021 levels in agricultural production, value addition, irrigation, livestock support, and livelihood recovery and diversification is necessary to mitigate the food security crisis facing Afghan families and their communities. Farmers and pastoralists are incredibly resilient, weathering climate shocks, insecurity and at times displacement, but still managing to plant, harvest, produce and sell. Yields and income are now dramatically reduced due to multi-dimensional crisis and years of hardship. Investments to build on and continue to support community-level food security, food systems and resilience are essential to meeting basic needs and ensuring child survival.

Action is also urgently required to restore investment in community-based preventative and curative healthcare, particularly MNCH services. Despite significant investment and progress to build professional healthcare cadres over the past ten years, the majority of deliveries took place at home and with only a third supervised by a skilled birth attendant this past year. The collapse of investment in the healthcare system, including loss of foreign assistance, coupled with restrictions on female movement, poses a significant threat to MNCH gains and could contribute to a rise in infant and maternal mortality once again.^{xxi}

World Vision has partnered with communities for years to establish and strengthen local level BPHS infrastructure, capacity and services, including the addition of Family Health Houses and Family Health Action Groups – both essential to bringing and keeping healthcare free and closer to home.^{xxii} Full restoration of the BPHS at sub-national level in a manner that reaches families at risk, particularly women, girls and boys, is intrinsically essential, but also critical to protect the gains made in MNCH over the last decade.



A farmer is pleased to harvest his potato crop after receiving support from World Vision. © World Vision, 2022

A CRISIS FOR DELIVERING HUMANITARIAN RESPONSE AND COMMUNITY-BASED DEVELOPMENT

Since the political transition one year ago, the ability to deliver humanitarian assistance and advance sustainable development outcomes has been constrained, challenging the ability of actors such as World Vision to deliver life-saving assistance, as well as to continue to support communities. Development assistance most commonly sees aid architecture partner with national governments to support their relevant ministries to deliver public services, build capacity and strengthen systems. The absence of political recognition of the *de facto* authorities has been a limiting factor to the restoration of development assistance, despite approximately 80 percent of public services being formerly funded by development aid.^{xxiii}

Seven-month-old Miriam* is severely malnourished and emblematic of how gaps in MNCH disproportionately impacts children. Due to lack of sufficient food and limited access to health services in their village, Miriam's family has already lost one child due to malnutrition. Now, family members are losing hope that Miriam will survive. "Miriam is very weak. She cannot move a lot," said her father, Amin.*

There are eight more villages neighbouring Miriam's village of 7,000 people, and none of these villages currently have access to health-care services, posing a grave risk to the survival of children experiencing acute malnutrition. The maternal and infant mortality rate in the area is also very high. Amin adds "It takes us around four hours to take a patient to see a doctor because we do not have any clinic or even a drugstore in our village."

There are however good practices from other contexts defined by this dynamic that continue to support the provision of development assistance distinct from diplomatic issues of recognition. This includes resourcing neutral, impartial and independent civil



A child is measured by World Vision's mobile health team to monitor and treat malnutrition. © World Vision, 2022

society organisations, and focusing assistance on community-based development, service delivery and resilience. Such an approach can be concurrent to political and diplomatic actions, and critically, work to preserve, protect and even re-advance development gains.

The operating environment for humanitarian or dual-mandate organisations in Afghanistan is further complicated by the *de facto* authorities being a listed terrorist organization, and hence impacted by ensuing multilateral, regional and unilateral sanctions regimes and counterterrorism measures. To mitigate the implications consequent of the political transition, the UN Security Council adopted Resolution 2615 which includes a ground-breaking safeguard, exempting "humanitarian assistance and other activities that support basic human needs in Afghanistan" from multilateral



With the support of World Vision, a female teacher provides classroom instruction to girls. © World Vision, 2022

sanctions.^{xxiv} This resolution provides a critical tool and sets an important precedent for Member States and their respective donor agencies to allocate not only life-saving assistance but also assistance that meets basic needs. While not as broad as 'development' assistance, this provides a legal and normative foundation for international donors to re-support health services, delivery of education, livelihood recovery and other critical interventions that can preserve and protect development gains.

This precedent requires domestication; a good practice was demonstrated by the US that included the issuing of a General License by the US Treasury to help provide legal assurance to humanitarian organisations, as well as financial and commercial sectors. Not all Member States have taken full steps to implement the exception though, and regional and unilateral sanction regimes, national counterterrorism laws, policies and other measures continue to block both humanitarian assistance and support to basic human needs, in discord with the spirit of international law. Consequently, the ability of humanitarian and dual-mandate organisations such as World Vision to deliver life-saving assistance and support basic community development remains severely constrained.

The political transition also triggered complex legal and financial situations, including the freezing of the overseas financial assets of the Afghanistan Central Bank. The largest portion of assets, approximately

7Bn, is held in 'legal limbo' by the US Federal Reserve. These are the financial assets of the people of Afghanistan, and if released, could contribute significantly to stabilising the economic and banking crisis facing the country at a macro level, as well as providing resources for critically at-risk public services such as healthcare and education, as well as infrastructure for water, sanitation, logistics, livelihood recovery and local-level economic development. The US administration's recent policy has taken a positive step towards 'unfreezing' a portion of US-held assets; urgent action is needed to advance this policy such that assets reach to the benefit of Afghan children and their communities, as well as similar action by other States also holding 'frozen' central bank assets.

A final challenge to delivering humanitarian assistance and supporting recovery, rehabilitation and development are complex access constraints and bureaucratic impediments. Access incidents increased by 7 percent between May 2022 and July 2022 alone. These incidents resulted in the temporary suspension of humanitarian programming and service delivery. Aid workers and their operations continue to be a target of violence and interference that poses challenges for organisations to work according to humanitarian principles.^{xxv} An increasing number of directives from the *de facto* authorities, accompanied with complex processes to comply, such as the requirements related to Memoranda of Understandings, significantly delay implementation of life-saving interventions.

CONCLUSIONS AND RECOMMENDATIONS

The layered crisis in Afghanistan is causing families to face unprecedented levels of hunger. Boys are dropping out of school to work or collect water; girls are facing greater risk of early marriage due to more impenetrable barriers to attending school. The collapsing healthcare system disproportionately impacts and risks the lives of mothers, infants, and young children. Every aspect of what the UN refers to as one of the world's worst humanitarian crises is causing a crisis for child survival. Decades of challenges have however proved that development gains were possible. By listening to Afghanistan's children, their families and communities, and providing support to advance community level solutions, the impacts of this crisis can be reversed.

Action is urgently needed in Afghanistan to preserve and protection development gains, deliver life-saving assistance, and help respond to the challenges shared by children, parents and caregivers, and communities. We call for the following:

Everyone should...

- Listen to the voices of Afghanistan's children. At World Vision, we are working together with policy and decision-makers to create safe spaces for girls and boys to participate and be heard.

Member States should...

- Advance diplomatic solutions to the crisis in Afghanistan, efforts of which should be informed through engagement with civil society and factor the perspectives of Afghanistan's children and youth into policy and decision-making. Engagement must create and facilitate safe spaces for children's participation;
- Take political action to ensure compliance with State obligations under international law, including implementation of UN Security Council Resolution 2615 paragraph 1 which decides humanitarian assistance and other activities that support basic human needs in Afghanistan are exempt from UN sanctions;
- Urgently amend national legislation and policies on anti-terrorism or counterterrorism

to ensure that sanctions and counterterrorism laws, policies or other measures do not impede the provision of lifesaving humanitarian aid by ensuring exceptions or other humanitarian safeguards are in place and enacted;

- Identify and adopt solutions to release 'frozen' financial assets of the Afghanistan Central Bank in a manner that serves to maximise community level investment and benefit; where assets may be transferred or managed through a third party, ensure this mechanism is neutral, impartial, independent, transparent and accountable to the people of Afghanistan.

International donor agencies should...

- Fully fund the Afghanistan Humanitarian Response plan, and resource the Afghanistan Humanitarian Fund, a modality proven to rapidly and efficiently facilitate multi-sectoral humanitarian response, both essential to deliver live-saving assistance and support the preservation of development gains;
- Urgently restore and expand quality, flexible, multi-year and equitable funding in line with Member State Grand Bargain commitments to quality and equitable funding. This should include resuming bilateral funding to NGOs, as a means of ensuring greater cost-efficiency and transparency, and support of both humanitarian assistance and delivery of essential services necessary to meet needs related to community-based recovery, rehabilitation and development in Afghanistan;
- Prioritise allocation of foreign assistance in a manner that supports child survival and protection, resuming commensurate levels of support to comprehensive MNCH and nutrition services, education, child protection systems and services including MHPSS, WASH, and interventions to mitigate food insecurity and restore livelihoods. Support for multi-purpose cash assistance should be prioritised. Donor funding must support sustainable, community-based and owned approaches that bridge the [humanitarian-development nexus](#), regardless of funding mechanisms utilised; and

- Urgently advance multilateral negotiations to revitalise Afghanistan's aid architecture, necessary to facilitate the restoration of longer-term development objectives. Modalities should prioritise community-based, led and owned approaches that maximise local benefit, transparency and accountability. Ensure the centrality of children's rights and perspectives, as well as women's participation.
- Leverage and support the mandate of the Special Representative to the Secretary-General on Children and Armed Conflict to engage with all parties listed for grave violations of children's rights, and work to advance the development, signing and implementation of national action plans to end and prevent all six grave violations.

The UN should...

- Revitalise a coherent strategy across the UN to constructively engage with *de facto* authorities on matters of humanitarian assistance, activities to support basic needs in Afghanistan, and the facilitation of safe, timely and unimpeded humanitarian access to affected populations, leveraging examples of good practice and lessons learnt from UN operations in contexts defined by *de facto* authority control in line with IHL and IHRL;
- Restore and strengthen UN technical capacity across sectors critical to the delivery of life-saving humanitarian assistance and in support of basic needs in country, ensuring a decentralised approach that situates technical support at provincial or district level;
- Continue to invest in and strengthen Humanitarian Access capacity, ensuring adequate staffing and resourcing of Access focal points particularly at sub-national level, and support to the Access Working Group;
- Adopt a cohesive strategy and scale up support to address bureaucratic and administrative impediments currently constraining the ability of humanitarian NGOs to deliver principled assistance, including a common approach to Memoranda of Understanding negotiation and approval processes; and
- Continue to advocate for the restoration of full access to education for girls and women, as a basic human right and essential to the sustainable development of Afghanistan;
- Continue to identify opportunities for greater coherence and collaboration on common positions and approaches, including maintaining collective, principled positions with respect to Memoranda of Understanding agreements, and building on good practice examples of civilian-military coordination, access negotiation and engagement in contexts with *de facto* authority control;
- Wherever possible, prioritise humanitarian interventions that build in sustainability, durable solutions, or act to protect and preserve development gains. For dual-mandate organisations, advocate for and invest in both life-saving assistance and community-based approaches to support the delivery of essential services, and local systems strengthening, including investments in health, education, WASH, protection, agricultural production, livelihood recovery and economic development; and
- Safely create spaces for child participation and work together to amplify the voices, experiences and perspectives of Afghanistan's children and youth.

The humanitarian community should...

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