About this report

The spotlight on social impact in Afghanistan is a recurring report released every four months that aims to shed light on themes emerging from information about the country that have or are likely to have a significant social impact. This report aims to focus on issues that directly affect the daily lives of Afghans and that may have profound yet overlooked consequences on the humanitarian response. Where possible, the report makes consideration for specific groups and locations.

The selection of themes in each report is based on their current or potential impact on individuals as observed over time. The primary goal is to contribute to the humanitarian community's comprehension of the challenges different groups of people are facing in meeting their needs and identify those most vulnerable to protection concerns.

This edition of the spotlight on social impact (March–June 2023) highlights three themes
(see Figure 1):

- theme 1: healthcare
- theme 2: child protection
- theme 3: social protection.

Methodology

The analysis presented in this report is based on the following:

- a secondary data review of published and unpublished information in and on Afghanistan
- the daily monitoring of relevant indicators logged in the ACAPS qualitative database
- discussions with people directly affected by the situation.

The report used the secondary data review, recommendations from members of humanitarian clusters, discussions with ACAPS analysts and advisors, and preliminary conversations with affected people to develop an initial list of themes, which the ACAPS research team then discussed and finalised during joint analysis sessions.

Afterwards, the team selected a shorter list of themes with consideration of their potential or actual impact on people's daily lives.

Limitations

There is limited up-to-date independent data on Afghanistan available, and the report builds on relatively new internal databases and networks, limiting the current ability to identify trends over time. While the emphasis on qualitative data makes it difficult to compare or aggregate data, it allows for a more nuanced narrative where the perspectives of Afghan people are incorporated; over time, longer-term trends will likely become apparent.

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Figure 1. Detailed visual representation of the three themes

**Healthcare**
- Blood shortage in central blood bank
  - Compromised management of genetic disorders
  - Economic and social burden
  - Diminished public health capacity
- Drug epidemic
  - Inadequate resources in rehabs
  - Inadequate treatment methods
- Juveniles in prisons and rehabs
  - Denying children access to basic rights
  - Violence and abuse
- Child labour
  - Education and development
  - Health and well-being
  - Future prospects
  - Social disparity

**Child protection**
- Child labour
  - Reintegration into society

**Social protection**
- Suspension of pensions
  - Re-registration of people with disabilities for benefits
  - Financial hardship
  - Health consequences
  - Social exclusion

Chart by ACAPS
OVERVIEW

Afghanistan continues to represent the most severe humanitarian crisis on a global scale (UN 28/02/2023). An estimated 28.8 million, almost two-thirds of the population, require humanitarian assistance (OCHA 04/06/2023). The recent bans on Afghan women from working for international and local NGOs and the UN, as well as other restrictive policies, have aggravated an already complex protection environment and severely limited operational capacity (ACAPS 21/04/2023). Without women’s and girls’ open access to education and work, and with official development assistance limited to humanitarian assistance, the prospects for economic recovery remain grim (UNDP 18/04/2023). The economic crisis also intensifies challenges in key sectors, such as healthcare, child protection, and social affairs.

Several key observations were made during the reporting period (March–June 2023).

Inadequate funding and infrastructure, as well as high costs, understaffed medical facilities, and shortages of medicine and supplies, have pushed the healthcare system to the brink of collapse, with around 13 million people in Afghanistan currently deprived of healthcare (UNICEF accessed 09/05/2023 a; Tao et al. 11/01/2023; Arif et al. 06/02/2023). Amid these well-known challenges, there is an often-overlooked issue that further worsens the strain on medical facilities: the unavailability of blood in blood banks. The scarcity of this critical resource further hampers the country’s healthcare system and its ability to provide necessary treatments to patients.

Children are among the most vulnerable groups in Afghanistan. Decades of conflict, political instability, and economic challenges have left many Afghan families living in poverty and struggling to meet their basic needs (UNHCR 29/06/2022). In many households, children often assume the role of breadwinners and may be forced into hazardous labour practices, exposing them to the risk of violence or forcing them to engage in criminalised activities (Afghanistan Protection Cluster 28/02/2023). Apprehension subjects them to the complexities of the legal and penal system, which can aggravate their vulnerability and amplify protection challenges.

The country is also facing a growing drug epidemic, with high addiction rates among adults associated with poverty, unemployment, and easy access to narcotics. The Taliban approach to combatting this epidemic is harsh and rudimentary at best. It involves ‘rounding up’ addicts, isolating them, and subjecting them to ‘cold turkey’ methods for quitting drugs. Other factors, such as inadequate resources and the low quality of treatment facilities, as well as the level of social stigma surrounding the issue, further affect people with addictions.

Older people grapple with financial insecurity, limited healthcare access, and social isolation. The suspension of pension payments for retired government employees can lead to significant financial hardships, food insecurity, and social exclusion.

RECAP: SPOTLIGHT ON SOCIAL IMPACT (NOVEMBER 2022 TO FEBRUARY 2023)

Theme 1: access restrictions for women and girls to protection, education, and employability

The Taliban’s policies since the takeover of Kabul in August 2021 have had detrimental effects on women’s and girls’ rights, safety, and access to education and employment opportunities. These policies severely curtail women’s and girls’ rights, limit their access to support services, perpetuate gender inequality, and hinder progress towards gender equality and development goals. The consequences include increased vulnerability to violence, homelessness, and isolation for women and girls in Afghanistan.

Theme 2: restrictions on women’s social life and public presence

The Taliban’s policies in Afghanistan have severely restricted women’s social life and public presence. Women and girls are banned from parks and gyms, affecting their health, children’s development, and the economy. The closure of public baths has limited women’s hygiene options, leading to health risks and financial hardships. These restrictions undermine women’s rights, hinder progress, and contribute to poverty and marginalisation.

Theme 3: Taliban civil polices and social initiatives

The Taliban’s policies on women’s rights, marriage, and divorce are inconsistent and compromise previous gains. Despite a decree allowing women to decide on their own marriage, child marriages have increased. The relitigation of divorces often favours abusive husbands. The implementation of related policies and initiatives remains a concern, affecting women’s and girls’ rights and societal wellbeing. The Taliban’s coal subsidy policy has also led to financial strain for sellers, unaffordable prices, poor-quality coal, pollution, and increased child labour.

UPDATE: SPOTLIGHT ON SOCIAL IMPACT (NOVEMBER 2022 TO FEBRUARY 2023)

The Taliban’s restrictive policies continue to have a detrimental impact on women and girls in Afghanistan. Not only do the restrictions persist in areas such as education, employability, mobility, and the use of public spaces, but new measures have also been implemented that further tighten the environment for them. Some of these measures include the closure of women’s libraries in Kabul and their ban from taking ‘Exit Exams’ and the Ministry of Public Health’s ‘Supplementary Exams’ (Hasht-e Subh 13/03/2023; The Free Library 03/05/2023). The recent issuance of verdicts on retribution, stoning, burying under a wall, and hudood punishments (crimes against God) also raises concerns for women (OHCHR 11/05/2023).
The deeply ingrained discrimination and stereotypes against women within the predominantly male judiciary put women at increased risk of stoning to death (UN 11/05/2023).

Amnesty International calls this treatment a war against women and states that the Taliban’s actions can be classified as international crimes given their organised, widespread, and systematic nature (AI accessed 07/06/2023). From the Taliban takeover in August 2021 until November 2022, UNAMA documented 18 cases of corporal punishment on women and girls, primarily lashings for so-called moral crimes that include sex outside of marriage and ‘running away’ to escape domestic violence. These cases have further increased since November 2022, after a call from the Taliban leader to employ corporal punishment whenever Shari’a conditions are met (HRW 08/05/2023; UNAMA accessed 10/06/2023). The combined effect of current and new restrictions intensifies the challenges that Afghan women and girls are facing and creates a highly constrained and oppressive environment, making it even more difficult for them to exercise their rights and access opportunities.

**THEME 1: HEALTHCARE**

**Blood shortage in the Afghanistan Central Blood Bank**

The Afghanistan Central Blood Bank in Kabul currently faces a blood shortage and lacks the necessary facilities to collect and store blood for an extended period, leading to difficulties in providing blood to patients in need (TOLOnews 04/04/2023).

One reason behind the reduction in blood donations is the drop in official development assistance after August 2021 and the suspension of the activities of international organisations after the Taliban’s ban on Afghan women from working for local and international NGOs in December 2022. Both reduced the availability of mobile units and drivers for collecting blood donations (EFE 03/04/2023). The absence of drivers hampers the collection of blood donations, leading to a reduced supply for the blood bank.

Afghanistan is projected to continue facing a high prevalence of insufficient food consumption. Between May–October 2023, an estimated 15 million Afghans are projected to be acutely food-insecure, including 2.8 million people facing Emergency (IPC Phase 4) food insecurity and 90% of households lacking adequate food (WFP 24/05/2023; FAO 05/06/2023). This can also be a reason for the reduced blood donation, as individuals affected by acute food insecurity may have limited access to proper nutrition, leading to decreased overall health and potential eligibility restrictions for blood donation.

Another major challenge resulting from the economic crisis and food insecurity in the country is the increasing costs incurred when donating blood. Blood donors cover the expenses for post-decoration nutrition to regain their strength, as well as transportation costs to and from the donation facilities themselves. This financial burden may discourage potential donors from travelling and donating their blood.

**Impacts**

**Compromised management of genetic disorders**

Haemophilia and thalassemia are genetic disorders that require regular blood transfusions for effective management (Qaderi et al. 15/06/2021). While a comprehensive nationwide census to determine the overall statistics of those affected by thalassemia, an inherited blood disorder where the person has fewer red blood cells and haemoglobin than normal, is not available, 12,103 thalassemia patients had been reported to visit and register at the National Blood Bank of Afghanistan as at 8 May (Afintl 08/05/2023). Recent reports suggest that in 2023, there has been a significant rise in reported thalassemia cases in Kandahar and Uruzgan provinces, leading to a growing number of children (approximately 800) requiring regular blood transfusions at Mirwais Hospital in Kandahar and approximately 70 needing hospitalisation in Uruzgan (TKG 08/05/2023). The growing number of thalassemia patients further adds to the strain on the blood bank’s limited resources.

Compounded by limited healthcare infrastructure, a lack of awareness, and scarce resources, a high number of consanguineous couples exist in Afghanistan. According to a survey conducted with 2,201 respondents, 69% of Afghan married couples have both paternal and maternal relationships with their partners, and more than 20% of consanguineous couples reported various congenital health defects in their children, including physical, mental, and bleeding disorders (Pameer 21/03/2023). Haemophilia cases are among these congenital health defects; it is a genetic condition that impairs the body’s ability to clot blood, leading to prolonged bleeding and potentially life-threatening complications (CDC accessed 08/06/2022). Haemophilia affects around 3,000 individuals in the country, underscoring the urgent need for the improved support and management of this inherited bleeding disorder (SWN 17/04/2023). The blood shortage directly affects the capacity to provide adequate support and treatment to these individuals, putting their health and wellbeing at risk.

**Economic and social burden**

The inadequate blood bank infrastructure places a significant economic and social burden on individuals and families. Ill-equipped blood banks directly affect the accessibility of reliable and readily available blood supply for patients in need.
"Our patient was in a critical situation, but the hospital couldn’t provide the necessary blood. Despite my efforts to find a compatible donor among people in the hospital and our relatives, I could not succeed. To save my patient, I had to pay a significant amount to secure blood from a volunteer donor.” (ACAPS discussions with the parent of a patient in need of blood 24/05/2023)

An insufficient blood supply hampers timely interventions and increases the risk of complications during medical procedures. As a result of complications, patients endure prolonged hospital stays, increased healthcare expenses, and compromised overall wellbeing. Patients and their families may be compelled to incur additional costs by seeking blood transfusions outside the country or resort to potentially unsafe blood sources. The financial strain also deepens socioeconomic disparities and perpetuates the cycle of inadequate healthcare access, intensifying the challenges that the population is facing.

**Diminished public health capacity**

Insufficient and ill-equipped blood banks not only hinder the health system’s capacities to treat blood related disorders, but also undermine overall public health capacity. An inadequate blood supply impairs the healthcare system’s response to natural disasters and emergencies. Consequently, managing medical emergencies becomes a major challenge, leading to potential complications, increased mortality rates, and poor patient outcomes.

**Drug epidemic**

Afghanistan is facing a drug epidemic, with over 3.5 million people (approximately 10% of the population) addicted to drugs in 2022, including more than 89,000 children and women (MOI Twitter 30/05/2022; GMIC 22/02/2023). Among other issues, the high supply and easy access to drugs are responsible for the epidemic.

Afghanistan is the largest opium producer in the world, accounting for 85% of global production and supplying 80% of global users in 2020 (UNODC 07/11/2021).

Since the political transition of August 2021, the Taliban has taken several measures, including two decrees against the production and trade of drugs, and forced people with addictions into rehabilitation processes, which are entirely under-resourced. The first decree was a ban issued in December 2021 on harvesting ephedra, which is used in the production of methamphetamine (BBC 12/12/2021). The second decree issued in April 2022 banned the production, usage, trade, and transportation of poppy and included a warning that violators would be punished based on Shari’a law (CNN 03/04/2022; Reuters 03/04/2022).

Despite the ban, opium production initially increased by 32% in 2022, mostly in western and southwestern regions, compared to the 8% surge in 2021 prior to the bans (UNODC 07/11/2021 and 01/11/2022). That said, recent reports indicate that Afghanistan has experienced an unprecedented decrease in poppy cultivation, particularly in the province of Helmand, where cultivation fell from more than 120,000 hectares in 2022 to less than 1,000 hectares in 2023 (Alcis 06/06/2023). That said, according to the annual report of the UN Analytical Support and Sanctions Monitoring Team, it is too early to assess the decrees’ impact; as at 1 June, poppy prices and the production of methamphetamine had increased (UNSC 01/06/2023).

Besides issuing the two decrees directed against poppy and ephedra, the Taliban have also taken up the controversial practice of forcing people with addictions into rehabilitation processes in strongly under-resourced centres and prisons. According to the Taliban Ministry of the Interior, since August 2021, over 80,000 people addicted to drugs have been put into rehabilitation, including 26,850 from Kabul. Of the number of people with addictions, more than 28,000 have been treated, and an additional 22,458 are undergoing treatment in 60 available rehabilitation centres, of which 10 are dedicated to women and children (TOLONews 21/02/2023; Tolqun News 21/02/2023). That said, it is not clear whether the remaining 30,000 would also receive treatment, what kind of treatment the 50,000 have received or are receiving, and what their treatment entails.

**Impacts**

**Inadequate resources for rehabilitation centres impeding access to drug addiction care**

The number of people with drug addictions has reached critical levels in Afghanistan. Rehabilitation centres are struggling to keep up with the high demand for their services. A rehabilitation centre in Kabul, which has a capacity of 1,000 beds, is currently accommodating around 3,000 patients undergoing a 45-day programme before being discharged, indicating a substantial shortfall in resources and infrastructure (BBC 03/04/2023). The director of this facility has highlighted the significant obstacle posed by a lack of vital supplies, including food, medicine, and clothing, for patients. The closure of some rehabilitation centres as a result of reduced funding following the Taliban’s takeover in August 2021 further compound the issue (RFE/RL 12/11/2022; UNODC 21/09/2022).
Inadequate treatment methods

Drug addiction requires specialised care and treatment, but at the beginning of the rounding up process, some people addicted to drugs were sent to prisons instead of rehabilitation centres. It is not clear what factors and processes decide on who are going to be treated in rehabilitation centres and who are being sent to prisons. The selection could be related to criminal offences or the inadequate capacity to treat all people with addictions in rehabilitation centres.

Reports suggest that the rehabilitation methods used in prisons are very harsh and coercive, and patients and prison doctors have evaluated them to be ineffective (RFE/RL 04/04/2022). Often, prisons in Afghanistan are not equipped with the necessary resources, such as programmes and counselling for the successful recovery of individuals struggling with addiction, who are kept in isolation and detached from support networks. Keeping them in prisons during such situations can even have a detrimental impact on their wellbeing, aggravating existing mental health issues and decreasing their ability to recover.

The 45-day programme in rehabilitation centres is rigorous. Participants undergo a strict routine that includes therapy sessions, group discussions, physical activities, and other interventions to help them overcome addiction (BBC 03/04/2023). On that note, the Avicenna Medical Hospital for Drug Treatment, established in 2016 on a previous US military base, has been criticised for its inadequate approach to treating addiction within 45 days, as patients are housed in barracks and given no medication or therapy to manage their withdrawal symptoms (AP 20/07/2022). Ensuring a voluntary rehabilitation process, the availability of medication, nutritious meals, psychological support, and access to sports facilities is crucial for the physical wellbeing of patients and, ultimately, the success of the programme.

Barriers that impede reintegration into society for people who undergo treatment programmes

The reintegration of people who have completed a drug addiction programme back into society presents a complex challenge. Some rehabilitation centres offer technical and vocational training to equip individuals with skills that can help them find employment (BNN 19/04/2023). That said, many of those who seek treatment for drug addiction are already educated and have work experience but have become addicted to drugs because of poverty and a lack of employment opportunities (BBC 03/04/2023; Al Jazeera 25/07/2022; VOA 21/10/2021). Following the takeover of Kabul in 2021, there was a significant decline in the country’s GDP by 20.7%, leading to extensive job losses and economic hardship that continue to affect numerous individuals and communities. Despite some signs of stabilisation, the significant pressures Afghan families are facing in sustaining their livelihoods remain prevalent and overshadow any positive economic developments (WB accessed 24/04/2023).

This means that it will not be easy for those who complete treatment for addiction to find gainful employment.

The stigma surrounding drug addiction can also lead to the discrimination and marginalisation of those who have undergone treatment, making it even harder for them to secure employment. The negative societal perception of people previously addicted to drugs can create mistrust and cause employers to hesitate to hire them (AAC accessed 26/04/2023; EmExMag 27/04/2023). This poses further difficulties for those in recovery and potentially increases their likelihood of relapsing.

Mental health

In Afghanistan, protracted armed conflict, displacement, and economic hardships have contributed to the worsening of the population’s mental health, and only a small proportion has access to mental health services. Mental health is a significant issue characterised by high rates of depression, anxiety, and trauma-related disorders (HealthNet TPO 06/10/2021; Kovess-Masfety et al. 22/06/2021). Less than 1% of functional medical centres in Afghanistan provide mental health support, reflected in the ratio of 9 healthcare workers and 2 physicians per 10,000 patients in the region (Islam et al. 18/02/2022).

The Taliban takeover and ensuing uncertainties have further aggravated the psychological distress experienced especially by women who are increasingly restricted from public spaces, certain forms of employment, and access to essential services. The consequences are deteriorating mental health and an increasing number of suicide cases among women (UN 01/07/2022).

“Structural violence in society has led to more people needing psychosocial help. Controlling male household members, restrictive cultural norms centered around honor and shame, and the systematic denial of fundamental human rights have created an environment of despair, hopelessness, and enduring psychological trauma particularly for women. Since Kabul’s takeover, we see more women seeking solace and support at our doorstep” (Discussion with an organization working on psychosocial needs in Afghanistan 24/06/2023).

Mental health issues also endanger children, who experience domestic violence, compounded by decades of conflict and recent military escalations (Shoib et al. 18/02/2022).

Scarce resources and the stigma surrounding mental illnesses further aggravate the mental health crisis, leading to self-medication with easily accessible drugs and the potential risk of ineffective or unsafe treatments given the lack of professional healthcare (New Lines Magazine 03/04/2023; Business Insider 03/10/2021).
**THEME 2: CHILD PROTECTION**

**Juveniles in prisons and rehabs**

Juvenile incarceration is a complex issue that has far-reaching implications for young people. The experiences of juveniles in prisons and rehabilitation centres and the stigma they face when they come out of detention can have a profound impact on their wellbeing and hinder their ability to reintegrate into society. For years, the often overcrowded Afghan prison system, which lumps together criminal offenders and political prisoners, has been creating an environment fraught with violence, exploitation, and radicalisation (ICSR 16/03/2010, CTC Sentinel 13/01/2012).

**Impacts**

**Legal safeguards and age-appropriate care**

Herat’s central prison is overcrowded with a diverse range of inmates, including former government employees and children as young as 12 years old, imprisoned without evidence for several months with no trial and with uncertain release dates given a lack of legal proceedings (BBC 07/02/2022; Sky News 07/02/2022). International standards and conventions, including the UN Convention on the Rights of the Child, highlight the importance of treating children in conflict with the law with special care, ensuring appropriate legal safeguards and separating them from adults (UN 20/11/1989). Imprisoning them without due process not only infringes upon their rights, including their right to challenge their incarceration before a court of impartial authority, but, where offences have been committed, also fails to address the root causes of their actions and hampers their potential for rehabilitation.

“No child shall be deprived of his or her liberty unlawfully or arbitrarily. The arrest, detention or imprisonment of a child shall be in conformity with the law and shall be used only as a measure of last resort and for the shortest appropriate period of time.” (UNICEF 20/11/1989)

**Violence and abuse**

A decree issued on 15 March 2022 by the Amir and the Office of the Leadership outlines the rights and responsibilities of security officials. It states that they are prohibited from abusing or torturing arrested individuals during pre-trial detention. It also sets the maximum duration of investigative detention without a court order at ten days (Etilaatroz 15/03/2022). Regardless, as at September 2022, over 220 children were imprisoned in a correctional and rehabilitation centre, where they faced violent conditions. While some children praise the prison guards, others speak out against their abuse and express discontent, as they suffer from a lack of food and become victims of violence at night. These incidents prompt desperate pleas to end the torment and amplify their already significant hardships in prison (TOLOnews 21/09/2022). The lack of adequate space, combined with the presence of diverse convicts, exposes them to potential violence and exploitation. Reported abuse from prison guards further traumatizes these young individuals, leaving lasting emotional scars that may hinder their development and rehabilitation.

**Future prospects**

Involvement in the juvenile justice system has been found to correlate with an increased likelihood of trauma among the youth, which can hinder healthy brain development, impair self-regulation, and amplify the chances of engaging in delinquent behaviour (The Sentencing Project 01/03/2023). Placing children alongside adult offenders within prison cells, devoid of proper support and rehabilitative measures, heighten the potential for future criminal activities and subsequent reoffending among these vulnerable youngsters.

**Child labour**

With a population of approximately 43 million, nearly half of Afghanistan’s population (47%) are children under the age of 15 (OCHA 23/01/2023). More than one-third of boys (33%) and a quarter of girls (25%) aged 5–17 are involved in hazardous child labour (UNICEF accessed 10/05/2023).

In 2023, 17 million people faced acute hunger, with six million facing IPC 4 levels of food insecurity (OCHA 23/01/2023). Such widespread hunger and food insecurity perpetuate a cycle of poverty and deprivation, with children being among the most vulnerable. According to a study conducted in seven provinces involving 1,400 households, 18% of families relied solely on sending their children to work as a means of generating income (STC 14/02/2022). Children often find themselves working as street vendors, water carriers, cardboard collectors, shoe polishers, taxi solicitors, domestic workers, or boutique assistants to sustain their families (Humanium accessed 10/05/2023).

Child labour in the form of smuggling is a prevalent practice observed among children residing near border areas. Every day, risking their lives, children as young as eight or nine smuggle sacks of goods as big as their own size across the Torkham border in eastern Afghanistan, hiding under trucks to avoid authorities, with the aim of selling them in Afghanistan to support their families (UNICEF 21/03/2023). These children sacrifice their childhoods, shoudering the responsibility of providing for their families and persevering against all odds for their own survival, which has far-reaching impacts on their overall wellbeing.
Impacts

Impeded access to education

Access to learning and education is a pressing concern, as approximately 7.9 million children require support to overcome barriers that impede their access to education (UNICEF accessed 09/05/2023). In a REACH survey, 42% of participants identified children having to earn money to support their families as one of the five most common obstacles hindering children from attending school in their community (REACH 09/2022). The compelling responsibility to provide for their families often leads to the early withdrawal of most children from school, as they find it challenging to strike a balance between their education and the demanding work (GPS 31/08/2021). This will potentially prevent children from exploring their full potential, building their self-confidence, and acquiring a rounded education, impairing their overall resilience.

Negative effects on children’s health and wellbeing

Child labour often involves hazardous and exploitative working conditions that pose serious risks to the health and wellbeing of children. They may be exposed to physical, chemical, and psychological dangers that can lead to injuries, illnesses, and long-term health issues (ACAPS 11/04/2023). The absence of a nurturing and supportive environment, combined with the demands and pressures of work, can lead to a range of mental health disorders. These disorders can persist well into adulthood, affecting their overall quality of life and future prospects (Human Rights Careers accessed 15/05/2023). Child labour can also contribute to various forms of sexual abuse, including the rape and sexual exploitation of girls, including child prostitution. These can result in early and unwanted pregnancies, abortion, sexually transmitted diseases, and HIV/AIDS and contribute to the risk of drug and alcohol addiction (ILO accessed 15/05/2023).

Increased social disparity

Child labour perpetuates social inequalities by trapping socioeconomically marginalised children in a vicious cycle of poverty and deprivation. It further perpetuates social disparities and hinders social mobility by preventing affected children from acquiring an education and the professional skills for future employment opportunities, further impeding their ability to break free from the cycle (UNICEF accessed 12/05/2023). As a result, the persistence of such disparities potentially undermines social cohesion and obstructs advancement towards a just and inclusive society.

Theme 3: Social Protection

Suspension of pensions for retired government employees

In 2023, Afghanistan is home to about 42 million people, with roughly 900,000 individuals (2% of the population) aged 65 or older (UNFPA accessed 14/06/2023). Over 200,000 are reported to be retired government employees (Kabul Now 23/03/2023). In April 2023, the Taliban announced a stop to the payment of pensions for retired government employees, noting that pension benefits were not salaries, and instead encouraging organisations to provide employment opportunities to retirees still capable of working (Etilaatroz 12/04/2023). The non-payment of these pensions will have a significant impact on the social standing and household income of this demographic. Households relying on pension payments as their main source of income are left without a safety net, leading to increased hardship and poverty.

Many have criticised this policy, arguing that it is unfair to retirees who have dedicated their lives to serving their country and deserve to be supported in their old age. This decision has also caused concern and distress among retired civil servants and members of the armed forces who relied on these payments as their primary source of income (ANI 01/02/2022). A group of retired government employees have organised various demonstrations protesting the suspension of pension payments, but they claim to have been met with empty reassurances and no resolutions (Afghanistan Times 31/01/2023; TOLOnews 30/08/2022 and 14/04/2023). The non-payment of pensions will add to the significant number of other older people who do not receive any form of pension because of ineligibility and the absence of any social support mechanisms for older people in the country (AAN 23/03/2023).

Impacts

Financial hardship

Many older Afghans struggle to survive on meagre pensions and face increasing food insecurity because of inflation and economic turmoil (Kabul Now 23/03/2023). The lack of job opportunities and the high cost of living make it difficult for older people to earn a livelihood or sustain themselves financially. Financial hardship is a significant risk factor for poor health outcomes among older adults, particularly in low-income countries (Duault et al. 01/2018). Without financial support, retirees may be forced to work past their retirement age, often in physically demanding jobs, which can affect their physical and mental health.
"As a 72-year-old man supporting a family of ten, I earn a living by transporting groceries and other items for people using my cart. That said, given my age and physical weakness, some people don’t want to hire me, leaving me waiting in the sun or cold for someone willing to help. There are days when I return home with an empty pocket, feeling defeated and hopeless, knowing that my age and physical weakness are becoming more of a hindrance every day." (ACAPS discussions with retired man 25/04/2023)

The failure to disburse pension payments will potentially have a disproportionately adverse impact on female retirees. This is mainly because women, especially under the Taliban regime, are facing societal and cultural barriers to participating in the labour force or other forms of livelihood, leaving them more vulnerable to poverty in their retirement years.

Negative health consequences

Given the consequences of ageing, retirees often experience health problems that require medical attention. The lack of pension payments can prevent them from accessing necessary medical services, affecting their wellbeing and quality of life (NDTV 06/11/2022).

"I’m a 54-year-old woman who had to retire early because of health issues. Unfortunately, my husband passed away from COVID-19, leaving me to take care of our family, including two members with disabilities. To make matters worse, we haven’t received any pension payments, either for myself or my late husband. We don’t have any working members in the family, which has made things even more challenging for us. Currently, we’re only relying on remittances, but that is not usually enough to cover health expenses." (ACAPS discussion with retired woman 26/04/2023)

Increased social exclusion

The absence of pension payments can lead to social exclusion for retired individuals who have dedicated their services to their country and are entitled to this critical support. The retirees contend that the pension funds are not a gratuitous contribution from the government’s budget but rightfully belong to them, as they were accumulated over the course of 35 years (TOLOnews 11/06/2022). For many of them, these payments serve as their primary source of income, and the cessation of payments may lead to further poverty and exclusion.

As a result, to cope with the situation, some retirees are forced to rely on their extended families for financial support (Times of Oman 01/02/2022). This places an additional burden on their families which can lead to negative reactions including mistreatments and violence.

Re-registration of people with disabilities for benefits

Given the consequences of conflict and war, more than one million individuals in Afghanistan are living with amputated limbs and other disabilities that affect their mobility, vision, or hearing. The Republic Government distributed disability pensions to a total of 203,634 individuals with disabilities, but the Taliban deemed more than half of these cases fraudulent and subsequently removed them from the list (HRW 28/04/2020). In the re-registration process, a new count of 112,318 disabled individuals and war survivors was identified throughout Afghanistan as at 5 September (Afinlt 05/09/2022).

The previous administration exclusively granted benefits to the families of individuals who lost their lives or became disabled in war, but under the Taliban government, it is claimed that eligibility for benefits extends to families with members with disabilities unable to work or who have lost their primary breadwinners for any reason (DW 05/05/2022). Globally, more than 250 million older people experience moderate to severe disability, with the prevalence increasing as they age (UN accessed 01/05/2022; Samuel Hall/HelpAge 13/10/2020). That said, some families have expressed concerns about alleged favouritism among Taliban officials when registering people with disabilities, asserting that families connected to the previous government receive insufficient consideration (DW 05/05/2022).

Impacts

People with disabilities in Afghanistan, especially women and girls, endure heightened vulnerability, marginalisation, restricted access to essential services, an increased risk of violence and sexual harassment, and further hardships in the aftermath of the crisis (UNSW 23/08/2021). Removing them from the benefits systems can aggravate their vulnerability, further perpetuating discrimination and hindering efforts towards inclusivity and equality. People with disabilities excluded from receiving benefits face similar consequences as retirees in terms of financial hardship, poverty, negative health effects, and exclusion (see Impact section above).