



Afghanistan State of Youth

REPORT 2014





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every pregnancy is wanted
every childbirth is safe and
every young person's
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Cover photo: Nagma, 19 years old, holds her one year-old daughter Massouma.

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UNFPA, the United Nations Population Fund, is the lead UN agency for delivering a world where every pregnancy is wanted, every birth is safe, and every young person's potential is fulfilled.

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Afghanistan is in a period of transition. By the end of 2014, the majority of international forces will have withdrawn from the country and Afghanistan's national security forces will take over full responsibility.

This process of transition from dependence towards self-reliance is the essence of adolescence which is why this is considered the most critical stage of a person's life. It is during this time that young people acquire the skills, confidence and knowledge necessary to move into adulthood.

As Afghanistan moves towards self-reliance, so do its people. Nearly two in three people are below the age of 25. Almost half of the population is below 15 years of age. Providing these young people with the environment and resources they need to grow into a new generation of healthy, productive and empowered young women and men is one of the Afghanistan's core challenges.

This youthful population is not just a challenge. For Afghans, these young women and men embody hope. The future of Afghanistan's peace and prosperity lies with this generation. Only if we can ensure that opportunities are available for each and every young woman and man to realize her or his full potential, can we hope to realize the potential of the country as a whole.

Access to health, education, employment and meaningful participation are fundamental human rights. The success or failure of Afghanistan's transition will depend on whether or not young people believe that their Government can ensure and protect their human rights.

The Government has therefore made young people a priority for Afghanistan's development agenda. Together with our partners from civil society, the international community and the active involvement of young women and men, we have developed the country's first National Youth Policy and are now working towards translating this commitment into real action and tangibles change in the lives of our young people.

One of the key lessons the Government has learned from the past decade of unprecedented progress and development is that action must be guided by evidence. Resources are scarce and we must invest where they make the most difference. This is why the *Afghanistan State of Youth Report 2014* is so critical. For the first time, the report brings together data and analysis on Afghan youth into a unified report which can guide our joint efforts and programmes to deliver on our commitments to Afghanistan's young people. This report portrays the situation, struggles and hopes of the Afghan youth. Their aspirations will guide us in the years to come, for the youth is the future but also — and importantly — the present of Afghanistan.

Mr Taimor Shah Eshaqzai
DEPUTY MINISTER OF YOUTH AFFAIRS

In the past decade, young women and men have been major contributors to a time of unprecedented social, economic and political progress in Afghanistan. Their hard work is evident in the public sector, business, media, NGOs and sport.

Despite these great contributions to the rebuilding of this country, however, the rights and needs of young women and men have not been adequately addressed by the Government and elders of society. In particular we, as young parliamentarians, must strengthen our efforts to represent the voices and interests of youth.

The recent election has further demonstrated the critical role young people will play in Afghanistan's future. Young men and women have put clear demands to the new Government: they demand peace, educational opportunities and other basic services, decent jobs and a Government that is accountable to them.

I welcome the timely appearance of the *Afghanistan State of Youth Report 2014* as it highlights the urgency of investing in Afghanistan's young people, particularly girls. The report shows that Afghanistan is at a critical demographic juncture: nearly two thirds of the population is below the age of 25 which has opened a window of opportunity to provide this generation with the means and skills they need to become agents of sustainable development.

The report emphasizes the critical role of girls and young women in this sustainable development. The data shows that despite significant progress since the end of the Taliban regime in 2001, Afghan girls and women lag behind their male counterparts in all development indicators. Many women are still systematically denied their fundamental rights to health, education, employment and social and political participation. From my own experience as a young Afghan woman, I know the hurdles that women have to overcome just to access their basic rights as citizens in this country.

As Members of Parliament, my colleagues and I work towards protecting the fundamental rights of youth, particularly girls and women, and we urge the new Government and its partners to prioritize young people, especially girls, in its upcoming term.

The *Afghanistan State of Youth Report 2014* provides all of us who work for the sustainable development of Afghanistan with a roadmap for immediate action to protect and realize young people's rights and needs.

The report also shows young people's unshakeable hope for a better future. It is now our turn — the people who have been entrusted with their hope — to deliver on our promises and to create opportunities for each and every young person.

Mr Naquibullah Faiq

MEMBER OF PARLIAMENT

On behalf of UNFPA, I am very pleased to share with you the *Afghanistan State of Youth Report 2014*.

This year and the years to come are critical for Afghanistan as the country moves towards stronger government ownership for national security and social and economic development in all provinces.

The Government has recognized the invaluable development potential that stems from its youthful population: young people aged 10 to 24 account for nearly 30 percent of the Afghan population.

Realizing the rights of young people is at the core of UNFPA's mandate. In Afghanistan UNFPA has worked with the Government and its partners from the civil society — including youth networks — to facilitate the inclusion of rights and needs of young people in national development policies and programmes.

Afghanistan's National Youth Policy is an important commitment by the Government to promote the rights and needs of the country's young women and men. We hope that this report will be instrumental in the development of the National Youth Strategy and Action Plan which will guide the policy's implementation.

UNFPA has released the State of the World Population Report 2014 which showed that the issues of population dynamics, sustainable development and young people's rights are intimately linked. The report highlighted that youthful populations can be transformed into opportunities if development is guided by evidence-based population policies and supported by targeted and long-term investments.

UNFPA Afghanistan is fully committed to supporting the Government in its efforts to turn Afghanistan's youthful population into an opportunity for sustainable development, so every young woman and man in Afghanistan will have the chance to be part of a healthy and productive transition towards adulthood and self-reliance.

In order to achieve that, we work with our Afghanistan partners to provide data for timely policies, to facilitate every woman's right to a pregnancy that is safe and wanted and to promote the fulfillment of every young person's potential. UNFPA also works closely with the Government and civil society to protect young women and men in Afghanistan from gender-based violence and to support dignified treatment of GBV survivors.

We hope that the report provides a useful reference tool and framework for action for putting the National Youth Policy into practice. We hope, in particular, that through this report, the development of the National Youth Strategy and Action Plan will benefit young people, especially young girls.

Dr Annette Sachs Robertson

UNFPA REPRESENTATIVE

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ACRONYMS AND ABBREVIATIONS

| | | | |
|---------------|--|--------------|---|
| AFGA | Afghan Family Guidance Association | DFID | Department of International Development |
| AIDS | Acquired Immunodeficiency Syndrome | DMOYA | Deputy Ministry of Youth Affairs |
| AIHRC | Afghanistan Independent Human Rights Commission | EFA | Education For All |
| AMICS | Afghanistan Multi Indicator Cluster Survey | EPHS | Essential Package of Hospital Services |
| AMS | Afghanistan Mortality Survey | EVAW | Elimination of Violence Against Women |
| ANDS | Afghanistan National Development Strategy | FLE | family life education |
| ANQF | Afghan National Qualification Framework | FSW | female sex worker |
| ANSF | Afghan National Security Forces | GARPR | Global AIDS Response Progress Report |
| ANYP | Afghanistan National Youth Policy | GBV | gender based violence |
| ASRHR | adolescent sexual and reproductive health and rights | GDP | gross domestic product |
| BMZ | German Federal Ministry for Economic Cooperation and Development | GOIRA | Government of the Islamic Republic of Afghanistan |
| BPHS | Basic Package of Health Services | GIZ | Deutsche Gesellschaft für Internationale Zusammenarbeit |
| CAH | Child and Adolescent Health | HACCA | HIV/AIDS Coordinating Committee for Afghanistan |
| CBE | community based education | HIV | human immunodeficiency virus |
| CEDAW | Convention on All Forms of Discrimination against Women | HMIS | Health Management Information System |
| CFC | Civil-Military Fusion Centre | HRW | Human Rights Watch |
| CHW | Community Health Worker | IBBS | Integrated Bio-Behavioural Survey |
| CPR | contraceptive prevalence rate | ICPD | International Conference on Population and Development |
| CRC | Convention on the Rights of the Child | ICT | information and communications technology |
| CSO | Central Statistics Organization | IDP | internally displaced person |
| DANIDA | Danish International Development Agency | ILC | International Labour Conference |
| | | ILO | International Labour Organization |

| | | | |
|----------------|---|---------------|--|
| KAP | key affected population | SBA | skilled birth attendant |
| LDC | least developed country | STD | sexually transmitted disease |
| LMIS | labour market information system | STI | sexually transmitted infection |
| MCN | Ministry of Counter Narcotics | SW | sex worker |
| MDG | Millennium Development Goal | TAF | The Asia Foundation |
| MMR | maternal mortality ratio | TVET | technical and vocational education and training |
| MOE | Ministry of Education | UNAIDS | Joint UN Programme on HIV/AIDS |
| MOLSAMD | Ministry of Labour, Social Affairs, Martyrs and Disabled | UNDAF | United Nations Development Assistance Framework |
| MOPH | Ministry of Public Health | UNDP | United Nations Development Programme |
| MSM | men who have sex with men | UNESCO | United Nations Educational, Scientific and Cultural Organization |
| NACP | National AIDS Control Programme | UNFPA | United Nations Population Fund |
| NATO | North Atlantic Treaty Organization | UNGASS | United Nations General Assembly Special Session |
| NDSA | National Disability Survey Afghanistan | UNHCR | Office of the United Nations High Commissioner for Refugees |
| NESP | National Education Strategic Plan | UNICEF | United Nations Children's Fund |
| NGO | non-governmental organization | UNODC | United Nations Office for Drugs and Crime |
| NLAP | National Literacy Action Plan | USAID | United States Agency for International Development |
| NLS | National Literacy Strategy | VCT | voluntary counselling and testing [for HIV] |
| NOSS | national occupational skill standards | WB | World Bank |
| NPP | National Priority Programme | WHO | World Health Organization |
| NRVA | National Risk and Vulnerability Assessment | YFS | youth friendly services |
| NTVETS | National Technical Vocational Education and Training Strategy | | |
| PRB | Population Reference Bureau | | |
| PWDS | persons with disabilities | | |
| SAARC | South Asian Association for Regional Cooperation | | |

The *Afghanistan State of Youth Report 2014* makes the case for placing Afghanistan's young women and men at the centre of the development agenda. It provides an analytical overview and recommendations in the areas of adolescent and youth health, education and training, youth employment and youth participation. The report concludes that gender inequality is a major impediment to achieving progress in any of the areas of youth development and that development efforts must focus on the rights of girls in order to trigger the 'girl effect' and move Afghanistan towards realizing its demographic dividend.

1 **Afghanistan's demographic dividend**

The demographic dividend presents a window of opportunity in the development of a society and emerges as a result of declining fertility rates and significant reductions in child and infant mortality (i.e. a demographic transition). As there is commonly a time lag between rapid reductions in child and infant mortality and a slower decline in fertility rates, these changes may produce a young generational population bulge, referred to as 'youth bulge'. As long as fertility and population growth rates remain high, the dependency ratio also remains high, and families and governments typically do not have the resources to invest in this human capital. Accordingly, countries with the demographic profile of a youth bulge must focus on lowering fertility, which can be achieved through voluntary family planning information and services, education and increased child survival.

Although Afghanistan has not yet entered a demographic transition, its population dynamics provide a unique potential for accelerated and sustainable development. The Central Statistics Organization estimates a population size of 27.5 million and an annual population growth rate of 2.03 percent per year (CSO, 2014b). Because of high fertility levels past and present (5.1 children per women; AMS 2010) Afghanistan has a very young age structure. Currently, 63 percent of the population is below the age of 25 and 46 percent is below age 15 (CSO, 2014b). Afghanistan's age structure will soon match the profile of a youth bulge.

The trends in the total fertility rate show evidence of an early stage of decline from 8.0 children per woman in 1990-1995 to 6.62 in 2005 to between 5.1 and 6.0 currently (UNFPA, 2013b). Despite significant progress, mortality levels in Afghanistan remain among the highest in the world. However, maternal and childhood mortality have decreased significantly over the past decade. Life expectancy stood at 42.6 years in 1980 and increased to 60.7 years in 2010-2015. It is expected to continue to increase to 67.6 years for males and 69.8 years for females by 2040-2045 (UNDESA, 2013).

Complex patterns of migration and rapid urbanization are also key features of Afghanistan's population dynamics.

2 **Adolescent and youth health**

Early pregnancy poses major health risks to girls and young women in Afghanistan. The main health impacts of early pregnancy include risk of maternal death, illness and disability, such as obstetric fistula from

obstructed labour, complications of unsafe abortion as well as sexually transmitted infections (STIs), including HIV. Health risks also extend to the infants of younger mothers.

In Afghanistan, 12 percent of women aged 15–19 have started childbearing; 8 percent have had a live birth and 4 percent are pregnant with their first child. By the age of 19, more than one-third of women have already started childbearing (AMS 2010). The risk of dying from pregnancy-related causes is significantly higher for young mothers than for older women. Afghanistan's pregnancy-related mortality ratio for girls aged 15–19 years is estimated at 531 compared to 257 for young women between the ages of 20 and 24 years (AMS 2010).

Gender-based violence (GBV), and in particular violence against women (VAW), are not only grave violations of human rights but also major public health concerns in Afghanistan. Indeed, studies confirm an overall high level of VAW in Afghanistan. It is estimated that up to 87.2 percent of women have experienced at least one form of physical, sexual or psychological violence, or forced marriage. More than 60 percent of women experience multiple forms of violence.

The Afghan Ministry of Public Health (MoPH) estimates that 60 percent of Afghans suffer from stress disorders and mental health problems with women bearing the brunt of these problems (MoPH, 2012b). According to the findings from a survey of young people in seven provinces (Samuel Hall, 2013), more than half of all participants reported that they need psychological or counselling support. Suicide and self-immolation, in particular

of young girls, has become a growing phenomenon in Afghanistan.

Afghanistan is the world's largest producer of opium, and domestic drug addiction has also become a major health and social challenge, particularly amongst the young. UNODC's Afghanistan Drug Use Survey (2009) found that there are around one million illicit drug users in Afghanistan (aged 15–64 years). This is equivalent to 3 percent of the population, a significantly higher rate than the world average.

One of the report's main recommendations for improving adolescent and youth health in Afghanistan is to increase strategic coherence through the development of a dedicated National Adolescent and Youth Health Strategy. Further, adolescent and youth health issues and youth-friendly health services should be integrated into the basic health services package and be part of training curricula for all health service providers. A good practice in this regard is a new curriculum for midwives training at the bachelor's degree level which includes adolescent sexual and reproductive health and rights (ASRHR).

Access to health information and education is a basic human right. Education plays an important role in improving the health of Afghanistan's young people, particularly in relation to adolescent sexual and reproductive health. The report recommends integrating education on issues concerning family life in a culturally acceptable manner into the national school curriculum. In addition, more programmes should be established to provide out-of-school adolescents and youth with critical information and skills to develop healthy lifestyles.

Young people are not only recipients of health services but should also play an active role in the health care system as young doctors, nurses, midwives, young employees or volunteers in public and private organizations working in Afghanistan's health sector.

3 Training and education for adolescents and youth

Despite significant progress in the country's education system since 2001, too many young people are still missing out on education. The Ministry of Education estimates that about 3.5 million school-aged children are out of school. The majority of these children are girls, children in remote areas and insecure areas, disabled children, Kuchi nomad children, and members of other vulnerable groups.

Although the right of women and girls to education is enshrined in the Constitution of Afghanistan (Article 44), the country suffers from severe lack of gender parity. In fact, Afghanistan ranks lowest in terms of gender parity for primary school enrolment. In 2010 research on girls' education found that poverty and forced marriage were seen as the biggest obstacles to their access to education (Jackson, 2012).

The fact that youth literacy is significantly higher than adult rates reflect the progress achieved in primary and secondary education over the past 12 years. Yet Afghanistan's youth literacy rate (61.9 percent for males and 32.1 percent for females) is still below average amongst least developed countries.

In addition to challenges in terms of the physical infrastructure of Afghanistan's education system, there is a significant lack of capacity. Only 27 percent of teachers are actually qualified to teach (i.e. are educated to Grade 14 or higher), with strong regional variations. For instance, Kabul's teaching force has 60 percent of teachers educated to Grade 14 or higher, whereas in 12 provinces less than 10 percent of teachers have this level of education. The urban bias is particularly pronounced for female teachers; over 80 percent of qualified female teachers work in Afghanistan's nine main cities.

Technical and vocational education and training (TVET) plays an important role in providing young people with the skills and competencies needed to build a modern workforce to lift Afghanistan out of poverty. However, the TVET sector suffers from being highly fragmented and is not responsive to the needs of the labour market.

The report provides recommendations for increasing coordination within the education sector, which is presently undergoing major reforms in this regard. Access for all, in particular girls and young women, must be a guiding principle for all education programmes in Afghanistan. The specific recommendations for increasing girls' access to education point to a closer involvement of communities in finding local solutions to providing girls with safe spaces for education.

4 Youth employment

A recent series of provincial youth consultations organized by the Deputy Ministry of Youth Affairs, with the support

of UNFPA and Counterpart International/ USAID, showed that employment ranks as a top development priority for Afghanistan's young women and men.

The National Risk and Vulnerability Assessment (NRVA) 2011-2012 reported youth unemployment rates of 8.1 percent for young men and 18.8 percent for young women, which are significantly higher than the national unemployment rate of 7 percent. However, the issue of youth employment in Afghanistan has to be looked at in the context of poverty and the quality of available work. The NRVA 2011-2012 reports that 81 percent of jobs in Afghanistan can be classified as vulnerable employment as they do not secure stable and sufficient income.

Afghanistan's headcount poverty rate is estimated at 36.6 percent of the total population. In addition, a large share of the population has a consumption level which is only marginally above the poverty threshold which implies they are vulnerable to falling into poverty with even small adverse changes in their livelihood strategies. With such a high proportion of the population either poor or at risk of being poor, it may be assumed that most people, in particular young people who are culturally expected to contribute to household incomes, simply cannot afford to be unemployed.

Afghanistan's national employment-to-population ratio shows a large gender difference: 74.5 percent for males and 15.5 percent for females. The share of women in wage employment in the non-agricultural sector (Millennium Development Goal or MDG indicator 3.2) is only 11.1 percent (CSO, 2014a). Women in urban areas have the lowest employment-to-population ratio

of only 10.8 percent. Amongst the factors behind the strong gender gap in employment are conservative cultural attitudes which limit the role of (young) women in public spaces and prevent many girls and young women from attending school or training, and from seeking work outside their homes.

As is the case in many parts of the developing world with a large percentage of low productivity jobs, Afghanistan is faced with the 'twin challenge' of the coexistence of child labour and youth unemployment. The Afghanistan Multiple Indicator Cluster Survey 2010-2011 estimates that 13 percent of Afghan children aged 5-14 years work: 17 percent of boys and 9 percent of girls (AMICS 2010-2011).

Labour migration is recognized as one of the key strategies for coping with the persistent lack of decent job opportunities in Afghanistan. Particularly for young people, regulated and safe labour migration can play a key role in income generation and skills building. Even based on the most optimistic economic growth projections, the Afghan economy will not be able to absorb the country's 400,000 annual labour market entrants (ILO, 2012a) for the foreseeable future and, as in many parts of the world, mobility will be a key factor for Afghan youth employment.

The report recommends that efforts to foster viable training and work opportunities for youth should be pegged to developments in the country's few promising economic fields susceptible to generating jobs through investment, leading to stronger linkages between flourishing sectors and skills training schemes, in particular agriculture and mining.

Further, there is an urgent need to address the lack of good data on the Afghan labour market. The availability of this information, particularly the main indicators of the youth labour market, is a necessary precondition to identify the features and trends of the youth employment challenge in Afghanistan, provide a solid basis for the development of vocational training programmes, and inform policy and programme responses to improve the functioning of the labour market and other key areas of decent work.

Small enterprises can be an instrument for poverty reduction, a source of new jobs, and way to help evolve existing small enterprises in Afghanistan towards stronger and viable businesses. An important policy area thus refers to interventions that seek to support self-employment and micro-enterprise development to help young informal sector workers improve their income generating potential. Employment services are needed to provide young job seekers with advice on existing vocational training and (self-) employment opportunities.

5 Youth participation

Historically young people in Afghanistan have challenged the status quo and they continue to do so. Still, the rate of youth participation in the formal political system is low. A survey carried out as part of a participatory youth assessment (Samuel Hall, 2013) found that 80.9 percent of respondents are not actively involved in any political party or organization. Of those who are, 8.9 percent are members of a student or youth association whilst 6.4 percent are members of religious groups.

The impact of technology and media on young people's social and political participation is significant. Mobile phone coverage, particularly, has increased substantially in recent years, from around 40 percent in 2007 (TAF, 2013) to between 63 percent (USAID and Internews, 2012) and 70 percent (TAF, 2013) today.

Experiences from the Arab Spring and Occupy Movement have arguably demonstrated the potentially critical role of social media in youth activism. Given the expansion of literacy and increased internet penetration in Afghanistan, social media can be expected to alter the dynamics of youth participation and youth activism.

Reflecting wider disparities in most development indicators, internet usage is much higher for males than females and more prevalent in urban than rural areas. Social media have not reached the mainstream for young people and the large majority feel that the most effective way for youth participation is through engaging with leaders and *shuras* at the community level.

The report recommends pursuing a participatory approach to youth participation which understands youth as real partners and leaders in development efforts. In order to achieve this, the Government and its partners should focus on creating an enabling environment for young women and men to be able to participate in the decision-making processes that affect their lives. This process will have to start from the actual circumstances of young people (rather than artificially created spaces); from the community level, schools, places of worship, universities, sports clubs and workplaces.

6 Investing in girls

Realizing a country's demographic dividend depends on understanding the specific population dynamics and concentrating development efforts on the key factors driving these dynamics. In Afghanistan, addressing high levels of fertility as a core feature of the country's population dynamics is key to achieving sustainable development. The empowerment of adolescent girls plays a particularly important role at the interplay between reproductive health, fertility, education and a country's sustainable development — a process for which the international development community has coined the term 'girl effect'.

The girl effect refers to the idea that targeted investments in girls can be the most effective way to achieving sustainable development. By investing in girls' economic potential through education and by delaying marriage and early pregnancy the inter-generational cycle of poverty can be broken. There is robust evidence that adolescent girls can be the main agents for social progress, particularly in the context of young populations with high fertility rates.

In Afghanistan national efforts to prevent adolescent pregnancies and support girls who have become pregnant have to address the underlying drivers of adolescent pregnancy, including gender inequality, poverty, negative attitudes and stereotypes of adolescent girls, GBV and coercion. Child marriage as a specific form of GBV is the key driver of adolescent pregnancies, most of which, in Afghanistan, take place within marriage. Hence, the fight against child marriage has to be at the centre of the agenda for Afghanistan's sustainable development.

In Afghanistan, 17.3 percent of girls aged 15–19 and 66.2 percent of girls aged 20–24 are married. The AMICS 2010–2011 found that 15.2 percent of surveyed women were married before the age of 15 and 46.4 percent before 18. There are a number of inter-related structural factors which contribute to the widespread practice of early marriage in Afghanistan. Poverty, for instance, is widely regarded as one of the main causes for early marriage. In households that experience acute poverty, a young girl may be perceived to be an economic burden and marriage into another family may become a survival strategy to reduce economic pressures on the household.

Taking into account the complex context of child marriage in Afghanistan, interventions aiming to prevent the practice must pursue a broad-based approach focusing on building girls' agency and providing alternatives to early motherhood. Programmes must target the structural forces and the norms and values that perpetuate child marriage. At the same time, interventions must address factors that isolate and marginalize pregnant girls so that pregnancy does not lead to poverty, poor health and unrealized human potential. □

The *Afghanistan State of Youth Report 2014* appears at a critical time.

The year 2014 has been dubbed Afghanistan's year of transition as the majority of international forces will withdraw and the country's national security forces take over full responsibility by the end of the year.¹ This is also the year in which Afghanistan has successfully and for the first time in the country's history completed the transition of presidential power through elections.

The year 2014 is also critical in terms of youth issues. Afghanistan has made significant progress in many development indicators, such as in the reduction of maternal and child mortality. Moreover, the recent *Millennium Development Goal Report* (Ministry of Finance, 2013) identifies education as one of the highlights of Afghanistan's successes post-2001 and estimates that key education targets will most likely be met by 2015 and 2020 respectively. As a result, over the past 13 years, a large cohort of healthier and better educated children has grown into a new generation of adolescents and youth.

There is broad consensus among national and international development stakeholders in Afghanistan that the key to continuing on the path towards sustainable development lies in investing in this new generation today so they can become the drivers of a healthy, productive and peaceful society tomorrow. In order to better coordinate these investments, the Deputy Ministry of Youth Affairs (DMoYA) has for the first time in the country's history developed a comprehensive

National Youth Policy. The policy will be implemented through a National Youth Strategy and Action Plan.

At the global level, too, 2014 is an important year to put the rights of young people at the centre of the development agenda. As the Post-2015 Development Agenda² takes concrete shape in 2014, countries have a historic opportunity to make a difference for the largest generation of young people in history. The extent to which the rights of young people are represented post-2015 will depend on national level advocacy; from governments, civil society and especially young people themselves. National *State of Youth Reports* are essential advocacy tools to ensure that the rights of young people are fully included in the post-2015 development discourse.

It is in this context of political transition and strong commitment to youth issues that the *Afghanistan State of Youth 2014 Report* was prepared. The report's main objective is to provide a comprehensive analysis and documentation of the state of young women and men in the country in order to guide advocacy and programming in the prioritized thematic areas of youth health, education, employment and participation. Gender issues are integrated into the thematic areas since gender inequality is a structural feature pervasive in all aspects of Afghan society. Early marriage is discussed separately as an issue which deserves special attention since its consequences present a major impediment for progress in all other areas of human development.

¹ At the Kabul and Lisbon Conferences in 2010, the North Atlantic Treaty Organization (NATO) and the Afghan Government agreed that full responsibility for security would be handed over to the Afghan National Security Forces (ANSF) by the end of 2014 when Afghanistan will enter the Transformation Decade (2014-2015).

² The Post-2015 Development Agenda is a process led by the United Nations which aims to help define the future global development framework that will succeed the UN Millennium Development Goals which come to an end in 2015.

TARGET AUDIENCE OF THE REPORT

The target audience of the report comprises policymakers, practitioners, including youth-led and -serving organizations, and donors in the field of youth development in Afghanistan. The report aims to provide a strong rationale for investing in young people and to provide readers with key data and best practices to inform the National Youth Strategy and Action Plan as well as other youth-related strategies and programmes. The report is action-oriented. It provides realistic and practicable recommendations based on outcomes of consultations that have taken place in the process of developing the National Youth Policy and in UNFPA Country Office Afghanistan's daily work and interaction with stakeholders in the field of youth development.

The report is the result of a substantial desk review of secondary literature on youth issues in Afghanistan. Prior to the development of the National Youth Policy, the Deputy Ministry of Youth Affairs, UNFPA, UNDP and UNICEF jointly commissioned a participatory youth assessment study which gathered information on the realities of nearly 3,000 young women and men in 15 provinces (Samuel Hall, 2013).³ The findings from this participatory assessment are included in the report. The report also provides testimonies and case studies from Afghan youth so that young women and men may speak about their issues. In the interest of keeping the report 'digestible', key resources are recommended in areas where limitations of space prevent further analysis.

While the report provides an analytical summary of available data in the most critical areas of youth development in Afghanistan, it also points to strong research gaps which need to be urgently addressed. For instance, issues such as early marriage and adolescent pregnancy need further research in order to develop effective programmes that can address the multi-dimensional causes of these issues. The chapters on youth health and employment in particular show that there is a strong need for more age and gender-disaggregated data at national and sub-national levels.

ORGANIZATION OF THE REPORT

The report argues the case for prioritizing adolescent and youth issues in Afghanistan's overall development and poverty reduction agenda. Following a brief introduction to the rationale and global, regional and national commitments to adolescent- and youth-centric development in Part 1, Part 2 offers a background to the 'youth bulge' and population dynamics in Afghanistan and provides a foundation for investing in the country's young people. Parts 3 to 6 provide an evidence base and recommendations for policies and programming for adolescents and youth in the areas of adolescent and youth health (Part 3), education (Part 4), youth employment (Part 5), and youth participation (Part 6). Parts 7 and 8 synthesize the findings and provide general recommendations for the way forward. □

³ The fieldwork for this study was carried out between 19 September and 10 October 2012. The survey included 720 interviews with youth in Kabul, 1,938 interviews in 14 provinces (Nangahar, Balkh, Bamyan, Paktia, Kandahar, Faryab, Herat, Ghazni, Badakhshan, Kunduz, Baghlan, Nimroz, Panjshir and Parwan) as well as 300 focused surveys in Kabul on education, employment and reproductive health.



Introduction

Young populations present both great opportunities and profound challenges. Large cohorts of young people which can contribute to the social, economic and political life of a society can be an engine of accelerated economic growth and lift countries out of poverty. At the same time, peace and progress can be held back when countries are unable to meet the basic needs of their adolescents and youth.



KEY DEFINITIONS

In line with standard UN usage, this report uses the following definitions:

ADOLESCENT: people between the ages of 10 and 19.

YOUTH: people aged 15 to 24.

YOUNG PEOPLE: people between the ages of 10 and 24.

Success stories from the Asian Tigers⁴ in the 1950s and 1960s and later in countries in Latin America (e.g. Brazil) and more recently in emerging economies in Southeast Asia (e.g. Viet Nam) have shown that changes in the age structure of a country's population from high to low fertility and mortality, combined with comprehensive policies and related investments, can result in accelerated economic growth and development. This well-studied linkage between

⁴ In the context of their rapid economic growth and development, Hong Kong, South Korea, Singapore and Taiwan are sometimes referred to as 'Asian Tigers' since they underwent a dramatic transition from largely agriculture-based to technology-based economies. While each country's development followed a different pattern, their rapid development was set in motion by an accelerated demographic transition through effective population, economic and educational policies.

population change, strategic investment and accelerated economic growth has become known as the demographic dividend.

The demographic dividend presents a window of opportunity in the development of a society, as a result of declining fertility rates and significant reductions in child and infant mortality (i.e. a demographic transition). As there is commonly a time lag between rapid reductions in child and infant mortality and the relatively slower decline in fertility rates, these changes may produce a population bulge known as the 'youth bulge'.⁵ As long as fertility levels and population growth levels are high, the dependency ratio⁶ also remains high and families and governments typically do not have the resources to invest in the human capital of their young population. Therefore, if countries with the demographic profile of a youth bulge are to reap the demographic dividend, fertility levels must be lowered in order to set the demographic transition in motion. This can be achieved through voluntary family planning information and services, education and increase in child survival.

If fertility levels continue to decline and this large young segment of society reaches productive working age, the dependency ratio drops dramatically and sets the stage for the demographic dividend. The decline in fertility leads to smaller families with the resources to invest in the human capital of their children, such as health and education. As these children grow into adolescents they must have access to reproductive health

⁵ A 'youth bulge' is a large cohort of youth relative to the adult population. The term is generally used for societies with a youth (15 to 24 years) population in excess of 20 percent of the total population.

⁶ The dependency ratio describes the ratio between persons below 15 plus persons above 64 per 100 persons in the active working age-groups (15-65 years).



Father, son and daughter in Bamiyan province, Yakawland district. © Lorenzo Tugnoli/UNFPA Afghanistan 2011

information and services in order to avoid unplanned pregnancies which can undermine education opportunities, particularly for girls.

In their seminal study on the economic consequences of population change, Bloom, Canning and Sevilla (2003) stress that the demographic dividend is not an automatic process but depends on the right kind of policy environment. In order to produce a sustained period of economic growth and development, the critical policy areas include public health, family planning and education, as well as macroeconomic and labour market policies, all of which are covered in this report.



In addition, gender equality is a key precondition for a country's development. A gender-equitable environment in which women are free to access and use voluntary family planning enables couples to make informed choices about the number and timing of their children. This in turn allows women to participate in educational opportunities and the labour force and to contribute to income generation and break the intergenerational cycle of poverty.

However, even if Afghanistan continues to make progress in meeting family planning needs and if population growth continues to decline, the country remains decades away from a possible demographic dividend. Afghanistan has achieved remarkable progress in many of the Millennium Development Goals (MDGs) and will now depend on strategic policies and investments to consolidate these initial achievements and accelerate the demographic transition. It is therefore necessary for the Afghan Government and its partners to jointly invest in the country's young people and to urgently address gender inequality.

1.1 The case for investing in young people

The literature speaks clearly about the linkage between youth focused development and poverty reduction. For instance, a UNFPA-commissioned paper (UNFPA, 2010) presents a number of core arguments for investing in young people, all of which are highly relevant for Afghanistan.

In least developed countries (LDCs) like Afghanistan, young people represent a large proportion of the population and need — as a matter of equity — to get their fair share of resources and adequate representation in public policies, in particular in poverty reduction strategies.

Today, about 60 percent of the population in LDCs is under the age of 25 (UNFPA, 2011a) and, in Afghanistan, the proportion is even higher at 63 percent. However, a 2003 content analysis of 31 National Poverty Reduction Strategy Papers (UNFPA, 2010) has shown that young people are not proportionately targeted or consulted in most countries' poverty reduction agendas and development budgets. This is also the case in Afghanistan where the needs, in particular the gender-specific needs, of young people, are often overlooked in national development policies and strategies.

A rights-based argument presents a moral and legal basis for directing more resources and policy attention to young people, in particular girls and young women, due to their greater vulnerability to poverty. This argument makes particular reference to the MDGs since they reflect a broad consensus on development directions and

priorities in the international community, including Afghanistan.⁷

There is also a 'business case' to be made for investing in young people. In line with the concept of a demographic dividend, there is evidence of macroeconomic benefits resulting from a virtuous circle of investing in the health and education of children and consolidating this investment in adolescent and later years. This virtuous circle also applies at the micro-level where programmes and interventions targeting adolescents and youth have been shown to yield high rates of return on investment.⁸

Higher public investment in young people, vis-à-vis other age groups, follows the assumption that young people require special attention based on their critical stage in life. During this period — the transition to adulthood — young people are particularly vulnerable to adverse social circumstances and hurdles which may limit their capacity to realize their potential. In Afghanistan, circumstances which may prevent young women and men from transitioning to adulthood to their full potential may include, for instance, illiteracy, unemployment, harmful practices, HIV and AIDS, prolonged conflicts and insecurity, and discriminatory laws and practices against young women.

Investments in youth are critical because of the potential benefits for national security. This reasoning is based on the assumption that a youth bulge increases a society's

⁷ Because Afghanistan was still at war and did not participate in the Millennium Summit in September 2000, the country signed the Millennium Declaration only in 2004 and has set itself targets based on data from 2002-2004 to be achieved by 2020. An additional goal of 'enhancing security' had been added.

⁸ This statement is based on an evaluation of 41 youth programmes by Knowles and Behrman (2003) for the World Bank.



Boys from the central province of Bamiyan play football in front of the giant Buddha statues destroyed by the Taliban in 2001.
© UN Photo/Fardin Waezi

risk for violence and conflict. The Council on Foreign Relations reports that there are currently 67 countries with youth bulges, of which 60 are experiencing social unrest and violence.⁹ An empirical World Bank study of domestic conflicts from 1950 to 2000 (Urdal, 2004) finds robust support for the hypothesis that youth bulges increase the risk of armed domestic conflict. The causal link between a youth bulge and increased potential for social instability, however, is not straightforward and is highly contested. Yet, and despite diverging understanding of the nature of the link between population,

poverty and conflict, there is an emerging consensus that youth bulges combined with economic stagnation, poverty and unemployment can burden countries with disproportionately high levels of violence and unrest. There is no conclusive research on why young people join violent extremist organizations in Afghanistan but case studies and anecdotal evidence¹⁰ suggest that feeling disenfranchised over the lack of educational and employment opportunities have led to the radicalization of some youth, particularly young men.

⁹ Council on Foreign Relations. "The Effects of "Youth Bulge" on Civil Conflicts" Backgrounder, 27 April 2007. Available at: <http://www.cfr.org/world/effects-youth-bulge-civil-conflicts/p13093>.

¹⁰ See, for instance, an International Council on Security and Development report (2010) for which 400 young Afghan men from Marjah, Lashkar Gah and Kandahar were interviewed about the perceived motivations for young Afghan men joining the Taliban.

1.2 Commitments to investing in young people

Based on the overwhelming evidence of the effectiveness of adolescent- and youth-centric development, governments and development partners throughout the world have made clear commitments to investing in adolescents and youth.

GLOBAL COMMITMENTS — DEVELOPMENT AGENDA BEYOND 2015

A key global commitment to young people, the landmark Resolution of the 2012 UN Commission on Population and Development,¹¹ calls for immediate and targeted action to promote rights and opportunities for adolescents and youth to live healthy, skilled, productive and self-determined lives.

The emphasis on rights is central to the concept of youth-centric development. In 1995, on the tenth anniversary of International Youth Year, the UN adopted a World Programme of Action for Youth¹² which builds on a number of international instruments including the Vienna Declaration and Programme of Action adopted by the World Conference on Human Rights in Vienna (1993), the Programme of Action of the International Conference on Population and Development (ICPD) in Cairo (1994), the Copenhagen Declaration on Social Development (1995), and the Platform for Action by the Fourth Conference on Women in Beijing (1995). Youth-centric development combines fundamental human rights, including sexual

and reproductive rights, gender equality and social justice, into a common approach to sustainable development. Thus, investing in young women and men is not just a policy option; it is a responsibility that governments, including Afghanistan's, have accepted throughout the world.

Most recently youth issues have gained global recognition within the Post-2015 Development Agenda. The Outcome Document from the United Nations Conference on Sustainable Development in Rio de Janeiro from 20 to 22 June 2012, *The Future We Want*,¹³ clearly recognizes the centrality of investing in young people as well as directly involving them in development efforts. The Open Working Group on Sustainable Development Goals has indicated that "youth concerns need to be reflected across goals, especially in relation to education, health and employment".¹⁴ Young people themselves have made strong calls to put the rights of young women and men, including sexual and reproductive rights, at the heart of the post-2015 development framework at the Bali Global Youth Forum in December 2012 and at the World Conference on Youth in Colombo, Sri Lanka in May 2014.

This commitment to adolescents and youth was again confirmed and strengthened in the *ICPD beyond 2014 Review Report* (UN, 2014).¹⁵ Substantial investments in the capabilities of children, adolescents and youth are

11 The UN Commission on Population and Development Resolution on Adolescents and Youth (2012/1) can be accessed at: http://www.un.org/esa/population/cpd/cpd2012/Agenda%20item%208/Decisions%20and%20resolution/Resolution%202012_1_Adolescents%20and%20Youth.pdf

12 The World Programme of Action is available at: <http://www.un.org/esa/socdev/unyin/documents/wpay2010.pdf>.

13 The Future We Want is available at: http://www.un.org/ga/search/view_doc.asp?symbol=A/RES/66/288&Lang=E

14 Open Working Group on Sustainable Development Goals, Co-Chair's summary bullet points from OWG 4 (June 2013). Available at: <http://sustainabledevelopment.un.org/content/documents/1871cochairsummary.pdf>.

15 This is a review report of progress, gaps, challenges and emerging issues in relation to the ICPD Programme of Action. It analyses data from 176 member states, alongside inputs from civil society and comprehensive academic research. The (unedited) report is available at: http://icpdbe-yond2014.org/uploads/browser/files/icpd_global_review_report.pdf

mentioned as one of the critical areas for the Post-2015 Development Agenda:

Adolescents and youth are central to the development agenda of the coming two decades in the developing countries, because the proportion of the population entering the productive and reproductive years is historically high at over a quarter of the total population. These cohorts can — if provided with quality education and the opportunities to define their futures, to secure their sexual and reproductive health and rights, and to delay family formation — jumpstart economic growth and spur the innovations needed for a sustainable future (UN, 2014: 88).

At the 47th session of the United Nations Commission on Population and Development in 2014, the Afghan Government confirmed its commitment to the ICPD Programme of Action, in particular to developing and implementing evidence-based policies and programmes for adolescents and youth.¹⁶

Working with and for young people is one of the five imperatives outlined in the United Nations Secretary-General Ban Ki-moon's Five-year Action Agenda for his second term in office (2012–2016). In response, the United Nations Inter-Agency Network on Youth Development has prepared a System-wide Action Plan on Youth.¹⁷

¹⁶ Unpublished Afghanistan Country Statement at the 47th Session of the United Nations Commission on Population and Development, New York, 7 to 11 April 2014.

¹⁷ The System-wide Action Plan on Youth was endorsed by the United Nations System Chief Executives Board for Coordination at its spring session on 5–6 April 2013. The document is available at: <http://www.undg.org/docs/13099/UN%20System-wide%20Action%20Plan%20on%20Youth%20%283%29.pdf>

REGIONAL COMMITMENTS — SAARC YOUTH CHARTER

At the South Asian regional level, governments and members of civil society have come together to pave the way for realizing the rights of young women and men. In 2013, the Secretariat of the South Asian Association for Regional Cooperation (SAARC) drafted the SAARC Youth Charter which focuses on five key areas: an enabling environment, gender equality, education and skills development, employment and health. In May 2014, the Secretariat organized a regional consultative meeting to finalize the SAARC Youth Charter and Action Plan, and the draft Charter is expected to be signed by the representatives of SAARC Member States by the end of 2014. The Afghan delegation to the SAARC consultative meeting included representatives from the Afghan Ministry of Public Health (MoPH), Deputy Ministry of Youth Affairs (DMoYA) as well as a Member of Parliament and a representative of the Kabul Youth Federation.

NATIONAL COMMITMENTS — AFGHANISTAN'S NATIONAL YOUTH POLICY

In 2013, the DMoYA, with lead technical support from UNFPA, developed the country's first ever National Youth Policy.

The objectives of the document are straightforward:

- mainstreaming and prioritizing youth issues within the country's overall development and poverty reduction agenda;
- increased coordination and cooperation among all stakeholders;



Samira talks to her 2 year-old daughter in Kabul. She was married when she was just 17.
© Rada Akbar/UNFPA Afghanistan/2014

- promoting knowledge building and sharing on youth issues;
- increasing meaningful participation of young people, in particular young women, at all of levels of decision-making processes; and
- empowering and capacity building of youth-led and -serving organizations.

The National Youth Policy was developed between December 2012 and October 2013 through an inclusive process which involved 13 line ministries, representatives from civil society, including representatives from

youth-led organizations, and international partners (UNFPA, UNDP, ILO, UNICEF and UNESCO and Counterpart International). Between April and June 2013, the draft policy was presented to over 500 young women and men at consultation workshops in eight provinces. In addition, the policy was discussed at a National Youth Policy Conference which was held in Kabul in June 2013 and included more than 400 national and international participants.

The National Youth Policy will be implemented through a five-year National Youth Strategy and National Youth Action Plan. In line with the priority areas identified in the policy,

the National Youth Strategy and Action Plan will consist of five thematic pillars: health, employment, education, participation and child marriage. Each thematic pillar will identify clear targets, indicators, and resources required for implementing the recommendations. Given the multisectoral nature of the National Youth Policy and Strategy — and the wide range of governmental and non-governmental stakeholders involved — coordination and prioritization present the most critical challenges in developing the strategic document.

However, and despite the strong evidence of the link between investments in young people and sustainable development, young people are not yet proportionately targeted nor consulted in Afghanistan's wider poverty reduction agenda and development budget. In particular gender-specific needs of young people are often overlooked in the country's national development policies and strategies. The Afghanistan National Development Strategy (ANDS; 2008–2013), for instance, does not recognize young people as a priority target group. The subsequently developed 22 National Priority Programmes (NPPs) grouped into six clusters (security, governance, human resources, agriculture and rural development, infrastructure, and private sector development) also do not specifically prioritize young people in the overall development agenda.

This underrepresentation of youth issues is reflected in the country's governance structure. Although young people represent the majority of the population, there is no dedicated ministry for youth affairs, and responsibility for youth issues lies with the Deputy Ministry of Youth Affairs (DMoYA) under the Ministry of Information and

Culture. Issues related to children and adolescents up to 18 years fall under the responsibility of the Ministry of Labour, Social Affairs, Martyrs and Disabled (MoLSAMD).

The international community in Afghanistan has made clear commitments to investing in young women and men. Speaking at the National Youth Strategy Conference in Kabul in December 2013, the UN Resident Coordinator reassured the Government of the UN's commitment to work with it to ensure that the National Youth Policy is implemented.¹⁸

The United Nations Development Framework (UNDAF) for Afghanistan (2015–2018) identifies young people as a priority target group and defines priority area 'Social Equity and Investment in Human Capital' as: "Creating an enabling investment for the empowerment and inclusion of women, youth and vulnerable and minority populations". The implementation of the National Youth Policy is identified as a target of the UNDAF.

In 2014, the UN Country Team in Afghanistan established a country-level Interagency Network on Youth Development, chaired by UNFPA, in order to further strengthen coordination on the agencies' adolescent- and youth-related work.

Other major bilateral development actors working in Afghanistan clearly recognize the need to prioritize youth in their respective programmes. For instance, the Government of Sweden's country strategy for Afghanistan for 2009–2013¹⁹ makes specific reference

¹⁸ Unpublished conference report "Investing in Youth — Towards a National Youth Strategy for Afghanistan", held at Serena Hotel, Kabul on 10 December 2013.

¹⁹ Available at: <http://www.government.se/sb/d/574/a/94009>



A young Afghan woman exercises her right to vote in the past national elections in Afghanistan. © UNAMA

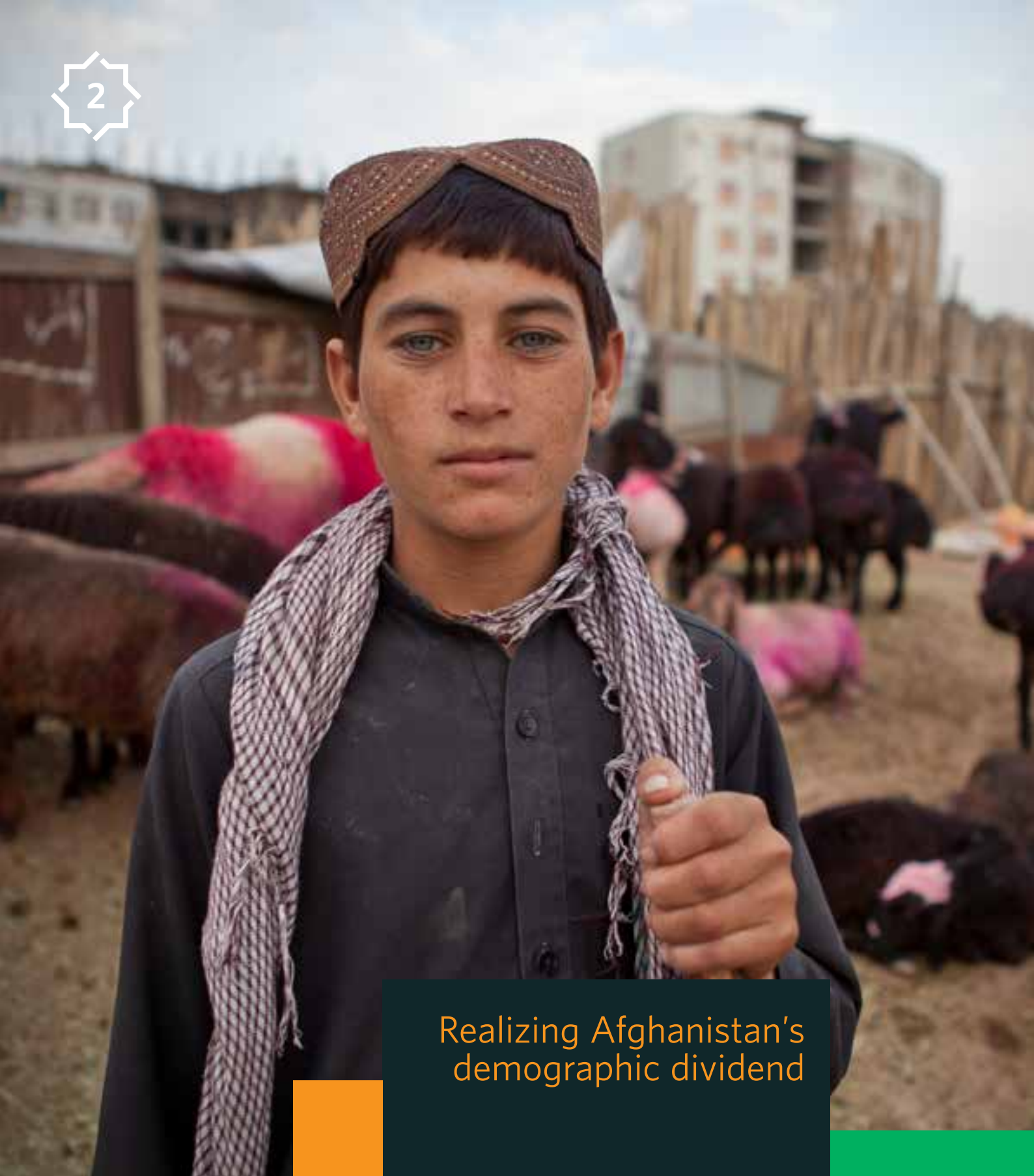
to Afghanistan's youth bulge and the Swedish International Development Agency (SIDA) continues to be a major supporter of adolescent- and youth-related projects in Afghanistan.

The Government of Canada, too, has identified children and youth (in particular girls and child marriage) as a focus area for development assistance, and 2011-2014 programming in Afghanistan emphasized improving the lives of women and girls, with a particular focus on education, health and human rights. Through its Girls' Education Project, Canada has established more than 4,000 community-based schools in 20 provinces. Further, the Canadian Government provided basic education to more than 125,000 students, about 80 percent of

whom are girls, in rural and insecure areas, particularly in the province of Kandahar.²⁰

The US Agency for International Development (USAID) provides substantial assistance to adolescents and youth in Afghanistan in the areas of education, literacy, skills and, employment, youth empowerment and participation. USAID and its partners also support the Government in addressing the gap in adolescent and youth-specific data through the development of a nationwide Demographic and Health Survey which will, for the first time, generate nationally representative information and data on critical issues of adolescents and youth. ▣

²⁰ See <http://www.acdi-cida.gc.ca/afghanistan-e#a2> [accessed 14 November 2013].



Realizing Afghanistan's
demographic dividend



Pupils at Butkhak High School in Kabul during the Global Action Week, an international campaign advocating for free, quality education for all. © UN Photo/Fardin Waez

2.1 Afghanistan's young population

Although Afghanistan has not yet entered its demographic transition, the country's population dynamic provides a unique opportunity for accelerated and sustainable development.

The Central Statistics Organization (CSO, 2014b) estimates a population size of 27.5 million, whereas the World Bank (2014) estimates the population as closer to 30.6 million people. Whatever the estimate, however, Afghanistan has one of the youngest and fastest growing populations in the world, with annual population growth rate estimates ranging from 2.03 (CSO, 2014b) percent to 2.6 percent per year (AMS 2010).

Because of high fertility levels (5.1 children per woman, AMS 2010) past and present, Afghanistan has a very young age structure.

Currently, 63.7 percent of Afghanistan's population is below the age of 25 and around 46.1 percent below age 15 (CSO, 2014b).²¹ The proportion of those under 15 is among the highest in the world and significantly higher than in neighbouring countries like Pakistan (34 percent) and Iran (24 percent).²²

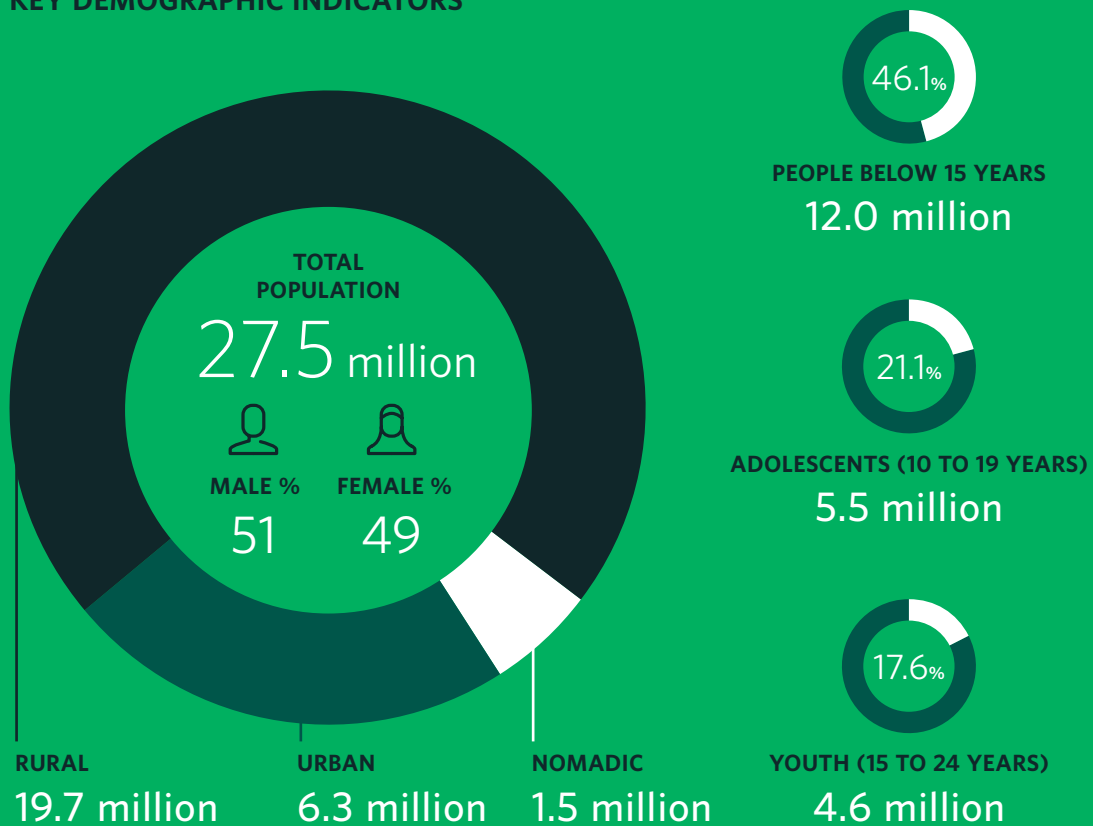
Afghanistan's age structure will soon form a 'youth bulge'²³ population pyramid, similar to Uganda's population structure, as shown in Figure 2.1, and in contrast to transitioning

²¹ CSO estimates are based on the settled population of 26 million people only and do not include a Kuchi population of 1.5 million people.

²² Figures are taken from the CIA World Factbook (2013), available for download at <https://www.cia.gov/library/publications/download/download-2013/index.html>.

²³ As per the Afghanistan Statistical Year Book 2013-214 the youth population (15-24 year) stands at 17.6 percent and thus does not yet exceed 20 percent. However, it is expected to do so within five years since the 10-14 year cohort accounts for 12 percent and the 15-19 year cohort for 9 percent.

KEY DEMOGRAPHIC INDICATORS



DEPENDENCY RATIO

104 **

CHILD DEPENDENCY RATIO

99 **

AGED DEPENDENCY RATIO

5 **

ANNUAL POPULATION GROWTH

2.03%

TOTAL FERTILITY RATE

5.1 *



MATERNAL MORTALITY RATIO

297 *

PREGNANCY-RELATED MORTALITY RATIO

327/324 *¹

UNDER-FIVE MORTALITY RATE

84 *

INFANT MORTALITY RATE

65

Source: CSO, 2014b.

* AMS 2010; ** NRVA, 2011-2012.

¹ The AMS estimates the pregnancy-related mortality ratio in Afghanistan based on sibling histories at 327 per 100,000 births for the seven years preceding the survey in 2010. Further, for the three years before the survey, estimates of pregnancy-related mortality are available from both sibling history and household information on deaths. For that period, the estimated pregnancy-related mortality ratio from household information is 374 per 100,000 births (AMS 2010: 133). Furthermore, WHO 2014 estimates the MMR for Afghanistan.

**TABLE 2.1 TRENDS IN AGE-SPECIFIC FERTILITY RATES
(PREGNANCIES PER 1,000 WOMEN)**

| MOTHER'S AGE AT BIRTH | 2006-2010 | 2001-2005 | 1996-2000 | 1990-1995 |
|-----------------------|-----------|-----------|-----------|-----------|
| 15-19 | 90 | 146 | 175 | 194 |
| 20-24 | 279 | 333 | 351 | 352 |
| 25-29 | 287 | 350 | 354 | 356 |
| 30-34 | 235 | 289 | 316 | [359] |
| 35-39 | 145 | 217 | [257] | |
| 40-44 | 68 | [143] | | |
| 45-49 | [28] | | | |

Note: Estimates in brackets are truncated. Rates exclude the month of interview.
Source: AMS 2010.

and ageing societies such as Thailand and Japan.

As Figure 2.1 shows, Afghanistan has a very young population and the proportion of persons above 65 years is very small (3.7 percent). Due to the high proportion of young people below the age of 15 (46.1 percent), the dependency ratio of around 104 is still quite high, with more than one dependent for each working age person.

2.2 Trends in population dynamics — fertility, mortality and migration

FERTILITY

Trends in the total fertility rate (TFR)²⁴ show evidence of an early stage of decline from 8.0 children per woman in 1990-1995 to 6.6 in 2005 to between 5.1 and 6 currently

(UNFPA, 2013b). A comparison of age-specific fertility rates from the AMS 2010 for successive five-year periods preceding the survey shows that fertility has dropped substantially among all age groups, particularly during the last 15 years as shown in Table 2.1.

There are many reasons for the continuing decline in fertility, such as internal and external displacement and migration from rural to semi-urban and urban areas (AMS 2010). In addition, increased education and awareness and access to modern family planning methods can be expected to have contributed. Based on data from Afghanistan Multiple Indicator Cluster Surveys (AMICS), the contraceptive prevalence rate (CPR) amongst currently married women has doubled from 10 percent in 2003 to above 21 percent in 2010-2011 (AMICS 2003; AMICS 2010-2011). The data show a strong correlation between a girl's or woman's level of education and use of contraceptive methods. Whilst the CPR among married women with no education stands at

²⁴ The Total Fertility Rate (TFR) of a population is the average number of children born to a woman over her lifetime if she were to experience the exact current age-specific fertility rates through her lifetime, and if she were to survive from birth through the end of her reproductive life.

TABLE 2.2 TRENDS IN POPULATION, TFR, AND MEDIAN AGE

| YEAR | 1950 | 2013 | 2025 | 2050 | 2100 |
|--|------|-------|-------|-------|-------|
| Total population (in thousands) | 7451 | 30552 | 39571 | 56551 | 59249 |
| Total fertility rate | n/a | 5.1* | 3.32 | 1.97 | 1.75 |
| Median age (in years) | 18.5 | 16.6 | 16.5 | 30.3 | 43.4 |

Source: UNDESA, 2013. *AMS 2010.

19.9 percent, married girls and women with secondary education are nearly twice as likely (CPR 37.7 percent) to use any contraceptive method (AMICS 2010–2011).

However, according to UN estimates, unless the decline in fertility accelerates, even two decades from now the fertility rate will be around 3 children per woman and the population will exceed 50 million people as shown in Table 2.2.

MORTALITY

Despite significant progress, mortality levels in Afghanistan remain amongst the highest in the world. In 1980 life expectancy was around 42.6 years and increased to 60.7 years in 2010–2015. It is expected to continue to increase to 67.6 years for males and 69.8 years for females by 2040–2045 (UNDESA, 2013).

Based on a comparison of childhood mortality estimates in the four main surveys produced over the past decade, there is a clear downward trend as presented in Figure 2.2.

There has also been a significant reduction in the adult and reproductive age

mortality rates.²⁵ According to data from the Afghanistan Mortality Survey 2010, the mortality rates for women of reproductive age (15–49 years) have fallen by nearly half, from 103 deaths per 1,000 in the 10 to 14 years before the survey to 52 per 1,000 in the 0 to 4 years before the survey (AMS 2010). Similarly, male adult mortality for the same age group has fallen from 118 to 71 deaths over the same period.

The sharp decline in female reproductive age mortality is closely linked with the decline in maternal mortality levels in Afghanistan during the same period. Although there are no reliable historical data on maternal mortality in Afghanistan, an often cited study²⁶ estimated the maternal mortality ratio (MMR) in Afghanistan in 2002 at 1,600 per 100,000 live births. The AMS 2010 estimated a women's risk of dying from complications during pregnancy or childbirth at 374 deaths per 100,000 live births for the three-year period preceding the survey. Further, the Maternal

²⁵ The adult mortality rate describes the probability of a 15 year old dying by her or his 60th birthday; the reproductive age mortality describes the probability of a 15 year old dying by her or his 50th birthday.

²⁶ Based on a reproductive age mortality survey conducted in 2002, with a non-representative sample of 4 of the 360 districts (Lancet 2005; 365: 864–70).

FIGURE 2.1 POPULATION PYRAMIDS (AFGHANISTAN, UGANDA, THAILAND, JAPAN)

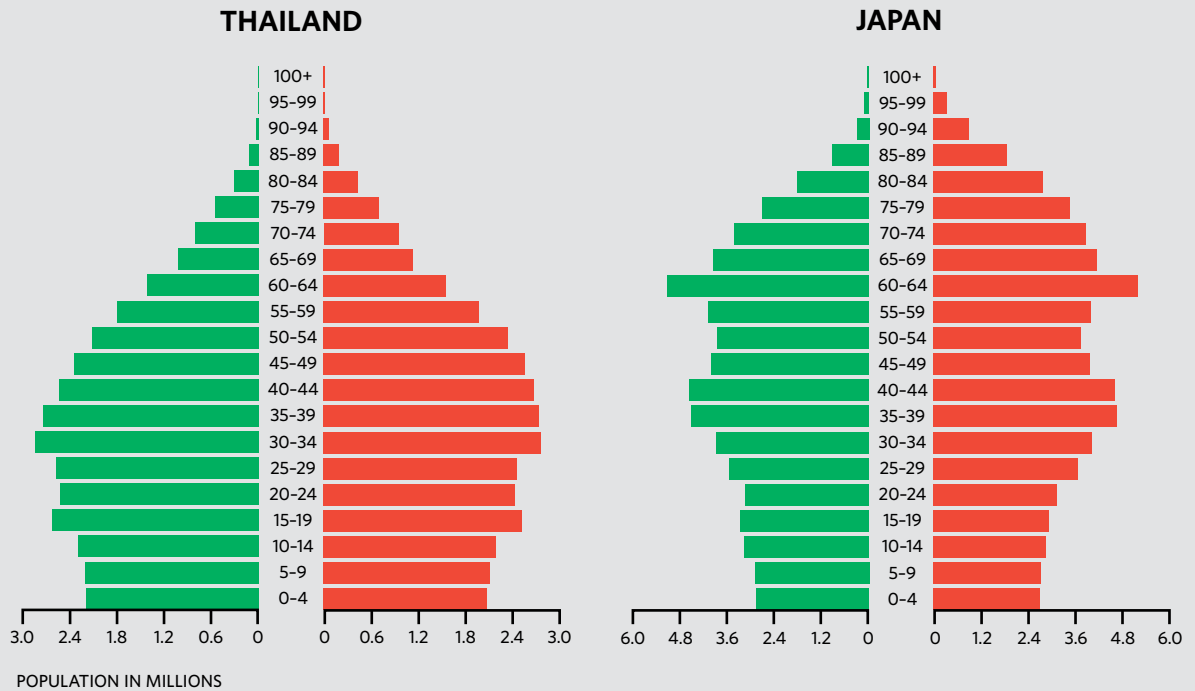
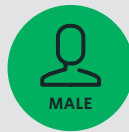
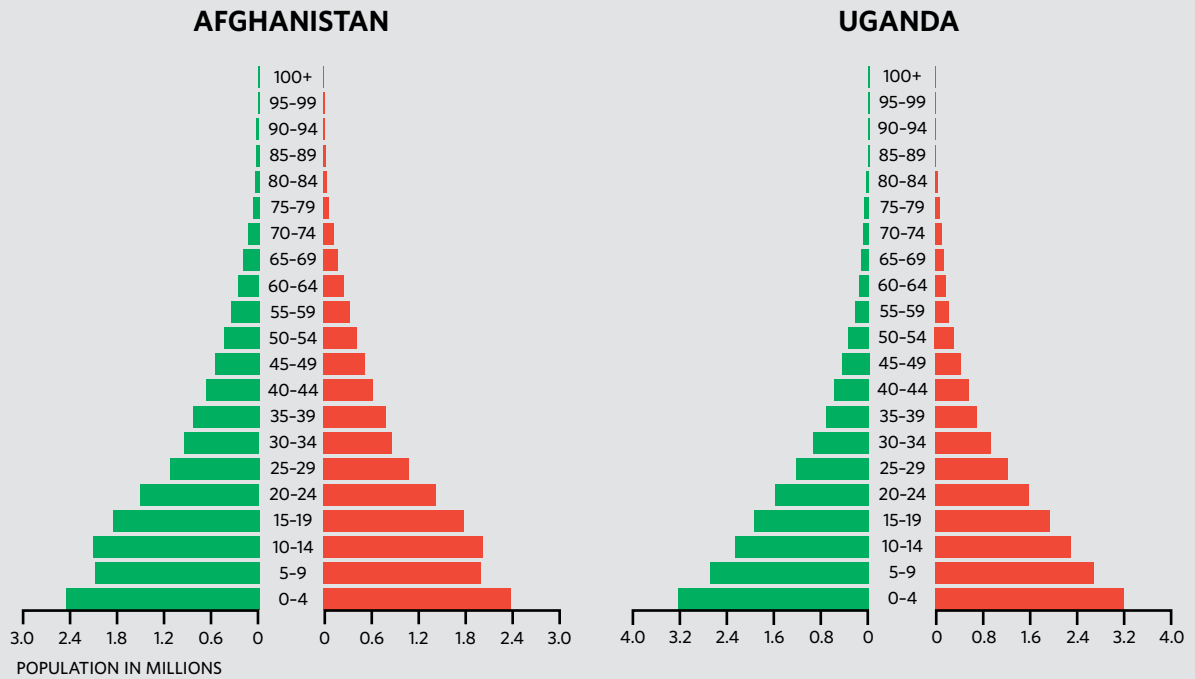
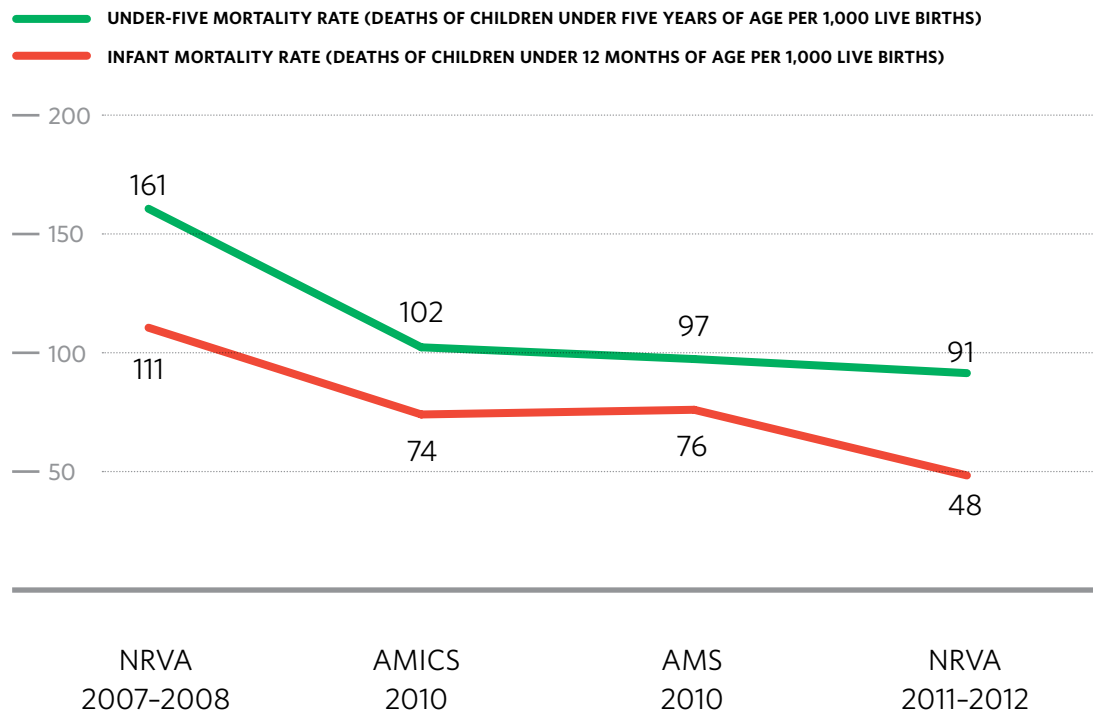


FIGURE 2.2 CHILDHOOD MORTALITY INDICATORS, BY SURVEY

Mortality Interagency Group estimated the MMR for Afghanistan in 2013 at 400 deaths per 100,000 live births (WHO, 2014).

Trends in key maternal health services show a similar progression; for instance, the number of skilled birth attendants (SBAs) has increased significantly. In 2006, a household survey found that 19 percent of births were attended by SBAs (USAID, 2013), while the NRVA 2011-2012 showed that 39.9 percent of births were attended by SBAs. A secondary analysis of AMS data (USAID, 2013) showed notable improvement in the percentage of women who received antenatal care from a skilled provider for their last live birth in the five years preceding AMS 2010, from 54 percent of women whose last birth was 36 to 59 months before the survey to 65 percent of women whose last birth was 0 to 11 months before the survey.

Age-specific mortality rates²⁷ for young people show a relatively slower decline in mortality than for children and older cohorts in the reproductive age group as presented in Table 2.3.

MIGRATION AND URBANIZATION

Internal and international migration is a key feature of population dynamics in Afghanistan. The migration context is complex and includes regular migration flows (internal and international), coupled with the effects of a large number of refugee returnees post-2001 and large-scale internal displacement due to security concerns, as well as existing nomadism in parts of the Afghan population.

²⁷ The age-specific mortality rate describes the total number of deaths per year per 1,000 people of a given age group.

TABLE 2.3 TRENDS IN FEMALE AND MALE MORTALITY RATES

| YEARS PRECEDING THE SURVEY | FEMALE MORTALITY RATE (PER 1,000) | | | MALE MORTALITY RATE (PER 1,000) | | |
|----------------------------|-----------------------------------|------|-----|---------------------------------|-----|-----|
| | 10-14 | 5-9 | 0-4 | 10-14 | 5-9 | 0-4 |
| AGE | | | | | | |
| 15-19 | 1.2 | 1.4 | 1.0 | 1.9 | 1.0 | 1.4 |
| 20-24 | 2.1 | 1.7 | 1.0 | 3.0 | 2.2 | 2.2 |
| 25-29 | 1.3 | 2.4 | 0.9 | 2.0 | 1.7 | 1.6 |
| 30-34 | 2.0 | 2.2 | 1.3 | 2.6 | 1.6 | 2.4 |
| 35-39 | 3.7 | 2.0 | 1.3 | 3.0 | 1.9 | 1.9 |
| 40-44 | 7.9 | 3.8 | 2.7 | 4.5 | 2.9 | 2.4 |
| 45-49 | 3.4* | 4.5* | 2.4 | 8.0* | 4.3 | 2.8 |

Source: AMS 2010.

* indicates a less reliable estimate with a relative error of 20 percent or more.

Since 2002, approximately 5.7 million Afghan refugees have returned, mainly from neighbouring Pakistan and Iran (UNHCR, 2013). Returnees disproportionately settled in urban areas. According to the NRVA 2011-2012 the number of households that settled in urban areas is twice as high as the national rural-urban distribution, and is one of the key factors contributing to Afghanistan's urbanization rate of 4.4 percent²⁸ (UNDESA, 2011).

Internal migration, both forced and voluntary, is significant as people moved away from conflict areas to safer places. The number of internally displaced people (IDPs) is currently estimated at 600,000 and is expected to rise during 2014, especially in

light of a deteriorating security situation and the risk of frequent natural disasters.

Employment (especially for young men) and marriage (especially for young women) are important reasons for change of residence within Afghanistan. Seasonal migration for work is a key element of population mobility in Afghanistan; 4 percent of the population aged 14 and up were reported to have been involved in migration for seasonal work, including 5 percent of the rural working population and 2 percent of the urban population (NRVA 2011-2012). Seasonal migration for work is almost entirely a male pursuit (94 percent). Further contributing to Afghanistan's rapid urbanization, nearly 60 percent of seasonal migrants from rural areas migrate to urban areas. ■

²⁸ The UN projects that Afghanistan's urbanization rate will remain high, and will exceed 3 percent in 2045-2050 (UNDESA, 2011).



Adolescent and youth health

Since the fall of the Taliban regime in 2001, Afghanistan has made significant progress in rebuilding the country's devastated health system. From the beginning, the strategic health focus of the new Government was on maternal and child health, MDGs 5 and 4, respectively. Remarkable achievements in both areas have contributed to a significant increase in life expectancy from greater than 40 years in 1980 to greater than 60 years in 2010 (UNDESA, 2013). It is estimated that between 2003 and 2010 Afghanistan's maternal mortality ratio²⁹ (MMR) was reduced from 1,600 deaths per 100,000 live births to 297 deaths per 100,000 live births (AMS 2010). The number of trained midwives increased from only 467 in 2003 to more than 3,500 (UNFPA, 2014). In terms of child health, except in the country's south, data from the AMS 2010 and AMICS 2010–2011 show a declining trend in infant and child mortality during the same period.

If gains from the progress achieved over the last decade are to be sustained, the Government must now invest in the health of its young people, particularly its girls. Despite the fact that young people will continue to represent the majority of the Afghan population for the decades to come, health services are not yet targeted at this group and policies are generally silent on the needs and rights of adolescents and youth. This neglect partly emerges from lack of data on the specific health needs of young people, but also points to the need for stronger mainstreaming of adolescent and youth issues in national health strategies.

²⁹ The World Health Organization (WHO) defines maternal death as "the death of a woman while pregnant or within 42 days of termination of pregnancy, regardless of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes". In Afghanistan, as in many developing countries, accurate identification of the obstetric causes of maternal death is not always possible and instead pregnancy-related mortality is used as an estimate of maternal mortality. Pregnancy-related death is defined as the death of a woman whilst pregnant or within 42 days of termination of pregnancy, irrespective of the cause of death.

3.1 Adolescent and youth sexual and reproductive health and rights

In addition to the negative impacts of early pregnancy on girls' educational and economic rights and opportunities, adolescent pregnancy and motherhood pose major health risks to girls and young women. The main health impact of early pregnancy includes risk of maternal death, illness and disability, such as obstetric fistula from obstructed labour, complications of unsafe abortion, and sexually transmitted infections (STIs), including HIV. The infants of younger mothers are also subject to significant health risks.

Globally, 7.3 million girls under the age of 18 give birth each year; around 2 million of these girls are under the age of 15 (UNFPA, 2013a). Babies born to adolescent mothers account for approximately 11 percent of all births worldwide, with 95 percent of such births occurring in developing countries (WHO, 2013).

For girls and young women the risk of maternal mortality and disability (in particular obstetric fistula) is significantly higher than for older women. The proportion of girls aged 10–14 who die during pregnancy or childbirth is twice that of girls aged 15–19, and five times higher than



that of women aged 20–24 (UNFPA, 2007). A more recent study which analysed maternal mortality age patterns in 38 developing countries found that the maternal mortality risk for those aged 15–19 is approximately 28 percent higher than for women aged 20–24 (Blanc, Winfrey, Ross, 2013). Complications from pregnancy and childbirth are the main cause of death among older adolescent girls in low- and middle-income countries. It is estimated that every year about 70,000 adolescents in developing countries die of causes related to pregnancy and childbirth (UNFPA, 2013a).

Afghanistan has a very high pregnancy-related mortality ratio of 327 deaths per 100,000 live births, equivalent to 0.3 percent of all live births (AMS 2010).³⁰ The AMS 2010 estimates that about one in 50 Afghan women will die of pregnancy-related causes during her lifetime; this corresponds to one Afghan woman dying every two hours (ibid.). Afghanistan's pregnancy-related mortality ratio for girls aged 15–19 years is estimated at 531 compared to 257 for young women between the ages of 20 and 24 years (AMS 2010).

The adverse effects of adolescent childbearing also extend to the health of their children. Globally, perinatal deaths³¹ are 50 percent higher among babies born to mothers under 20 years of age than among those born to mothers aged 20–29 years. In Afghanistan, the perinatal mortality ratio (perinatal deaths per 1,000 live births) is estimated at 48 for mothers below the age of 20 compared to only 38 for mothers aged 20–29 at the time

³⁰ The AMS 2010 provides varying estimates of maternal and pregnancy-related mortality ratios depending on the methodology and time intervals. The quoted pregnancy-related mortality ratio of 327 per 100,000 live births was estimated from sibling history in the seven years preceding the survey.

³¹ According to the International Classification of Diseases, the perinatal period commences at 22 completed weeks (154 days) of gestation and ends seven completed days after birth.



KEY ASRH INDICATORS (15 TO 19 YEARS)

FERTILITY RATE

80 per 1,000 women

PREGNANCY-RELATED MORTALITY RATIO

531 per 100,000 live births

HEARD OF ANY CONTRACEPTIVE METHOD



HEARD OF ANY MODERN CONTRACEPTIVE METHOD



CURRENT USE OF ANY CONTRACEPTIVE METHOD



CURRENT USE OF MODERN CONTRACEPTIVE METHOD



MARRIED



Source: AMS 2010.



Berar Bakht, 20 years old, holds her 7 month-old baby during a meeting at the Family Health House in the district of Shiber, Bamiyan province. © Rada Akbar/UNFPA Afghanistan 2014

of birth. The newborns of adolescent mothers are also more likely to have a low birth weight, which corresponds with a higher rate of long-term health risks (WHO, 2013).

Incomplete pelvic growth, among other factors, exposes younger women to a greater probability of prolonged, obstructed labour which may result in obstetric fistula, especially where emergency Caesarean sections are not possible. It is estimated that between 2 and 3.5 million women and girls in developing countries are living with obstetric fistula. In many instances these women or girls are discriminated against and ostracized from their homes and communities, increasing the risk of marginalization and poverty (UNFPA, 2013a).

According to a 2011 report which examined the prevalence of obstetric fistula in six Afghan provinces, 25 percent of the women diagnosed

were less than 16 years old at the time of marriage and 67 percent were between the ages of 16 to 20 when they married.³²

In Afghanistan, 12 percent of women belonging to the 15–19 year cohort have started childbearing, with 8 percent having had a live birth and 4 percent pregnant with their first child (AMS 2010). At 19, more than a third of women have already started childbearing (ibid.). The AMICS 2010–2011 found that 10 percent of women aged 15–19 have already had a birth, 14 percent have begun childbearing, 4 percent are pregnant with their first child, and nearly 2 percent have had a live birth before the age of 15.

³² Social and Health Development Programme (2011). 'Survey Report: Prevalence of Obstetric Fistula among Women of Reproductive Age in Six Provinces of Afghanistan', Kabul. Quoted in Human Rights Watch, 2013.



Khoshbo helps her 13 year-old daughter with her homework. Khoshbo got married at the age of 13. She is now 22, mother of four and seven months pregnant of her fifth child. © Rada Akbar/UNFPA Afghanistan 2014

Data for age-specific fertility rates for five-year periods preceding the AMS 2010 survey (see Table 3.2) indicate a decline in overall fertility rates. The age-specific fertility rate for young women aged 15-19 declined from 194 births per 1,000 women in the 15 to 19 years preceding the survey to 90 births per 1,000 women in the zero to four years preceding the survey. Similarly, the fertility rate for young women aged 20-24 declined from 352 births per 1,000 women in the 15 to 19 years preceding the survey to 279 in the most recent five year period preceding the AMS 2010.

TABLE 3.1 ADOLESCENT PREGNANCY AND MOTHERHOOD

| AGE OF WOMEN (YEARS) | HAVE HAD A LIVE BIRTH (%) | PREGNANT WITH FIRST CHILD (%) | HAVE BEGUN CHILDBEARING (%) |
|----------------------|---------------------------|-------------------------------|-----------------------------|
| 15 | 0.4 | 1.2 | 1.2 |
| 16 | 1.5 | 1.7 | 3.2 |
| 17 | 5.6 | 5.2 | 10.8 |
| 18 | 12.4 | 6.9 | 19.6 |
| 19 | 24.6 | 8.5 | 33.2 |

Source: AMS 2010.

TABLE 3.2 TRENDS IN AGE-SPECIFIC FERTILITY RATES FOR YOUNG WOMEN (BIRTHS PER 1,000 WOMEN)

| AGE OF WOMEN (YEARS) | NUMBER OF YEARS PRECEDING THE SURVEY | | | |
|----------------------|--------------------------------------|-----------|-------------|-------------|
| | 0-4 YEARS | 5-9 YEARS | 10-14 YEARS | 15-19 YEARS |
| 15-19 | 90 | 146 | 175 | 194 |
| 20-24 | 279 | 333 | 351 | 352 |

Source: AMS 2010.

EFFECTS OF RESIDENCE, EDUCATION AND WEALTH

Data on early childbearing in Afghanistan show a close link between girls' education and wealth and age at first childbearing: as the education and wealth quintile increase, fewer girls give birth before the ages of 15 or 18 (AMS 2010; AMICS 2010-2011; NRVA 2007-2008). For instance, 15 percent of young women aged 15-19 without any education have already begun childbearing compared with only 5 percent of their counterparts with higher education. Similarly, 14 percent of girls aged 15-19 from the poorest households have begun childbearing, which is significantly higher than their counterparts from the richest households where only 10 percent of girls have begun childbearing. Further, adolescent girls from rural areas are significantly more likely to have begun childbearing than their urban counterparts (AMS 2010).

KNOWLEDGE AND USE OF CONTRACEPTIVE METHODS

More than 90 percent of married women in Afghanistan know of a modern method of contraception, in particular the contraceptive pill and injectables (86 and 83 percent respectively). Knowledge is lowest among married women aged 15-19, of whom

TABLE 3.3 EARLY PREGNANCY BY EDUCATION, WEALTH QUINTILE AND RESIDENCE

| GIRLS AGED 15-19 | HAVE HAD LIVE BIRTH (%) | PREGNANT WITH FIRST CHILD (%) | HAVE BEGUN CHILDBEARING (%) |
|------------------------|-------------------------|-------------------------------|-----------------------------|
| EDUCATION | | | |
| No education | 9.6 | 5.2 | 15.0 |
| Madrasa | 9.5 | 7.8 | 17.3 |
| Primary | 5.9 | 3.9 | 9.8 |
| Secondary | 2.7 | 1.8 | 4.5 |
| Higher | 3.3 | 1.7 | 5.0 |
| WEALTH QUINTILE | | | |
| Lowest | 10.1 | 3.8 | 14.0 |
| Second | 8.4 | 4.2 | 12.9 |
| Middle | 7.3 | 4.8 | 12.1 |
| Fourth | 6.6 | 5.4 | 12.1 |
| Highest | 6.4 | 3.5 | 10.0 |
| RESIDENCE | | | |
| Urban | 6.1 | 2.6 | 8.9 |
| Rural | 8.1 | 4.8 | 13.1 |

Source: AMS 2010.

84.8 percent have heard of any modern method of contraception (AMS 2010).

Generally, rural women are less likely to have heard of a contraceptive method than their urban counterparts (90.4 and 97.6 percent, respectively). Women from the southern and south eastern regions have the least knowledge; only 81.5 and 75.3 percent, respectively, of married women from these regions have heard of any method.

However, the contraceptive prevalence rate (CPR) is generally low. According to the AMICS 2010-2011, the percentage of women aged 15-49 years who are currently

married and using (or whose partner is using) a contraceptive method is about 21 percent. The highest prevalence of contraception use is observed among married women aged 35–39 years (29.6 percent), compared to only 7.1 percent of married women aged 15–19 years and 14.5 percent of married women aged 20–24 years (AMICS 2010–2011).

UNSAFE ABORTION

Unsafe abortions account for up to 13 percent of all global maternal deaths. An estimated three million girls aged 15–19 undergo unsafe abortions every year (WHO, 2012). No data are available on unsafe abortions in Afghanistan but the number is estimated to be considerable and to contribute to Afghanistan's high maternal mortality ratio (Afghan Family Guidance Association, 2011).

Abortion is only permitted in Afghanistan if medically indicated, and requires certifications by three medical professionals and the approval of the MoPH. In 2012 the Afghan Government legalized post-abortion care and the MoPH has developed related guidelines which Marie Stopes International described as nothing less than a "monumental achievement for women's health in Afghanistan".³³

YOUNG PEOPLE LIVING WITH HIV AND AIDS

In 2010 young people aged 15–24 accounted for 42 percent of new HIV infections amongst people aged 15 and older. Globally, young women aged 15–24 have HIV infection rates twice as high as in young men, and account for 22 percent of all new HIV infections (UNAIDS, 2012a). In 2009, there were an estimated

500,000 young people living with HIV in Asia and the Pacific (UNICEF et al., 2011).

Worldwide, young people have significantly less knowledge of HIV and preventing its transmission than adults. In 26 of the 31 countries with generalized epidemics in which nationally representative surveys were carried out recently, less than 50 percent of young women have comprehensive and correct knowledge about HIV. Young women are, in particular, lacking in knowledge concerning the effectiveness of condoms in preventing HIV transmission (ibid.).

In Afghanistan, the AMICS 2010–2011 found that less than 30 percent of young women between ages 15 and 24 had heard about AIDS and that under 2 percent of those who had heard about AIDS had comprehensive knowledge regarding HIV transmission.³⁴ Awareness of AIDS was strongly correlated to socioeconomic status, with 12 percent of women in the poorest households having heard of AIDS, compared to 54 percent of women in the wealthiest households. In urban areas, 5 percent of women have comprehensive knowledge of HIV and AIDS, compared to less than 1 percent of their rural counterparts. Of women with secondary education or higher, 6 percent have comprehensive knowledge, while less than 1 percent of women with no education do (AMICS 2010–2011).

The social drivers of HIV in Afghanistan include violent conflict, gender inequity, mobile populations, lack of access to HIV and sex

33 Marie Stopes International (2012) 'Lifesaving post-abortion care now available to women in Afghanistan', published on 12 October 2012, available at <http://www.mariestopes.org/news/lifesaving-post-abortion-care-now-available-women-afghanistan> [accessed on 5 October 2013].

34 Comprehensive and correct knowledge of HIV prevention and transmission includes being able to i) correctly identify two ways of preventing HIV infection (having only one faithful uninfected partner and using a condom every time one has sex); ii) know that a healthy looking person can have HIV, and iii) reject at least two of the most common misconceptions about HIV transmission (transmission via mosquito bites, sharing food with someone with AIDS, or by supernatural means) (CSO and UNICEF, 2012: 141).

information and education, opium trade and policy barriers. There are numerous vulnerability and risk factors for HIV infection which put Afghanistan's young women and men at high risk of an HIV epidemic (see Box 3.2).

Data on HIV in Afghanistan, in particular age-disaggregated data, remains scarce. Surveillance systems are still nascent and have been severely hindered by Afghanistan's fragile security situation and general infrastructure constraints. The data available are based on reporting from blood banks and voluntary counselling and testing (VCT) centres. Quality assurance at VCT centres remains an issue, however, the National AIDS Control Programme (NACP) is about to launch a database that will provide reliable and accurate data on HIV and AIDS surveillance.

During 2008 and 2009, of the 19,875 people who had themselves tested at 11 VCT centres, 69 people (0.4 percent) were HIV positive. HIV prevalence stood at 0.5 percent amongst tested males and 0.2 percent amongst tested females (HIV and AIDS Data Hub for Asia-Pacific, 2011). However, available data show that despite low prevalence in the general population, Afghanistan faces a high risk of an HIV epidemic due to alarming prevalence rates among key affected populations (UNAIDS and MoPH, 2010).

KEY AFFECTED POPULATIONS

Mapping and HIV prevalence data among key affected populations from the country's first ever Integrated Bio-Behavioural Survey (IBBS)³⁵ in 2009 and its second round in

³⁵ The 2009 IBBS was conducted in the country's three major cities Kabul, Herat and Mazar-i-Sharif. A second round was conducted in 2012 and was expanded to include PWIDs in the cities of Jalalabad and Charikar, FSWs in Herat and Mazar-i-Sharif, and MSM in the city of Kabul.



BOX 3.2 VULNERABILITY AND RISK FACTORS FOR HIV INFECTION IN AFGHANISTAN

Four countries bordering Afghanistan (Pakistan, Tajikistan, Uzbekistan and Iran) which provided refuge to many of the 8 million Afghans who fled their homes during recent decades of conflict are experiencing HIV epidemics among people who inject drugs.

- High levels of migration and mobility due to porous borders as well as extensive internal and external displacement of people.
- Generally low levels of literacy and low HIV knowledge and awareness.
- Only half of Afghanistan's donated blood units are screened for HIV in a quality assured manner.

Source: HIV and AIDS Hub for Asia-Pacific, 2011.

2012 identified groups at highest risk of HIV exposure and who have also very limited access to health services and low knowledge of HIV. These groups include people who inject drugs (PWIDs), female sex workers (FSWs), men who have sex with men (MSM) and prisoners.

Given the interaction between these populations' risk behaviours (e.g., sharing of needles and syringes and unprotected sex) the potential for a rapid increase in prevalence among these groups is serious.

PEOPLE WHO INJECT DRUGS

The IBBS 2012 estimated that there are 12,541 PWIDs in Kabul alone and between 1,200 and 1,500 in each of the three bigger cities (Herat, Mazar-i-Sharif and Jalalabad). Injecting drug use in Afghanistan is associated with the intravenous administration of heroin, pharmaceutical drugs, tranquilizers and painkillers.

According to the IBBS 2012, the HIV prevalence rate among the 1,163 surveyed PWIDs in five Afghan cities is 4.4 percent, with wide variations between cities. The majority of the participants were between 18 and 30 years of age (around 70 percent) and in all provinces except Herat, most respondents could not read or write.

A 2006 Action Aid Knowledge, Attitudes and Practices Survey³⁶ found that only 43 percent of people who inject drugs in Kabul and Herat have heard of HIV. The IBBS 2012 reported significantly higher knowledge of HIV: 95.2 percent of PWIDs in Kabul reported having heard of HIV, but only about 11.5 percent had adequate knowledge of HIV prevention.

FEMALE SEX WORKERS

Globally, female sex workers (FSWs) are 13.5 times more likely to be living with HIV than other women.³⁷ In Afghanistan, too, FSWs play a critical role in the country's HIV transmission dynamic, as they are linked to different subpopulations such as military personnel, civil servants, police, and truck drivers.

Sex work by females and males is commonly reported in parts of Afghanistan, particularly in urban areas, at truck stops, border crossings and police stations. However, since sex work is both illegal and culturally not accepted, accurate information on the prevalence, age-profile and characteristics of sex work is not available.

Since sex work is a social taboo in Afghanistan, the concept should, at times, be used with some caution. For instance, anecdotal evidence from interviews with health workers and staff from juvenile rehabilitation centres suggests that, in some cases, victims of sexual abuse may be labelled and prosecuted as 'sex workers'.

Amongst the 1,032 FSWs surveyed, the largest proportion belonged to the 18-24 year age group (Kabul 44.4 percent, Herat 28.7 percent and Mazar-i-Sharif 36.9 percent). As per the IBBS 2012, only 40 percent of FSWs in Kabul, 37.8 percent in Herat and 25.4 percent in Mazar-i-Sharif have heard of HIV. Adequate knowledge of HIV prevention was also low in all three cities (19.1 percent in Mazar-i-Sharif, 15.8 percent in Kabul and 8.8 percent in Herat) and only 38 percent of FSWs in Mazar-i-Sharif have heard of condoms.

MEN WHO HAVE SEX WITH MEN (MSM)

MSM are highly stigmatized in contemporary Afghanistan and robust estimates on HIV prevalence in this groups are not available (UNAIDS and MoPH, 2010). However, in the absence of prevention programmes, sexual contact between males is believed to play a major role in HIV transmission in Afghanistan (ibid.).

36 Cited in: National AIDS Control Programme et al., 2008.

37 Baral, S., et al. (2012). Burden of HIV among female sex workers in low-income and middle-income countries: A systematic review and meta-analysis. *Lancet Infectious Diseases*, 380: 367-377, cited in UNAIDS, 2012a.



*A drug user attends the Wadan Detox Program at the Kabul Drug Treatment and Rehabilitation Center.
© Rada Akbar/UNFPA Afghanistan 2014*

The IBBS 2012 interviewed 207 MSM from Kabul of whom 48.6 percent were below 25 years of age, 71.4 percent had never married and 53.3 percent could not read and write. A single participant tested positive for HIV (0.4 percent).

More than half of MSMs (55.5 percent) have never heard of STIs and only 51.6 percent have heard of HIV. Only 4.7 percent have adequate knowledge about HIV prevention. Only 14.7 percent have ever been tested for HIV, and 10.8 percent reported having been tested and received the results in the past 12 months.

PRISONERS

Research shows that, globally, incarceration carries an increased risk for HIV infection as many prisoners come from segments of the population with a higher than average risk of infection; many of those in prison are there because of drug use or trafficking (UNAIDS,

1997). In addition, people in correction facilities have an increased rate of high-risk behaviours such as sharing of needles and syringes and unprotected sex with other inmates. Afghanistan has around 24,600 prisoners including pre-trial detainees (ibid.).

According to the IBBS 2012, the HIV prevalence amongst prisoners is 0.5 percent and 0.8 percent for Kabul and Herat respectively. The majority of the 722 (male) prisoners, 53.9 percent, who participated in the IBBS 2012 were below the age of 30, married (70.4 percent), could not read or write (50 percent), and had spent more than one year in prison (65.2 percent).

VULNERABLE GROUPS OF ADOLESCENTS AND YOUTH

Whilst not specifically targeted in government-led interventions, a number of public strategic documents note that children, adolescents and youth are particularly prone



A detainee in a women's detention facility in Nili, Daikundi, Afghanistan. © UN Photo/Eric Kanalstein

to HIV-related risks. A rapid assessment of male vulnerabilities to HIV and sexual exploitation in Afghanistan (Khan, 2009)³⁸ highlighted sexual exploitation and abuse of adolescent males, in particular among street-working adolescents and those in juvenile rehabilitation centres. The study found that almost 61 percent of participants reported sexual debut by the age of 15 and almost 89 percent stated that they had received some kind of reward for this activity.

Sexual abuse of boys often takes place within the historical tradition of *bachabaze*

or dancing boys who are 'owned' as status symbols by more powerful men. This tradition is reportedly still practised in the country's south.

3.2 Gender-based violence

Gender-based violence (GBV) is a grave violation of human rights and is situated in the wider context of structural gender inequality. GBV can apply to women and men, girls and boys. In Afghanistan, the focus remains on tackling violence against women and girls, since it is they who are overwhelmingly affected.

Whilst GBV, particularly violence against women (VAW), cannot be reduced to

³⁸ The study is based on interviews in Kabul and Mazar-i-Sharif with 100 self-identified adult MSM (50 per city). In addition, 19 street-working adolescent males, 36 adolescent males in juvenile rehabilitation centres and 14 adults for juvenile justice and care were interviewed.

a public health issue,³⁹ it is a major cause of physical and mental health issues amongst young people in Afghanistan.

Studies confirm that the level of violence against women is high in Afghanistan. It is estimated by the Afghanistan Independent Human Rights Commission (AIHRC) that up to 87.2 percent of women experienced at least one form of physical, sexual or psychological violence or forced marriage and more than 60 percent of women experience multiple forms of violence. The AIHRC recorded more than 3,000 cases of violence against women during the first six months of 2012 (AIHRC, 2012).⁴⁰ In the 2013 Survey of the Afghan People 8 percent of respondents mentioned domestic violence as the biggest problem facing women in contemporary Afghanistan, with regional variations from 14 and 12 percent in the country's southwest and southeast respectively, to 3 percent in the central/ Hazarajat regions (TAF, 2013).

Studies aiming to identify attitudes towards violence in Afghanistan, in particular GBV and VAW, found very high rates of cultural acceptance. According to the AMICS 2010–2011, more than 90 percent of respondents (comprising women aged 15–49 years) believed that a husband is justified in beating his wife in certain circumstances. The findings were similar for adolescents and youth: 85.1 percent of adolescent girls (aged 15–19) and 91.3 of young women (aged 20–24 years) believed that violence against women in marriages was sometimes acceptable.

³⁹ GBV as discussed here, will focus on health-related impacts and provide recommendations for a health-sector response to GBV. A particular form of GBV, child marriage, is discussed in detail in Part 7.

⁴⁰ The report defines 2012 as the year beginning 21 March 2012 following Afghanistan's official Solar Hijri calendar.



VIOLENCE AGAINST WOMEN

The UN Declaration on the Elimination of Violence Against Women (1993) defines violence against women in Article 1 as *“Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or in private life”*.

The 1995 Beijing Platform for Action expands on this definition, specifying that violence against women includes: violations of the rights of women in situations of armed conflict, including systematic rape, sexual slavery and forced pregnancy; forced sterilization, forced abortion, coerced or forced use of contraceptives; prenatal sex selection and female infanticide. It further recognizes the particular vulnerabilities of women belonging to minorities: the elderly and displaced; indigenous, refugee and migrant communities; disabled; women living in impoverished rural and remote areas, or in detention.

In Afghanistan the Elimination of Violence Against Women (EVAW) Law was enacted by presidential decree in August 2009. The Ministry of Women's Affairs will draft an EVAW Action Plan in 2014.

Source: UNFPA, 2008.

Rebuilding lives: Family Protection Centres support survivors of gender-based violence



“They told me that my mother had sold me to them,” says Zarmina. She is just 14 years old, but she already knows what re-building her life means. She is now in school enjoying her classmates and teachers, but it has taken her a year to start recovering from a traumatic experience. Zarmina (a pseudonym to hide her identity) was kidnapped when she was 13 years old. A woman showed up at her door when she was alone at home and took her away.

“Her shoes were outside the door when I returned home,” her mother recalls. “I knew something had happened to her so I went to the police. They laughed at me, they told me that she had probably run away with her boyfriend,” she recalls in tears.

Zarmina was taken to a bar in Kabul where she was regularly drugged and sexually abused. “I was moved to different places for two months and 18 days, until I was released,” she says. One of the men attending the establishment helped her convince the kidnapper to sell her back to her mother.

“I received a call from the woman who kidnapped her,” explains her mother. “She asked me for money to have her back. We agreed on a meeting point to do the exchange. We alerted the police,

and they helped by arresting the woman and her two brothers.”

Then Zarmina’s recuperation began. She heard about the Family Protection Centre in Kabul. “I thought they were going to make fun of me. I was scared to tell my story because part of my family blamed me for what had happened,” she says.

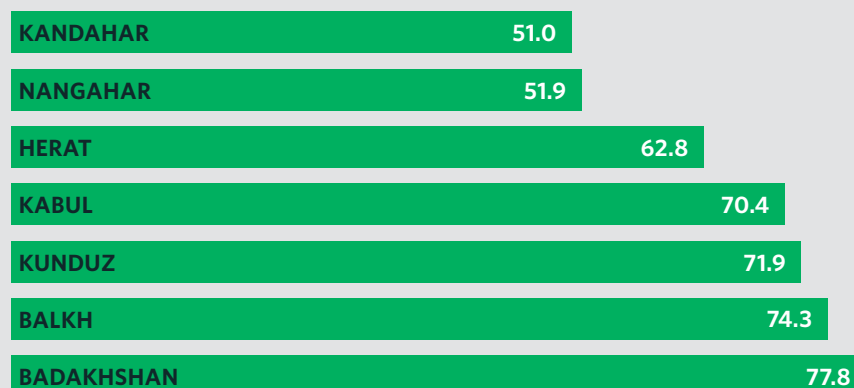
“When she first visited us she didn’t tell the whole story,” says Nabila Tasali, Legal Advisor at the Family Protection Centre. “Visit by visit, she explained what had happened to her. We gave her health and psychosocial support for a year; she came here every day of the week,” says Tasali.

The Family Protection Centre also offered legal advice. Thanks to their support Zarmina took her case to the prosecutor’s office and her kidnapper was eventually sentenced to five years in prison. “I was with five more girls, one of them was pregnant, but they couldn’t find them,” says Zarmina.

The Family Protection Centre is supported by UNFPA with the Ministry of Public Health. “Survivors of gender-based violence are referred to this centre where they can access several services in one place. The centre integrates professional assistance such as psychosocial, medical and legal support and referral services into the health sector,” says Dr Abdul Basit, UNFPA Gender Programme Officer.

Zarmina is one of many girls who visit the centre in Kabul. She is thankful for the support she received and recommends it to her friends. When asked what she wants to be when she grows up, she doesn’t hesitate. “I want to be a judge,” says Zarmina. □

FIGURE 3.1 PERCENTAGE OF RESPONDENTS WHO EXPRESSED NEED FOR PSYCHOLOGICAL OR COUNSELLING SUPPORT



Source: Samuel Hall, 2013.

3.3 Mental health

Adolescents and youth are at increased risk of experiencing social or psychological issues during crises. In humanitarian emergencies young people are vulnerable to stressful and traumatic events, such as displacement, physical and sexual violence or forced recruitment into armed groups. Very little is known about the state of mental health of young people in Afghanistan, but available research suggests that a large segment of Afghan adolescents and youth suffer from untreated mental health issues resulting from trauma and stress relating to conflict, displacement, poverty and continued insecurity. In addition, drug abuse and mental health disorders have formed a vicious cycle as both cause and consequence of each other.

A representative survey on mental health in Afghanistan conducted in 2004 (Lopes Cardozo et al., 2004) found that around

44 percent of respondents had experienced more than four traumatic events in the preceding ten years, 72 percent suffered from anxiety, nearly 68 percent reported some form of depression and 42 percent had post-traumatic stress disorders. A 2006 survey of 1,011 Afghan children (aged 11-16) found that the proportion of children meeting the criteria for a probable psychiatric disorder was twice as high as expected for this age group, and that two-thirds had experienced a traumatic event.⁴¹ The MoPH estimates that 60 percent of Afghans suffer from stress disorders and mental health problems, with women bearing the brunt (MoPH, 2012b).

According to the findings from a survey of youth in seven provinces (Samuel Hall, 2013), more than half of all participants

41 Panter-Brick, C., et al., 2009; cited in Samuel Hall (2013), p. 45.

reported that they need psychological or counselling support as presented in Figure 3.1.

Suicide and self-immolation, in particular by young girls, has become a growing phenomenon. Whilst comprehensive data are missing, a study by the Afghanistan Independent Human Rights Commission found that 184 cases of self-immolation were registered in 2007 against 106 in 2006 (AIHRC, 2007). Reportedly, acts of violence, in particular GBV, were the main causes behind female suicides and self-immolation.⁴² A more recent AIHRC report on violence against women reported 35 cases of self-immolation and 70 incidences of women who attempted suicide as a consequence of violence during the first six months of 2012 (AIHRC, 2012). It is commonly assumed that violence against women and its consequences is heavily underreported due to a conservative culture which often does not permit women to talk about or report violence.

While not part of the initial Basic Package of Health Service (BPHS) in 2003, mental health education, awareness, case detection and identification and treatment of mental illnesses were included in revised guidelines in 2005 and strengthened in the 2010 BPHS revision (MoPH, 2010a). In 2005, the MoPH established a Mental Health Department which in 2009 developed a National Mental Health Strategy 2009–2014 and related training materials for doctors, nurses, midwives and community health workers.

42 IRIN, 9 September 2008 "Afghanistan: Self-immolation on the rise", <http://www.irinnews.org/report/80236/afghanistan-self-immolation-on-the-rise-among-women> [accessed 26 May 2014]

3.4 Drug use

The *World Drug Report 2012* states that the contemporary global drug problem is characterized by a concentration of illicit drug use among youth, in particular young males in urban settings (UNODC, 2012). The extent and nature of drug use among youth varies across and within regions and countries but, to date, drug use among adolescents and youth remains an issue of global concern. In Afghanistan the production and consumption of drugs, especially opium and heroin, are closely linked to the country's ongoing conflict and instability. In addition, chronic poverty and widespread unemployment and underemployment among young people (see Part 5, Youth Employment) continue to create a vicious cycle of frustration and substance abuse.

Afghanistan is the world's largest producer of opium and domestic drug addiction has now become a major health and social challenge, particular among the young. UNODC's Afghanistan Drug Use Survey 2009 found that there are around one million illicit drug users in Afghanistan (aged 15–64 years). This number represents around 3 percent of the population, and significantly exceeds the world average. Iran and Afghanistan are reported to have the highest prevalence rates for opium and heroin use in the world (UNODC, 2012). The survey found that opium is used by 60 percent of drug users and that the use of other drugs, like cannabis, has significantly increased during the last decade. Further, the survey found that opium and heroin are most commonly used by adolescents.⁴³

43 In the study adults are defined as people aged 26 or older, young people are defined as people between 16 and 25 years and adolescents are defined as people between age 10 and 15, and children as people below 10 years (UNODC, 2009: 6).



In order to raise awareness on the diversity of mental health issues among Afghan youth the Deputy Ministry of Youth Affairs and the United Nations organized an art contest to capture the thoughts and challenges of the Afghan youth on mental health issues on the International Youth Day 2014. Around 40 participants from seven provinces submitted their art work to the contest. On the left, painting from Somaiya Behroozian, Herat. On the right, drawing by Baqer Ahmadi, Kabul.

The more recent Afghanistan National Urban Drug Use Survey (ANUDUS)⁴⁴ found that 11.4 percent of urban households had at least one person who tested positive for at least one substance (amphetamines, barbiturates, benzodiazepines, cannabinoids, alcohol or opioids) (US Department of State, 2012). The urban household drug use prevalence showed a strong regional variation ranging from 28 percent in Zaranj (Nimroz Province) to 3 percent in Bamyan. If the ANUDUS results are extrapolated to the whole of Afghanistan the number of adult drug users

(above 15 years of age) may exceed 1.3 million people.

The survey also reported that as many as 50 percent of parents who used drugs in the north and south of the country gave opium to their children thus contributing to the high rates of drug abuse in the next generation. The ANUDUS found 2.3 percent of children under the age of 15 tested positive for drug use.

Drug use in Afghanistan often affects the whole family; the Afghanistan Drug Use Survey 2009 found more than 40 percent of those interviewed mentioned they had adults and one-third had young persons

⁴⁴ The Afghanistan National Urban Drug Use Survey (ANUDUS) was conducted by the US Department of State with oversight by the MoPH. The survey studied 2,187 households and drug tested 5,236 people randomly selected from the general populations of 11 provincial capitals.

in their families who were regularly using opium (UNODC, 2009).

The number of drug treatment health centres in Afghanistan is extremely limited. The current capacity of public and private addiction treatment facilities is only around ten to twelve thousand clients annually, which equals only 2.9 percent of existing opium and heroin users (MCN, 2012). Only about 11 percent of drug users participating in the drug use survey reported they had received some form of drug treatment, while 90 percent stated that they needed such kind of treatment (UNODC, 2009). Moreover, a majority of informants in the western, eastern and southern regions reported that it was particularly difficult to get treatment for drug problems for adolescents and children.

Other challenges for addiction treatment include the absence of a licensing system for treatment facilities and certification mechanism for addiction counsellors, and the lack of treatment facilities for other substances such as alcohol or cannabis. Even where drug treatment centres exist, there is little awareness regarding the services they provide.

3.5 Disability

Young people with disabilities face more discrimination and social, economic and civic disadvantages compared with those without disabilities. Common challenges for adolescents and youth with disabilities include social isolation, abuse and lack of educational and economic opportunities (see Part 4.3, Inclusive Education).

Disability is a development issue and disability and poverty can form a vicious cycle. People with disabilities are more likely to live in poverty, especially in the developing world and countries with non-existent or weak social security systems. Disability can be a result of poverty which is a major cause of preventable diseases, malnourishment and inadequate health care. A study by the United Kingdom's Department for International Development (DfID) estimated that up to 50 percent of disabilities are preventable and directly linked to poverty.⁴⁵

In Afghanistan there is a lack of accurate statistics on impairment, however, a number of national surveys show that Afghanistan has one of the highest proportion of persons with disabilities (PWDs). The National Disability Survey Afghanistan (NDSA, 2005) by MoLSAMD estimated the prevalence of severe disability at about 2.7 percent of the population, or about 550,000 to 643,800 people.⁴⁶ WHO and other UN agencies estimate the number of PWDs to be closer to two million people (UNDP, 2007). The NDSA found the main type of disability experienced was physical (36.5 percent), and was followed by sensory (25.5 percent) and mental disability (9.8 percent).

Reflecting the population's general age distribution, the NDSA found that the majority of PWDs were in the 0-14 year age group. However, the proportion of PWDs under age 15 and under age 20 is lower than in the total population. PWDs are over-represented after the age of 35, and their proportion increases with age: 15 percent are older than

⁴⁵ As cited in UNESCAP, 2012.

⁴⁶ NDSA, 2005 was based on a 2003-2004 population estimate of 22 million people.



A school girl at the Sitara School in Kabul pushes the wheelchair of her classmate, a double-leg landmine amputee.
© UN Photo/Hassan Zakizada

60 although this age group accounts for less than 5 percent of the total population (NDSA 2005).

While many Afghans were disabled by war and landmines, even more have acquired disabilities from birth, inadequate health care, accidents, or malnutrition and preventable diseases such as polio or tuberculosis (Trani, 2004). According to the NDSA, 17 percent of disabilities are linked to past conflicts while 26.4 percent are from birth or acquired during the first year of life.

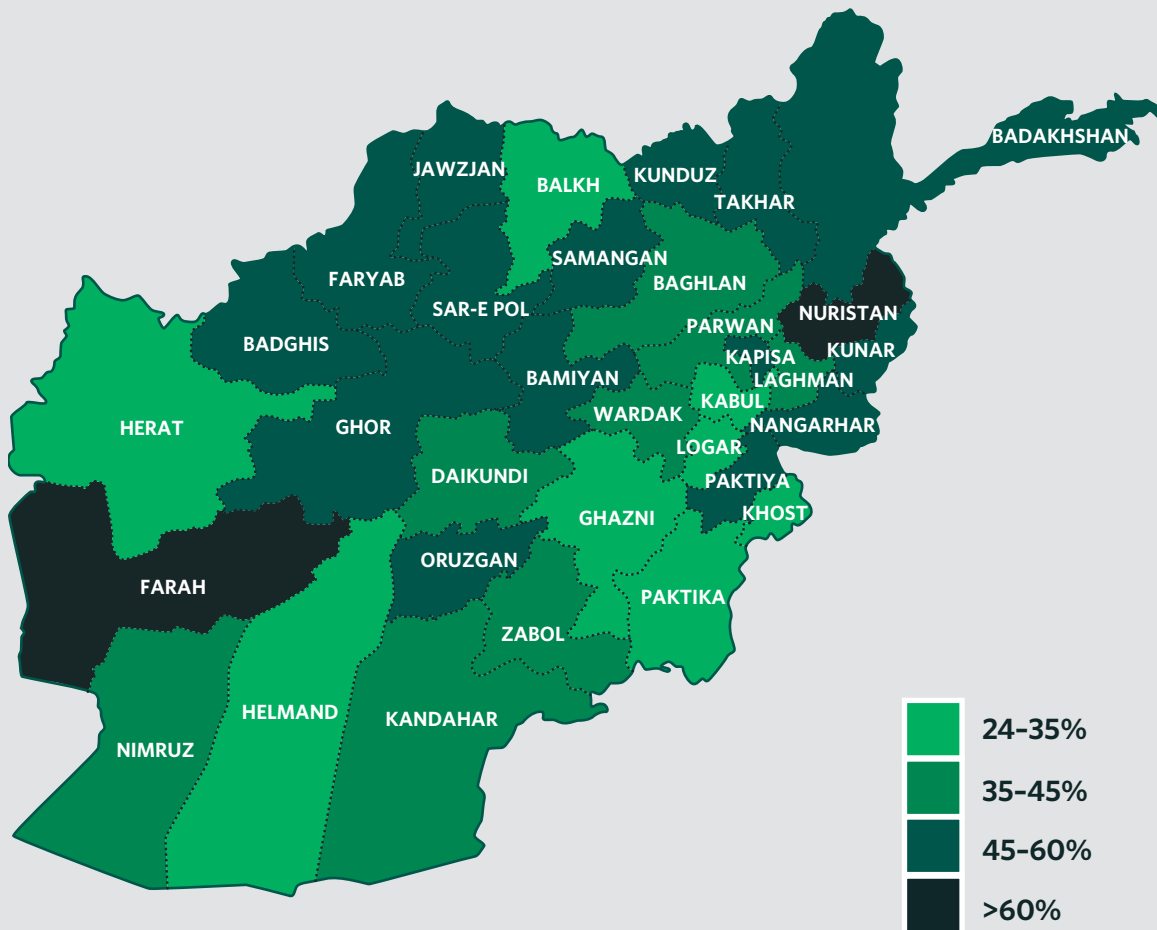
3.6 Nutrition

Malnutrition is one of the biggest public health concerns in Afghanistan. Although data from a 2013 child nutrition survey have yet to be released, a 2014 *New York Times* article with the headline 'Afghanistan's Worsening, and Baffling, Hunger Crisis'⁴⁷ reported anecdotally that malnutrition is at its worst since 2001.

Malnutrition is a major underlying cause of child mortality and morbidity in Afghanistan.

⁴⁷ New York Times, 4 January 2014 http://www.nytimes.com/2014/01/05/world/asia/afghanistans-worsening-and-baffling-hunger-crisis.html?_r=0.

FIGURE 3.2 STUNTING BY PROVINCE AMONG CHILDREN UNDER FIVE



Source: MoPH, 2014b.

The majority of children under five years of age suffer from forms of malnutrition which has officially been reported to have increased in some areas due to rising food prices, droughts and lack of access to drinking water (MoPH, 2010c). Approximately one in three children under five is moderately underweight and about 18 percent are severely underweight (AMICS 2010–2011). The recent *Afghanistan National Nutrition Survey 2013* found that 24.6 percent of children under five are underweight and 9.7 percent are

severely underweight (MoPH, 2014b). The average national stunting prevalence of children aged 0–5 years is 40.9 percent with significant regional disparities, as illustrated in Figure 3.2.

A large proportion of Afghanistan's population is faced with chronic or temporary food insecurity which has a major negative impact on the health situation of adolescents and youth. Around 30 percent of the population is very severely to moderately

food insecure.⁴⁸ Food insecurity actually increased in urban areas from 28.3 percent in 2007–2009 to 34.4 percent in 2011–2012 (NRVA 2011–2012).

Major micronutrient deficiencies in Afghanistan include iron, Vitamin A, iodine and zinc, causing increased vulnerability to illness and death. An estimated 500,000 Afghan babies are born each year with intellectual impairment caused by iodine deficiency in pregnancy.⁴⁹ Micronutrient deficiencies and malnutrition are more likely to occur in women who are illiterate or have not had access to at least primary education.

Vitamin and mineral deficiencies contribute to a vicious cycle of poor health and diminished productivity which traps families in poverty. The World Bank estimates that the combined effects of malnutrition cause a loss to the economy of up to 3 percent annually (World Bank, 2006). In Afghanistan, 94.8 percent of women (15–49 years) and 81 percent of children under five were found to have a Vitamin D deficiency. Furthermore, 24 percent of women of reproductive age and 26.1 percent of children under five experience iron deficiency (MoPH, 2014b). Moreover, 40.4 percent of women of reproductive age and 30.9 percent of adolescent girls are anaemic.

Enabling people to regularly consume these essential nutrients will help protect them from a range of disabilities and diseases, help children and young people grow and learn and develop into healthy and productive adults.

48 The NRVA uses definitions of food insecurity based on age, sex and seasonally adjusted daily kilocalorie (kcal) intake: less than 1,500 kcal is classified as very severely food insecure; less than 1,800 is defined as severely food insecure; and less than 2,100 kcal is defined as moderately food insecure.

49 UNICEF and Micronutrient Initiative 'A Damage Assessment Report for Afghanistan' Leadership Briefing, available at: <http://www.micronutrient.org/vmd/DARs/Afghanistan.pdf>



BOX 3.4 HEALTH AND RIGHTS IN THE ICPD PROGRAMME OF ACTION

The ICPD in 1994 recognized that adolescents have particular health needs that differ from adults and that gender equity is an important component in meeting those needs. The ICPD also stressed the importance of adolescence to sexual and reproductive health throughout the life cycle. The *ICPD Programme of Action* urges governments to establish programmes to meet adolescents' health needs, to respect their rights to privacy and confidentiality and to ensure that attitudes of health care providers do not restrict adolescents' access to information and services. Moreover, the Resolution urges governments to remove any legal and customary barriers that may prevent adolescents from reproductive health information, education and services.

In 1999, the ICPD+5 special session of the United Nations General Assembly recognized the right of adolescents to the highest attainable standards of health and provision of age-appropriate, specific, user-friendly and accessible services to address adolescents' sexual and reproductive health needs, including reproductive health education, information, counselling and promotion strategies.

3.7 National response

POLICY AND LEGAL FRAMEWORK

Health is a human right and has been recognized as such in a number of international conventions and resolutions. Afghanistan has made important commitments on health rights for adolescents and youth to the international community, including the MDGs, Convention of the Rights of the Child (CRC), ICPD and ICPD+5.

The CRC, which Afghanistan ratified in 1994, affirms that children have the right to the highest attainable standard of health and health care, including family planning education and services (Article 24).

Despite significant progress over the last ten years in terms of access to health services for young people, adolescents and youth health rights are not yet systematically addressed in Afghanistan's legal and health system. The main strategic document in terms of adolescent health, the Child and Adolescent Health (CAH) Strategy 2009–2013 (MoPH, 2009a), reflects the continuing prioritization of maternal and child health over adolescent and youth health. The introduction to the document states:

The CAH Strategy attempts to guide the MoPH in the implementation of the critical interventions that have a major impact on the mortality of mothers, infants and children [...]. It is clear that other problems exist for children and adolescents, and the MoPH will address these [...] but not unless the most critical problems have been addressed more efficiently (MoPHa, 2009: 1).

However, the Strategy does include a section on adolescent health considerations (ibid.: 13) which recommends postponing pregnancy

and marriage to the age of 18. In addition, the document recommends promoting healthy lifestyles with regards to nutrition and drug abuse. In terms of reproductive health, the National Reproductive Health Policy 2012–2016 (MoPH, 2012a) does not make specific reference to adolescents or youth.

The National Youth Policy provides recommendations for adolescent and youth health in terms of sexual and reproductive health and rights, drug addiction, mental health, gender-based violence and generally healthy lifestyles. More specifically, the document recommends:

1 Adolescent and youth health rights

- a Develop a health strategy for youth and adolescents.
- b Provide youth with access to health counselling.
- c Raise public awareness on the adverse effects of early marriage.
- d Promote awareness and education on the advantages of adequate spacing between births through communities and media.
- e Promote an effective system of birth registration and national identity cards, and civil registration of marriages in line with national laws.
- f Promote public awareness on chronic and epidemic diseases including HIV and AIDS.

2 Drug addiction

- a** Raise young people's awareness of the adverse effects of substance abuse.
- b** Increase youth friendly treatment facilities for drug addicted youth and their access to drug prevention services at the national and local level.
- c** Develop unified programmes to cope with narcotics and addiction, and to find alternative solutions.
- d** Promote Islamic education among youth and adolescents to prevent addiction and use of alcoholic drinks, drug and other substance abuse.

3 Adolescent and youth mental health

- a** Promote research on the state of adolescent and youth mental health in Afghanistan.
- b** Improve the quantity and quality of youth friendly mental health care services and referral systems.
- c** Build public awareness of and sensitivity to common mental health issues including depression, anxiety and post-traumatic stress disorder.

4 Gender-based violence

- a** Build public awareness regarding the harms and prevention of family based violence.
- b** Enforce the law to bring justice to victims of violence.

- c** Sensitize and educate legal enforcement entities on violence and ways to protect victims of violence.
- d** Sensitize and educate health workers and executive officers on various kinds of violence.
- e** Provide a youth friendly safe environment for victims of gender based violence.

5 Healthy lifestyles

- a** Mainstream education on hygiene, nutrition, and the health benefits of physical exercise in formal and non-formal education.
- b** Promote public awareness on healthy lifestyles.
- c** Provide accessible and youth friendly recreation and sports facilities.

HEALTH EDUCATION POLICIES

The Afghanistan Education Curriculum devised by the Ministry of Education (MoE) contains specific health goals, including issues related to hygiene, disease prevention and child and maternal health (MoE, 2011a). Moreover, the integration of issues related to human rights, gender, reproductive health, communicable diseases and other health issues is mentioned in different domestic laws and policies.

The National Education Strategic Plan 2010–2014 states:

Cross-cutting themes like human rights, gender equity, health, environmental protection, drug-related issues and communicable diseases

have also been included in the new curriculum and syllabi. (p. 37)

The Curriculum Department will continue to make it more relevant to students' daily lives [...] Cross-cutting issues like human rights, gender equity, drugs (counter-narcotics), awareness of HIV/AIDS, family planning and environmental protection to promote education for sustainable development will be incorporated into all subjects including in the primary grades (p. 74)

The National Reproductive Health Strategy 2012–2016 provides clear recommendations for including reproductive health topics in school curricula:

Enhance women's decision-making role in relation to health-seeking practices: [...] Advocate for inclusion of RH topics in school curricula in coordination with Ministry of Education" (Section 6.2.2, p. 25).

Education is recognized as a strategic area for intervention in the National Child and Adolescent Health Strategy:

Schools are an ideal environment to teach practical health and nutrition measures to all children. (Section 3.3, p. 12)

According to the document, health issues to be addressed in school settings include personal hygiene, nutrition, drug use and physical exercise. In an annex, the MoPH describes, amongst other things, one of the specific purposes of its collaboration with the MoE:

School curriculum development and health and nutrition education;

Health education on sexuality and the risks of early marriage (Annex I, p. 32)

As part of the national response for HIV awareness and prevention and reduction of stigma among the general population, the National Strategic Framework on HIV/AIDS for Afghanistan II 2011–2015 mentions the integration of prevention messages into school curricula as well as programmes to reach out-of-school youth through:

Effective prevention messages and adapted material developed and delivered through

- a** *Collaboration with mass and local media, health community workers, community and religious leadership. These will be specific to the varying needs of the general population and their level of education, gender, ethnic background and occupation including for women, the illiterate, out of school youths, ethnic minorities, etc.*
- b** *Prevention messages integrated into curriculum of schools and into workplace policies, tailored to the age, gender, and sociocultural sensitivities of the target population. (Output 1.1.2, p. 37)*

HEALTH SECTOR RESPONSE TO GBV

Gender-based violence takes place in the wider context of gender inequality and social and cultural practices, and can only be tackled through a multisector response. In Afghanistan, the health sector has the potential to play a leading role in the national response to GBV. Reasons include the fact that health care providers interact with the largest number of women; it is easier for women to access health facilities than law enforcement institutions; health care providers can be trained to detect various manifestations of GBV; health facilities can provide assistance to GBV victims;



A gender-based violence survivor talks to one of the counsellors at the Family Protection Center in Herat. The center is supported by UNFPA Afghanistan. © Rada Akbar/UNFPA Afghanistan 2014

the health system already has an internal referral network that can be used for referral of GBV survivors; and health facilities play a crucial role in evidence collection (forensic medicine).

The MoPH (Gender Department) has developed a National Gender Strategy (2012-2016) (MoPH, 2012b) which provides a common framework for MoPH and its partners to guide the development and implementation of gender-sensitive policies and programming. The document outlines four strategic directions for a more gender-responsive health sector: i) integrating a gender perspective (including GBV and mental health) into all MoPH programmes; ii) mainstreaming gender

issues into all MoPH administrative policies and procedures; iii) promoting equal access for women and men to health services that are free of discrimination and address GBV; and iv) creating gender-sensitive indicators and monitoring and evaluation mechanisms for all health programmes.

The MoPH, with support from UNFPA, has successfully piloted Family Protection Centres in Kabul and Jalalabad (funded by the Government of Canada) are expanding to four new geographical locations (Herat, Balkh, Baghlan and Mazar-e-Sharif) in 2014. These centres are located within provincial hospitals and provide GBV survivors with medical, legal and psychosocial counselling services.



Hameed and Nemat attend a two-year management course at the Technical and Vocational Education Training Institute in Kabul. © Rada Akbar/UNFPA Afghanistan 2014

HEALTH EDUCATION PROGRAMMES

From 2010 to 2011, UNESCO ran a project called 'Enhancing HIV and drug prevention through formal and non-formal education and mass media in Afghanistan' through which UNESCO supported the development of the Afghanistan National HIV Strategic Framework II for 2011–2015, in collaboration with the UNAIDS Secretariat and other partners including the World Bank, UNODC, WHO, UNICEF and UNFPA. Under the project, UNESCO developed a Teacher Training Manual on HIV and AIDS and drug prevention, and trained 70 Master Trainers in its use. UNESCO also supported the integration of HIV and drug prevention materials into non-formal education.

UNFPA is currently providing support to the DMoYA and MoPH for information and

training on issues related to adolescent reproductive and sexual health in out-of-school settings. Between 2006 and 2012, the DMoYA operated Youth Information Centres in four provinces (Kabul, Mazar-i-Sharif, Jalalabad and Herat).⁵⁰ The centres were staffed with youth mobilizers who conduct outreach campaigns in schools, universities, technical and vocational education and training (TVET) centres, and other educational institutions to inform young people about available peer trainings at the centres. Some Youth Information Centres offered free English language and computer classes taught by volunteers, and all conducted monthly five-day peer educator trainings on

⁵⁰ From 2006 to April 2013, the four Youth Information Centres were financially supported by UNFPA. Responsibility for running all the centres, except the one in Kabul, was transferred to the DMoYA in April 2013.

adolescent sexual and reproductive health for young people. Following the training, each of the participants trains ten peers. UNFPA is providing support to the Afghan Family Guidance Association (AFGA) to train adolescent sexual and reproductive health peer educator champions in youth networks and sports clubs.

Since 2010 AFGA is implementing the project 'Improving access to maternal health services and SRH services for young people in three cities of Afghanistan' (funded by the German Federal Ministry for Economic Cooperation and Development, BMZ) which aims to improve access to maternal health information and services for young people. The main objectives of the project are to improve maternal health knowledge, attitudes and practices in Kabul, with emphasis on improving contraceptive prevalence and to increase access to information and services on sexual and reproductive health and rights for young people through peer education in Kabul, Mazar-i-Sharif and Jalalabad. Another youth-related health project implemented by AFGA is called 'Strengthening Youth Friendly Services, especially for married young women' (funded by the Danish International Development Agency, DANIDA). The project's main activities are: selecting and training family welfare promoters and peer educators; developing community care taker groups; meeting and training community care taker groups; and meeting with partners for a supportive and enabling environment for adolescent SRHR information, education and services.

YOUTH-FRIENDLY SERVICES (YFS)

Youth-friendly services (see Box 3.5) are not fully integrated into the national health care system and most health service providers are not systematically trained in these



BOX 3.5 WHAT MAKES HEALTH SERVICES YOUTH-FRIENDLY?

SERVICE PROVIDERS:

Specifically trained staff; Respect for young people; Privacy and confidentiality honoured; Adequate time for client-provider interaction, Peer counsellors available.

HEALTH FACILITIES:

Separate space or special times for youth, convenient hours and location; Adequate space and sufficient privacy; Comfortable surroundings.

PROGRAMME DESIGN:

Youth involved in design, service outreach and delivery, continuing feedback; Drop-in clients welcomed or appointments arranged rapidly, no overcrowding; Affordable fees; Publicity and recruitment that inform and reassure youth; Boys and young men welcomes and serviced; Wide range of services available; Necessary referrals available.

OTHER POSSIBLE CHARACTERISTICS:

Educational material available; Group discussions available; Delay of pelvic examination and blood tests possible; Alternative ways to access information, counselling and services.

Source: UNFPA (2003) p.42.



Basira, a 25 year-old Afghan midwife, informs young people about family planning methods at the Youth Friendly Service Clinic in Kabul. © Rada Akbar/UNFPA Afghanistan 2014

services. However, the MoPH has developed standards for YFS and is conducting trainings for key health service providers in selected provinces with UNFPA support. In 2010, the MoPH carried out an assessment of YFS in Afghanistan (MoPH, 2010b) which found that many service providers did not understand the specific health rights and needs of young people. More than 60 percent of health facility staff said that they did not feel that they had the knowledge and skills they needed to provide quality services to adolescents. Other common obstacles to delivering quality mentioned in the assessment included limited private space for confidential counselling and lack of resources for equipment and adolescent health specific information and education material.

The MoPH (with support of UNFPA and implemented by AFGA) has established

a model YFS clinic in Kabul which provides family planning services, post-abortion counselling, STI (including HIV) prevention, treatment, counselling, VCT referral and follow-up consultation, gynaecological services, obstetric services including family-based violence screening and counselling, and general counselling for young people on sexual and reproductive health and rights. Depending on available resources, it is envisaged to scale up YFS clinics and corners to health facilities in other provinces.

On the occasion of International Youth Day in August 2012, the MoPH with the support of UNFPA and implemented by AFGA, piloted a toll-free Youth Health Line in Kabul which provides free information, counselling and referral to young callers. Due to the great demand for free and youth-friendly health services, the Youth Health Line was expanded

from four to eight full-time counsellors in 2014 and provides free services to around 2,000 young women and men per month. In addition, the health line's records also generate valuable primary data on adolescent and youth health issues.

A number of programmes related to HIV and AIDS and targeted at young people have been initiated by the National AIDS Control Programme (NACP) which was established within the MoPH in 2003 in cooperation with NGOs and donor agencies. The Afghan Red Crescent Society is implementing programmes to improve community awareness about HIV and AIDS as well as STIs in general. According to the organization, the programmes had reached nearly 80,000 young people by 2008 with awareness-raising in high schools in Kabul, Herat and Mazar-i-Sharif.⁵¹ AFGA is providing health services, including VCT, for girls and young women in female prisons in Kabul, Herat and Parwan (funded by UNODC).

3.8 Recommendations

The Afghanistan health system is progressing from the initial emergency response orientation established in 2002 towards more long-term health goals. Together with the demographic context of a youth bulge and the critical role of girls for the country's overall development as discussed in Parts 1 and 2, a window of opportunity is now open to systematically address adolescent and youth health issues in order to tackle the

interlinked issues of population dynamics, poverty and gender inequality.

The health-related recommendations of Afghanistan's National Youth Policy (see Part 1.2) will be implemented through a National Adolescent and Youth Health Strategy. As part of the consultation process for the latter, a dedicated health panel session⁵² was organized for the national conference 'Investing in Youth: Towards a National Youth Strategy for Afghanistan' held in Kabul in December 2013. The key recommendations from the conference are described below.

STRATEGIC COHERENCE

The National Adolescent and Youth Health Strategy and its related action plan will act as a framework for mainstreaming and coordination of adolescents and youth health issues. From the beginning, all efforts should be taken to include a wide spectrum of stakeholders into the strategy development process including relevant line ministries and their provincial directorates, members of civil society, in particular youth-led organizations, and donors. Some health-related issues, particularly those relating to sexual and reproductive health and rights, are controversial, and time and resources are needed for an inclusive consultation process to help find culturally acceptable ways for dealing with them.

Access to health services and information is a matter of social equity. Health strategies and programmes must target vulnerable and marginalized young people. As evident in the data presented above, there are significant socio-demographic disparities in health

51 See a news story from the International Federation of Red Cross and Red Crescent Societies: 'Afghanistan: Youth peer education brings success' 16 December 2008. Available at: <http://www.ifrc.org/en/news-and-media/news-stories/asia-pacific/afghanistan/afghanistan-youth-peer-education-brings-success/>.

52 The panel was chaired by HE Dr Ahmad Jan Naeem, Deputy Minister, Policy and Programmes, Ministry of Public Health and included members from civil society, youth representatives, health care providers and UNFPA staff.

Private spaces: a phone line helps answer the questions of Afghan youth



"I am married and have children, but this work has made me aware of issues related to youth health that I didn't know," says Dr Anahita Danishyar. She is one of eight counsellors sitting on the other end of the Youth Health Line, a telephone service which is increasingly used by young people to access information and services related to health.

The Youth Health Line was launched in 2012 and since then the number of calls has increased every year reaching more than 1,500 calls per month in 2013. The number of counsellors has also increased; from two initially to a team of eight young male and female doctors who provide callers with the information they need.

The success of the Youth Health Line relies on its anonymity. Young people get an opportunity to ask about issues that are difficult to address face to face, particularly for young women. Many seek basic sexual and reproductive health information that is not available to them otherwise. "Most of the time

young people don't have anyone to trust with some of the issues we address here," explains Dr Khaksar, a young and energetic doctor who joined the Youth Health Line a year ago. "We can't see their faces and they can't see ours, so it is easier for them to be comfortable and for us to quickly understand the problem and find the way to help them."

Most of the cases received by the team of women counsellors relate to forced marriage, domestic violence, HIV and family planning. For men, the pressing issue is unemployment and the resultant mental health issues such as depression and stress. The team of doctors provide counselling and, if necessary, refer callers to the appropriate health and protection services. If a caller is interested, she or he may visit the health line office or seek treatment and further advice at the Youth Friendly Health Services Clinic managed by the Afghan Family Guidance Association, established at the same location in central Kabul.

"We had a case where one of the callers, a girl, was pregnant and when she told her boyfriend about her condition he disappeared," Dr Shkullah Hassanyar recalls. "She was desperate when she called us, even considering to commit suicide. We advised her to talk to her mother and invited the family here to discuss the problem," she says. "Thanks to the support of the counsellors, the girl and her boyfriend were eventually married".

"I really enjoy working with young people," says Dr Hassanyar. "I like that the young people feel very comfortable talking to us and that I can find ways to help them." □

outcomes. Rigorous research is required to analyse the differing health needs of groups of adolescents and youth, and design interventions accordingly. For instance, programming and outreach must account for the different realities of both girls and boys, married and unmarried, urban and rural, and of in school and out of school adolescents and youth. Therefore, age and gender-specific health information (including information on health-related behaviour and attitudes) are much needed. Currently, the Health Management Information System (HMIS) in Afghanistan does not collect age-disaggregated data and efforts should be undertaken to close this data gap.

HEALTH EDUCATION

Young people have a right to education and skills building as they mature and make decisions which will affect their lifelong physical and mental health and wellbeing. In particular, young people should be provided with information on family life education, critical thinking and negotiating skills to protect themselves and make wise choices in life. Education interventions should target young women and men both in and out of school.

After ten years of relative political stability young men and women are enrolled in school in unprecedented numbers, providing a historic opportunity to equip a new generation of students with the skills they need to live healthy and productive lives. There is also a new and growing generation of teachers whose capacity must be enhanced to teach culturally sensitive health topics in a professional, comfortable, supportive and non-judgmental manner. Stakeholders should engage in a policy dialogue which highlights the importance of investing in quality and universal education as a key to poverty reduction. The Government should now seize the opportunity to integrate family life education (see Box 3.6) into formal



BOX 3.6 WHAT IS FAMILY LIFE EDUCATION?

Family life education (FLE) describes a diverse range of educational programmes aimed at equipping young people with the knowledge, skills, attitudes and values to make responsible choices about their sexual and social relationships.

The FLE approach goes beyond the provision of information and emphasizes the importance of essential life skills, positive attitudes and values. FLE recognizes and promotes human rights, gender equality and the values and skills necessary for HIV prevention.

Four overarching principles guide UNFPA's work on FLE: achieving social equity by paying special attention to vulnerable groups; protecting the rights of young people, particularly to health, education and civic participation; maintaining cultural sensitivity by advocating for sexual and reproductive health in sensitive and engaging ways; and affirming a gender perspective that, while recognizing boys' needs, preserves spaces for girls; especially the poor and vulnerable.

school curricula. In addition to teaching accurate health information, family life education should promote life skills including social skills (interpersonal relationships, communication, cooperation and teamwork and empathy), thinking skills (self-awareness, problem solving and decision making, critical and creative thinking, goal planning and setting), and negotiation skills (coping with feelings and emotions, resisting peer and family pressure, assertiveness towards consensus building, and advocacy) (UNFPA, 2007). Education, family life education in particular, should reject stereotypical beliefs and attitudes about gender roles and promote gender equality.

To date, there is no coherent strategy or high-level thematic working group on health education, of which family life education is a key component. Health education includes a wide range of stakeholders and coordination and strategic coherence is critical for achieving high-impact results while building on existing structures within an environment of limited resources. In the past there were a number of isolated and fragmented programmes and initiatives which either failed or were not brought to scale due to a lack of coordination and long-term planning.

INTEGRATED SERVICE DELIVERY

If successful, expanding health education for young people will create an increased demand for YFS which are not currently integrated into the Basic Package of Health Services (BPHS). The BPHS will be revised again in 2014 which presents an important opportunity to mainstream YFS into all levels of the national health system.

The training manual and guidelines for in-service training on YFS are currently

being revised and resources should be made available to train a critical number of master trainers. YFS should also be included in the pre-service training of nurses, midwives and community health workers (CHW)⁵³ to better reach adolescents and youth in remote areas. Midwives, in particular, play an increasingly important role in providing sexual and reproductive health services, including counselling, to adolescents and youth, especially in remote and hard-to-reach areas of the country. The midwifery model of care emphasizes education and family-centred care throughout at every stage of life, making midwives ideal care providers for adolescent women.

Not only has the number of trained midwives increased nearly tenfold since 2003, Afghanistan has made steady progress in the quality of midwifery training. For instance, as a response to the National Policy for Nursing and Midwifery Services 2011–2015 (MoPH, 2011) and the Strategy for the Afghanistan Nurses and Midwives Council 2014–2018 (MoPH 2014a), the Afghanistan Midwives Association developed a four-year Direct Entry Midwifery Curriculum at the bachelor's degree level. The National Midwife Curriculum is currently being reviewed (with support from UNFPA) to ensure that all competencies as per the International Confederation of Midwives are covered. As midwives promote high quality and culturally sensitive health

⁵³ As per BPHS guidelines, CHWs deliver basic health services from their own homes, which also function as community health posts. Each health post, ideally staffed by one female and one male CHW, covers a catchment area of 1,000–1,500 people, or 100–150 families. CHWs offer limited curative care, distribution of contraceptives, nutrition counselling and supplement distribution. CHWs are responsible for treating minor illnesses and conditions common in children and adults, for awareness-raising on disability and mental health, and for identifying persons with disabilities and mental conditions. The routine management of normal deliveries is not part of the CHW's job description, but female CHWs focus on promoting birth preparedness, safe home deliveries with a skilled birth attendant (when possible), awareness of the danger signs of pregnancy, the need for urgent referral when delivery complications occur, and basic essential newborn care (MoPH, 2010a).



Marzia, one of the patients at the Family Health House in Shiber, Bamiyan province, identifies the contraceptive pill on a family planning methods board. © Rada Akbar/UNFPA Afghanistan 2014

education, and facilitate the development of lifelong positive lifestyle choices, adolescents will be covered in the curriculum as part of the competency in pre-pregnancy care and family planning. In order to provide safer and higher quality of health care within the existing health system, adolescent care should be reflected as a specialization within the Afghan midwifery profession as part of career development, as is common in many other countries.

YOUTH PARTICIPATION IN HEALTH SERVICE PLANNING AND DELIVERY

Young people are not only recipients of health services. They play an active role in the health care system as young doctors, nurses, midwives, young employees or volunteers in public and private organizations working in

Afghanistan's health sector. As the focus on health education increases, young teachers and peer educators play an important role in working towards better health outcomes for Afghanistan.

In order to involve young people more directly in the development and implementation of health policies, the Child and Adolescent Health Department (MoPH) is currently working on establishing an Adolescent and Youth Health Advisory Committee (supported by UNFPA and in collaboration with the DMoYA and the Afghan Midwives Association). One of the first tasks of the committee will be to participate in the development of the National Adolescent and Youth Health Strategy which is envisaged to be drafted and endorsed by the end of 2014. ▣



Education and training for
adolescents and youth



*First row of students attending a first grade class at the Naswan High School in Bamiyan City.
© Rada Akbar/UNFPA Afghanistan 2014*

Education is a fundamental human right and the main driver for development. The last decade saw a huge expansion in school attendance throughout Afghanistan. Girls and boys are back to school in unprecedented numbers and more girls are attending school than at any time in Afghanistan's history. The number of enrolled students in general education has increased from around 1 million in 2001 to about 8 million today (2013 EMIS data).

Still, the Afghan education sector is recovering from three decades of conflict which resulted in the destruction of the entire

education system, infrastructure, teaching capacity and school attendance. As a consequence, education performance is still amongst the poorest in the world and 4.6 million children and youth—especially girls and young women—are not yet able to access primary or secondary educational opportunities (NRVA 2011-2012).

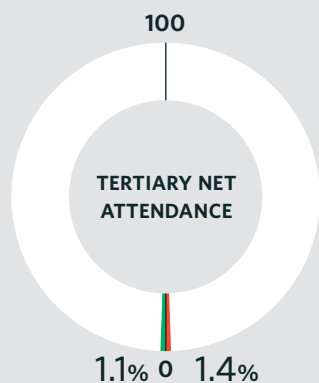
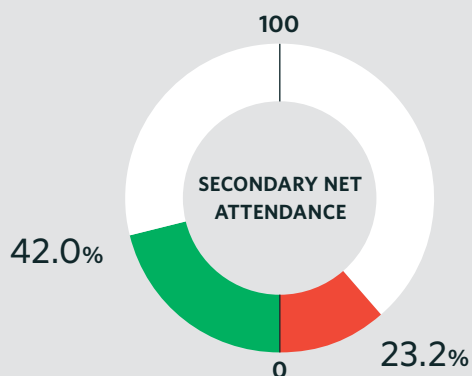
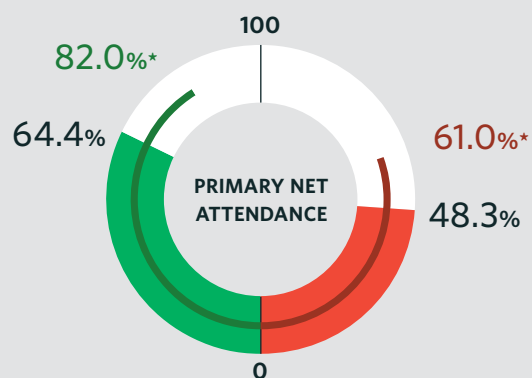
The Afghan Government has made education a priority and invested significantly in the education sector. Since 2009, over 12 percent of the total budget has been directed towards education in addition to substantial assistance from the donor community (Ministry of Finance, 2013).

KEY EDUCATION INDICATORS



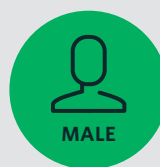
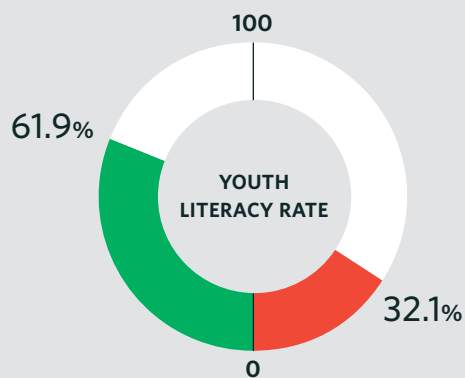
ATTENDANCE

PRIMARY NET ATTENDANCE (MDG INDICATOR 2.1)
56.8% (72%*)



LITERACY

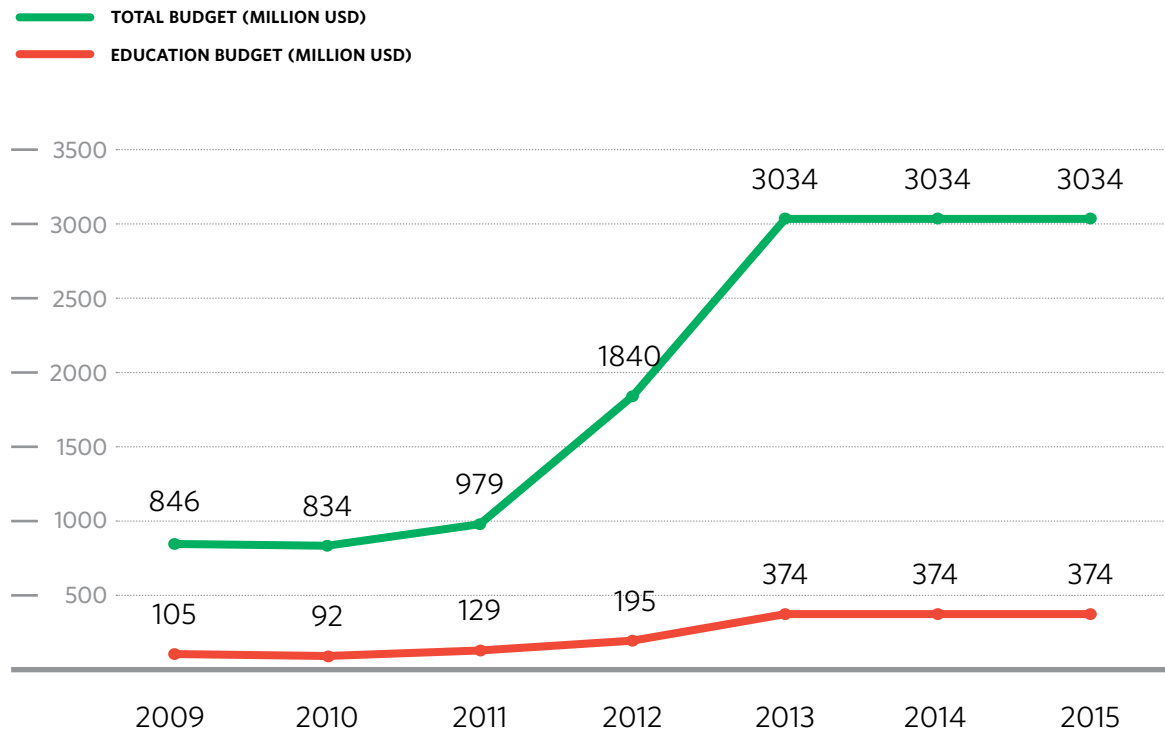
YOUTH LITERACY RATE (MDG INDICATOR 2.3)
47.0%



In the absence of a population census and varying data on population by age, net and gross enrollment ratios based on population calculations vary significantly from one source to another.

Source: NRVA 2011-2012. *2013 EMIS data.

FIGURE 4.1 SHARE OF EDUCATION IN NATIONAL BUDGET



Source: Ministry of Finance, 2013.

In 2013, there were a total of 14,785 schools providing general education, 42 percent of which were primary schools (Grades 1-6), 27 percent lower secondary schools (which also have primary grades) and 31 percent upper secondary schools which have both primary and lower secondary (Grades 7-9) schools (MoE, 2013c).

However, the level of investment in education remains one of the lowest in the world at about USD 60 per student compared to USD 250 in Pakistan and more than USD 500 in Iran (Ministry of Finance, 2013). Moreover, demography puts a strong pressure on the already under-resourced education system.

The MoE estimates that some 8.8 million children will require access to primary education by 2020. Meeting this demand will require an additional 99,000 teachers at an annual cost of USD 232 million. Further, secondary attendance will increase by three million students, requiring an additional 112,000 teachers at an annual cost of USD 263 million (MoE, 2011b). As a result, the quality of education remains a major concern. Of the 15,160 schools established by 2010 over 40 percent lack adequate buildings and the Government estimates that this proportion will remain consistent for the 20,000 schools which are scheduled to be established by 2020 (MoE, 2011b).

In addition to challenges in terms of physical infrastructure there is a significant lack of capacity within the education system. In 2009, of 198,638 registered MoE employees,⁵⁴ only 15 held a doctorate, 0.2 percent a master's degree, and 6.3 percent a bachelor's degree or were a step up from bachelor's level (but below a master's degree) (ASI, 2010).

In Afghanistan teachers are required to have a Grade 14 education or above. In reality, however, only 27 percent of all teachers are actually qualified to teach, with strong regional variations. For instance, in Kabul's teaching force 60 percent of teachers have Grade 14 education or more, compared to under 10 percent of teachers in 12 provinces. The urban bias is particularly pronounced for female teachers; over 80 percent of qualified female teachers work in Afghanistan's nine main cities (ibid.).

4.1 General education

Despite significant progress in the past decade, under 25 percent of the adult population — and 10 percent of adult women — have completed any level of formal education.

The primary school net attendance⁵⁵ ratios for girls and boys are now 48 percent and 64 percent respectively, representing an increase from 29 and 43 percent in 2005, and 37 and 52 percent in 2007–2008,

54 In November 2009 the number of registered employees was 209,009 people and included 166,609 teachers (71 percent male, 29 percent female), 10,716 non-teaching staff (administrative and managerial and 31,684 Ajirs (non-public servant temporary staff).

55 The net attendance is calculated as the number of students of the theoretical school-age group for a given level of education as a percentage of the total population age group. As shown in Box 4.1, there are significant variations between the NRVA 2011–2012 data and MoE/ EMIS data. The NRVA 2011–2012 uses the age range 7–12 for primary education, 13–18 for secondary education and 19–24 for tertiary education.

respectively (NRVA 2011–2012). The net secondary attendance ratios are 23 percent for girls and 42 percent for boys, an increase from 10 and 22 percent in 2007–2008 (ibid.). However, when considering the progress between the NRVA 2005 and NRVA 2007–2008 to the NRVA 2011–2012, it appears that the early years of the decade saw a huge expansion in school attendance throughout Afghanistan, but the annual increase has fallen off drastically since, and is now below population growth. This means that Afghanistan will not achieve its MDG of achieving universal primary education by 2020 (NRVA 2011–2012).

A possible explanation for the declining progress in school attendance is that once the relatively easy-to-reach and education-inclined parts of the population had enrolled their children, those remaining faced more significant obstacles to enrolment. Therefore, efforts have to be stepped up to reach out to children and young people, particularly girls, who did not make it into school during the 'first wave' of the rebuilding and expansion of the education sector. The attendance ratios not only show a strong gender gap but also a significant rural-urban divide as presented in Table 4.1.⁵⁶

Globally, the number of countries with a gender parity index below 0.70, where 70 girls are enrolled for every 100 boys, decreased from 16 in 1990 to 11 in 2000. At present, Afghanistan is the only country exceeding this threshold, with a gender parity index for primary school enrolment of 0.75 (UNESCO, 2012).

56 The gender parity index expresses the ratio of female net attendance to the male net attendance.

TABLE 4.1 NET ATTENDANCE RATIOS

| EDUCATIONAL LEVEL AND GENDER PARITY INDEX | URBAN | RURAL | NATIONAL |
|--|--------------|--------------|-----------------|
| PRIMARY | | | |
| Female | 73.6 | 43.8 | 48.3 |
| Male | 81.8 | 62.7 | 64.4 |
| Both sexes | 77.9 | 53.8 | 56.8 |
| Gender parity index | 0.90 | 0.70 | 0.75 |
| SECONDARY | | | |
| Female | 47.0 | 15.1 | 23.2 |
| Male | 62.0 | 37.0 | 42.0 |
| Both sexes | | | 32.7 |
| Gender parity index | 0.76 | 0.41 | 0.10 |
| TERTIARY | | | |
| Female | 8.9 | 0.5 | 2.7 |
| Male | 16.8 | 4.4 | 8.1 |
| Both sexes | 13.1 | 2.4 | 5.4 |
| Gender parity index | 0.90 | 0.68 | 0.74 |

Source: NRVA 2011–2012.

The ratio between the gross attendance ratio and net attendance ratio is around 1.3 for both male and female students at primary and secondary school levels. Since the net attendance ratio measures the proportion of children enrolled in school who belong to the age group that officially corresponds to the level of schooling, the ratio indicates that almost a third of all students at each education level are not at the appropriate age for that level.

These numbers also imply that some 2.1 million primary school age children, as well

as 2.5 million secondary school age students, miss out on education. The MoE estimates that about 3.5 million school age children are out of school. The majority are girls, children in remote areas and insecure areas, disabled children, Kuchi nomads, and other vulnerable groups (EMIS, 2013).

The reasons for not attending vary. As shown in Table 4.2, they range from problems with the schools themselves, to structural issues relating to culture, geographic constraints leading to high costs, inaccessibility and security.



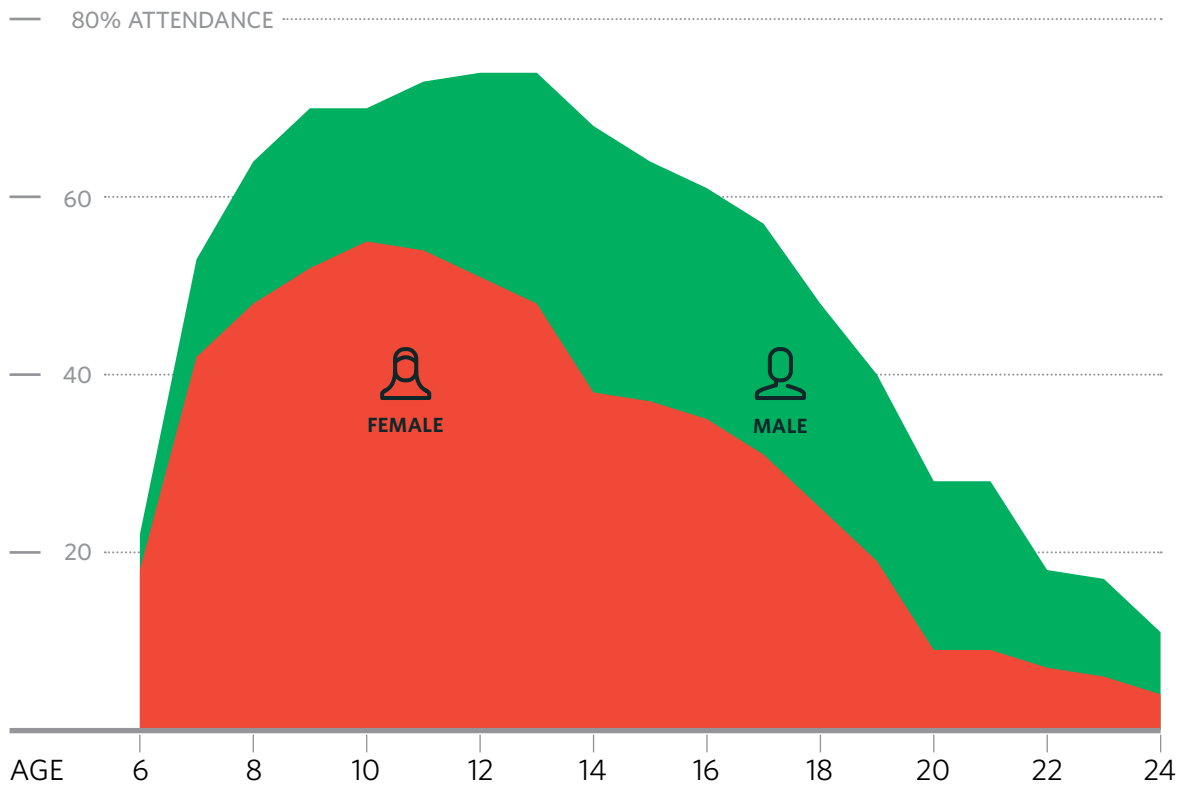
Sakina, fifth grade student, attends a drawing class at Naswan High School in Bamiyan City.
© Rada Akbar/UNFPA Afghanistan 2014

TABLE 4.2 REASONS FOR NOT ATTENDING SCHOOL IN PERCENTAGE OF RESPONDENTS

| REASON FOR NON-ATTENDANCE | PRIMARY | | | SECONDARY | | | TERTIARY | | |
|---------------------------|---------|----|----|-----------|----|----|----------|----|----|
| | | | | | | | | | |
| Distance/access | 29 | 33 | 31 | 22 | 24 | 23 | 20 | 14 | 17 |
| Economic reasons | 4 | 11 | 7 | 5 | 42 | 19 | 3 | 46 | 23 |
| Cultural reasons | 34 | 7 | 23 | 52 | 5 | 35 | 53 | 5 | 31 |
| Insecurity | 5 | 6 | 6 | 5 | 4 | 5 | 7 | 6 | 6 |
| Problems with school | 14 | 21 | 17 | 10 | 16 | 12 | 7 | 10 | 8 |
| Child too young | 9 | 14 | 11 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other reasons | 5 | 7 | 6 | 6 | 8 | 7 | 9 | 19 | 14 |

Source: NRVA 2011-2012.

FIGURE 4.2 ATTENDANCE BY SEX AND AGE



Source: NRVA 2011-2012.

Age-specific attendance ratios (Figure 4.2) show that attendance is highest in late primary school followed by a sharp drop, particularly for girls. More than 50 percent of respondents stated cultural reasons for the non-attendance of girls at the secondary school level which can be expected to become more significant as girls reach puberty and are getting married.

GIRLS' EDUCATION

The reasons for non-attendance are gender-specific. The high percentage of respondents who stated cultural reasons for female non-attendance points to the predominance of conservative attitudes which

at times prevent parents from enrolling their daughters in schools. Since men are the primary breadwinners in Afghan society, economic reasons are disproportionately given for non-attendance for boys. This is further reflected in the high proportion of boys engaged in economic activity (see Part 5).

However, findings from the *Education Sector Analysis Afghanistan* (ASI, 2010) point to anecdotal evidence that cultural constraints are at times misunderstood and misused. The study quotes a number of testimonies which indicate that cultural prohibitions may be overcome if correctly approached.



Afghan students, fifth grade, attend a reading class at Naswan high school in Bamiyan. © Rada Akbar/UNFPA

For instance, sometimes preserving a girl's safety is perceived as a cultural constraint as it is often linked to preserving honour. Decreasing security risks by improving the safety of schools and the journey to school may increase girls' attendance. The study concludes that "even in the most conservative elements of Afghan society, girls and women can receive an education as long as it is secure and within the context of Islamic values" (ibid.: 94).

In 2010 a joint research project on girls' education was conducted by 16 civil society organizations and NGOs (Jackson, 2011), which found that poverty and forced marriage were seen as the biggest obstacles

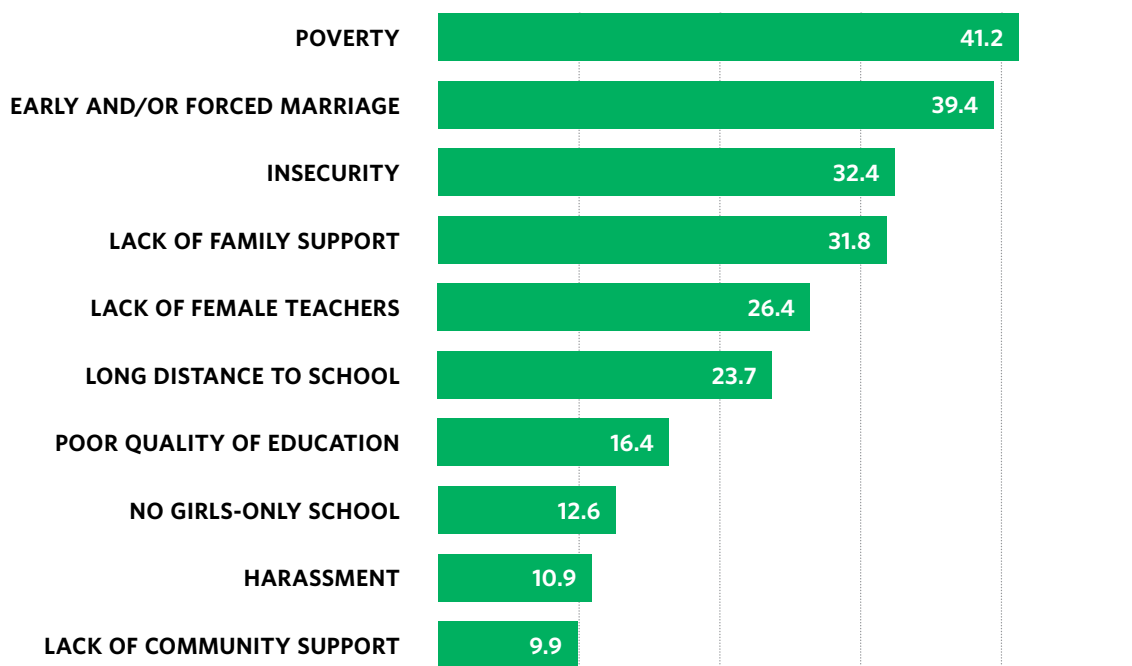
to girls' access to education as presented in Figure 4.3.

The project also found that female students have high aspirations for their education achievement, with 71.8 percent of the girls interviewed wanting to continue their education. Of these, 64.1 percent want to complete university. Importantly, more than half of all parents (50.8 percent) interviewed want their daughter(s) to complete university.

4.2 Literacy

Literacy is a key driver for human development and one of the top education priorities

FIGURE 4.3 OBSTACLES TO GIRLS' EDUCATION (PERCENT)



Source: Jackson, 2011.

in Afghanistan. Despite progress in the education sector as a whole, the national adult literacy rate (15 years and older) is as low as 31.4 percent⁵⁷ with very pronounced gender and geographic disparities as shown in Table 4.3.

The significantly higher rates of youth literacy (Table 4.4) reflect the progress achieved in primary and secondary education over the past 12 years. However, Afghanistan's youth literacy rate is still far below the averages among least developed countries of 76 per-

cent for young men and 67 percent for young women (UNICEF, 2014).

Based on an estimated youth population of 4.59 million, these rates show that there are still around 2.4 million illiterate youth, nearly two-thirds (around 1.6 million) of them girls and young women.

This gender gap in literacy is a major impediment to development and progress in gender equality. For instance, low female literacy rate has a negative impact on the health of entire families and communities. Low literacy rates prevent women from acquiring crucial health-related information and awareness of available services. As discussed in Part 2,

⁵⁷ The National Literacy Strategy (2014–2020), using MoE data, quotes a slightly different adult literacy rate of 36 percent (50 percent for men and 20 percent for women).

TABLE 4.3 ADULT LITERACY RATES (%) AND GENDER PARITY INDEX

| ADULT LITERACY | URBAN | RURAL | NATIONAL |
|---------------------|-------|-------|----------|
| Female | 37.9 | 10.4 | 17.0 |
| Male | 68.7 | 39.1 | 45.4 |
| Both sexes | 53.5 | 25.0 | 31.4 |
| Gender parity index | 0.55 | 0.27 | 0.37 |

Source: NRVA 2011–2012.

TABLE 4.4 YOUTH LITERACY RATES (%) AND GENDER PARITY INDEX

| YOUTH LITERACY | URBAN | RURAL | NATIONAL |
|---------------------|-------|-------|----------|
| Female | 60.1 | 22.5 | 32.1 |
| Male | 82.2 | 55.9 | 61.9 |
| Both sexes | 71.4 | 39.1 | 47.0 |
| Gender parity index | 0.73 | 0.40 | 0.52 |

Source: NRVA 2011–2012.

access to education for girls and young women is critical for realizing the Girl Effect and breaking the cycle of poverty.

4.3 Inclusive education

Afghanistan has embraced the goal of Education for All which stipulates comprehensive education which is inclusive in the sense that it is able to meet the needs of all special groups of children. As such, the concept of inclusive education goes beyond the narrow focus on young people with disabilities and includes other groups of marginalized and vulnerable children and young people. The concept and approach is highly relevant for

Afghanistan as social, economic and cultural structures exclude a large number of children from education. The MoE lists the following groups who are vulnerable to exclusion and marginalization in Afghanistan: children affected by conflict and war; children affected by drugs; children from ethnic, language, social and religious minorities; children from poor economic backgrounds; children in conflict with the law and children in incarceration; children living far from school; children living on the street and homeless children; children suffering from neglect, abandonment and/or abuse; children with disabilities and chronic diseases. In addition, the MoE identified girls, Kuchi (nomad) children and working children as priority target groups for

Second chances:

A literacy course rekindles an ambition to practice law

"I will go to public school after this course and then to university. I will study to become an attorney," says Said Nabiullah. He is 24 years old and is enrolled in a nine-month literacy programme organized by the Ministry of Education in Kabul.

The students in Nabiullah's literacy class are youth and adults with different levels of literacy. There are only 10 pupils, five men and five women, and two teachers. Students study in groups of two or three, or individually, depending on their level of literacy.

Nabiullah is presently studying the primary course. He is a security guard and found out about the course when he saw a banner at the gate of the Deputy Ministry of Literacy. "The banner read 'literacy' and that is all I understood," he says.

If he had had the opportunity to attend school as a child, he would have become an attorney, Nabiullah says. Married and a father of two daughters, he hopes that his children will have a brighter future. "They should get a good education so they can serve their country in the future," he says resolutely, "unlike me who suffers from the consequences of not studying, who has to work day and night."

A developed and safe Afghanistan will benefit the world at large

Nabiullah is concerned about the situation in the country and about what will happen next. "I am thinking of sending my daughters to school, but I don't want them to go to school by themselves. I think the security situation is still not good enough," he says. □



The banner read 'literacy' and that is all I understood



"I would like to encourage my fellow youth, they should study, learn and educate themselves and I would like to ask the international community to help us keep our country safe. A developed and safe Afghanistan will benefit the world at large," he says.



*Female students attending a two-year management course at the Technical and Vocational Education Training Institute in Kabul.
© Rada Akbar/UNFPA Afghanistan 2014*

inclusive education policies and programmes (MoE/ UNESCO, 2009).

There is only one school in Afghanistan (in Kabul) for students with visual impairments. This is administered by the MoE with 150 students. There are four schools for students with hearing impairments (two in Herat, one in Kabul, and one in Jalalabad) accommodating 900 students altogether. The MoE is running 29 pilot general schools in Kabul for inclusive education (where children with and without disabilities learn together).

4.4 Technical and vocational education and training (TVET)

The number of public TVET schools and institutions increased from only 45 in 2002 to 250 in 2013, and student enrolment increased from 15,000 to 85,415 students (10 percent females) across Afghanistan. The 250 schools and institutes provide three-year courses leading to a Grade 12 certificate, with an additional two-year course leading to a Grade 14 diploma (MoE, 2013a). There has been significant progress in terms of the

geographical distribution of TVET provision. While in 2002 nearly half of public TVET institutions were based in Kabul, in 2011 96 percent of TVET high schools (Grades 10-12) and 63 percent of TVET institutes (Grades 13-14) were in the provinces outside Kabul. However, although about 200,000 high school graduates are not admitted to universities or private colleges annually, only about 5 percent opt for a formal TVET programme (ILO, 2013b).

In addition to the formal TVET system, the MoLSAMD (General Directorate of Skills Development) is responsible for informal TVET and manages 42 public vocational training centres.

The private sector remains the largest TVET provider in Afghanistan (50.7 percent). It is estimated that it offers training to around 150,000 students, mainly in information and communications technology (ICT), management, accounting and English (MoE, 2013a). In addition, NGOs provide training to around 30,000 students annually with courses ranging from three to 18 months. However, these trainings are not recognized in the formal TVET system.

The traditional informal apprenticeship system is the largest provider of technical skills in Afghanistan; estimates range from 300,000 to up to 1 million apprentices (MoE, 2013a).

The TVET sector in Afghanistan suffers from being supply-driven and service providers in general have little or no concern about the employability of graduates or the market relevance of the skills they impart. The sector also continues to remain unattractive to potential students due to the absence of

a robust system of licensing and certification, and the lack of regulatory control over both public and private training and service providers. In addition, the low technical and pedagogical skill levels of teachers and trainers hamper the development of TVET in Afghanistan. According to the MoE, technical teachers suffer from low morale, low recognition and low pay and many were placed in technical teacher institutions as a last resort in the absence of better options (MoE, 2013b).

A 2011 review of private TVET providers in Afghanistan describes the sector as largely “disorganized and disconnected from the labour market” (USAID, 2011). The review characterizes the TVET sector as donor-driven and focused on building the capacity of ministries, with only limited sustainability and engagement with employers and business needs. Meanwhile, a labour market survey conducted in five provinces found that more than 80 percent of the 974 surveyed business owners considered a lack of skills (in particular technical and managerial) a direct obstacle to further developing their businesses (Samuel Hall, 2011).

Like other education sectors, the public TVET sector suffers from structural under-funding, in particular since these programmes are usually more expensive than general education in Afghanistan due to the lower teacher to student ratio required, and larger operational budget for practical training, etc.

A major impediment to the development of market relevant vocational training programmes is the absence of reliable data on skills supply and demand, without which young people often find themselves with skills and training which are not sought for

in the labour market. Detailed and accurate labour market information is necessary to inform and formulate TVET policy and programmes, and to facilitate the role of education and training in raising productivity of workers and accelerating economic growth. Moreover, available labour or employment surveys have a heavy urban bias and tend to exclude analysis from rural areas where most disadvantaged youth live.

The virtual absence of employment services for most of Afghanistan's youth contributes to the mismatch in skills and demand by the labour market. Many youth are not aware of what job and training opportunities are available to them and what skills are needed by employers. In the DMoYA's recent series of provincial youth consultations, young people from Kandahar to Kunduz expressed strong need for active labour market policies, in particular employment services, training schemes and employment subsidies.

4.5 National response

LEGAL AND POLICY FRAMEWORK

Afghanistan's education policy and strategic commitments are anchored within the global framework of the Convention on the Rights of the Child (CRC), MDGs and Education For All. In addition, the Constitution of Afghanistan grants the right to education for all and the Education Law of Afghanistan makes education compulsory for Grades 1 to 9.

The main framework for education is the National Education Strategic Plan (NESP) which is based on the Afghanistan National Development Strategy (ANDS) and contributes to its overall goals with respect to education provision. The forthcoming

NESP III (2014–2020) sets targets for enrolment and quality in the area of general education (programme area one, focusing on lower and upper secondary education), TVET (programme area three) and literacy (programme area four). The document recognizes the need to increase access to education to those who are still missing out, in particular adolescent girls. Strengthening community-based education (CBE) and outreach classes in the remote rural areas is stated as one of MoE's main strategies for increasing access to education. The expansion of Accelerated Learning Centres will be particularly important to reach adolescent girls and facilitate their reintegration into formal schooling.

The MoE identifies youth (15–24 years) as a priority group for the programmatic area of literacy. Most recently a National Literacy Strategy (NLS) (2014–2020) has been developed to operationalize and streamline efforts to advance the adolescent, youth and adult literacy agenda, captured to a large extent in the National Literacy Action Plan (NLAP) (2009–2015) and its revision (2012–2015). The NLAP was developed with support from UNESCO within its Literacy Initiative for Empowerment (LIFE) framework through a consultative process with the Government, UN agencies, donors, NGOs and other partners. The objectives of the NLS are to: i) increase national literacy rates to 60 percent (50 percent female and 70 percent male) by 2020; ii) to enable more adults (15 years and above) to gain access to continuing education and lifelong learning after completing literacy programmes; and iii) to increase the number of adults (15 and above) with skills for rural development and better livelihoods acquired through attainment of embedded literacy (MoE 2013: 20).

Most recently the MoE, MoLSAMD and UNESCO have developed a National TVET Strategy (2013–2018) in collaboration with the Human Resources Development Board TVET Working Group, including the Ministry of Higher Education, Ministry of Women's Affairs, development partners, civil society and the private sector.

The document, which is a major milestone in increasing the level of coordination in the heavily fragmented TVET sector, provides clear guidance for four strategic objectives: i) governance and management of the TVET system; ii) access for all; iii) quality; and iv) sustainable financing (MoE, 2013a).

Further, the National Youth Policy (see 1.2) provides recommendations to be implemented through a National Youth Education Strategy and Action Plan aligned with other key strategic documents related to education:

- Increase opportunities for quality education in secure environments for the most disadvantaged adolescents and youth, in particular persons with disability and young women and girls from rural areas.
- Government and the non-governmental and private sector must enhance a standard teaching/curriculum system in all sectors of the entire country which is flexible, participatory, religiously, culturally and gender sensitive, and demand driven.

Improve the quality and accessibility of the TVET system by:

- Supporting formulating of formal, non-formal and informal TVET programmes based on the Afghan National Qualification Framework (ANQF) requirements in

general and the TVET regulatory board in particular.

- Improving youths' access to TVET institutions with a special focus on the rural areas.
- Establishing a competency based training system of occupational standards, accreditation, assessment and certification for skilled young students and workers.
- Establishing essential coordination networks among the various sectors in providing vocational and technical education based on the market demand.
- Create and enabling environment for the private sector in order to promote investments in education and public-private partnerships.
- Encourage life-long learning opportunities to keep a pace with the rapidly changing work environments brought about by technological progress and development in the organization of work.
- Provide more opportunities for higher education, particularly for rural youth and young women. Enhance the capacity and preparation of students for higher education.
- Develop the provision of Islamic education services at the national and regional levels.

4.6 Recommendations

COORDINATION, PRIORITIZATION AND STRATEGIC ALIGNMENT

The education sector is foundational for achieving outcomes in other development areas such as gender equality, health and employment, and must as such remain the priority of the Government and international community even in light of diminished resources.

The education sector has multiple implementing agencies which in the past has led to overlap, duplication and lack of coordination. In addition, different departments and other line ministries often have separate education strategies which are not always aligned. There is an urgent need for improving the coordination of the heavily fragmented education sector, which includes the largest civilian workforce in the country.

The development of a National Adolescent and Youth Education Strategy (as a thematic pillar of the National Youth Strategy) is a critical opportunity both for strategic alignment and for prioritization, to use limited resources strategically for maximum effectiveness.

TVET

Both public and private educational institutions need to be more market responsive to meet the high-level manpower needs of the economy. The main lessons learned from ten years of attempts to generate employment and build capacity in Afghanistan show that initiatives must be strictly tied to the existing labour market, formal and informal. Likewise, governmental counterparts, public actors and donors should agree on a set of common standards and certifications

for vocational training centres so that they can have a significant positive impact and progressively bring their contribution to the youth employment market, rather than following short-term business objectives.

In line with the recently developed National TVET Strategy for Afghanistan (NTVETS) (2013–2018) reform efforts must focus on reinforcing governance through improved coordination of all formal, non-formal and informal education and training provided by all public and non-public institutions and providers. For that purpose, a TVET Board is being established under the new Afghanistan National Qualification Authority (ANQA). The TVET Board includes all relevant public and non-public stakeholders and is expected to lead to significant improvements in coordination and effectiveness.

As with access to education more generally, TVET is a matter of equity, and efforts are needed to increase access by steering providers towards the actual needs of the population and targeting those most vulnerable to exclusion. The NTVETS identifies a number of social groups, in particular those from disadvantaged socioeconomic backgrounds and those with special needs. Amongst adolescents and youth, these groups include girls from all regions of the country, school drop-outs, youth people without formal education and illiterate youth, unemployed youth, young people with disabilities, and young people from marginalized ethnic groups.

The quality of TVET in Afghanistan must be improved through building a system for standardized qualifications and learning recognition. The NTVETS envisages an outcome-based system in which skills and



*Students attending a two-year accounting course at the Technical and Vocational Education Training Institute in Kabul.
© Rada Akbar/UNFPA Afghanistan 2014*

competencies needed for each occupation are the benchmark of teaching, training and learning.

Under this system, competencies acquired through formal and non-formal means will be measured through an occupational assessment (based on a system of national occupational skill standards, NOSS) which is open to anyone. Candidates who have

demonstrated competency will be awarded a National Occupational Certificate in a standardized occupational area.

A financial system must be put in place that ensures the sustainability of a demand-driven TVET system. To ensure the highest return on investment, already available public and donor funding should be spent on skills actually needed by the labour market.

In addition, sources of funding must be diversified through strengthened marketing and income generation of TVET institutions. The NTVETS mentions contributions from direct beneficiaries of TVET as another way of diversifying funding sources; however, given the intention of providing TVET to young people from marginalized socioeconomic backgrounds, even moderate fees may act as barriers.

In addition, young people must be made aware of available training opportunities and potential career pathways through career counselling and information services in and out of school settings.

GIRLS' EDUCATION

As evident from the data presented above, too many girls and young women cannot realize their fundamental right to education. The main reasons for the sharp drop-off in girls' attendance after primary school include poverty, cultural barriers, lack of female teachers, limited number of girls' schools, safety and security issues, distance to schools, lack of relevance of the curriculum and lack of flexibility of the education system.

The Education Interim Plan 2011–2013 provides a number of strategies and actions to promote girls' education. The recommendations include: campaigns for girls' education; reducing walking distance by establishing more primary schools; recruitment and relocation of qualified female teachers to rural girls' schools, establishment of CBE and accelerating learning classes; and construction of boundary walls and water and sanitation facilities for girls' schools (MoE, 2011a).

An analysis of the educational sector (ASI, 2010) provides a number of recommendations for advancing the gender agenda as summarized in Box 4.2.

The report also recommends the development and implementation of a comprehensive sector strategy for girls' and women's education.

In terms of the politics of girls' education, a joint briefing paper (Jackson, 2011) recommends that girls' access to education not be sacrificed in political settlements with armed opposition groups and urges vigilance in ensuring that gains made in increasing girls' access to education since 2001 are not traded away for political purposes. ▣



BOX 4.2 RECOMMENDATIONS FOR INCREASING FEMALE ENROLMENT

- Provide more mosque-based and home-based schools.
- Implement public information campaigns about the positive values of girls' education; campaigns which have proven most effective have involved community and religious leaders and propagated educational ideals in harmonization with Islamic values.
- Involve the families in the process such that male relatives understand the importance of serving as *mahram* to accompany female family members to school.
- Ensure that perimeter walls around girls' schools are adequate (community-led efforts have proven to be successful in places where educational resources are scarce).
- Reduce distance to travel by providing more schools and more centrally-located schools.
- Ensure that the curriculum includes the study of Islamic values and religious teaching.

Source: ASI, 2010: 95.

Photo: Two girls study on the grounds of Kabul University. © UN Photo/Helena Mulkerens



Youth employment

Creating decent employment opportunities⁵⁸ for the country's large youth population is Afghanistan's biggest challenge, along with peace and security. A recent series of provincial youth consultations organized by the Deputy Ministry of Youth Affairs with the support of UNFPA and Counterpart International/USAID showed that employment ranks as a top development priority for Afghanistan's young women and men, in common with most youth across the globe.⁵⁹ Following a decade of relative stability and large-scale investment in primary and secondary education, Afghanistan now has a new generation of relatively well-educated young women and men. If these youth cannot be provided with meaningful training and employment opportunities, we will face a 'lost generation' at this critical time of national transition.

Exacerbated by the economic downturn since 2007, youth employment globally remains in a state of crisis. The nature and extent of this youth employment crisis⁶⁰ varies across regions and countries within regions, but today's youth, from Greece to Egypt and Sri Lanka to Peru, are at the risk of prolonged periods of unemployment or having to accept jobs which are low-paid, low-productivity, insecure and/or do not match their qualifications. For the majority of youth in the

developing world this also means working without access to social protection and labour rights. There is increasing evidence that countries which experience a youth bulge are hit by a 'double crisis' as the large youth population puts additional pressure on already low demand for labour during the global economic downturn (UNICEF, 2012). Globally, each year about 121 million adolescents turn 16 years old. Nearly 90 percent of them live in the developing world, and can potentially enter the world's labour market. It is projected that between 2012 and 2020 there will be nearly 1.1 billion new potential workers which is far beyond the expected global job growth (ibid.). In Afghanistan, the upcoming significant reduction of international armed forces in 2014 and expected contraction in dependent industries (particularly in services) and overall GDP will affect an already low demand for labour.

The global youth unemployment rate, which had decreased from 12.7 percent in 2009 to 12.3 percent in 2011, increased again to 12.4 percent in 2012, and has continued to grow to 13.1 percent in 2013 (ILO, 2014). In Asia-Pacific, young women and men are three to five times more likely to be unemployed than adults. As a region, South Asia has a relatively modest youth unemployment rate (9.3 percent) which is however projected to increase in the coming years for both young men and women (ibid.).

In Afghanistan, the NRVA 2011-2012 reports youth unemployment rates of 8.1 percent for young men and 18.8 percent for young women, which are significantly higher than the national unemployment rate of 7 percent (ibid.). However, the issue of youth employment in South Asia, and in particular in least developed countries

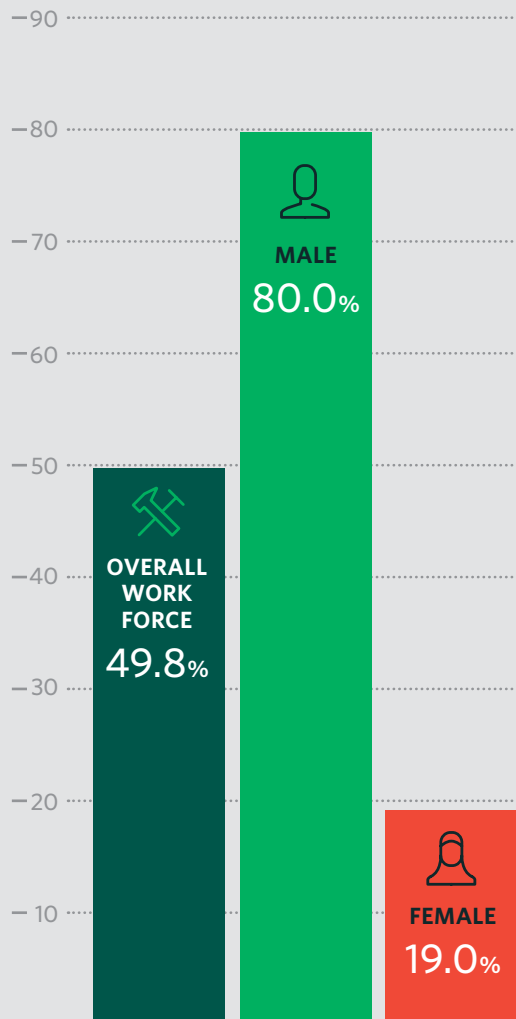
58 The term and concept of 'decent work' was first introduced by the former Director-General of the ILO, Juan Somavia, in his address to the 87th International Labour Conference in 1999. Mr Somavia defined decent work as 'productive work in which rights are protected, which generates an adequate income with adequate social protection'.

59 Between March and May 2013, DMOYA, with technical and financial support from UNFPA and Counterpart International, organized seven provincial consultation meetings to collect input into the National Youth Policy.

60 At its 101st International Labour Conference in June 2012, the ILO adopted a Resolution 'The Youth Employment Crisis: A call for action' calling for immediate, targeted and renewed action to tackle the youth employment crisis. The document is available at http://www.ilo.org/ilc/ILCSessions/101stSession/texts-adopted/WCMS_185950/lang--en/index.htm.

KEY LABOUR INDICATORS

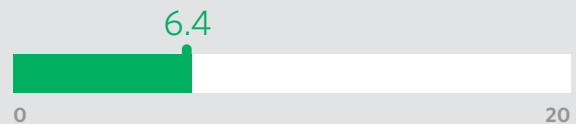
LABOUR FORCE PARTICIPATION



UNEMPLOYMENT RATE (%)



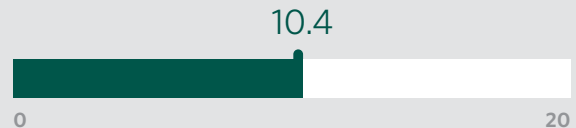
MALE UNEMPLOYMENT RATE (%)



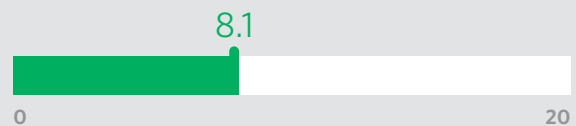
FEMALE UNEMPLOYMENT RATE (%)



YOUTH UNEMPLOYMENT RATE (%)



MALE YOUTH UNEMPLOYMENT RATE (%)



FEMALE YOUTH UNEMPLOYMENT RATE (%)



MDG INDICATOR 1.5

EMPLOYMENT-TO-POPULATION RATIO

45.7%

MDG INDICATOR 1.7

PROPORTION OF OWN-ACCOUNT WORKERS AND CONTRIBUTING FAMILY WORKERS IN TOTAL EMPLOYMENT

80.5%

MDG INDICATOR 3.2

SHARE OF WOMEN IN WAGE EMPLOYMENT IN THE NON-AGRICULTURAL SECTOR

11.1%

Source: NRVA 2011–2012.

like Afghanistan, must be understood in the context of poverty and the quality of available work.⁶¹ The relatively moderate (youth) unemployment figures mask high levels of underemployment, working poverty and generally low quality of work. The NRVA 2011–2012 reports that 81 percent of jobs in Afghanistan can be classified as 'vulnerable employment'⁶² as they do not secure stable and sufficient income. This significantly exceeds than the already high regional rate of vulnerable employment which is estimated at 77 percent of all jobs (UNICEF, 2012).

Afghanistan's headcount poverty rate is estimated at 36.5 percent of the total population (NRVA 2010–2011). In addition, a large share of the population has a consumption level which is only marginally above the poverty threshold and is vulnerable to falling into poverty with even small adverse changes in their livelihood strategies. Given this high proportion of the population which is either poor or at risk of being poor, it can be assumed that most people, in particular young people who are culturally expected to contribute to household incomes, simply cannot afford to be unemployed (ILO, 2012a). The pressure to take on any job available is reflected in an above regional male labour force participation rate (80 percent) and

a fairly high employment-to-population ratio (74.5 percent).

There is a substantial gender gap in the labour force participation rate in Afghanistan and South Asia as a whole. According to the ILO, in 2012 the youth labour force participation rate for young women in South Asia stood at only 23.4 percent compared to 57.6 percent for young men (ILO, 2013a). In line with this regional trend, Afghanistan's national employment-to-population ratio shows a large gender difference: 74.5 percent for males and 15.5 percent for females. The share of women in wage employment in the non-agricultural sector (MDG indicator 3.2) is only 11.1 percent (NRVA 2011–2012). Women in urban areas have the lowest employment-to-population ratio of only 10.8 percent (ibid.). Amongst the factors behind this gender gap are conservative cultural attitudes which limit the role of (young) women in public spaces and prevent many girls and young women from attending schools or receiving training, or working outside the home. Accordingly, programming for youth employment in Afghanistan must account for the particular training and employment challenges faced by girls and young women.

A labour market survey of urban and peri-urban areas in five provinces examined the positions occupied by young employees aged 15–24 years (Samuel Hall, 2012). The study found that young employees generally occupy temporary and precarious positions as so-called apprentices or trainees (mostly unpaid). According to the study, employers reported that 63.8 percent of their young employees worked as apprentices and another 17.6 percent as day labourers.

61 Quality of work refers to the concept of job quality in youth labour markets as suggested in the ILO's School-to-Work-Transition Survey which measures five indicators reflecting five dimensions of work: i) poorly paid, measured by the share of own-account workers and paid employees with below-average weekly wages or income; ii) qualification mismatch, measured by the share of overeducated or undereducated workers; iii) irregular employment, measured as the share of workers with a contract with a duration of less than 12 months, own-account workers and contributing family workers; iv) the share of workers in informal employment (either informally employed in the formal labour market or working in informal employment); and iv) non-satisfactory employment, measured as the share of workers who claim dissatisfaction with their current job (ILO, 2013a, p. 42). For more details on measuring the job quality in low income countries see also ILO, 2007.

62 The report refers to vulnerable jobs as those characterized by informal work arrangements and insecure employment, unstable and inadequate earnings and low productivity (CSO, 2014, p. 27).



Workers at a printing company in Kabul. In Afghanistan, the share of women in wage employment in the non-agricultural sector is only 11.1 percent. © UNAMA

5.1 Macroeconomic challenges

Afghanistan's youth employment is constrained by challenges related to the demand side (slow economic and job growth), the supply side (lack and mismatch of skills), as well as an overall unfavourable policy and coordination context.

On the demand side, Afghanistan's macroeconomic context presents the single biggest challenge to job creation. Afghanistan's economic growth over the past decade was primarily driven by a growing service sector

which benefitted from security spending and large aid flows. The total amount of aid for 2010/2011 amounted to approximately USD 15.7 billion which is almost as much as Afghanistan's entire GDP of USD 17.2 billion for 2011 (ILO, 2012a). With the reduction of security spending following the partial withdrawal of international armed forces in 2014 and a potential reduction in international aid, there is a risk of a severe economic contraction. In addition, the opium-driven illicit economy plays a significant role in Afghanistan's macroeconomic context. In 2012, the total farm-gate value of opium



produced from poppy cultivation was USD 717 million equalling around 4 percent of the country's GDP (UNAMA, 2014).

Apprehensions about the post-2014 transition and continuing security concerns have already resulted in a loss of business confidence, reflected in lower private sector activity and a depreciating exchange rate (World Bank, 2013a). In 2012, the number of newly registered firms declined by 8 percent and the construction sector, in particular, experienced slowed company growth, with only 1,760 new firms registered in 2012 compared to 2,630 in 2011 (ibid.).

Afghanistan's economy is largely dominated by the agricultural sector. Around 77 percent of Afghans live in rural areas where the main source of income continues to be agriculture, livestock and agribusiness activities. Agriculture accounts for 40 percent of the labour force while the formal agriculture sector accounts for only around 27 percent of GDP (NRVA 2010–2011). The agricultural sector, which will continue to play a key role in youth employment, is characterized by very low productivity and by being extremely vulnerable to price and climatic variables. As such, it is not perceived as an attractive employment option for young people. In ad-

dition to security concerns in rural areas, this has contributed to an increasing rural-urban migration of young people which puts great pressure on labour markets in Afghanistan's urban centres. For instance, in only six years, Kabul experienced a three-fold increase of its population, from 1.5 million in 2001 to 4.5 million in 2007 and is likely to keep growing rapidly for the foreseeable future with associated deteriorations in security and living conditions. There is a growing consensus among policymakers and experts that agriculture will remain the dominant source of employment, including for young people, but that the future of the sector will depend on investments in support for supply chain services, especially infrastructure and transportation, electricity, irrigation and logistics. The agriculture sector will also depend on a competitive exchange rate to compete with imports from neighbouring countries, in particular Pakistan.

The services sector has expanded greatly in the past decade. Whilst it accounted for only 38 percent of GDP in 2002/2003, the share grew to 51 percent in 2010/2011 (ILO, 2012a). The telecommunications sector, for instance, grew at an average of 60 percent during the last decade. In 2010, the services sector provided 24.6 percent of total employment (World Bank, 2012), in particular in Afghanistan's urban centres. Generally, the services sector is a 'young and dynamic sector' but even if the sector's growth continues in 2014 and beyond, the number of jobs does not match labour supply. In addition, very little is known about the quality of jobs in the services sector.

Youth entrepreneurship promotion is still underdeveloped in Afghanistan. In 2013, Afghanistan ranked 164th in the World

Bank's Ease of Doing Business Index⁶³ with obstacles to starting a business including infrastructure bottlenecks, power shortages, an absence of land registration system, corruption and legal structures and access to finance and business development services.

Starting a business is usually more difficult for young women and men than for older people since they often lack financial resources, business skills and networks. On the other hand, youth is generally characterized by creativity, innovation, risk-taking and familiarity with latest technologies — all attributes which Afghanistan should tap into to drive businesses and the economy forward.

5.2 Child labour

As is the case in many parts of the developing world with a large percentage of low productivity jobs, Afghanistan is faced with the twin challenge of coexisting child labour and youth unemployment. While data on the Afghan labour market are generally scarce and controversial, reliable data on child labour are even less available. Even, the estimates on child labour available differ due to different definitions of what constitutes a child and what constitutes child labour.

The Afghan labour code stipulates a minimum working age of 15 (for 15–18 year olds there is a maximum of 35 hours in non-hazardous work). In 2010, the Government signed and ratified ILO Conventions 138 and 182 on the minimum recruitment age and on the worst forms of child labour, respectively.

⁶³ International Bank for Reconstruction and Development / and The World Bank (2013). Available at <http://www.doingbusiness.org/-/media/GIAWB/Doing%20Business/Documents/Annual-Reports/English/DB13-full-report.pdf>



Afghanistan also ratified the CRC, and the Constitution (Article 49) clearly bans child and bonded labour. However, enforcement is weak and renders the legal framework unable to protect children and adolescents.

According to the NRVA 2007–2008, at least 1.42 million Afghan children between the ages of 6 and 15 (18 percent) are involved in child labour. The AMICS 2010–2011 estimates that 13 percent of Afghan children (aged 5–14 years) work, 17 percent for boys and 9 percent for girls. In a feature article⁶⁴ on the occasion of World Day against Child Labour 2009, UNICEF estimates that 30 percent of all Afghan children aged 5–14 are engaged “in some form of work”. In 2011, the Afghanistan Independent Human Rights Commission (AIHRC) found that 59.6 percent of children are doing household chores, 13 percent take care of family livestock or as hired shepherds, 9.3 percent work in family farming, 2.1 percent work in factories and the rest are involved in economic activities such as selling goods on the street, collecting metal scraps and garbage waste for recycling

⁶⁴ UNICEF (2009) ‘Children carrying the burden of work in Afghanistan’. Available at: http://www.unicef.org/infobycountry/afghanistan_50072.html



Nine year-old Bazira shovels sand in a brick factory in the outskirts of Kabul from 8 am to 5 pm. © Rada Akbar/UNFPA

purposes, construction, carpet weaving and similar activities (AIHRC, 2011).

An ILO rapid assessment found that 56 percent of brick makers in Afghan kilns are children aged 5-17 years (58 percent boys and 42 percent girls), and 47 percent are younger than 14 years of age (ILO, 2012b). According to the assessment, both adults and child labourers work more than 70 per week in poor conditions for meagre daily wages amounting to about USD 4-9. The assessment found that only 15 percent of surveyed child workers attended school, with economic reasons as the main cause cited (ibid.).

The NRVA 2007-2008 describes child labour as a coping strategy for poor households. The study found that net primary and secondary enrolment of poor children is lower (primary) and significantly lower (secondary) than that of non-poor children. Therefore, and in addition to raising awareness of the long-term negative effects of child labour and promoting better law enforcement, child labour needs to be addressed as part of the broader poverty reduction and decent employment generation agenda.

5.3 Migration

Labour migration is recognized as a key strategy for coping with the persistent lack of decent job opportunities. Regulated and safe labour migration can play a key role in income generation and skills building, particularly for young people. On the occasion of International Youth Day 2013 which was themed 'Youth and Migration: Moving Development Forward', the Afghan Government recognized the potential of labour migration for addressing the current lack of jobs and skills development opportunities for youth.⁶⁵ In addition, Afghanistan's National Youth Policy identifies young labour migrants as one of its priority target groups. In 2013, the World Bank and ILO organized a conference⁶⁶ on 'Creating Sustainable Jobs in Afghanistan' with a thematic panel at which labour migration was identified as part of the solution to the country's ongoing youth employment crisis.

Globally, youth are recognized as among the most mobile social groups. In 2011, UNICEF estimated the global number of international migrants aged 15–24 at 35 million constituting about 17 percent of the total migrant population (UNICEF, 2011). Young women and men below the age of 30 represent a major proportion of those migrating. In many countries, young people between 18 and 29 years of age account for 36–57 percent of international migrants (UN DESA, 2011). Even based on the most optimistic economic growth projections, the Afghan economy will

not be able to absorb the country's 400,000 annual labour market entrants (ILO, 2012) in the foreseeable future and, as elsewhere in the world, mobility will be a key factor for Afghan youth employment.

In Afghanistan, decades of conflict have led to repeated and large scale waves of migration, repatriation and displacement. The end of the Taliban regime in 2001 and the relative political stability which ensued led to a substantial return of Afghan refugees and a large number of internally displaced persons (IDPs). The Office of the UN High Commissioner for Refugees (UNHCR) estimates that a total of 5.7 million refugees have returned since 2002, the majority of whom are repatriating from Pakistan and Iran (UNHCR, 2013). According to UNHCR, there are currently 486,300 IDPs in Afghanistan, the majority of them below the age of 25 (ibid.).

The return of refugees did not lead to an end to the migration cycle, but was followed by continued mobility. Over the past decade, most of these flows of return have shifted from repatriating refugees to circular migration for labour purposes (ILO/ World Bank, 2013). According to the NRVA 2007–2008, most of this movement was to Iran, and involved two-thirds of outgoing migrant workers. For outgoing migrant workers, 87 percent of the movement was to foreign countries while 55 percent of returning workers were international migrants. Movement to the Arabian Peninsula has also become increasingly important, accounting for 12 percent of outgoing and returning migrant workers (NRVA 2007–2008). Afghanistan has signed a labour migration agreement with Qatar, with no impact or follow up to date (ILO/World Bank, 2013).

⁶⁵ The DMoYA and the Ministry of Refugees and Repatriations, with technical and financial support from UNFPA, UNDP, UNHCR, IOM, UNICEF and ILO, organized a panel discussion on the issue of youth and migration in Afghanistan at which the Government expressed its commitment to promoting safe and regulated labour migration opportunities for youth.

⁶⁶ See ILO/World Bank (2013): unpublished background paper prepared for the World Bank-ILO Conference on "Creating Sustainable Jobs in Afghanistan", 7–8 May 2013, Kabul, Afghanistan.



*Mujib, 21 years old, is a shepherd in Kabul. He fled from his region and moved to the capital looking for a safe place to live.
© Rada Akbar/UNFPA Afghanistan 2014*

According to the NRVA 2007–2008, labour migration in Afghanistan is an almost exclusively male phenomenon: 94 percent of labour in-migrants (i.e. those moving within the country) are men, compared to 77 percent of in-migrants more broadly. According to a recent ILO study, the main pull factors and incentives to migrate to Iran are: i) higher wage levels (on average four times higher); ii) demand for labour by Iran's informal labour market; and iii) opportunities for skills building in Iran (ILO, 2012a).

In light of the approaching withdrawal of the international forces as part of the post-2014 transition and the lack of economic opportunities at home, many people are leaving the country and many more are preparing to leave again, in search of better security and

jobs abroad. A recent article in Khaama Press, a major Afghan online newspaper, reports on an increasing number of Afghan youth who are pushed into illegal labour migration due to the lack of jobs at home.⁶⁷

Remittances are already playing an important role in the country's economy and will play an even bigger role as economic growth is projected to slow with post-2014 transition. There is no reliable current estimate on the amount of remittances but the International Fund for Agricultural Development reported that Afghanistan received USD 2.5 billion in 2006, amounting to almost 30 percent of

⁶⁷ Khaama Press, 1 June 2014, 'Afghan Youth On the Move': <http://www.khaama.com/afghan-youth-on-the-move-8180>

Afghanistan's total GDP at the time (IFAD, 2007).

The legal and institutional framework on migration is not yet developed enough to promote safe migration pathways for the country's youth. To date, Afghanistan does not have a National Migration Policy. However, the MoLSAMD has developed a draft National Labour Migration Policy which identifies Afghanistan's young population structure as a key challenge for the domestic labour market.

At the international level, Afghanistan has not ratified any of the three international conventions relating to migrant workers: these are two ILO Conventions — Migration for Employment No. 97, (1949) and the Migrant Workers Convention No. 143, (1975) — and the 1990 International (UN) Convention on the Protection of the Rights of All Migrant Workers and Members of their Families.

5.4 National response

LEGAL AND POLICY FRAMEWORK

Sustainable employment is recognized as a priority in the National Priority Programmes⁶⁸ (NPP1): 'Facilitation of Sustainable Decent Work through Skills Development and Employment Policies for Job-Rich Growth'.

Within the framework of this NPP, MoLSAMD developed the Facilitation of Sustainable Decent Work through Skills Development and Market Friendly Labour Regulations Programme with the objective to reduce the

skills gap by strengthening the policy and institutional framework for responding to labour market needs and providing increasing numbers of male and female Afghan youth and adults with literacy training as well as market-oriented skills development opportunities.

The National Skills Development Programme has since 2009 been supported through the Afghanistan Skills Development Project (ASDP1 and 2) funded by the World Bank and a consortium of donors. The programme is located within the MoLSAMD and governed by the de facto guiding policy document of the MoLSAMD's non-formal TVET activities. Its mandate revolves around two main focuses: the provision of market-driven, short-term courses for vulnerable populations; and assistance to the Committee on Education and Skills Policy in developing a fully coordinated and holistic TVET system.

The National Youth Policy provides a number of priorities and recommendations for immediate action to tackle Afghanistan's youth employment crisis, in 11 broad areas of youth employment interventions:

- 6 Address the lack of employment and labour-market data and research, in particular the lack of
- 7 gender and age-disaggregated information on labour and employment.
- 8 Create a favourable policy environment and remove bottlenecks for decent job opportunities for young people with a focus on the agriculture and livestock, rural development, information technology, mining, trade and industry and construction of dams.

⁶⁸ The NPPs together comprise a follow-up development agenda to the Afghan National Development Strategy (2008–2013) and is part of the Kabul Process to transfer responsibility to the Afghan Government. The NPPs are available here: <http://mof.gov.af/en/page/3976>.



Hakima, a 25-year-old, is a mother of four working on a farm in Kabul. © Rada Akbar/UNFPA Afghanistan 2014

- 9** Promote sustainable youth entrepreneurship through increasing young people's access to sustainable finance, increased financial literacy and business skills.
- 10** Promote public works programmes for disadvantaged youth.
- 11** Develop a demand driven, coordinated and inclusive national TVET system.
- 12** Promote public private partnerships between the educational and private sector to align school curricula with market needs more closely.
- 13** Promote work experience opportunities for youth including through formal and informal apprenticeships and public and private internship programmes.
- 14** Expand youth specific employment services and career education, including through the establishment of youth job centres.
- 15** Promote decent employment opportunities for youth abroad including programmes for smooth reintegration.
- 16** Adjust the civil service law to provide employment opportunities for youth including young persons with disability.
- 17** Increase young people's awareness of their workers' rights and promote young workers' participation in social dialogue at all levels. (*Afghanistan National Youth Policy, 2013*)



Two young students attend a wood carving workshop at the Turquoise Mountain Foundation in Kabul, Afghanistan.
© Rada Akbar/UNFPA Afghanistan 2014

5.5 Recommendations⁶⁹

SUSTAINABLE OPPORTUNITIES IN AFGHANISTAN'S GROWTH SECTORS

Efforts to foster viable training and work opportunities for youth should be pegged to developments in the country's few promising economic fields which can generate jobs through investments, leading to stronger linkages between booming sectors and skills training schemes.

Studies have shown that agribusiness and mining (to a limited extent) have potential

to replace security and aid-related external finance as the main sources of growth for Afghanistan for the next ten years.

Agriculture will continue to be the main economic activity, agribusiness—including food processing—growth could directly improve the income and working conditions of the most vulnerable, especially women and poor entrepreneurs in rural areas, while contributing indirectly to the creation of quality jobs in other sectors through linkages and consumption effects. A number of studies have shown the large growth potential of many different agribusiness subsectors which, if untapped, would also help reduce the attractiveness of opium to farmers.

The direct impact of mining is more complex. Mining is a capital-intensive economic activity

⁶⁹ This section, including the figures cited, is largely based on the ILO background paper and recommendations of the Conference "Investing in Youth—Towards a National Youth Strategy for Afghanistan" which took place in Kabul on 10 December 2013. The conference organized a thematic panel on "Youth Employment Challenges in Afghanistan—Long Term Recommendations and Pointers for Immediate Action". The panel was co-chaired by MoLSAMD and ILO.

and produces a limited number of jobs, particularly low-skilled jobs — about 125,000 in Afghanistan over the next ten years (including 90,000 and approximately USD 500 million in revenues within the first six years). Most of these jobs will be for skilled and semi-skilled workers and a relatively small proportion for the low-skilled, involving heavy manual work (thus benefiting the poor and women to only a modest degree). For this reason, research is required at national and local potential value chain development levels, concentrating on subsectors that are most relevant to job creation and job quality improvement.

LABOUR MARKET INFORMATION SYSTEM

A major impediment to sound youth employment action plans is the lack of adequate information on the Afghan labour market. The availability of information, particularly on the main indicators of the youth labour market, through an effective labour market information system (LMIS) is necessary to identify the features and trends of the youth employment challenge in Afghanistan, provide a solid basis for relevant vocational training programmes, and inform policy and programme responses to improve the functioning of the labour market and other key areas of decent work.

Where possible, age-specific data in the LMIS should be broken down by two youth cohorts (teenagers aged 15–19 and young adults aged 20–24) and disaggregated by sex and other characteristics such as educational level, geographical location (urban/rural), ethnicity and disability. To ensure that any action plan on youth employment is truly inclusive and cost-effective, it is crucial to identify which youth groups are more disadvantaged than

others in the national labour market and points to the reasons for their disadvantage.

To fill this important information gap in Afghanistan, research priorities should be defined in partnership with the management and staff of the CSO and MoLSAMD in order to gather accurate data on actual and potential labour availability and demand as well as local demand for goods and services. It may also be necessary to agree on a model and institutional arrangements for monitoring, analysis and reporting of key labour market indicators, skills demand and supply data in Afghanistan, as no institutional monitoring mechanisms yet exist to make efficient use of the data collected.

YOUTH ENTREPRENEURSHIP

Small enterprises can be an instrument for poverty reduction, a source of new jobs, and can help develop existing smaller enterprises in Afghanistan into stronger and more viable businesses. Interventions which support self-employment and microenterprise development to help young informal sector workers improve their income generating potential thus comprise an important policy area.

Business development services should be offered in government TVET schools and institutes to provide both career guidance and logistical arrangements (on the business incubator model) with a trained business development services management team to support young entrepreneurs with knowledge on business basics, networking activities, marketing assistance, internet access (when possible), accounting and financial management, support for access to loans, international loan funds and guarantee programmes, presentation skills, and links to strategic partners. □



Youth participation

6.1 Political participation

Historically, young people in Afghanistan have challenged the status quo. They played an important role in the struggle for independence in the 1930s and 1940s, and later during the 1960s and 1970s as Kabul University student activists opposed the monarchy from various political ideologies. In fact, many of those dominating today's political landscape were student activists at that time (United States Institute of Peace, 2014). A recent ethnographic study of youth activism in four ethnically and socially diverse districts of Kabul Province⁷⁰ found that today genuine youth activism is generally stifled or co-opted through patronage or intimidation by older leaders or commanders (ibid.).

However, a 2013 article on youth participation in Afghanistan in *The Diplomat*⁷¹ pointed out that outside the state system, young leaders are helping shape the debate overseas by representing organizations and agencies at international conferences and taking important roles in building local consensus, particularly around human rights, freedom of speech, education and business. Indeed, it is outside the formal system that youth activists and networks are most vibrant and vocal.

The low rate of youth participation in the formal political system is corroborated by a survey carried out as part of a participatory youth assessment (Samuel Hall, 2013) which found that 80.9 percent of respondents are not actively involved in any political party or

organization. Of those who are, 8.9 percent are members of a student or youth association whilst 6.4 percent are members of religious groups. However, these figures have to be put in the national context of political participation which is heavily constrained by security concerns. Nationally, more than two-thirds of Afghans stated they were afraid to participate in a peaceful demonstration (TAF,



BOX 6.1

YOUTH ORGANIZATIONS IN AFGHANISTAN

The landscape of youth organizations in Afghanistan is not well mapped. On the national level, there is an established national youth body called the Union for Youth of Afghanistan (*etehadia-e-milijawan*). More recently, the Government has set up youth federations in each province.

In addition to the governmental structure, there are various types of independent youth-led and -serving organizations: youth organizations (*mosesa*) registered with Ministry of Economy and youth associations (*sazman or etehadia*) registered with Ministry of Justice. These associations also include youth wings of political parties. In addition, there are a large number of unregistered networks, unions, clubs and groups.

Youth networks cover a wide range of areas of work including media and arts, human rights, governance and peace, development, environment, gender, health, education, employment and sports.

⁷⁰ The ethnographic survey was conducted in Dashr-e Barchi, Qara Bagh, Bagram and Kabul City.

⁷¹ The Diplomat, 'Afghan youth: Separating fact from fiction'. 2013, available at: <http://thediplomat.com/2013/11/afghan-youth-separating-fact-from-fiction/>



Mohammad Ibrahim, 18 year-old, works with a local TV company writing the news. © Rada Akbar/UNFPA Afghanistan 2014

2013). More than half of Afghans indicated some level of fear of running for political office. The proportion of those who indicated fear of running for political office in 2013 was higher than during any previous year. The same survey found that more than half of Afghans (59 percent) experience a degree of fear when voting in national or provincial elections (ibid.).

Still, the participatory youth assessment found that politics is an area of interest for a majority of young Afghans. Around 42 percent of respondents stated they were very interested in politics (18 percent of women) and around 23 percent stated they were somewhat interested. Young people

from Kabul, Herat, Kunduz and Balkh were most likely to be interested in politics whilst youth from Kandahar and Paktia were least likely (Samuel Hall, 2013: 69).

When asked about the most effective way to make their voices heard, 66.3 percent of the respondents of the participatory youth assessment felt that the most effective way was through participating in discussions with community elders, leaders and *shuras* while 46 percent felt that supporting a youth group or NGO was the most effective way to voice their opinions and concerns. Only 4.3 of mainly Kabul-based youth considered the media an effective channel (Samuel Hall, 2013: 62).

My generation:

Young people join a national debate

Zakia Soleiman is the head of Youth Voices for Positive Change (YVPCO), an Afghan NGO working to ensure that young people's rights and voices are included in political, economic and social affairs.

"It was in 2011 when I had this idea," she explains. "I would hear brilliant ideas from our youth, but whenever I asked them to express their views in public or to the media, everything stopped."

YVPCO now works to provide input to the Government on youth issues and design programmes to promote youth participation and education. Recently, it was involved in the development of Afghanistan's first-ever National Youth Policy, to which young people were invited to give direct input. Zakia and her fellow YVPCO members, as well as representatives from other youth organizations, were active participants in the Technical Committee which drafted the document. "It was a lengthy process," says Zakia. "There were many debates, starting from who is considered a 'youth' and whether or not the right to health and education should be enshrined in the policy."

"But it was worth it," she continues, with a sense of accomplishment.

The support of these organizations proved invaluable to the consultation process. "Our organization and other networks helped the Government with carrying out provincial youth consultation workshops, especially in insecure areas where it is much easier for us to reach youth." During the consultation



process, more than 500 young women and men in eight provinces commented on the document. "The process was, of course, not perfect but it was the first time that the Government reached out to us to hear our concerns," Zakia says.

Zakia believes that the strength of young people lies in the creativity and innovation they can contribute. "I believe that if young people are provided with meaningful opportunities for participation, they can be a social force that contributes to the sustainable and equitable development of the country," she says passionately. "I strongly believe that without active youth participation in social, political and economic affairs, growth and development are held back."

This is, she feels, particularly true in Afghanistan. "We are one of the youngest populations in the world. This is an incredible pool of talent and energy, the country needs to listen to our voices and let us help move Afghanistan forward." ▣

TABLE 6.1 COMMUNICATION TECHNOLOGY OWNERSHIP (%)

| | RADIO | MOBILE | TV | COMPUTER | |
|-------------------------------|--------------|-------------|-------------|-------------|-------------|
| OWNERSHIP BY THE YOUTH* | Badakhshan | 88.9 | 94.7 | 82.6 | 37.7 |
| | Herat | 65.2 | 96.1 | 85.5 | 55.1 |
| | Kabul | 73.2 | 92.6 | 81.3 | 36.9 |
| | Kandahar | 92.8 | 95.2 | 65.6 | 7.7 |
| | Kunduz | 89.5 | 98.6 | 88.6 | 52.4 |
| | Balkh | 88.6 | 94.8 | 88.6 | 52.4 |
| | Nangahar | 74.5 | 93.8 | 74.5 | 35.6 |
| | Total | 71.1 | 94.4 | 81.2 | 39.7 |
| OWNERSHIP NATIONALLY** | 80.0 | 70.0 | 52.0 | 12.0 | |

Sources: *Samuel Hall, 2013; **The Asia Foundation, 2013.

6.2 Media

The potential impact of technology and media on young people's social and political participation is significant. Mobile phone coverage especially has increased substantially over the past years, from around 40 percent in 2007 (TAF, 2013) to between 63 percent (USAID and Internews, 2012) and 70 percent (TAF, 2013) today. The participatory youth assessment suggests that communication technology ownership is much higher amongst the youth than nationally, as summarized in Table 6.1.

The participatory youth assessment found that there was no significant gender gap in access and ownership to technology, most likely because these items are owned by households. However, this opens up important opportunities for women to claim their right to social and political participation.

Yet, in terms of media usage there are significant gender differences.

The participatory youth assessment found that young women are much more likely to respond positively when asked whether they often watch TV or listen to the radio than their male counterparts. This is most likely because young women spend more time at home than men as they are less likely to work or socialize outside their homes. This opens up opportunities to reach young women with awareness-raising and education campaigns in their homes. While radio remains the most popular media in the country, especially among the young, TV is becoming the medium of choice as shown in Table 6.2.

Experiences from the Arab Spring and the Occupy Movement have arguably demonstrated the critical role of social media for youth activism. Given the

expansion of literacy and internet penetration, social media can be expected to alter the dynamics of youth participation and youth activism in Afghanistan. In recent years, major international news outlets including The Guardian,⁷² TIME⁷³ and Reuters⁷⁴ have repeatedly reported on the potential and utilization of social media for youth activism and political campaigns. The NGO Nai ('Supporting Open Media in Afghanistan') organized a social media week in July 2012⁷⁵ at which training and lectures on social media use were organized. At the event it was stated that social media are largely a phenomenon of the young as about 80 percent of social media users were between 15 and 40 years of age. In September 2013, Afghanistan's first ever social media summit (Paiwand) took place in Kabul. The summit attracted high-level politicians and stressed the critical role of social media in creating a space for young people to voice their opinions. Given the fragile security situation, social media were discussed as creating a virtual space where young people could participate without the risk of experiencing physical violence. Yet, based on the fact that less than half of youth (and only a third of young women) are literate, the effect of social media on youth participation should be put in perspective.

72 The Guardian, 'Afghans tap into Twitter and Facebook as youth find their voice', 26 September 2013 <http://www.theguardian.com/global-development/poverty-matters/2013/sep/26/afghan-twitter-facebook-youth>

73 Time Magazine, 'In Afghanistan, learning to use Facebook to protest', 1 April 2012 <http://content.time.com/time/world/article/0,8599,2110622,00.html>

74 Reuters, 'Afghan social media war steps up with new campaign', 22 July 2012 <http://www.reuters.com/article/2012/07/22/net-us-afghanistan-media-idUSBRE86L08P20120722>

75 UNAMA (2012) 'Social Media Week: Afghanistan's youth embrace social media', <http://unama.unmissions.org/Default.aspx?tabid=12254&ctl=Details&mid=15756&Itemid=35552&language=en-US> [accessed 15 February 2014]

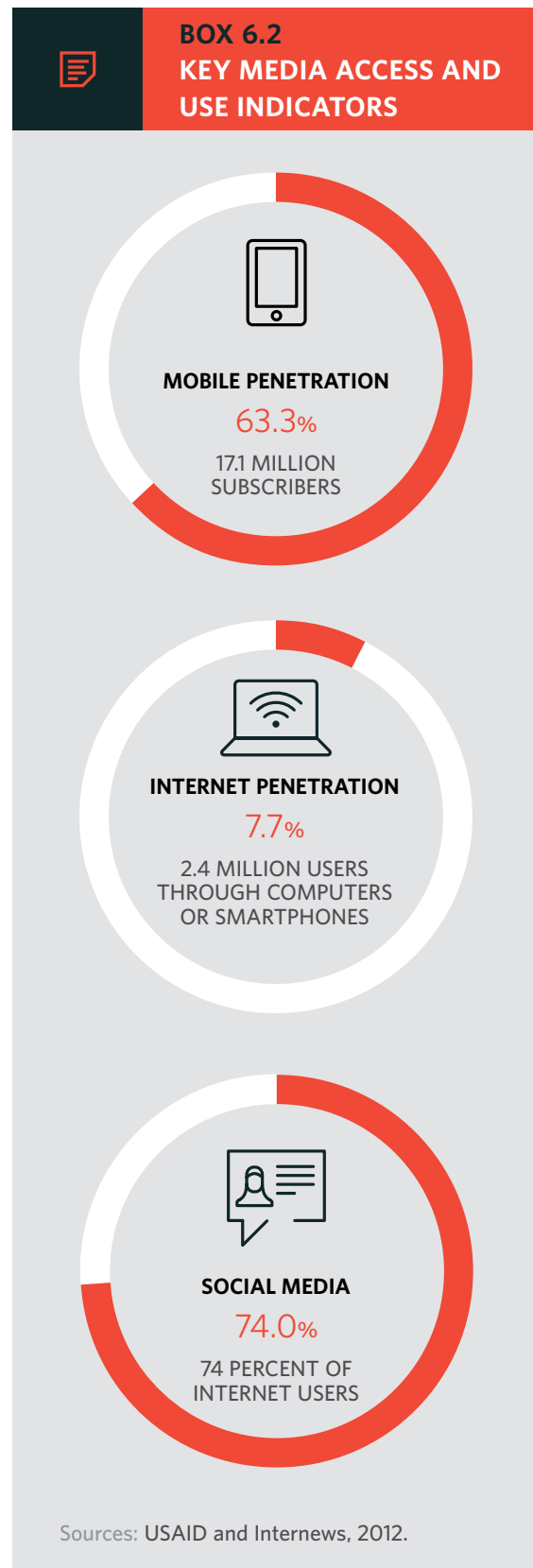


TABLE 6.2 USE OF RADIO AND TV BY THE YOUTH

| | RESPONDENTS OFTEN LISTEN TO THE RADIO (%) | | RESPONDENTS OFTEN WATCH TV (%) | |
|--------------|---|-------------|--------------------------------|-------------|
| | MALE | FEMALE | MALE | FEMALE |
| Badakhshan | 0.0 | 20.0 | 6.3 | 37.2 |
| Herat | 53.6 | 49.4 | 47.2 | 58.5 |
| Kabul | 42.1 | 31.3 | 37.0 | 44.1 |
| Kandahar | 7.1 | 0.0 | 50.0 | 30.5 |
| Kunduz | 58.7 | 44.0 | 11.9 | 45.2 |
| Balkh | 69.7 | 48.7 | 21.2 | 56.4 |
| Nangahar | 36.0 | 39.8 | 33.6 | 20.5 |
| Total | 42.7 | 32.8 | 31.4 | 42.3 |

Source: Samuel Hall, 2013: 53.

While national rate of internet use is estimated at around 8 percent (USAID and Internews, 2012), the participatory youth assessment indicates higher computer and internet usage amongst young people as presented in Table 6.3:

Reflecting broader gender disparities and the rural-urban divide in terms of most development indicators, internet usage is much higher amongst males than females and more prevalent in urban than in rural areas. Social media have not reached the mainstream of young people and, as mentioned earlier, the large majority of young people feel that the most effective way for youth participation is through engaging with leaders and *shuras* at the community level.

6.3 Recommendations

Increasing meaningful youth participation is a challenging task. Too often efforts end with tokenism, where young people are included as symbolic figures. For instance, young people are often involved in projects or conferences without sufficient preparation or follow-up activities. The consultation meetings on the National Youth Policy revealed that young Afghans are tired of not being properly involved in decision-making processes and are at best asked to sign off on decisions that have already been taken.⁷⁶

⁷⁶ Unpublished consultation report from the National Youth Policy Consultation Meeting, Herat, April 2013.

TABLE 6.3 USE OF COMPUTERS AND THE INTERNET BY THE YOUTH

| | USE OF COMPUTERS (%) | | | | USE OF THE INTERNET (%) | | | |
|--------------|----------------------|-------------|-------------|-------------|-------------------------|-------------|-------------|------------|
| | MALE | FEMALE | URBAN | RURAL | MALE | FEMALE | URBAN | RURAL |
| Badakhshan | 31.5 | 20.0 | 34.1 | 16.0 | 11.0 | 2.5 | 11.1 | 2.5 |
| Herat | 53.6 | 49.4 | 64.7 | 26.1 | 25.6 | 16.9 | 28.1 | 10.1 |
| Kabul | 42.1 | 31.3 | 51.8 | 23.7 | 24.1 | 11.4 | 30.4 | 7.6 |
| Kandahar | 7.1 | 0.0 | 2.2 | 8.6 | 4.8 | 0.0 | 1.4 | 5.7 |
| Kunduz | 58.7 | 44.0 | 68.3 | 29.8 | 38.9 | 16.7 | 42.9 | 10.7 |
| Balkh | 69.7 | 48.7 | 66.9 | 54.7 | 32.6 | 16.7 | 33.9 | 16.3 |
| Nangahar | 36.0 | 39.8 | 47.1 | 18.6 | 20.8 | 13.3 | 24.6 | 4.3 |
| Total | 42.7 | 32.8 | 48.3 | 25.3 | 23.0 | 11.1 | 25.5 | 8.1 |

Source: Samuel Hall, 2013: 53.

Truly participatory approaches understand the youth not as symbolic figures or beneficiaries but as real partners and leaders in development efforts. In order to achieve this, the Government and its partners should focus on creating an enabling environment for young women and men to participate in actual decision-making processes that affect their lives. This process will have to start from the actual circumstances (rather than artificially created spaces) of young people; from the community level, schools, places of worship, universities, sports clubs and workplaces.

Further, there is a need to review and reorganize existing youth structures to make youth participation non-partisan from the community to the national level, including in and out-of-school structures. □



RECOMMENDED



*Youth Participation
in Development.
Summary Guidelines
for Development
Partners.*
(UN, 2011)



Investing in girls



Fatima, 7 year-old student at Naswan School in Bamiyan city. © Rada Akbar/UNFPA Afghanistan 2014

The various areas of youth development discussed in this report are intrinsically linked. Realizing the demographic dividend depends on understanding the specific population dynamics and concentrating development efforts on the key factors driving these dynamics. In Afghanistan, addressing high levels of fertility as a core feature of the country's population dynamics is a key factor for achieving sustainable development. As discussed in the sections on health and education, the empowerment of adolescent girls plays a particularly important role at the interplay between reproductive health, fertility, education and sustainable development — a role which the international development community terms the 'girl effect'.⁷⁷

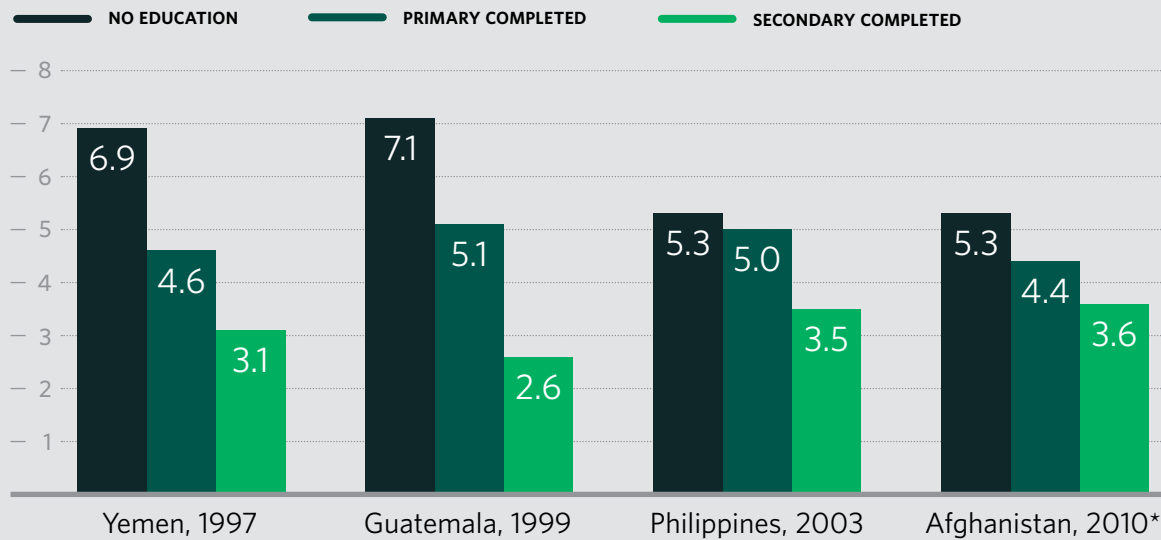
⁷⁷ The Girl Effect campaign was created by the Nike Foundation in collaboration with the NoVo Foundation, United Nations Foundation and the Coalition for Adolescent Girls, and can be accessed at: www.girleffect.org.

7.1 The girl effect

The girl effect refers to the idea that targeted investment in girls can be the most effective way to achieving sustainable development. By investing in girls' economic potential through education and by delaying marriage and early pregnancy the inter-generational cycle of poverty can be broken. As demonstrated by the clear links between education, fertility and development, adolescent girls can be central agents of social progress, particularly in the context of young populations with high fertility rates.

A 2007 study based on cross-sectoral regressions for 50 countries aimed to quantify the long-term returns on investments in girls. It found that each additional year of schooling boosts long-run GDP growth by 0.58 percentage points per year (Hanushek and Woessmann, 2007). Similarly, a study

FIGURE 7.1 WOMEN'S EDUCATION AND TOTAL FERTILITY RATE



Sources: Population Reference Bureau, 2007. *AMS 2010.

conducted in 1999 by the World Bank using data simulations for 100 countries showed that an increase of secondary education of girls by 1 percent results in an annual income increase of 0.3 percent per capita (World Bank, 2011).

Preventing adolescent pregnancies is a core element of the girl effect. Analysis of global data suggests a strong link between girls' education levels, in particular secondary school, and lower levels of fertility as presented in Figure 7.1.

Moreover, there is a strong association between age of the mother when having her first child and the size of the family. Women who wait longer to have their first child tend to have fewer children.

The association between education and adolescent pregnancy also works in reverse: the ability of girls to avoid pregnancy whilst

enrolled helps ensure that they can complete school. Once they complete school and work outside the home, the economic value of children as contributors to household income is diminished and encourages families to have fewer children. Women with higher levels of education are also more likely to have children with higher levels of education. This inspires a virtuous cycle in which school participation leads to later marriage and childbearing, fewer and healthier children, greater civic participation and a greater likelihood of sending daughters to secondary school.

Research also points to the psychological benefits to girls and young women of more schooling. Education gives young women a sense of empowerment to shape their own futures rather than having them shaped by others. This sense of agency leads to a greater number of women becoming active agents of change and an indispensable force for social progress.

7.2 Child marriage

In Afghanistan national efforts to prevent adolescent pregnancies and support girls who have become pregnant have to address the underlying drivers of adolescent pregnancy, including gender inequality, poverty, negative attitudes and stereotypes of adolescent girls, GBV and coercion. Child marriage,⁷⁸ as a specific form of GBV, is the key driver of adolescent pregnancies, nearly all of which — globally and in Afghanistan — take place within marriage. Hence, the fight against child marriage has to be placed at the centre of the agenda for Afghanistan's sustainable development.

According to global estimates, one in three girls in developing countries (excluding China) will be married before they reach the age of 18 and one in nine girls will be married before the age of 15 (UNFPA, 2012c). If present trends persist, it is estimated that 14.2 million girls under the age of 18 will be married every year up to 2020, and could increase to 15.1 million per year in the following decade if nothing changes (ibid.). While the practice of child marriage is a global issue, it is most common in South Asia where 46 percent of women aged 20–24 years were married or entered a union by age 18 (ibid.).

Age at first marriage has a major effect on childbearing and overall fertility rates because women who marry early experience a longer period of exposure to the risk of becoming pregnant. In Afghanistan married girls are often under pressure to become pregnant immediately after marriage. Given the low social status of (young) women and the asymmetric power relationship in early

78 Defined as a legal or customary union between two people, where one or both spouses is below the age of 18.



marriages due to the fact that the husbands are often significantly older and sexually more experienced, young women often have little say in contraceptive use and family planning. This exposes them both to the risk of early pregnancy and to STIs.

Data on child marriage in Afghanistan are scarce and controversial because of the absence of reliable civil registration data.⁷⁹ However, according to a joint UNAMA/OHCHR report on harmful traditional practices, underage marriage is “common across Afghanistan, in all regions and all ethnic groups” (UNAMA/OHCHR, 2010: 18).

According to the AMICS 2010–2011, 15.2 percent of respondents (women aged 15–49) were married before age 15. Further, 46.3 percent were married before age 18. Of young women aged 15–19 at the time of the survey, 19.8 percent were already married. The AMS 2010 found a similar rate of 17.3 percent of girls aged 15–19 and 66.2 percent of girls aged 20–24 currently married (see Table 2.3). In 2008, UN WOMEN Afghanistan estimated that 57 percent of Afghan marriages are child marriages where one partner is under the age of 16.⁸⁰

79 According to the AMICS 2010–2011, only 37.4 percent of all births are registered. The NRVA 2011–2012 indicates that 35 percent of children under five have a birth certificate.

80 Cited in UNIFEM Afghanistan Fact Sheet 2008. Available at http://www.wunrn.com/news/2009/08_09/08_17_09/081709_afghanistan.htm. Note that UNIFEM is now known as UN Women.

TABLE 7.1 CHILD AND EARLY MARRIAGE IN AFGHANISTAN

| AGE OF WOMEN (YEARS) | NEVER MARRIED (%) | MARRIED (%) | DIVORCED (%) | SEPARATED (%) | WIDOWED (%) |
|----------------------|-------------------|-------------|--------------|---------------|-------------|
| 12-14 | 99.5 | 0.5 | 0.0 | 0.0 | 0.0 |
| 15-19 | 82.6 | 17.3 | 0.0 | 0.0 | 0.0 |
| 20-24 | 33.8 | 65.7 | 0.0 | 0.1 | 0.4 |
| Total 12-49 | 44.6 | 53.9 | 0.0 | 0.1 | 1.4 |

Source: AMS 2010.

TABLE 7.2 AGE AT FIRST MARRIAGE

| CURRENT AGE | PERCENTAGE FIRST MARRIED BY EXACT AGE | | | | | | MEDIAN AGE AT FIRST MARRIAGE |
|-------------|---------------------------------------|------|------|------|------|------|------------------------------|
| | 12 | 15 | 18 | 20 | 22 | 25 | |
| 15-19 | 0.3 | 4.0 | n.a | n.a | n.a | n.a | |
| 20-24 | 1.3 | 13.7 | 39.2 | 56.5 | n.a | n.a | 19.2 |
| 25-29 | 2.0 | 19.8 | 49.6 | 67.9 | 80.5 | 88.0 | 18.0 |
| 30-34 | 2.4 | 25.3 | 60.0 | 76.5 | 86.6 | 92.7 | 16.9 |
| 35-39 | 1.7 | 20.4 | 56.4 | 75.4 | 87.0 | 93.9 | 17.4 |
| 40-44 | 1.9 | 22.5 | 51.6 | 70.9 | 86.7 | 94.5 | 17.8 |
| 45-49 | 1.4 | 18.5 | 47.5 | 66.0 | 81.6 | 92.3 | 18.3 |

Source: AMS 2010.

In line with findings that show a declining trend in adolescent fertility in Afghanistan (see Table 3.2), age at first marriage tends to increase among women below 35. The proportion of women who were married by age 15 declines from 25 percent among women aged 30-34 to 4 percent for their younger (15-19 years) counterparts. There is a significant decline in median age of marriage from women in the 30-34 year age group (16.9 years) to women aged 20-24 (19.2 years) (AMS 2010) as presented in Table 7.2.

EFFECTS OF RESIDENCE, EDUCATION AND WEALTH

An analysis of data from 78 developing countries from 2000 to 2011 shows that girls living in rural areas of the developing world tend to be twice as likely to marry than their urban counterparts (44 percent and 22 percent, respectively) (UNFPA, 2013a). Education is also one of the key factors behind child marriage; girls with just primary education are twice as likely to marry or enter a union as those with a secondary or higher education and those

Defying family and society pressure: education first, then marriage

“My uncle and my uncle’s wife wanted me to get married after I graduated from school, but I was determined to find a job instead in order to support my further education. I wanted to become an attorney in the future and fulfil my dreams,” says Dilara, a pseudonym which she chose in order not to use her real name—defying gender roles and family expectations is still a very sensitive issue in a conservative country like Afghanistan. Dilara is one of the many girls who are prevented from pursuing educational opportunities because of harmful traditional practices such as child marriage.

When a girl is pulled out of school and forced to marry young, her personal development is inhibited. She is left with little—if any—decision-making power in her new household. Often with limited education and few skills, many child brides are completely dependent on their husbands and in-laws to survive, and vulnerable to gender-based violence. However, this was not the future Dilara wanted.

Dilara, now 20 years of age, was brought up by her uncle and aunt after the death of her parents. “I usually went to school with tears in my eyes, but I was the third best student in the class. I believe girls shouldn’t surrender to life and the pressure from society and family. They should instead challenge all these. They will definitely succeed,” says Dilara. After graduating from high school, she defied the future her family had in mind for her and took up a part-time receptionist job in the morning and enrolled in an evening course in law at a private university.



“It is my second year in law school. I chose to study law so I can bring about justice; justice to the girls and women who are accused and imprisoned for minor and often unjust reasons” she says. “There are girls who face violence, such as forced marriage. After marriage they are subjected to daily violence by their husband or their husband’s family. Some of these girls find no other way than to commit self-immolation... Can you imagine doing that to yourself? But women do it or they run away from their married life. Consequently, the people in the courts put them in jail, without probing the details of what happened to them,” Dilara says. “I will do justice. I will be the voice for these people.”

Last year Dilara’s uncle died, leaving her as the breadwinner for her aunt and two young cousins. Because she confronted traditions and gender stereotypes she is now able to join the labour market and help lift herself—and her family—out of poverty. Pulling girls out of school and forcing them into early marriage ensures that poverty will be handed down from mother to daughter, from family to family, for generations to come, but Dilara has broken this circle. □

with no education are even three times more likely to marry or enter a union than those with a secondary or higher education. Household wealth also affects the rate of child marriage. According to this analysis, 54 percent of girls from the poorest wealth quintile households are child brides, compared to only 16 percent in the richest 20 percent of households (ibid.).

SOCIAL, ECONOMIC AND CULTURAL FACTORS

Afghan Civil Law sets the minimum age for marriage at 16 years for girls and 18 years for boys. A 15 year old girl may, however, marry with the permission of her father or a judge. A major legal advance against child marriage in Afghanistan was achieved through the enactment in 2009 of the Law on the Elimination on Violence Against Women (EVAW law).⁸¹ This makes illegal the selling and buying of women for marriage, forced marriage and marriage before the legal age, among other harmful practices. However, after public controversy over the law, in June 2013 the lower house of the Afghan parliament approved a new criminal procedure code which includes a provision banning all relatives from testifying against a criminal defendant, including daughters testify about forced or child marriage. Human Rights Watch (HRW) has called this provision “a tremendous barrier to prosecuting such cases of abuse” (HRW, 2013:3). Former President Hamid Karzai refused to sign the amended code. In addition to inadequate laws against child marriage and other forms of GBV, enforcement of existing related laws remains an issue. The police and judiciary often fail to enforce laws related to GBV (UNAMA/OHCHR, 2010) and the police

81 An English translation of the EVAW law is available from the SAARC Gender Info Base at: <http://www.saarcgenderinfobase.org/includes/showFile.php?id=85>



often fail to act in cases of child marriage which they consider ‘private matters’.

A number of interrelated structural factors contribute to the widespread practice of early marriage in Afghanistan. Poverty, for instance, is widely considered one of the main causes of early marriage. In households that experience acute poverty, young girls may be regarded as an economic burden and her marriage to another family could become a survival strategy as it may be seen to reduce the economic pressure on the household. In addition, the overwhelming majority of Afghan marriages are arranged based on Islamic law according to which the groom’s family must pay the bride’s family (*mahr*). This practice, coupled with chronic poverty in many parts of the Afghan society, has led to instances where girls and young women are effectively sold by their families to deal with financial pressure. For instance, poor households may marry off their daughters to settle debts, including those originating from the opium trade, which has led to the coining of the terms ‘loan bride’ and ‘opium child bride’.⁸² The UNAMA/OHCHR report (2010) concludes that the bride price plays a central role in both the commodification of women and early and forced marriages.

82 The Atlantic, ‘Afghanistan’s Opium Child Brides’, 9 February 2012, <http://www.theatlantic.com/international/archive/2012/02/afghanistans-opium-child-brides/252638/> [accessed on 8 September, 2013].



Fifteen year-old Freshta, a pseudonym not to use her real name, escaped marriage to a man more than twice her age and went to a secret shelter for women in Kabul managed by HAWCA, a UNFPA partner. © UNFPA Afghanistan/Zubaida Akbar 2012

In addition (but still linked) to economic reasons prevailing cultural norms and practices also contribute to child marriages in Afghanistan. For instance, the practice of *baad*, giving away girls to settle dispute, can be found in communities throughout the country. Another cultural practice closely linked to forced and child marriage are so-called 'exchange marriages' or *baadal*. *Baadal* marriages are arrangements between families to exchange daughters in order to avoid high bride prices.

7.3 National response

Child marriage is not considered an offence under criminal law but is prohibited under the *Civil Code of Afghanistan*. Article 70 states: "Marriage shall not be considered adequate until the male completes the age of 18 and the female the age of 16." Article 71 states,

"The marriage of a minor girl whose age is less than 15 shall never be permissible."

A major advance for women and girls in Afghanistan in recent years was the enactment in 2009 of the Law on the Elimination of Violence Against Women (EVAW law). This imposes criminal penalties for child and forced marriages, domestic violence, and numerous other abuses against women. However, EVAW law — and rights protections for women and girls — is under threat, as described above in Section 7.2.

Article 16(2) of CEDAW states that:

"The betrothal and the marriage of a child shall have no legal effect, and all necessary action, including legislation, shall be taken to specify a minimum age for marriage and to make the registration of marriages in an official registry compulsory." The CRC defines a child as

anyone “below the age of eighteen years unless, under the law applicable to the child, majority is attained earlier”.

However, law enforcement remains a serious issue which needs to be addressed. UNFPA is providing support to the Ministry of Interior to strengthen the law enforcement bodies for prevention, response and monitoring gender based violence, including child marriage.

7.4 Recommendations

POLICY LEVEL

An important step towards a more concerted and effective national response to child marriage will be through the development of the National Action Plan to Prevent Child Marriage in Afghanistan. Since preventing child marriage is one of the recommendations made in the National Youth Policy, this action plan should be well integrated into the development process of the National Youth Strategy and National Youth Action Plan as well as linked to the EVAW Law Action Plan (developed by the Ministry of Women’s Affairs). Further, the Afghanistan national action plan to prevent child marriage should be linked to ongoing regional efforts to combat child marriage. For instance, from 25 to 29 May 2014, the South Asia Initiative To End Violence Against Children organized an Expert Group Meeting to finalize the Regional Action Plan and Implementation Strategy to End Child Marriage in South Asia.⁸³

The Government should consider urgently establishing a dedicated Child Marriage Task Force comprising senior officials from all relevant line ministries, non-governmental

stakeholders (in particular youth networks and the media), private sector and international partners (including donors) to draft a national action plan and strong monitoring mechanism through a consultative process. Coordination on child marriage within the international community also needs to be increased. In 2012, the UN Country Team in Afghanistan established an Interagency Working Group on Child and Early Marriage which aims to work towards a joint strategy to eliminate child and early marriage in Afghanistan.

In addition, working with lawmakers and parliamentarians is critical as they can promote the enactment, implementation and enforcement of laws and policies to prevent child marriage. In Afghanistan, where at times laws and traditional practices conflict, it is critical to involve and build the capacity of traditional leaders, members of law enforcement and the judicial community.

COMMUNITY LEVEL

Child marriage can only be prevented if national policies tie in with grassroots efforts. Taking into account the complex context of child marriage in Afghanistan, community-based interventions aiming to prevent child marriage must pursue a broad-based approach focusing on building girls’ agency and providing alternatives to early motherhood. Programmes must target the structural forces and the norms and values that perpetuate child marriage. At the same time, interventions must address factors which isolate and marginalize pregnant girls so that pregnancy does not lead to poverty, poor health and unrealized human potential (UNFPA, 2013a).

Available research on child marriage in Afghanistan suggests that there are a number of social, economic and cultural causes for

⁸³ A description of the event is available at: <http://www.saievac.org/wp-content/uploads/2014/06/News-Release-RAP-Expert-Group-Meeting.pdf>.



Zamira holds one of her two children in her arms. She is 20 years old and lives with her husband and family in the district of Ahangaran, Bamiyan province. © Rada Akbar/UNFPA Afghanistan 2014

child marriage. By engaging with communities, locally adapted strategies can be found which address the actual issues, social norms, attitudes and practices leading to child marriage within the community.

The individual and community-level benefits of delaying marriage and keeping girls in school are well-understood and need to be communicated to traditional decision-makers: fathers, brothers and community and religious leaders. Although young people, in particular girls, are not key decision-makers and reportedly have very little influence over issues that affect their personal lives, including the selection of their spouses and the timing of marriage, it is widely believed they can become powerful advocates for human rights within their communities. Therefore, community interventions need to aim at raising awareness of the benefits of delaying marriage at the whole community: traditional leaders and local decision-making groups, parents,

school headmasters, health service providers, police and young people. Child marriage is an issue that adversely affects the wellbeing of the entire community and the solution must be found within the community and led by community-based organizations.

SUPPORTING MARRIED ADOLESCENTS

Programmes should also target married adolescents, for example through interventions to increase married adolescents' knowledge about adolescent sexual and reproductive health issues and rights. In addition, access to quality and adolescent and youth friendly health services should be increased, especially in areas with a high prevalence of child marriage. Married girls should also be supported through awareness in the community of the value of continuing education, especially secondary education, for married girls. Learning structures and environments should cater to the needs of married girls. ▣



The way forward

The way forward to realizing Afghanistan's demographic dividend is through a focus on the country's young people. This requires four critical steps: commitment, coordination, research and action.

In terms of commitment, the Government has taken an initial step through the development of the National Youth Policy. This occurs, however, in a time of political uncertainty and it will depend on the new Government to renew and strengthen this commitment. However, the outlook is optimistic: a generational change within the political elite is inevitable and, indeed, has already begun. A number of youth activists have already successfully entered the legislative and executive branches of the political system. Outside the state system, some — though predominantly those affiliated with the urban elite — young people have formed political opposition groups and occupy a powerful space within the media which will put pressure on future governments. In addition, the international community in Afghanistan, as reflected in the organizations' country strategies, has clearly expressed its commitment to investing in young people, in particular girls.

The National Youth Policy and its planned strategy and action plan can be a vital starting point for national-level coordination of youth issues. The Government should commit to utmost efforts to involve key stakeholders, including youth networks, in the development of the strategy and action plan so that all partners can focus their efforts on the same goals and push in the same direction.

In order to be able to play a stronger role in this national coordination effort, the new Government might wish to consider

re-creating a fully-fledged Ministry of Youth Affairs and invest significantly in the capacity development of officials working on youth issues.

The UNDAF 2015–2019 identified indicators related to youth development (in line with the National Youth Policy) and the development of a UN Interagency Network on Youth Development with a joint work plan are further critical steps towards coordination. Coordination also needs to take place at sub-national levels. Provincial stakeholders should come together to develop provincial youth action plans and taskforces targeting districts and involving sub-national decision-makers, including the private sector.

While this report aims to provide a comprehensive overview of critical areas of youth development, it also reveals significant research gaps in each area. Any concerted action to accelerate development outcomes for adolescents and youth must be driven by research. Past experience shows that too many projects have failed because they were designed without taking into account the actual needs of young people. At times, targeted barriers to development may be based on assumptions and cultural stereotypes rather than on-the-ground research on knowledge and attitudes of people. Again, thorough research is resource-intensive and needs a coordinated approach among all stakeholders to get the data needed to make a difference.

A Pashto proverb says '*che baad na wi wooni na khuazi*' which can be translated as 'without a wind the trees won't move'. Through the consultation meetings and conferences held whilst developing the National Youth Policy, young people expressed 'policy fatigue':



Young woman in Waras district, Bamiyan province. © Lorenzo Tugnoli/ UNFPA Afghanistan 2011

many felt that policies and strategies were rarely ever implemented. At the National Youth Strategy Conference in December 2013, one of the provincial youth affairs managers remarked that his office could not afford even 50 dollars for a meeting and asked the audience how they imagined he and his team could implement a national-level youth strategy. Indeed, Afghanistan is one of the poorest countries in the world and, for the foreseeable future, it will also depend on the commitment of the international community to support the Government to deliver vital services to the Afghan people.

The incumbent Government, its national and international partners and young people

have come together and laid out a direction for action. This year of transition must also be one of transition for Afghanistan's development discourse and practice: it is time to seize the opportunity offered by the development of National Youth Policy and work together to realize the full potential of the country's young women and men.

The young women and men of Afghanistan have demonstrated their energy, enthusiasm and commitment to rebuilding the destroyed nation they inherited. They represent a generation of renewed hope and a real opportunity to move Afghanistan out of the shadows of history towards a future where its people can live in peace and dignity. ▣

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