



**GOVERNMENT OF THE ISLAMIC
REPUBLIC OF AFGHANISTAN
POLICY PAPER:
CONSOLIDATED NATIONAL SOCIAL POLICY**

ABSTRACT: Afghanistan's Transformational Era is committed to the achievement of social justice for all citizens. Planned actions address multi-dimensional poverty with a focus on a range of vulnerable groups implemented by several government entities under a variety of category-specific policies or programmes. This fragmented approach carries risks of introducing idiosyncratic benefits and precedents that do not harmonise with core national principles including equity and affordability. It fails to generate capacity for sustainable policy coherence, or comprehensive data management which underpin national planning. It hinders the realisation of consolidating foundations of a sustainable social security and social service system. The Consolidated National Social Policy provides an over-arching framework of Social issues and categories of potential socially disadvantage persons that will remain relevant to supporting progressively improving quality of life for citizens. Single entity oversight ensures policy coherence and alignment with core national principles, reliance upon evidence-based data, and growth of capacity for management of a modern social security and services system of the future. It also enhances public communication on national actions and results. The Policy Paper includes several annexes to elaborate information and guidance.

**Sustainable Directions
Equitable Approaches
Coherent Principles**

PREAMBLE

Everyone as a member of society has the right to social security and is entitled to realisation, through national effort and international cooperation and in accordance with the organisational resources of each State, of the economic, social and cultural rights indispensable for his dignity and the free development of his personality.'
Article 22, Universal Declaration of Human Rights

Afghanistan was among the first 48 States to immediately vote in favour of the Universal Declaration of Human Rights declared on 10 December 1948, the first universal treaty of the newly established United Nations prepared by representatives of all faiths, cultures, and geographical areas of our world. In committing its approval, Afghanistan determined its unity with these global values and ambitions for its people.

Some thirteen centuries earlier, our Prophet Muhammad (PBUH) had introduced a then-backward society to new principles to guide social life that include equity, tolerance of diversity, obligations to assure the well-being of its vulnerable members, and of relations between women and men that recognised the intrinsic worth of both. These obligations are enshrined in our 2004 Constitution.

Our nation is continuously guided by both sources, because the new does little more than provoke our thoughts on elaborations arising from an ever-changing world of the essential guidance of our faith. Yet we as Afghans are far from realising the achievement of human dignity and social justice for all our people. Wars and conflicts, exacerbated by our high incidence of natural disasters, have repeatedly eroded our environment, economy and social cohesion. Today we find ourselves constrained to effect positive change, not only by extremely limited financial resources but also by still-low human capacities which have missed out on the opportunities of more peaceful societies.

To advance the human dignity and social justice to which we aspire is the essence of any social policy. Achievement is ever possible. But it requires that we the Afghan people work together to exercise our innate energy, resourcefulness and determination to *prevent* unacceptable hardship, to *promote* and *protect* well-being of our most vulnerable and at-risk members, and to *transform* our vision of social justice into a reality. It will take time. In the long term, together we certainly can do. In the short term, we can – and must - do more towards the achievement of our shared goal. The National Consolidated Social Policy describes a road we may take - together.

ABBREVIATIONS

AfHDS	Afghanistan Health and Demographic Survey
AIHRC	Afghanistan Independent Human Rights Commission
AIRCSC	Afghan Independent Reform and Civil Service Commission
ALCS	Afghanistan Living Condition Survey
AMICS	Afghanistan Multiple Cluster Survey
ANDS	Afghanistan National Development Strategy 2008-2013
ANSF	Afghan National Security Forces
ANPDF	Afghanistan National Peace and Development Framework
A-SDGs	Afghanistan Sustainable Development Goals
CC	Citizens Charter
CDC	Community Development Council
CSO	Central Statistics Organisation
DiREC	Displacement and Reintegration Executive Committee
DoLSAMD	Directorate (at Provincial level) of Labour, Social Affairs, Martyrs and Disabled
DoWA	Directorate (at Provincial level) of Women's Affairs
FHH	Female Headed Household
FRU	Family Response Units by Ministry of Interior for women and children to report violations
GD-KU	General Directorate of Kuchi Affairs
GoIRA	Government of the Islamic Republic of Afghanistan
HI	Handicap International
IDLG	Independent Directorate of Local Governance
ILO	International Labour Organisation
IM	Infant Mortality (deaths of infants under 1 year per 1,000 live births)
MAIL	Ministry of Agriculture, Irrigation and Livestock
MM	Maternal Mortality (Women's deaths from maternity-related causes per 100,000 births)
MAIL	Ministry of Agriculture, Irrigation and Livestock
MoBTA	Ministry of Border and Tribal Affairs
MoCN	Ministry of Counter Narcotics
MoE	Ministry of Education
MoF	Ministry of Finance
MoLSAMD	Ministry of Labour, Social Affairs, Martyrs and Disabled
MoPH	Ministry of Public Health
MoPW	Ministry of Public Works
MoRR	Ministry of Refugees and Repatriation
MoRRD	Ministry of Rural Rehabilitation and Development
MoUD	Ministry of Urban Development
n.d.	no date
NGO	Non-Government Organisation
NPP	National Priority Program
NRVA	National Risk and Vulnerability Assessment
NUG	National Unity Government
OECD	Organisation for Economic Cooperation and Development
ODI	Overseas Development Institute
SDGs	Sustainable Development Goals
SMAF	Self-Reliance through Mutual Accountability Framework
UN-CRC	United National Convention on the Rights of the Child
UDHR	Universal Declaration of Human Rights
UNICEF	United Nations Children's Fund
UNOCHA	United Nations Office of Humanitarian Affairs

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CONSOLIDATED NATIONAL SOCIAL POLICY: SUSTAINABLE DIRECTIONS – EQUITABLE APPROACHES - COHERENT PRINCIPLES

SUMMARY OVERVIEW of NATIONAL SOCIAL POLICY

CONTEXT ANALYSIS

Afghanistan is presently characterised by an overall low level of human development and continuing challenges of insecurity and natural hazards, the need to achieve independence of international aid and thus careful management of limited financial resources, insufficient numbers of qualified human resources for which a substantial increase awaits generations of new graduates, and high rates of dependency by children, women and the elderly on a mainly male labour force.

The present Era of Transformation outlines a clear development agenda that prioritises economic growth and employment to lead the nation to autonomous resilience. For those on the margins of society it seeks durable solutions to gradually supplant humanitarian support. Overall effort is on opportunities to work and earn income, rather than on welfare inputs that offer neither sustainable nor comprehensive achievement of well-being and are not presently affordable.

To complement the economic agenda, there is need for a clear though low-key agenda of social change, with measures to bring all possible human resources into the development process, to reduce multi-dimensional poverty by equitable chances for all to access ever-improving basic resources, and to strengthen opportunities for people to support their own livelihood and thus contribute to the national economy.

This Consolidated National Social Policy addresses multi-faceted poverty alleviation. It offers a framework of *sustainable social issues* on which national actions will lead to progressive improvement in quality of life for citizens, a comprehensive *framework of people susceptible to social disadvantage* to enhance good management, and modest *strengthening of social security systems* to expand services in the medium term. Policy implementation requires *single-entity oversight* to ensure coherence across many categories and sectors, alignment with national principles, and consolidation of foundations and capacities for a social security system to lead us into the long-term future.

VULNERABILITY IN OUR AFGHAN CONTEXT

Vulnerability implies reduced opportunity due to age, gender, physical or intellectual ability and/or to geographical, economic, cultural or climatic causes to access, participate in and benefit from our available economic, material and social resources to achieve an acceptable standard of well-being. The most disadvantaged persons are those who remain susceptible to exclusions because of their diminished capacities to act independently to use available opportunities.

PRIORITY SOCIAL ISSUES

The Consolidated National Social Policy addresses five key social issues. In the short and possibly into the medium term, actions to address these Policy issues will target *large groups* of people who are presently deeply affected by them. As progress is achieved and overall quality of life improves, these *social issues* may become more or less critical, and groups in need may change and even disappear. However, as found among nations with high human development, these issues remain central to social services as an enduring concern for many *individuals and families*.

- **Promotion of social inclusion**, particularly of women and persons with disability, with short to medium term¹ focus on access to all levels of education, women's health, economic opportunity, and role in government.
- **access to basic social services** of housing, water and sanitation, health and education for those categories who are multiply deprived or at grave risk if missed out. Short and possibly medium-term priority categories will be returnees lacking resources, IDPs from all causes, kuchis who have lost traditional nomadic life-style, and those living in remote insecure border areas. At-risk categories (**pregnant women/small children**) and victims of natural disasters will exist long term.
- **increasing employability** for **the un- and under-employed among** the poorest and at-risk categories (as above and potential migrant workers), annual entrants to the labour force, and women through market-oriented skills training and enterprise support; recognising practical needs today of more than one skill to secure adequate income; provision of soft skills to support 'seeking work'; removal of barriers that impede progress to successful self-employment, **establishment of a professionally managed Labour Market Information System to provide regularly updated disaggregated data, and agree a set of standard definitions to achieve coherence among national and international statistics.**
- **ensuring freedom from violence** against women and children in all spheres of private and public life, including alignment of the justice sector to Constitutional and international obligations with expansion of appropriate courts, prosecution services, and specialised detention centres; standardised quality protective care services; expansion of support mechanisms (such as FRUs and women staff) and to social reintegration.
- **strengthening public information, agency and voice** to enhance participation in development and progressive democracy, with the overall objectives of disseminating information on risks, practical information on obligations of duty bearers and rights holders, sources of help, and mechanisms for accountability by governance bodies.

Monitoring and communicating progress on quality of life is essential to enhancing citizen understanding and participation. To aid this process, two initiatives are proposed in the short and medium terms including:

- a **'Better Life Index'** to communicate progress to the populace on *national* progress by data presented in a simple, accessible format; on *provincial* status to inform local governance planning; and finally, as *a tool for use at community* level to establish 'our' baselines and local measurement of progressive improvement. This will also include a *special index on status of children*;
- a **National Communications Strategy** that brings together all planned sector initiatives to impart practical human rights awareness of obligations and rights, on risks, mitigating measures or solutions, and on sources of support. The underlying aims are cost efficiency, comprehensive content, and broader geographical coverage to optimise measurable impact.

PRIORITIES OF SOCIAL DISADVANTAGE

Due to fragmentation, duplication and gaps across multiple institutions, our socially disadvantaged people often do not achieve access to services or cope with risks arising from the above issues. **A new framework of Social Disadvantage is introduced** to strengthen institutional development of relevant functions, appropriate capacities, standards and systems of support. Segregation of adults from children is due to the latter's requirement for specialised technical skills, communications and codes of conduct.

<i>Children, Young People and Families</i>	<i>Adults</i>
Community care services	Community care services
Residential care services*	Residential care services
At-risk/Survivors of Violence	Women At-risk/Survivors of Violence
Children with Different Abilities	Adults with Different Abilities
Children exposed to/users of Drugs	Adults with Drug Dependency
Children in conflict with law	Women in conflict with law
	Elderly

* For children deprived of/lacking responsible parents/ guardians, trafficked, or sexually abused living within a single facility but with specialised staff and family-like living arrangements.

To consolidate this framework and optimise support to these disadvantaged persons, within the short term,

- MoLSAMD and MoWA will respectively assume oversight of all socially disadvantaged children and women, with services provided by specialised bodies;
- MoLSAMD and MoWA will establish/strengthen a First Assessment and Referral Service in their provincial departments by partnerships with service providers, standards of service, and a monitoring system;
- MoLSAMD and MoWA will develop evidence-based and coordinated programs of support by non-state actors through active collaboration and joint planning to replace the current practices of ad hoc and poorly undocumented actions.

Where clear, service delivery remains under existing ministerial mandates with MoLSAMD/MoWA making

referrals as necessary, and maintaining oversight of data and reporting.

While our religion and Constitution oblige us to provide for **needy widows, disabled, elderly and orphans**, the absence of adequate data by social assistance and social care services inhibits new measures of support in the short-term. To inform future actions, **assessments on widows/FHs, the disabled, and of ARCS capacity to sustain residential support** to destitute persons including elderly, will be conducted. (For orphans, see later). In addition, the **NUG requirement that Citizens Charter mainstream all vulnerable and at-risk persons will be extended to other key national programs** that offer support opportunities. All such programs need to routinely report relevant disaggregated data.

Extensive data exist on the situation of children and should be cause of national concern. They present a disturbing picture of neglect, abuse, exploitation and violence against significant numbers of boys and girls from birth to adulthood. Recognising that children are the future of our nation and that as duty bearers we are obliged to provide them with a better future, **children are our priority among socially disadvantaged groups** for the foreseeable future. In the short term,

- a **National Children's Program** will be developed, drawing together and augmenting existing support actions to secure their well-being and protection including alignment with the imminent national Child Act. This program will generate a specialised 'index of better life for our children' for use by CDCs under CC to promote, monitor, and report progress for children. It will be supported by a national competition of good community practices, mobile voting by the people, and a small award to the winning community.

STRENGTHENING SOCIAL SECURITY

While conditions for expanding national social security must await fiscal space and private sector growth, there are steps that can be taken in the short term to inform medium term actions. These include:

- **Social insurance:** Phase 2 review of Health Insurance (Phase 1, 2015 by MoPH) with consultations on willingness to pay and priority benefit interests, initiation of legislation and regulatory frameworks, and progress of a pilot phase in the formal sector; **technical advice on modalities to progress towards ratification of ILO Convention on Social Security (Minimum Standards) No102 and, in medium term, legislation on provision of social insurance by private sector.**
- **Social Assistance:** reform of Martyrs and Disabled cash assistance scheme as done for Pensions; reviews of best practices on veteran support other than cash assistance, and on compensation modalities for private civilian martyrs and disabled with view to distinctive schemes.
- **Social Services:** There is need to strengthen social services as below:
 - o **Employment Services:** functional review of MoLSAMD's 'Work Related Injuries Department' under Social Affairs to resolve lack of clarity in legal frameworks, ascertain its potential for expansion aligned with private sector growth, and transfer its

oversight to MoLSAMD Division of Labour, Social Assistance department.

- **Technical Services:** In the short term, ratification of ILO Conventions on Occupational Safety and Health, No.155 and its Promotional Framework, No.187; development of associated Policy on Occupational Safety aligned with ILO standards with priority consideration of Agriculture, Construction and Mining sectors; *Guidelines on Duties of Employers and on Rights of Employees* including subsidised kindergartens for female staff; and establishment in MoLSAMD of **qualified oversight functions to assume responsibility for (i) technical reporting on all Labour Conventions and their implementation, and to (ii) assess and advocate for needs of training and deployment in all sectors for social workers/social care workers.**
- **Social Care Services:** Compliance with key national principles of supporting the family unit, promoting women, and equity as well as concerns of cost efficiencies require **assessment and reform of:**
 - **Residential Care Facilities ('orphanages'):** to reintegrate children with families/guardians wherever possible (with support if essential to maintain family integrity), and progress to quality modern residential services for all categories of at-risk children in need of short or long-term protective care;
 - **Kindergartens:** to rationalise their role within MoLSAMD's mandate, and optimise support to working women, including the poorest.

Finally, MoLSAMD skills development program will produce an **accelerated training module to qualify social care workers** (below bachelor level) as practitioners for multiple sectors, and incorporate Kindergarten's **child care training** (with revisions if needed) to facilitate expansion of this service, and **link new trainees to employment opportunities by re-establishing efficient and effective Employment Service Centres.**

SOCIAL POLICY OVERSIGHT

Oversight responsibility for the Consolidated National Social Policy will lie with the **MOLSAMD under a high-level steering committee and in close collaboration with primary stakeholders.**

MoLSAMD will develop a detailed **Change Management Plan for comprehensive and incremental reform** and establishment of effective functions for:

- sound **coordination** to achieve policy coherence, alignment with principles and common standards;
- **management of data** by partnership with the CSO to inform on achievements, continuing and new needs;
- **monitoring** of progress towards the aim of universality in provision of basic social services;
- **leadership in coordinated social policy review and recommendations;**
- **communication** to the population on overall progress as well as positively influencing governance bodies for which a simple 'Better Life Index' will be developed;
- **advocacy with all partners** for adequate resources to fulfil social security needs of citizens.

Fundamental requirements to benefits of all social policy actions include:

- **alignment with national principles** of state ownership, equity, social inclusion, promotion of status of women, primacy of family, empowerment, forward looking and affordability.
- **Biometric identity, and electronic payment methods.**

Finally, **the Consolidated National Social Policy will be incorporated in the national Social Protection Strategy.**

The text above provides a summary overview of Afghanistan's first Consolidated National Social Policy with primary recommended actions that are additional to current national plans and budgets. Sections 1 - 6 provide the full justification for the Social Policy focus and additional actions that are required to support its implementation.

1: INTRODUCTION TO SOCIAL POLICY

The Consolidated National Social Policy of the Government of the Islamic Republic of Afghanistan is prepared in alignment with Afghanistan's 2004 Constitution Articles 75 (Section 5) and 76. Its introduction reflects State desire for policy frameworks to guide and support national development as envisaged in the Afghanistan Peace and Development Framework 2017-2021, National Priority Programmes, and our Sustainable Development Goals. As a *national* social policy is new, this Policy Paper outlines both the argument for its focus, as well as the actual Policy.

Social policy is concerned with the well-being of a nation's population. It is influenced by the context in which it is developed and wherein it is to be applied. It thus varies across space and changes over time. While there is no standard formula for a social policy, in a developed nation it commonly defines a range of social security² measures that provide income support to *protect citizens against risks of income loss over life* due to predictable challenges of unemployment, sickness, maternity, accident, disability, death and retirement and work-place issues, *complemented by a range of social services* to ensure the well-being of the most vulnerable. In a yet-developing context such as ours with limited formal work, widespread income support is not yet feasible and does not fulfil our well-being.

Despite contextual differences, social policy manifests consistency in its concern with the prevailing *social issues* that challenge the well-being of citizens, and the provision of a framework to address *social disadvantage* – for those who for whatever reason are unable to utilise the available resources. Primary influences include the nation's *overall state of development*, but also and importantly the availability of *sustainable national financial resources*, the status of available *human capacities*, and above all the

demographic shape of the population. Afghanistan is presently challenged on all these.

A national social policy ensures that benefits provided *uphold core national principles*³, may be *extended equitably* to all eligible citizens, and *establish sound precedents* on which future decisions may build. The Consolidated National Social Policy is envisaged as a *sustainable framework* that will guide actions into the long-term future. Progressive national development, economic growth and expanding human capacities will generate need to periodically refine social policy interests to continuously improve standards of well-being for citizens and support those most at risk. This first Consolidated National Social Policy is effective from mid-1396 *for a period of 10 years to mid-1406.*

Annex 1 elaborates the Purpose and Principles of the Consolidated National Social Policy.

2: CURRENT SOCIAL POLICY INTERESTS, PROBLEMS

Afghanistan already has several social policies targeting vulnerable groups. Most of these are attributable to category-specific institutions whose existence reflects the ravages of man-made and natural disasters and the large groups of the population whose well-being and rights are at risk. These institutions include the Afghanistan Natural Disaster Management Agency, General Directorate of Kuchi Affairs, Ministries of Refugees and Repatriation, of Women's Affairs, of Borders and Tribal Affairs and of Labour, Social Affairs, Martyrs and Disabled (MoLSAMD).

The MoLSAMD is the longest-standing and carries the national mandate of responsibility for existing 'modern' measures of social security. These include *social insurance*, like developed countries, for those in formal work and yet confined to government staff. It provides contributory pensions⁴ for *work-related disability or death*, retirement, and guaranteed employment and income during maternity. MoLSAMD also provides *social assistance* as predictable cash transfers to those who have been disabled or are the surviving dependents of those killed in active service or as civilians of war and conflicts. These 'veteran' payments are also like the provisions of other nations.

MoLSAMD's *social services* include *Employment Benefits* which presently address work-related injuries for state and private sector employees whose *organisations participate in the scheme*; Technical Services of legislation and inspection to safeguard people in work at home and, *in line with a newly-introduced policy*, as migrant workers abroad⁵, and trades unions relations; and Social Care Services with primary focus on children (but not those of vulnerable group bodies). MoLSAMD care services comprise residential and day facilities with state education for

children without responsible guardians; a national Child Protection Action Network (CPAN) of state and non-state actors offering preventive and protective support to children at risk of violence, abuse, exploitation or neglect⁶, and subsidised kindergartens delivering day care and pre-school education for children of government staff⁷ and urban families who can afford. The Ministry oversees private services.

MoLSAMD also provides short-term skills training⁸ to enhance opportunities for work, and progress towards the development of standards, qualification and accreditation of all national training. *Actions to enhance employability are outlined in the new 2017 National Labour Policy.*

Not readily discernible in public documents is the sole support program to adult citizens who face *total destitution* whether as widows with children, families, physically or mentally challenged, or elderly. These gain residential and reintegration services in the nation's five *marastoons*, established in the 1930s and managed by the Afghan Red Crescent Society (ARCS)⁹.

Like many low-income countries characterised by an informal economy - such as Bangladesh, or Nepal - our approach to the achievement of well-being of citizens relies upon informal measures of social protection such as public works, irregular cash and in-kind transfers, and income generation. These on and off-budget actions are by state and non-state actors: understanding coverage and results needs research.

These many relatively unilateral actions belie considerations of policy coherence, common standards and equity. There are risks that category-specific precedents are introduced that cannot be matched, or readily adjusted if endorsed by law. Much support is unsustainable humanitarian assistance or targeted social transfers, though there are shifts to durable development approaches. Data on outputs and outcomes are lacking or do not inform social analysis¹⁰. The multiplicity of actors inhibits the development of a coherent system and capacity by a state body, consolidated management of data to inform planning, and understanding of key social issues that over time will constitute formal national social security and social service measures¹¹. Further, there is need to overcome current mindsets that perceive poverty solely in economic terms and thus welfare handouts as a primary solution. Finally, such fragmentation hinders communicating to the populace what the major social issues are, who are most affected, what is being done, and with what results. This is a missed opportunity to build public understanding and confidence in the state.

Many of these concerns are recognized by the State. Current plans seek greater coherence across sectors so that actions are complementary, are fundamental in nature, and lead to durable outcomes. Reflecting our

Sustainable Development Goal pledges, there is clear emphasis on social inclusion. This sturdier context is timely to consider a social policy that moves beyond a multiplicity of vulnerable groups and welfare handouts to provide a sustainable framework to future actions.

The Consolidated National Social Policy addresses decision makers who see merit in strengthening foundations for a sustainable national social security system. The specific focus of the policy results from analysis posed by two hypotheses: (i) current interests and actions may be formulated into a coherent national social policy that lays foundations for an expanding national social security system; and that (ii) single institutional oversight is needed.

3: METHODOLOGY AND ANALYTICAL FRAMEWORKS

The Consolidated National Social Policy was initiated by the MoLSAMD based on extensive document review and desk research, and refined by valuable insights of government and partner stakeholders. Its content was not pre-determined, but anticipated to evolve logically from analysis and interpretation of the evidence. Key reference points were the national Constitution, policies and plans, the fundamentals to human dignity enshrined in the UDHR and international Conventions to which Afghanistan is a party, as well as practices reflecting all levels of human development¹². The policy was further guided by three clear objectives including (i) relevance; (ii) sustainability; and (iii) affordability.

- i. **Relevance:** The social policy should be applicable to Afghanistan, not an imposition of some external model. This entailed a requirement to develop an Afghan-specific definition of 'vulnerability' that would guide future interventions and target groups, and Policy framework that would logically inform the national Social Protection Strategic framework.
- ii. **Sustainability:** The social policy should have durable value to key national stakeholders, in terms of the focus of its content and of developing institutional capacities.
- iii. **Affordability:** The constituent measures of the social policy should be achievable within current or identifiable financial resources.

Annex 2 details the key sources used, and contributing stakeholders.

4: CONTEXT ANALYSIS AND POLICY OPTIONS

Over time the needs of the vulnerable groups of Section 2 will diminish and ultimately disappear: they provide no durable value as the focus of a national social policy. Nor is our overall context conducive to substantial resource allocations to the social sector. The ANPDF prioritises national poverty reduction via a 70 : 30 split between allocations to economic growth and social sectors. It also firmly states that 'Afghanistan cannot

yet afford large-scale national safety nets or tax-based transfer programs'. A robust theme is work, not welfare. Social policy must provide broader scope to the achievement of well-being of our people.

Social policy is concerned with progress and change for citizens. There is no established formula. Despite a high focus today on welfare and benefits, the United States offers precedents of distinctive approaches. Franklyn D. Roosevelt's 'New Deal' introduced the US's first social security measures in 1935 but gave priority focus to the creation of work opportunities (including public works) and economic stimulation. This included construction of affordable housing, simplified mortgage processes, and national standards for social housing. Three decades later Lyndon B. Johnson's 'Great Society' package addressed poverty alleviation by practical actions – not cash transfers - to eliminate hunger, illiteracy and unemployment among the poorest and minority groups, and prioritised racial injustice with four civil rights acts in as many years. Following the 2008 global recession European leaders actively sought alternatives to the low economic measures of human progress, which led to the introduction of well-being measures. These are perpetuated in annual Human Development Reports and in the social inclusion that is central to 2030 SDGs.

More useful to a sustainable social policy are measures of poverty itself. Besides *economic hardship* endured by almost 40 per cent of the population living below the national poverty line (ALCS 2013/14), Afghanistan exemplifies the multi-dimensional aspects of poverty. *Social exclusion* exists on a scale that the ANPDF recognises hinders overall national development. Unacceptable hardships also result from *lack of access to basic material resources* which underpin all human well-being. These poverty dimensions hinder satisfactory achievement of well-being irrespective of economic status. Deprivations resulting from low or no access to the material, the economic and/or the social dimensions of everyday life can impede citizens from gaining a basic standard of well-being and dignity: these constitute priority *social issues*. Groups and individuals who cannot avail existing opportunities because of diminished physical or mental capacities are the *socially disadvantaged* who need specific help. As development progresses, key social policy issues may become more or less critical, and groups of concern may change.

As substance of social policy, issues of multi-dimensional poverty fit with our current national plans which recognise '*the multiple dimensions of human development..... [such as] experiencing hunger and malnutrition, having no or limited access to social services, fearing violence and discrimination and being marginalised from the political processes that shape their lives*¹³. The sections that follow outline the priority social issues and disadvantaged groups that will constitute our Consolidated National Social Policy for

many years to come, with overviews of currently planned actions, and what more may be considered to contribute to progress in the short to medium term.

4.1 KEY SOCIAL ISSUES

4.1.1 Social exclusion

Social exclusion is unequivocally the most significant social issue in terms of numbers affected, and its impact on individuals and on society. Our total female share of society (49 per cent) endures gender discrimination and suppression by traditions contrary to the principles of Islam, and violate Articles 22 and 54 of our Constitution. Women's exclusion negatively impacts their well-being – even their right to life, human dignity and self-realisation. Their exclusion from the labour force (26.7% women, 80.5% men, **ALCS Mid Term 2016-17**) significantly limits the potential for national economic growth and thus slows our development. Women's exclusion from decision making perpetuates their marginalisation and impoverishes our nation.

- **National Unity Government (NUG) actions** seek to strengthen women's political, social and economic inclusion in its five-pillar Gender Strategy¹⁴, a National Action Plan on UN Security Council Resolution 1325 on Women, Peace and Security (with progress report by end 2017), and a 15-year National Priority Program with \$250 million investment to promote and facilitate rural and urban Women's Economic Empowerment (NPP WEE).
Additional actions: To overcome the assumption of women's free caring role in line with the SDGs, and to support working women, the NUG will introduce:
 - Legal requirement for subsidised child care facilities (without pre-school education) to a nationally agreed standard, by all formal/informal businesses having a (to be decided) minimum number of female staff;
 - TVET bodies will develop standardised training in child care (Kindergarten model exists) to expand skills and employment opportunities to provincial women;
 - Trainings programs for women will review need for child care support to avoid exploitation of other females.
- **Duration of need:** This social issue is long term, with need for periodic review of progress and re-prioritisations.

Other categories prone to exclusion are those with different abilities and people affected by man-made and natural disasters. Historically addressed as recipients of humanitarian assistance, these categories are now being brought into mainstream development within current national plans as is discussed below.

4.1.2 Access to basic social services

Fundamental to the achievement of a dignified life and productive engagement in means of livelihood are access to basic social services such as health, water and sanitation, housing, and education. In our country, these services are not accessible to many of our people who migrated out due to war and now return, are displaced due to continuing conflict and high incidence of natural disasters¹⁵, live in remote insecure border areas, or are at-risk of lifelong harm¹⁶ if excluded. The

ANPDF notes the expected return of 2.5 million registered and a similar number of undocumented refugees from Pakistan and Iran, often at short notice so that assets are left behind, and lacking in-country shelter or social networks. Internally Displaced Persons (IDPs), including kuchis, constitute an estimated 1.2 million of whom 58% are children. These IDPs include 230,000¹⁷ due to natural disasters and around 835,000 persons fleeing conflict, both potentially increasing annually. Host families (277,000 persons) are sinking into deeper poverty. The estimated 800,000 IDPs in temporary camps suffer unacceptable hardships that threaten life, expose women and children to violence, sexual abuse and early marriage,¹⁸ and inhibit deny men's opportunity to gain new skills and income. While humanitarian assistance remains essential in early stages of return or displacement and for which we deeply appreciate continuing UN family support, there is need for us to move to provision of durable solutions as sought in vulnerable group policies.

- **NUG actions** newly focus on the development of townships or allocations of land (by ARAZI) with access to all amenities for IDPs, homeless returnees, and kuchis deprived of grazing lands, while the Urban NPP Pillar 2 envisages affordable and social housing, upgrading informal settlements and extending basic urban services. Natural disasters are subject of humanitarian action plans and resources by the ANDMA with UN support.
- **Additional actions:** The technical standards associated with allocations of housing, land, water and sanitation need to be translated into entitlements of ownership or rental to inform a standard policy or legislation, and link with/set precedents for social housing when introduced.
- **Duration of need:** For these categories, support may extend into the medium term, and should be escalated if resources are available, until a majority gain equitable opportunity with other citizens to independent access to all available social services. Support to victims of natural disasters will be long-term. However, these issues will remain relevant for decades to come as government and citizens seek continuous quality improvements.

Some services remain a primary concern for categories whose lives are at risk by lack of access, or by lack of use even when access exists. These include maternal health for which our maternal mortality rate is 6-700 per 100,000 live births, and persistent low use of ante-natal care¹⁹. Safely managed drinking water is accessible to 65% of the population, but only 7% has water piped into houses or yards. Sanitation continues to lag behind with 40.4% (ALCS Mid Term 2016/17) overall having access to safely managed systems, though showing very encouraging progress from 2013/14. Some 73.8% of urban populations are living in slums.²⁰ The lack of these basic services facilitates transmission of disease and contributes to deaths of infants (45 : 1,000 births) and those under five years (55 : 1,000 births²¹).

Poor access to education (over 2 km distant) in rural areas is a key reason for girls' non-attendance²² while rural community-based schooling requires expansion to higher grades²³ to address the wide gender gap in

national human resources. While Net Education Attendance ratio in ALCS Mid Term 2016/17 is similar to 2013/14 levels for Primary Education, but both boys (45.2%) and girls (23.7%) show a drop of 3% for Secondary level.

- **NUG Actions:** National policies, strategies and action plans exist for provision of rural water, sanitation and hygiene; for health including maternal/child health (for which the MoPH has an internationally acclaimed model of accelerated midwife training); and for education including marginalised groups.
- **Additional actions:** Escalated efforts to make progress on improved sanitation. India's Prime Minister Modi is currently leading a national campaign to provide modern toilets to 35 million citizens who lack facilities, so that lessons learned could be usefully sought.
-MoE to escalate support to secondary education for girls in rural communities.
- **Duration of need:** Long term to achieve universal access, then quality improvements.

Annex 3, summarises 1396 Budget actions on all Social Policy social issues, and illustrates NUG commitment to basic social services for our marginalised groups.

4.1.3 Employability

The term 'employability' is used to imply the skills and capacities that are needed to seek and gain employment because this closely fits with our context of limited opportunities and high illiteracy. The ALCS **Mid Term** 2016/17 reports national adult literacy at only 35.3% while the youth literacy rate remains among the lowest in the world at 53.5% (67.5% for males but only 38.9% for females). 'Employability' also reflects the conventional role of the national entity responsible for social security, which is not job creation.

National plans give high precedence to investments in economic growth and productivity with augmentation by targeted interventions to improve skills and opportunities for the poor. Skills training entails expansion in quantity and quality of opportunities, but also actions to survey and develop skills trainings that meet emerging market needs; to progress mechanisms for assessment, certification and accreditation of training outcomes; to strengthen governance at central and sub-national levels; and to include 'soft skills' to strengthen job applications and interviews.

- **NUG actions** include expansion of vocational and technical education by means of a well-tested German apprenticeship model. Target groups include returnees and IDPs, migrant workers for which new policy and program now exist, people with disabilities, and the 400,000 youth who annually enter the labour market and who otherwise may pursue out-migration or even recruitment into armed groups. Fuller measures are described in the National Labour Policy. Significant investment is directed to enhancing female productivity (NPP WEE) and removing barriers to women's progress. **Additional actions:** Skills training programs will recognise the practical reality of trainees who need to engage in more than one source of earning income and thus need more than one skill.

- Establishment in MoLSAMD of a professionally managed Labour Market Information System to provide regularly updated disaggregated data

- Standard definitions of all labour-related (and other) statistical data to be agreed and applied among all national agencies to achieve coherence among national sources and with international standards unless agreed to be deemed inappropriate to Afghanistan at this time.

- Data to inform social analysis will be required from all major national programs including beneficiary numbers among the disabled, returnees/IDPs, widows/FHHs; public works programs will advise numbers and categories of beneficiaries, average income gained, and skills for which training may help sustainable livelihood.

- **Duration of need:** Skilling a significant share of our work-age population requires repeated and long-term investment linked to realistic market opportunities, targeting annual demand by youth as well as the most marginalised and poorest, and women.

4.1.4 Violence against women and children

Violence is part of everyday life for our people but not only attributable to ongoing insecurity. The need to fight violence against women, including domestic violence, is now well recognised and addressed in gender strategies and action plans (see Section 4.1.1).

- **NUG actions** cover legal reform in alignment with Constitutional rights and international instruments, women-friendly services of SMAF commitment²⁴, and residential protective facilities for victims. Approval of EVAW Law is pending and needs to be escalated in line with broader national commitments to women's justice.

Violence against children is not high in national consciousness. Data should give rise to concern. The AMICS 2013/14 documented 74.4% of all children aged 2-14 years enduring harmful physical or psychological violence by a close family member. Under-age marriage (below 16 years) as documented by ALCS 2013/14 is reducing, though stands at 12% among women aged 20-24 years. It remains a priority concern because it correlates with domestic violence; early and repeated reproduction with risk to life, health (malnutrition and fistula) and longevity, loss of education and labour earnings of mother; and underweight, poor nutrition, physical and cognitive development of infants, all contributing to cumulative costs to the nation.²⁵ Under-age recruitment continues by armed opposition groups²⁶ and, despite ANSF initiatives and claims to the contrary²⁷, reports (of September 2016) maintain that modest levels persist by the ANP due to lack of or forged identity and practices of patronage. Though prohibited by law, exploitative child labour and hazardous work as in brick kilns²⁸, is experienced by 27% of children aged 5-17 years (around 2.7 million)²⁹ with as many as 114,000 boys and 18,000 girls of older ages working more than 43 hours per week³⁰. A further 4% of children are working within limits of the law.

Violence against children by the justice sector accounts for a significant share of the 2,000 or more annual cases handled by the CPAN (see Section 1). Key concerns

include incarceration and criminalisation of children for non-existent offences. These include 'moral crimes' by girls running away from domestic or marital violence and abuse³¹, and children forced to commit crimes by traffickers or kidnappers who carry on their criminal acts with impunity. There is also evidence of prolonged and illegal detention of children pending due processes of law and ill-treatment by authorities³². So long as citizens do not trust the formal justice system³³, they reinforce by greater use a parallel system of informal justice which upholds traditional customs rather than the provisions of the Juvenile Penal Code, disregards best interests of the child, and discriminates women.³⁴

- **NUG actions:** It is expected that the new Child Act, awaiting parliamentary and presidential approvals, will detail priorities for strengthening Juvenile Justice and broader systems of child protection. MoE has enacted policy commitment against teacher violence in the classroom. A National Action Plan to reduce child labour in the carpet weaving sector is initiated³⁵, and overall elimination constitutes a specific benchmark of A-SDG commitments led by MoLSAMD.
- **Additional actions:** The National Communications Strategy (see 4.1.5) will include condemnation of all violence – violent conflict, violent dispute, violence against women, violence against children – outlining its harmful impact on individuals, families, communities and national development together with guidance on alternative behaviours. Indicators of results will link with provincial and community-level monitoring of progress on a child-specific 'Better Life Index' (see 4.1.6).
- An enhanced inspection system for child labour will be introduced. This will include additional capacity at provincial level by expansion and training of human resources, and partnerships with civil society actors.
- **Duration of need:** The culture of violence is so deeply entrenched that long term efforts are required.

4.1.5 Access to information, agency and voice

The capacity of individuals and groups to mobilise, and to have their points of view heard is intrinsic to democracy, and the substance of 'transformational' actions which the ODI argues are needed in fragile states³⁶ alongside social protection measures of *prevention* (such as social insurance), *protection* (such as social assistance, safety nets), and *promotion* (such as public works, micro credit, income-generation).

- **NUG actions** already reach down to village level. Community Development Councils are freely elected by women and men who become decision-makers on their local development priorities. The Citizens' Charter (CC) takes agency and voice yet further by providing communities with tools and mechanisms to monitor delivery of basic social services. Over the coming 4 years the first 12,000 CC communities will provide universal access to clean water; quality education in government schools with teachers in class and providing minimum teaching hours; and minimum hours and staffing of health facilities according to the Basic Package of Health Services. Additional options include renewably-sourced electricity in remote areas, all-year roads to local markets, or small-scale irrigation and drainage infrastructures. By 2026 the total package will extend to all.

Agency and voice are not strongly evidenced by many other people though progress is achieved by urban women and disabled victims of conflicts. Violations of child rights survive because children have no voice in a social hierarchy that does not consider the child's point of view. An impediment for many and particularly the poorest, is lack of information on their rights in formats that are user-friendly for those who are illiterate³⁷.

- **Additional actions:** A National Communications Strategy will incorporate a clear framework for human rights education that is not pure abstraction from human rights instruments but is linked to everyday practicalities of targeted audiences as is proposed under 4.1.3 for employees, and linked to identifiable accountability mechanisms among governance bodies. The AIHRC envisages some public awareness in the 1396 budget: it could collaborate with all other sectors to achieve a single comprehensive plan of action with cost efficiencies, broader outreach and impact.
- **Duration of need:** Actions are needed long term but should logically link with national priority issues and disadvantaged categories.

4.1.6 Sustainability of the Social Issues

A *sustainable social policy framework* is realisable by adopting key measures of poverty alleviation. As evidenced below, indicators change as development makes progress, but the basic measures are durable.

- The *2016 Human Development Report* includes a ranking by individuals in countries of Low, Medium, High and Very High human development of 7 aggregated priority concerns. Education is the priority concern for all; Health care ranks second in Low and Medium Level, and third and fourth among High Income and Very High-Income nations. Access to Clean Water and Sanitation is ranked third by Very High-Income representatives.
- The *Better Life Index* of OECD countries, measured by individuals themselves, includes Housing as number of persons per room and a flushing toilet, quality of Water, Education, Health, Community Support Networks, Safety (in walking alone at night) and Employment.
- The *Social Progress Index* measures the extent to which all countries provide for social and environmental needs of their citizens. Social progress is defined as 'the capacity of a society to meet the basic human needs of its citizens, establish the building blocks that allow citizens and communities to enhance and sustain the quality of their lives, and create the conditions for all individuals to reach their full potential'. Its 54 indicators note performance on basic human needs, foundations of well-being, and opportunities to progress. These include Health, Shelter, Sanitation, Equality, Inclusion, Personal Freedom, Sustainability and Safety. Afghanistan ranked 131 among the 134 documented countries in 2015.
- Paraguay has adopted well-being as central to its national development plan in alignment with the 2030 SDGs.

Annex 4 provides fuller detail of these sources.

Additional action: An Afghanistan Well Being Index will be developed to monitor progress on these social issues. Given the low capacity for and use of data, the Index will have a factual but simple user-friendly format. The initial

Index will describe national progress and be shared with national bodies and, via media, with the population. As a second step, it will be prepared by province to support sub-national planning and parliamentary advocacy. Finally, it will be adapted into a simplified tool for use by CDCs – including as a child-specific version - to mobilise collection of their own baseline data on ‘our community, our children’, and to monitor their own progressive improvements. This action may be incentivised by documenting good practices, sharing on national media, and mobile phone voting for ‘the best’ with a small grant as a reward to the winning community.

4.2 SOCIAL DISADVANTAGE

Both religion and Constitution (particularly Articles 53 and 54) define us as duty bearers for disadvantaged widows, orphans, disabled and elderly.

- **NUG actions:** Beyond measures already outlined, the principle strategy of the State is to mainstream these categories into broader initiatives. The ANPDF states that *‘The Citizens’ Charter will build the capacity of CDCs and put in place necessary downward-accountability measures to help ensure that vulnerable groups, such as women, returnees, IDPs, widows, and persons with disabilities are included in the development process.’*
- **Additional action:** Mainstreaming could be extended to all national programs of MoRRD, MAIL, NPP-WEE with requirement to provide data (see 4.1.3) on numbers and categories of all relevant vulnerable groups.
 - Beyond planned CC mainstreaming, CDCs could be encouraged to promote traditional social protection actions which include *ushr, hashar, zakat, and khairat* which have sustained Afghan families and communities throughout time including decades of conflict and even across continents. Collective support and actions to those most in need could be encouraged by documenting good examples leading to national recognition and a small community reward.
 - DoLSAMDs and DoWAs will develop ‘First Assessment and Referral facilities. This entails informing themselves on who provides what, where, under what criteria; introducing and monitoring service standards; and establishing partnership agreements with quality service providers for referral. Such facilities are fundamental to a system of social service that seeks, with very modest investment, to introduce needy people to available support rather than turn them away as is current practice. Training modules exist³⁸; some women’s organisations operate similar actions, and good regional model exists in India³⁹.

Further support to three of these categories is blighted by inadequate data, and to all four by no centralised information on what support measures already exist. These are discussed below.

4.2.1 Widows/Female Headed Households

The terms ‘widows’ and ‘female-headed households’ (FHHs) are often used interchangeably: the latter assume responsibility for family management and well-being where husbands are elderly, disabled or otherwise non-supporting⁴⁰. Widows are estimated to number 524,000 (1.75%) of the population,⁴¹ though continue to rise with ongoing conflict. Around half are regarded as vulnerable due to lack of a married

household member to lend support⁴². Evidence confirms their particular deficits in terms of food security. The ALCS 2013/14 Household Hunger Index reports 33% experiencing moderate to severe hunger compared to 12% of male-headed households. Across all three measurements, women’s deprivation substantially exceeds both the national average and that of male counterparts⁴³.

- **NUG actions:** Existing support provided to widows/FHHs is not clear. Some are included among the 152,304 beneficiaries (who also include dependent parents, and children) of the Martyrs cash assistance scheme and subject of current assessment. Unquantified numbers benefit from national income generation programs (by MoRRD, MAIL), and humanitarian transfers targeting food insecurity (9.3 million persons including 3.4 million severely food insecure and 5.9 million moderately food insecure) by the UN’s Humanitarian Assistance program. Small numbers reduce their burden by lodging children in state and private orphanages but parental status is not well documented. Finally, widows/FHHs are a primary target of the multiple NGO projects across the country. It is probable that some widows receive duplicative benefits, while others receive nothing: resolution of this problem awaits the national biometric identity scheme.
- **Additional actions:** All agencies need to provide their data on widows/FHH among their beneficiaries.
 - MoWA and MoLSAMD will make effort to enhance coordination of non-state support actions including agreement on their respective oversight roles; collation of small projects into a larger frame of support with improved geographical coverage and documented outcomes, and a focus on national principle of empowerment which implies skills for income rather than safety net handouts.

4.2.2 Persons with disability

Persons with disability constitute between 1.7% (400,000 people, NRVA 2007/8) or 2.6% (6 - 800,000 people⁴⁴, HI 2006) of our population.⁴⁵ Numbers continuously increase due to continuing conflict. Because they are regarded as unproductive members of society, they are not routinely accommodated by education, skills, or employment services so that many exist in an uncertain state of dependency. Priority national support remains physical rehabilitation: poor government oversight of non-state service providers and inadequate use of data constrain provision of further services. There is also a deeply political influence to support of persons with disability which has concentrated on the ‘veterans’ of conflict and whose interests have dominated the disability agenda. Corrupt elements have exploited the long-standing survivors’ benefits scheme, and this has besmirched the cause for all⁴⁶. While continuing conflict may have impacted patterns, in 2006 HI noted 17% of disability attributable to conflict, while 26.4% existed from birth. This greater share of children remains marginalised from mainstream education and skills for income.

- **NUG actions.** The Victims cash assistance scheme reaches 121,912 disabled beneficiaries. This represents 30% of all disabled according to NRVA data, or 15% - and very close to the conflict-related 17% - of HI data.

However, accurate estimations of war victims remain uncertain due to poorly managed and ever-increasing Victim data⁴⁷. Numbers of beneficiaries under revised laws of 2010 and 2013 of subsidised land, housing and transport, specialised overseas health care, educational scholarships, and small urban business opportunities are not well documented. Nor are data collated on the many who, over decades, have received skills training and support to set up small enterprises.

- **Additional actions:** A comprehensive assessment will be conducted on number and status of disabled persons.
 - Concepts of disability will be updated to achieve perception and assessment for *capabilities*, promotion of opportunities for independence, and monitoring of rejections of training or employment opportunities that by law disqualify further entitlement to cash assistance.
 - Enhanced effort will be made to realise Inclusive Education to achieve access for children with sensory challenge, as well as to skills for an independent future.

4.2.3 Elderly

Afghanistan has 2.9% (around 850,000) of persons aged over 65 years (ALCS Mid Term 2016/17). Elders become at risk if they do not have family members willing and able to support their care and well-being when, in advanced years, their physical, mental or emotional capacities may diminish. An estimated 12-15%⁴⁸ of the elderly, former government employees, have financial resources by way of their pension payment. Due to the high value placed by the Afghan people upon family, and the role of housewives as full-time carers, there is no concrete evidence that elders are deprived of family care. However, family capacities to cope are subject to erosion due to poverty, insecurity and displacement, as well as by women's need and/or interest in public work. The latter is more likely to occur in urban areas where the ALCS 2013/14 reports more families to include elders. There is value in forward planning. International best practice speaks to home-based and community care.

- **Additional action:** The current 4-year bachelor degree in social work will be augmented by a speedier qualification for practitioners with knowledge of rights, legislation, standards of practice, and available support networks. MoPH mid-wife training provides an in-country good-practice model for such escalated training.
- **Duration of need:** Accelerated training of social care workers is a short-term action, but overall need is long-term. Qualified practitioners are sought by institutional settings such as justice, police, health, education and social sectors, and for community and family-based support. Prioritised action should be viewed in context of need to replace time of technical professionals, reduce risks faced by vulnerable persons (especially children) in care of unqualified staff, and dependency on women's unrecognised and unpaid care support in the home which constrains some from pursuing economic and other interests. It also generates new employment opportunities for both women and men.

4.2.4 Persons with Drug Dependency

Drug dependency may be considered as a major social issue but is included here because of its devastatingly

harmful effects upon the family which include deepening poverty, violence, and harmful effects on children who are exposed to drugs. The overall national rate of drug use has increased from 6.6% in 2009 to 7.8% in 2015⁴⁹, with 9.2% of children aged 0 to 14 years testing positive for one or more types of drugs. Rural children are 6 times more likely to be affected than their urban peers. While 9% of children are users, the remaining 91% are exposed to drugs – an opportunity for preventive actions.

- **NUG actions** include comprehensive Rehabilitative services under Ministry of Public Health. Ministries of Education and Counter Narcotics provide compulsory awareness raising of risks in all schools, and the latter provides broader public media awareness.
- **Additional actions:** Public awareness of risks as well as of social – not medical – causes needs to promote early intervention, sources of support for all family, and guidance on minimising risks of children becoming users. (See also 4.1.4 and 4.1.5).
 - Efforts will increase to detain and bring to justice suppliers of drugs regardless of criminals' social status.

4.2.5 Children

The most at-risk category in Afghanistan is our 47.3% of children under 15 years of age. Children at risk are not only 'orphans' among whom many have at least one living parent⁵⁰. Institutionalisation tends to disregard UN-CRC commitments to 'best interests of the child' and 'a solution of last resort'. The state justice does not uphold legal responsibility of father or grandfather to provide maintenance of children⁵¹, but enforces laws on custody that are contrary to mother's natural interests or even greater capacity to protect and provide for her high flesh and blood⁵². For all children, entrenched cultural values that continue to perceive children as assets rather than individual rights-holders means that many are at risk from womb to adulthood (see Annex 5). An AIHRC 2014 study on *bacha bazi*⁵³ reports that 29% of boys are *purchased* while 13% sourced through friends, and four in five would like to run away but fear for their life. Beyond issues of Section 4.1.4 are the still-low rate (42%) of civil registration of children under five so that age on marriage or recruitment cannot be ascertained. Trafficking⁵⁴, recruitment into armed groups, and substance abuse⁵⁵ are all risks for children even though counter-efforts exist. Because actions cross-cut multiple entities, an understanding of why investment in children matters and of sources of support are not well understood. Review and recommendations of new assessments by MoLSAMD⁵⁶ to improve the national child protection system deserve attention. Investing in children today is investment for all of Afghanistan tomorrow.

- **NUG actions:** Dedicated actions exist to support all risks to children in Annex 5. Citizens' Charter has expressed interest to promote child protection at community level.
- **Additional action:** A National Children's Program will be introduced to educate and mobilise the nation. To maximise impact of efforts and outcomes for children, all

present efforts including health and education for at-risk groups, will be collated into a single program, together with additional needs of system strengthening and services. It will be given an attractive title ('Children are Our Future: A Future for Our children', 'Children Matter Most', 'Children First' or similar). A useful model to generate discussion is Ireland's 2014-2020 'Better Outcomes, Brighter Futures' for children and young people which describes its transitional goals and outcomes, as well as changes to its system⁵⁷, and outlines its oversight structures.

-Citizens' Charter interest in child protection will be supported by a simple Child Well Being Index (see Section 4.1.6) for communities to note the progressive status of their children, with public broadcasting of good practices and mobile voting on best performance, with a small grant reward to the winning community.

4.2.6 A rational framework for Social Disadvantage

Current arrangements for socially disadvantaged groups are especially fragmented between and within different entities, incurring duplicative overheads, little coordination or effort at referral and knowledge sharing. A single framework of citizens susceptible to social disadvantage over life facilitates development of management structures, appropriate competencies, service standards, and sources of support.

Comments	Children and Families	Adults
-Children should be addressed within a Family context.	Community-based care Residential protective care*	Community-based care Female Residential protective care
-Child services need specialised communications, technical competencies and codes of conduct.	At risk/survivors of violence Children with different abilities Children exposed to drug abuse Children in conflict with law	At risk/survivors of violence Adults with different abilities Adults experiencing substance abuse Women in conflict with law Elderly

*For children who lack responsible parents/guardians, trafficked or sexually abused, with distinctive family-like living arrangements

- **Additional action:** Oversight of this framework will be institutionalised within the MoLSAMD and supported by DoLSAMDs and DoWAs as outlined under 4.2. Case management for children will continue by a strengthened CPAN (fewer locations, gradual expansion as competencies grow); MoWA will support women. If demand arises, adult men will be similarly addressed.

4.3 STRENGTHENING SOCIAL SECURITY

In the context of diminishing international aid there is need to reform finance systems to ensure sustainable delivery of key social services. Education and health are fundamental rights guaranteed within our Constitution⁵⁸. Despite current limitations on fiscal space, there are modest steps in the short term that can inform actions for realisation in the medium term.

4.3.1 Social insurance

Health care absorbs a large share of family income that is often met by coping strategies that incur debt and deeper impoverishment. Health insurance is one mechanism to support sustainability of supply and reduce household costs. A 2015 Feasibility Study⁵⁹ by the MoPH presented analysis of insurance models for social, community-based and private health cover on basis of lessons learned that no single scheme covers all needs. Recognising that legislation and regulation of health financing reform are lengthy processes requiring strong political leadership and multiple stakeholder collaboration as well as overcoming legal barriers, the study concluded that a Phase 2 may be timely within 2-4 years to launch a pilot insurance scheme in the formal sector in locations able to provide quality care.

- **Additional action:** High level review of the Study's findings and decision on whether and when to proceed to a pilot phase. This will include consultation on willingness to pay (important, given that many seek health services in neighbouring countries), and to ascertain from users what services they most value.⁶⁰

Recognising the high national investment in economic growth and employment generation together with the private sector, it is timely to consider strengthening opportunities for expansion of the existing national social insurance pension scheme (see Section 2).

- **Additional actions -** Medium-term: introduce legislation for the introduction of social security following actions under 4.3.3 below, for businesses with a specified minimum number of employees, so that we may move towards ratification of ILO Social Security (Minimum Standards) Convention No.102⁶¹.
 - Due to overall lack of application of occupational safety and health practices, there is need to introduce, educate, and progress towards ratification of ILO Occupational Safety and Health Convention (No.155) and its Promotional Framework (No.187), with a particular focus on Agriculture, Construction and Mining. ILO provides valuable Codes of Practice which should be adapted to the Afghan context, disseminated, discussed and applied.
 - Actions above require facilitation of women's opportunities and rights including the provision of models for policies and mechanisms to address gender and sexual harassment in the work place.

4.3.2 Social Assistance

Historically cash assistance has been subject to opportunism and corruption. Lessons from MoLSAMD reform of the pension scheme, Ministry of Finance electronic delivery of Martyrs and Disabled cash assistance, and results imminently expected from evaluations of pilot social safety nets⁶² are likely to agree on needs of biometric identity (*e-tazkira*) and electronic payment which are not yet fully national. Continuation of limited targeted safety nets is not favoured where they offer temporary reprieve, and much evidence concludes transfer size and duration are critical to achieving objectives of sustained poverty alleviation⁶³: equitable provision is unaffordable⁶⁴.

Overcoming real and perceived issues with the Martyrs and Disabled cash assistance scheme requires reform as has been done for Pensions.

- **NUG action:** Plans will be escalated, due to the time such reform requires.⁶⁵
- **Additional actions:** Assessments of existing benefits and outstanding needs of widows/FHH among Martyrs, and of Disabled as outlined in Sections 4.2.1 and 4.2.2 above. -Review of international best practice on compensation schemes for private citizen civilian martyrs and disabled resulting from ongoing conflict leading to separation of a compensation scheme from the Martyrs and Disabled Scheme with amendment to legislation as needed.

High priority for any future social assistance is prevention of lifelong deprivation for children with unsupported mothers by sustained but time-bound transfers combined with skills training and income opportunities to achieve independence. Eligible actions include retention of rural girls in secondary education, facilitating access to education for sensory impaired children, preservation of family integrity rather than institutionalising children, and alternative employment for mother to end carpet weaving by school children. Beneficiary identification needs careful thought so that it may accommodate 'the individual case'⁶⁶ rather than solely broader categorical targeting.

4.3.3 Social Services

Employment Services: Functional review of MoLSAMD Social Affairs' 'Work Related Injuries Department' for public and private sectors to determine its status and potential for expansion aligned with private sector growth.

Technical Services: Provision in the short term of

- public information in the form of Guidelines on Duties of Employers to strengthen 'decent work' conditions by provision of social security in alignment with government scheme and subsidised childcare (without pre-school education) for those engaging a specified number of women, and of Guidelines on Rights of Employees to strengthen agency and voice (see 4.1.5).
- MoLSAMD will establish a function to advocate need and to provide assessment of national needs⁶⁷ for training and deployment of social workers/social care workers. Merits of this professional role are increasingly recognised by judicial, police, health, educational and social institutions, as well as for present and future community and family based care.

Social Care Services: Compliance with national principles, concerns of cost efficiencies, and alignment with national commitments and good practices require:

- Assessment and reform of Residential Care Facilities ('orphanages') to reintegrate all possible children with families/guardians, achieve cost efficiencies, and progress to quality modern services. Several models exist from Southern African countries where HIV-AIDs has contributed to unprecedented incidence of orphan hood, and Central Asian countries such as Ukraine which are dismantling Soviet practices.
- Assessment and reform of Kindergartens to optimise support to women working in government service and

poor women, alignment with MoLSAMD mandate, institutionalise child care training into TVET system.

- MoLSAMD social services to oversee all Socially Disadvantaged Children/Families with women remaining under the MoWA; both ministries to develop capacity to respond to all social issues by First Assessment and Referral Services. Service provision remains the role of specialised bodies.

4.4 DEFINITION OF VULNERABILITY

Due to the breadth and depth of challenge to citizens:

Vulnerability implies reduced opportunity due to age, gender, physical or intellectual ability and/or to geographical, economic, cultural or climatic causes to access, participate in and benefit from the available economic, material and social resources to achieve an acceptable standard of well-being. The most disadvantaged persons are those who remain susceptible to exclusions because of their diminished capacities to act independently to use available opportunities.

4.5 SINGLE ENTITY OVERSIGHT

To avoid unfortunate precedents, uphold national principles, and to provide continuous assessment of progress for citizens, there is need for a *single oversight body*. The responsibility entails:

- sound *coordination* and progress towards common standards and alignment with principles;
- *management of data* to inform on achievements, good practices, major glitches, continuing and new needs;
- *monitoring* of progress towards the aim of universality in provision of basic social services;
- *leadership of coordinated social policy review and recommendations*;
- *communication* to national and provincial governance bodies, CCs, and the population on overall progress;
- *advocacy with all partners* for adequate resources to fill broad-based social security needs of citizens.

5: IMPLEMENTATION ARRANGEMENTS

5.1 IMPLEMENTATION RESPONSIBILITY

As the entity mandated to oversee national social security and services to the neediest, the MoLSAMD will assume oversight of the National Consolidated Social Policy⁶⁸, under guidance of a high-level Steering Committee for which the current DiREC under the Chief Executive provides a sound model. This oversight will support MoLSAMD's growth in capacity to interpret national progress on sustainable measures of citizens' well-being⁶⁹ and to gradually transform into modern social service provision as part of a comprehensive social security system: the time this will take should not be under-estimated⁷⁰ nor the need for quality capacity building of staff providing all social protection actions. Oversight does not supplant independent policies and plans of vulnerable group or other government entities. Its purpose is to ensure policy coherence in provision of benefits to citizens in alignment with national

principles: this is contingent upon sound coordination and collaboration across multiple bodies whose individual contributions are critical to progressive improvement to citizens' lives.

For the MoLSAMD, oversight responsibility implies change to current operational practices, and significant upgrading of competencies in functions that are by no means new, but which have thus far remained weak. The MoLSAMD will greatly benefit from a restructure and reform program – for which it is among the last of the large ministries to do so - rather than piece-meal upgrades of departments. This could entail alignment of all policy-oriented functions needed for the national social policy (also providing coherence to internal functioning), separated from all service delivery functions, each under leadership of a Deputy Minister.

A comprehensive time-bound Change Management Plan would provide opportunity to achieve logical and complementary rather than currently duplicative (or absent) functions across the Ministry. As MoLSAMD capacities have yet to become strong in the anticipated functions, it may seek recruitment of a social policy oversight management team (as done for the NPP WEE) to initially lead and support capacity upgrading of key functions to appropriate standards within a four-year period. Partnership agreement with the CSO for key data management and analysis (of which most already exists) would ensure quality and cost efficiency, with stakeholder sector-specific technical task forces to undertake monitoring, and social policy review.

Coordination is critical to sound social policy implementation in any country. Though varying in relation to the issue or group being addressed, social policy implementation will entail collaboration with Citizens Charter, IDLG, MoPW, MoRRD, MAIL, MoRR, SC, AGO, MoJ, MoIA, MoPH, MOWA, MoBTA, GD-KA, MoUD, ANDMA, MoCN, MoE, MoFA, MoF and the AIRCSC, many UN family members, as well as donors and non-state actors.

Incremental installation and operationalisation of functions is envisaged. A detailed work plan will be a first task of MoLSAMD's oversight management team.

5.2 INDICATIVE COSTS

Cost estimates will be an early task of the Social Policy oversight body as part of the development of its plan of action. The Consolidated National Social Policy encompasses already planned and budgeted actions, so that additional costs are unlikely to be beyond potential resources of interested stakeholders, and include:

5.2.1 Social Policy implementation:

- Social Policy oversight management team – 4-year operational costs; capacity building;

- National Children's Program: multi-sector, system-wide child protection); technical support to development of 4-year program and action plan and associated tools; modest additional costs;
- National Communications Strategy – technical support to development of 3-year program and action plan, new sector inputs; modest additional implementation costs;
- Better Life Index: national, provincial, community versions (Better Life for All, Better Life for Children) – technical support to development; capacity building of stakeholders including provincial and community levels.

5.2.2 Costs associated with MoLSAMD reform/inputs to medium term social policy actions

MoLSAMD reform is anticipated over 3 years with ongoing costs for policy implementation included in its operational budget. Specific additional costs include:

- Change Management expertise, process and extensive capacity building costs; good use will be made of permitted *tashkeel* additions and change over 3 years;
- Reform of Martyrs and Disabled cash assistance scheme;
- Review/further assessments on Health insurance;
- Development of accelerated social care worker training;
- Assessment of status of the Disabled, research on non-cash support to Veterans, and on support modalities to Civilian Casualties;
- Assessment/Reform of Orphanages;
- Assessment/Reform of Kindergartens;
- Assessment of ARCS capacity/needs for support to destitute individuals/families;
- 'Decent Work' Guidelines for Employers and for Employees; technical support to ratification process;
- Technical support on ratification procedures related to ILO Conventions 102 and 178;
- Development of child care training modules by TVET bodies (based on MoLSAMD Kindergartens' model).

5.3 RISKS AND MITIGATING MEASURES

Risk	Level	Mitigating measures
Internal reluctance/resistance to support change	Medium to High	Strong leadership, staff participation Clear communication on purpose and benefits Capacity building on policy-related topics Regular updates/joint reviews of progress
External resistance to support the social policy	Medium	Firm NUG endorsement Clear communication on purpose and benefits Professional quality coordination Inclusive decision making Capacity building on policy-related topics
Budgetary constraints	Low	Maximum use of budgetary limits Prepare budget with discreet components to encourage donor support
Gradual fade-away of interest/collaboration	Medium	Program of action developed with milestones Regular communication on progress Promotion of partner successes

6: CONCLUSIONS

- This policy paper provides argument and evidence that support the hypotheses that (i) our current interests and actions may be formulated into a coherent national social policy that lays foundation for an expanding national social security system; and (ii) single institutional oversight is needed.
- Full details of the Consolidated National Social Policy are outlined with justifications, current and proposed additional actions throughout Sections 1 to 5 and its Annexes; a Summary of the key Policy elements is provided at the beginning of the paper.
- The Social Policy will be incorporated into the national Social Protection Strategy.

ANNEXES

1. Purpose and Principles of the Consolidated National Social Policy
2. Sources used and Stakeholders consulted
3. Overview of Access to Basic Social Services and Social Issues, MoF 1396 Budget
4. Primary Issues for Children: from Womb to Adult
5. Sustainability of Social Policy framework

END NOTES

¹ Short term is envisaged to be within 4 years; medium term within 5-10 years, and long term 11 years forward.

² *Social security* also refers to government programs to promote wellbeing by measures to ensure access for all citizens to resources such as food, shelter, and health, and especially by vulnerable categories such as children, the elderly, the sick and the unemployed.

³ These are identified from major national documents and include: ownership by the state, equity, social inclusion, primacy of family, promotion of the status of women, empowerment, affordability, and forward looking.

⁴ The MoLSAMD 'pension' scheme has undergone reform with World Bank support, and now has competent staff.

⁵ The MoLSAMD has launched the 'SALAM' program which includes support for Afghanistan's migrant workers to access information on external opportunities, on administrative procedures such as visas and work permits, and appropriately protected working conditions in foreign countries.

⁶ This support is partly preventive by public awareness of risks to children, but mainly responsive to incidents brought to network attention. *An Assessment of Child Protection in Afghanistan*, MoLSAMD/UNICEF 2017, prioritises concerns of child labour, violence and under-age marriage, while children in conflict with law and child drug abuse rank slightly lower.

⁷ Kindergartens serve dual purposes of supporting women's (and men's) employment in state institutions for a nominal contribution, and child care for urban working families who contribute to education costs.

⁸ MoLSAMD addresses shorter-term non-formal skills training for those with little or no basic education, while Mo Education provides longer-term vocational and educational training for those with higher levels of educational achievement.

⁹ ARCS residential care extends to 2 years during which time all possible clients are given skills training for income and then supported to re-integrate into society. Permanent care is provided to those truly unable to survive independently.

¹⁰ For example, the numerically impressive millions of work days achieved by rural public does not inform on numbers of beneficiaries, income gained or potential further skills needs.

¹¹ Health and Education are commonplace in some form in social security measures of High Human Development nations; Housing/Social Housing is not uncommon with piped water/flushable sanitation where these are not yet a norm.

¹² These included the *OECD Better Life Index*, the non-economic *Social Progress Index*, a table of '*Priorities of*

Individuals in Countries of Different Levels of Human Development' and other measures within the *UNDP Human Development Report 2016* which is dedicated to the highly relevant theme of '*Human Development for Everyone*'.

¹³ '*Human Development Report 2016: Human Development for Everyone*'. UNDP.

¹⁴ These include implementing global commitments on rights, security and freedom from violence; ensuring full access to health and education at all levels; ensuring full execution of the law as guaranteed in our Constitution; advancing women in government and business; and strengthening women's economic empowerment via an NPP of that name.

¹⁵ '*Policy Brief: National Policy on IDPs in Afghanistan*'. IDP Policy Working Group Kabul, 2015 explicitly states the IDPs are marginalised from access to basic services and housing.

¹⁶ Such as harmful impacts on new-borns and small children in absence of professional delivery, adequate nutrition, or clean water and sanitation; on children who are denied education and thus lifelong opportunities.

¹⁷ Source for this and subsequent figures is '*2017 Humanitarian Needs Overview*'. UNOCHA, Kabul, 2017.

¹⁸ '*Listening to Women and Girls Displaced to Urban Afghanistan*'. Norwegian Refugee Council. Kabul, 2015.

¹⁹ At April 2017, the launch of the AfDHS the Minister of Public Health stated that MM may be increasing. AfDHS reports that 59% of women use a skilled attendant for delivery, but only 18% make the recommended four ante-natal checks and early post-natal follow up by mothers and new-borns is very poor.

²⁰ Central Statistics Organization, Ministry of Public Health, and ICF: '*Afghanistan Demographic and Health Survey 2015*'. Central Statistics Organization. Kabul. 2017. Chapter 12 elaborates the prevailing situation of housing.

²¹ It must be noted that the AfDHS observes that these ratios may be low and that further analysis is required.

²² Ministry of Education: *Education Sector Assessment*. Pouras Consult Aps, January 2016.

²³ '*Steps Towards Afghan Girls' Educational Success*' (STAGES) II project proposal. Agha Khan Foundation, 2017.

²⁴ SMAF commitment (5) requires that Special Court Division on Violence against Women provide fully staffed dedicated female prosecutor units in 34 provinces and special courts in 15 by December 2017, with remaining provinces 1 year later, and incremental increase in female judges and prosecutors.

²⁵ See Wodon, Q., C. Male, A. Nayihouba, A. Onagoruwa, A. Savadogo, A. Yedan, J. Edmeades, A. Kes, N. John, L. Murithi, M. Steinhaus and S. Petroni. '*Economic Impacts of Child*

Marriage: Global Synthesis Report. Washington, DC: World Bank and International Center for Research on Women, 2017.

²⁶ See *'Country of Origin Information Report: Afghanistan Recruitment by Armed Groups'*. European Asylum Support Office. September 2016.

²⁷ Including Presidential Decree of 2011 against under-age recruitment; and 2014 UN-GolRA Road Map to end Child Recruitment into Armed Groups, and Ministry of Interior scale up of Civil Registration Officers to provide birth registration.

²⁸ *'Buried in Bricks: Bonded Labour in Afghanistan'*. ILO, 2011.

²⁹ *'Afghanistan Living Condition Survey 2013/14'*. Central Statistics Organisation, 2015.

³⁰ *'Mapping and Assessment of Afghanistan's Child Protection System: Strengths Challenges and Recommendations 2015-16'*. MoLSAMD/UNICEF, 2017.

³¹ *'I Had to Run Away: The Imprisonment of Women and Girls for "Moral Crimes" in Afghanistan'*. Human Rights Watch. March 2012.

³² *'An Assessment of Juvenile Justice in Afghanistan'*. K. Motley/Terre Des Hommes. Kabul, 2010.

³³ The Asia Foundation's *'Survey of the Afghan People 2016'* reports higher confidence in shuras over state courts because they are fair and trusted (84% vs 62%), follow the norms of the people (72% vs 57), and are effective at delivering justice (71% vs 49%). 89.6% of rural populations report use of shuras.

³⁴ *'Justice Through the Eyes of Afghan Women'*. UNAMA-OHCHR. Kabul, April 2016.

³⁵ This was endorsed at Brussels Conference 2016; MoLSAMD's Labour Division is initiating the Action Plan.

³⁶ *'Social Protection in Fragile States'*. Harvey, P., R. Holmes, R. Slater and E. Martin. Overseas Development Institute, London. November 2007.

³⁷ Around half of all men, and over 80% of all women.

³⁸ MoLSAMD chose not to implement this, while the MoWA initiated services with positive results in some provinces.

³⁹ India's Ministry of Women and Children provides quite a comprehensive service.

⁴⁰ This situation results from large age differences between spouses, a gap that is gradually narrowing (ALCS 2013/14).

⁴¹ *'Afghanistan Living Condition Survey 2013/15'*. CSO, 2015.

⁴² *'Household Risk and Decision-Making in Afghanistan'*. Pop, Lucian, B. Pop and M Morton. World Bank & Institute of Development Studies, presentation. Kabul, 16 Nov. 2016.

⁴³ Results: No Food of Any Kind in the House (FHH 53.5%; national 29.9%); Went to Bed Feeling Hungry (FHH 25.9%, national 12%); Without any Food to Eat for 24 Hours (FHH 14.5%, national 6.5%). Male HHs in every case are 0.1-0.3% lower than the national rate. ALCS 2013/14. CSO, 2015.

⁴⁴ 600,000 is of a population of 22.5 million per MoPH – which is closer to CSO's population estimate of that time.

⁴⁵ *'National Disability Survey in Afghanistan'*. Handicap International (HI). Kabul, 2006, adopted WHO International Classification of Functioning, Disability and Health (ICF) and explored a wider range of disability-related issues. The CSO, in its *'National Risk and Vulnerability Assessment 2008-2009'*, adopted Washington Group measures which are often used for censuses and surveys. MoLSAMD Division of Martyrs and Disabled disregards CSO data. There is urgent need for stakeholders to objectively conclude a single system to inform national planning, and avoid wasteful duplications. CSO is scheduled to collect disability data again in a 2017/18 survey.

⁴⁶ *'Vulnerability to Corruption Assessment of the Payment for Martyrs and Persons Disabled by Conflict'*. Independent Joint Anti-Corruption Monitoring and Evaluation Committee. N.d.

⁴⁷ The introduction of MoF bank payments system (with fierce protest by some beneficiaries) revealed duplicated and

corrupt claims. These are being resolved, but make accuracy of beneficiary numbers still uncertain.

⁴⁸ This is a guesstimate and assumes around half of current 'pensioners' to be elderly.

⁴⁹ *'Afghanistan Drug Report 2015'*. Islamic Republic of Afghanistan, Ministry of Counter Narcotics, 2015.

⁵⁰ UNICEF's assessment of 2006 and CIC's of 2013 – both undertaken with MoLSAMD staff – noted around 80% of children having at least one living parent and able to spend extended holidays with them. The primary justification for institutionalisation seemed to be 'better education'. Some facilities provide day-time access only to education and food.

⁵¹ This is often not sought by women seeking divorce, women running away from extreme domestic violence, nor by women in prison accompanied by children under 7 years because all fear they will lose their children. In such instances, child maintenance by father or grandfather is not pursued by courts so that women are obliged to find their own resources. Interviews with women, lawyers, and support bodies.

⁵² The same sources state this to be a primary reason for not pursuing divorce and thus enduring abusive marriages, even when women can demonstrate independent financial means.

⁵³ *'Causes and Consequences of Bachabazi in Afghanistan: National Inquiry Report'*. AIHRC. Kabul, 2014.

⁵⁴ See *'Investigation of Causes and Factors of Trafficking in Women and Children'*. AIHRC. Kabul, July 2011.

⁵⁵ *'Afghanistan Drug Report 2015'*. Ministry of Counter Narcotics/UNODC. Kabul, 2015 found 9.2% of children aged 0-14 years tested positive for 1 or more drugs with rural incidence around 6 times higher than urban. They estimate that 9% of such children are users, while 91% are exposed.

⁵⁶ This evidence includes 3 assessments by UNICEF – on status of national child protection system, of the CPAN, and of national investment in children – publications due mid-2017.

⁵⁷ A comprehensive child protection system is described in a UNICEF funded study *'Mapping and Assessment of Afghanistan's Child Protection System: Strengths, Challenges and Recommendations 2015-2016'*. MoLSAMD, July 2017.

⁵⁸ Like education, the Constitution guarantees free services but provides no elaboration. In reality, citizens solely gain free technical service of professional practitioners; they pay for all material resources from blood and drips to food, as well as school books. Culturally, people tend to believe that a free service is not of good value; many dislike receiving acts of charity. Thus small 'gifts' are often given to a service provider.

⁵⁹ *'A Health Insurance Feasibility Study in Afghanistan: Learning from Other Countries, a Legal Assessment and a Stakeholder Analysis.'* Futures Group. Washington, DC. 2015.

⁶⁰ Clear targeting of benefits that fit user interests is identified as a key consideration in system design – see Escobar, M-L., C.C. Griffin and R. Paul Shaw (eds). *'The Impact of Health Insurance in Low and Middle-Income Countries'*. Brookings Institution Press, Washington, D.C. 2010. For those unfamiliar with health insurance, this report provides comprehensive and valuable overview of key considerations and evidence.

⁶¹ ILO *Social Security (Minimum Standards) Convention of 1952* (No.102) establishes worldwide-agreed minimum standards for all 9 branches of social security. It requires Member states to ratify only 3 of these, allowing states to extend step by step social security coverage. Afghanistan has not yet ratified this ILO Convention.

⁶² No pilot cash transfer has included conditionality. Any future actions are recommended to familiarise themselves with gender dimensions for which evidence points to women's empowerment (a national principle) over child school attendance which many families adopt when means

exist. See www.icsw.org Global Cooperation Newsletter March 17 for summary data and useful references.

⁶³ Bastagli F., Hagen-Zanker J., Harman I., Barcat Struge G., Schmidt T. *Cash Transfers: What does the evidence say? A rigorous review of program impact and the role of design and implementation features*. London, ODI, 2016.

⁶⁴ \$25 monthly (cash value of Afghanistan's per capita cost of basic needs) for 250,000 women requires \$75 m investment. This is almost 20% of total national social protection budget for 2.3% of the 39.1% of those below the national poverty line. A limited share undermines our principle of equity 1396 National Budget shows that total national income including customs revenues is fully absorbed by planned expenditures.

⁶⁵ Reform of the Pensions Scheme was started in 2009 (following a pilot the previous year): at 2017, the biometric facility is not yet extended to all provinces.

⁶⁶ For example, unsupported mothers seek institutional care of their children but with a modest financial input could retain

them at home. This upholds national principles of family, and is a lower cost to the state, especially for more than 1 child.

⁶⁷ This builds upon MoLSAMD's initiation of social work training by Kabul University, and its proposed role in developing a lower-level qualification as part of Social Policy.

⁶⁸ This fits with its intended oversight role of the ANDS Social Protection Strategy which MoLSAMD did not then realise.

⁶⁹ This is envisaged as CSO data, in user-friendly format, on indicators to be agreed, initially to provide a national picture, then by province (for which AfHDS provides much data), and finally a simplified tool for CC communities to chart their own baseline and annually note progress, at least for children.

⁷⁰ In the experience of the ILO, *'development of the required institutional capacities [to manage a formal social security system] often takes several years and sometimes decades: 'Cambodia: Social Security for the formal economy: outlook and challenges ahead'. EU/ILO Project on Improving Social Protection and Promoting Employment. Geneva. 2012.*

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