



Save the Children
100 YEARS

AFRAID TO GO OUTSIDE

**The impact of conflict
on children in Afghanistan**



Save the Children is the world's leading independent organisation for children. It is comprised of Save the Children International and 30 member organisations working to deliver change and ensure the greatest possible impact for children in more than 120 countries around the world.

Save the Children in Afghanistan is a non-governmental, non-profit, non-political and independent international organisation which has been working for Afghanistan since 1976. Save the Children is committed to supporting children through implementing programmes in various provinces of Afghanistan. We reached over 600,000 children in 2018 directly and through partners.

Save the Children in Afghanistan works closely with children, parents, teachers, village councils, religious leaders, ministries, national and international non-governmental organisations and other stakeholders. Our approach of closely engaging communities has enabled us to deliver lasting change to children in Afghanistan.

Some names in this report, including those marked *, have been changed to protect identities.

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Hemat*, 10, at home in Kabul Province

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Foreword

Throughout 2018 and 2019, Afghanistan has witnessed the breaking of numerous records; unfortunately, they are not ones which we should celebrate. In 2018, 3,804 civilian deaths were reported and among the dead were 927 children, the highest recorded number of children killed in the conflict during a single year in recent history. The violence continued into 2019 when in July alone, 425 Afghan civilians were killed and 1,164 wounded, making it the deadliest month since at least 2009.

Meanwhile, children and other vulnerable groups continue to be disproportionately and harmfully affected in a country which has been consumed by decades of violence. Compounding this violence, Afghanistan has been plagued by droughts, floods and other environmental concerns which exacerbate the suffering of millions of children and impede their universal rights.

Multiple barriers prevent children in Afghanistan from accessing and staying in school and as a result they are unable to receive their right to learn. These barriers include insecurity, poverty, lack of the right documentation to enrol, gender discrimination, distance to schools and the poor quality of schools. There are currently more than 3.7 million children out of school – 60% of whom are girls. Since 2018 at least 1,000 schools have been closed, resulting in more than 325,000 children being unable to attend.

The state of millions of children's health and nutrition has also reached unacceptably poor levels. At least 1.3 million children under the age of five are acutely malnourished and 41% of children – one of the world's highest rates – are suffering from stunting, which impedes the development of the child resulting in long-lasting and negative impacts. While the physical suffering of children requires immediate action, so do the psychological impacts

resulting from violence and suffering becoming the norm for millions of children. As 2019 marked the 18th anniversary of the current war, there are now no children born in Afghanistan who have not been impacted by conflict.

Save the Children remains committed to addressing the needs of the most vulnerable communities of Afghanistan. Through our range of programmes, from education and child protection to health and nutrition and disaster risk reduction, we reached nearly 5 million children in 2018. However, as the situation worsens, the government of Afghanistan and the international community must mobilise immediately to address the needs of all Afghans, including children.

I would like to thank Afghan Australian Research and Management Consulting (ARM Consulting) who conducted the research and development of this report which aimed to assess the impact of conflict in exacerbating issues affecting children in Afghanistan. Research such as this remains critical for both Save the Children and the wider national and international community to not only better understand the issues facing children in Afghanistan, but to develop informed approaches to address them.

I would also like to thank the Government of Afghanistan, including the Ministries and provincial departments, as well as our donors, for their ongoing support of Save the Children. We recognise that everyone has a role to play in the peaceful and productive future of Afghanistan, from an individual Afghan child to advocates for their rights across the globe.

Onno van Manen

Save the Children Country Director, Afghanistan

Acknowledgements

In collaboration with Save the Children in Afghanistan, Afghan Australian Research and Management Consulting (ARM Consulting) conducted research to assess the impact of conflict in exacerbating child protection issues affecting children in Afghanistan. The research was carried out in a selected number of districts in Kabul, Balkh, Sar-e-Pul and Faryab provinces.

ARM Consulting is grateful to Save the Children for their guidance throughout the research, especially Stana Gul Ahmadzai (Senior Campaign Officer), Ronald Apunyo (Senior Monitoring, Evaluation, Accountability and Learning Manager), David Bloomer (Regional Child Protection Humanitarian Advisor, Asia), Deus Kamanyire (Senior Child Protection Advisor), Stephanie Lord (Programme Development, Quality and Advocacy Director – Afghanistan), David Mariano (Head of Advocacy, Campaigns, Communications and Media – Afghanistan), Samirullah Popal (Advocacy Manager), Nilofar Sherzad (Campaign Manager) and

Katharine Williamson (Senior Humanitarian Child Protection Advisor). In addition, ARM Consulting extends its appreciation to Dr Michaelle Tauson (External Consultant) for reviewing and improving the research design and data collection tools.

ARM Consulting also appreciates the contributions of the research participants: the children, parents, relevant government officials and representatives from national and international development organisations who made themselves available and shared valuable perspectives with us.

Lastly, ARM Consulting is thankful to its team led by Muska Dastageer (Lead Consultant) for the exemplary collaborative work demonstrated during the research. In particular, ARM Consulting is greatly indebted to its field researchers who conducted interviews with community members under perilous circumstances.

Ziauddin Wahaj
President, ARM Consulting

Rafi*, newborn, receiving polio vaccine in Kandahar Province



PHOTO: ABDUL WASAY HEWADNYALSAVE THE CHILDREN

Abbreviations and acronyms

AADA	Agency for Assistance and Development	INGO	International Non-Profit Organization
AHDS	Afghan Development and Health Services	IOM	International Organization for Migration
ALP	Afghan Local Police	KAP	Knowledge, Attitude and Practice
ANDSF	Afghan National Defense and Security Forces	KII	Key Informant Interview
ANP	Afghan National Police	MEAL	Monitoring, Evaluation, Accountability and Learning
AOG	Armed Opposition Group	MoE	Ministry of Education
ARM Consulting	Afghan Australian Research and Management Consulting	MoLSA	Ministry of Labor and Social Affairs
CAF	Care for Afghan Families	MoMD	Ministry of Martyrs and Disabled
CDC	Community Development Council	MoPH	Ministry of Public Health
CM	Case Management	MoRR	Ministry of Refugees and Repatriation
CP	Child Protection	MRRD	Ministry of Rural Rehabilitation and Development
CPAN	Child Protection Action Network	NSIA	National Statistics and Information Authority
CPMS	Child Protection Minimum Standards	NUG	National Unity Government
CPWG	Child Protection Working Group	PPHCC	Provincial Public Health Coordination Committee
DDA	District Development Association	SCA	Swedish Committee for Afghanistan
DiREC	Displacement and Return Executive Committee	SCI	Save the Children International
EiEWG	Education in Emergencies Working Group	TdH	Terre des Hommes
FGD	Focus Group Discussion	UNAMA	United Nations Assistance Mission for Afghanistan
GCPEA	Global Coalition to Protect Education from Attack	UNESCO	United Nations Educational, Scientific and Cultural Organization
HADAAF	Humanitarian Assistance and Development Association for Afghanistan	UNFPA	United Nations Population Fund
HTAC	Help the Afghan Children	UNHCR	United Nations Higher Commissioner for Refugees
IDI	In-depth Interview	UNICEF	United Nations Children's Fund
IEC	Independent Elections Commission	WADAN	Welfare Association for the Development of Afghanistan
IED	Improvised Explosive Device	WB	World Bank Group
ILO	International Labour Organization	WCC	War Child Canada
		WCU	War Child UK
		WFCL	Worst Form of Child Labour

Quotes from children

“When fighting breaks out, no place is safe in our village, but home is still better than outside. We hide in the corners of rooms.”

14-year-old girl, Saayad District, Sar-e-Pul, Afghanistan

“Fighting must stop so that we can study. When there is fighting, we cannot focus on our studies.”

12-year-old boy, Sholgara District, Balkh

“I miss my friends when the school is closed. I stay at home when school is closed, because my mother does not allow me to go outside because of fighting.”

14-year-old boy, Sholgara, Balkh

“My brother [14 years old] was near an attack on Darulaman [road], and after the attack, he was always scared and anxious. He would stand up [from his place] each time there was a sound at home, even sound of door closing.”

16-year-old girl, Grade 11, Kabul

“We need peace, professional teachers and no violence.”

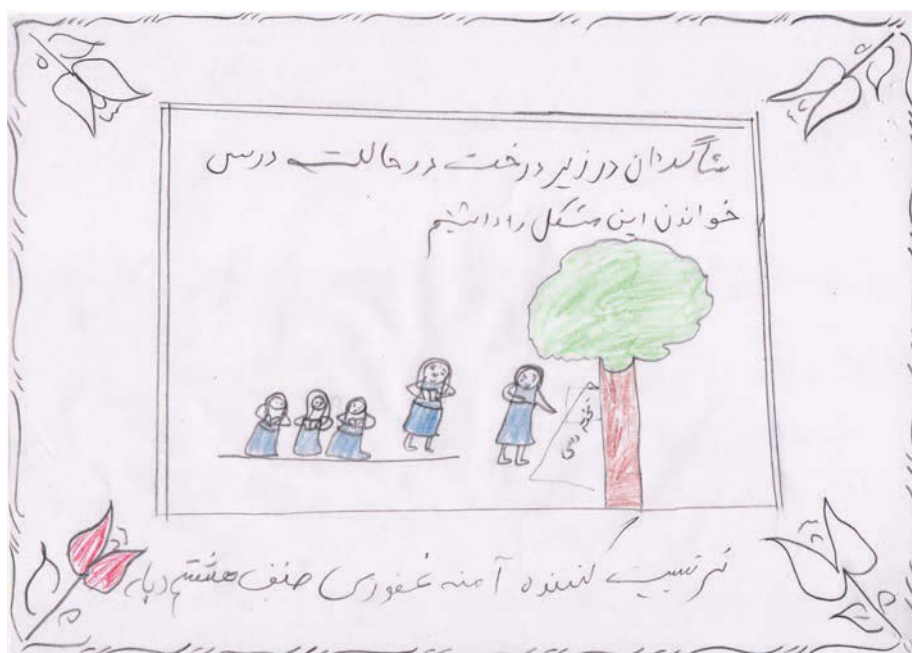
14-year-old boy, Faryab

“I did not go to school for one week last year, because of [parliamentary] election. There was a [polling] centre in our school, and fighting happened between candidates on the election day. And furniture in our school was also broken because of fighting.”

17-year-old boy, Grade 10, Saayad District, Sar-e-Pul

“The biggest problem for us while going to school is that boys harass us. I discussed it with my parents and teachers, but they cannot do anything about it.”

12-year-old, Grade 6, Solgara district, Balkh



A drawing by a 14-year old girl, Faryab province

Executive summary

Save the Children in Afghanistan commissioned ARM Consulting to assess the impact of conflict in exacerbating child protection issues affecting children in Afghanistan. Findings from the study will inform humanitarian programming and advocacy on how to best protect children in or affected by conflict in Afghanistan. The findings will also be used to influence government policies and decisions for the protection of conflict-affected children.

Data collection activities were undertaken over a two week period in April 2019 in selected districts of Kabul, Balkh, Faryab and Sar-e-Pul provinces, followed by extensive analysis. A combination of qualitative and quantitative methodology was used, starting with a literature review. 30 key informants were interviewed (6 female; 24 male) including relevant government officials at national and sub-national levels and national and international development partners. In addition, eight focus group discussions (FGDs) – two per province – were held with children in the surveyed communities of target provinces. The mean age for girls who participated in FGDs was 11 and for boys it was 10. The quantitative data was collected through household surveys involving structured face-to-face interviews with 600 parents (50% female) and 90 children (50% girls).

KEY FINDINGS

CHILDREN'S SAFETY AND WELL-BEING

- 2018 was the deadliest year for children in Afghanistan since the start of the conflict in 2001.** During 2018, the UN verified 927 child deaths and 2,135 injuries¹ related to armed conflict. Children comprised 28% of all conflict-related casualties.² This spike in child casualties is attributed to an increase in aerial bombings and suicide attacks.
- Parents surveyed report that armed clashes pose the most significant threat to children's safety.** 70% of parents indicated that armed clashes between Afghan National Defense and Security Forces (ANDSF) and Armed Opposition Groups (AOG) pose the greatest threat to their children's safety. Crimes such as abduction, robbery, car theft, and others were identified as the second most significant threat (61%), followed by night raids (39%). Night raids conducted either by international forces or ANDSF aimed at neutralising AOGs are considered by respondents to pose a danger to children. Additionally, 24% of parents consider sexual violence generally to be a major threat to children while 21% cited suicide attacks and another 21% cited landmines and improvised explosive devices (IEDs) as the greatest threats to children's safety.
- 62% of parents report that children have been personally impacted³ by the conflict.** Parents were asked whether children in their area have experienced conflict, to which 62% responded in the affirmative, 33% negatively, and 5% were undecided. In terms of provincial breakdown, the percentage of children experiencing conflict is highest in the Sholgara district of Balkh province at 95%, followed by Kabul (65%), Faryab (55%), and Sar-e-Pul provinces.

4. **14% of children are engaged in some form of work, with a significant minority engaged in child labour.** According to Afghan legislation, children between the ages of 15 and 17 are allowed to work up to 35 hours per week, as long as the work is not harmful to them and includes vocational training. Survey results indicate that 14% of children are involved in some form of work, with higher proportions in rural areas than in Kabul and significantly more boys working than girls. Girls tend to work within the home in carpet weaving, handicrafts and – to some extent – in agricultural activities, while boys work as street vendors, shoemakers, restaurant workers, retail workers, and in carpet weaving outside the home. Of the children who work, a significant minority are engaged in work that may constitute child labour because it exceeds 35 hours a week, interferes with their education, or because the work takes place in hazardous conditions.
5. **The journey to and from school is considered to be unsafe by many parents and children, particularly girls.** 64% of parents and 43% of children stated that children feel unsafe on their way to school. However, there is significant variability between girls and boys. 51% of girls reported that they feel unsafe on the way to school as compared to 36% of boys. In FGDs, girls identified sexual harassment including staring, stalking and verbal abuse as the cause. 56% of boys and 42% of girls reported that checkpoints are unsafe places for them. Additionally, 55% of parents reported that children feel unsafe on the way to markets.
6. **Both parents and children consider home to be the safest place for them.** 80% of children and 81% of parents stated that children feel safe at home, while 30% of children and 34% of parents stated that children feel safe at school. More girls (91%) than boys (69%) consider home to be safe. Relatively few children identified places outside of homes and schools as safe for them.
7. **The experience of conflict is causing children widespread psychosocial distress.** Almost three-quarters of parents of children who have been personally impacted by conflict report that their children have indications of psychosocial distress. 73% of these parents reported that children experience fearfulness and anxiety; 48% reported prolonged sadness and sleep disturbance; 37% reported excessive crying; and 25% reported self-isolation. During FGDs, children stated that conflict makes them and their families sad, fearful and worried and forces them to stay home from school. Of significant concern, 38% of parents reported that their children self-harm, 11% reported that children engage in criminal activities and 8% reported that their children are violent towards other children, clearly demonstrating the impact of prolonged distress on children's behaviour and ability to cope.
8. **Parents are the primary source of support for children who are personally impacted by conflict.** According to parents, when children are impacted by conflict, they seek support from their mothers and fathers. This was verified by children who indicate that the majority of them go to their mothers (82%) and fathers (62%) for assistance. Besides parents, some children go to people they know: about 14% of parents said that children go to immediate family members, relatives, or friends for help. Children are not reported to go to government officials, doctors, or religious figures for help when they are impacted by conflict.

Arezo*, 1, receiving health and nutrition support in Nangarhar Province



PHOTO: MARIAM ATAH/SAVE THE CHILDREN

CHILDREN'S ACCESS TO SERVICES

9. **Armed conflict continues to adversely impact on the delivery of health services.**

In 2018, a total of 62 attacks on hospitals and protected personnel were verified, 74% of which were attributed to armed groups.⁴ Based on the internal records of the Afghan Ministry of Public Health (MoPH), a total of 40 hospitals and clinics across the country have been affected by the conflict, primarily in Helmand, Ghazni and Maydan Wardak.⁵ Of these 40, one of the hospitals was located within Sar-e-Pul, but none of the other three provinces included in this research were affected. 48% of parents stated that people are afraid to go to health facilities due to the fear that they may be targeted for attack. 15% stated that medical staff are often absent from their duties as they fear for their own safety. The remaining 6% reported that people are forced to go to urban centres when seeking health services as hospitals and clinics in their vicinity are either closed, dangerous to visit or offer substandard services.

10. **The availability and accessibility⁶ of psychosocial support services is limited, particularly in rural areas.** Overall, 37% of parents reported that psychosocial support services are available for their children in

their communities, whilst 59% reported that they are not. The availability of services was significantly higher in Kabul than in the other provinces. 26% of parents reported that their children access psychosocial support services in their communities and considered that this has supported their recovery. However, access to psychosocial support services is restricted by the cost of services, lack of awareness about what is being offered and concerns about the quality of the services provided.

11. **Armed conflict continues to pose a serious threat to children's education.** Records from the Ministry of Education (MoE) indicate that 1,153 schools have been affected by the conflict since 2013.⁷ The targeting of schools for attack has increased in recent years, with 2018 marking the year with the highest number of attacks (377).⁸ The rise in attacks on schools is in part attributed to the use of schools as polling stations for parliamentary elections. In addition, MoE records document a total of 2,787 cases of school staff casualties over the last six years, with 377 recorded in 2018. A total of 192 attacks against schools and protected personnel were verified as grave violations by the UN-led Monitoring and Reporting Mechanism.⁹ Of those attacks, 92% were attributed to armed groups.



PHOTO: ABDUL WASAY HEWADMAL/SAVE THE CHILDREN

Samir*, in a community-based education class in Kabul Province

12. **Rates of school enrolment for girls continue to lag behind those of boys.** School enrolment rates for girls in the provinces surveyed ranged from 40% in Balkh to 73% in Kabul. Boys' enrolment rates exceeded those of girls in every province, ranging from 70% in Faryab to 87% in Kabul. Key reasons for the lower enrolment rate of girls were identified as lack of support from families and communities due to conservative beliefs, insecurity and girls' vulnerability to harassment on the way to and from school. School enrolment rates are also lower as children get older, starting at 73% for the 11-and-under age range, dropping to 67% for the 12–14 age range, and dropping further to 61% for the 15–17 age range. Insecurity, including attacks against schools and their use for military purposes; conservative attitudes towards girls' education and economic hardship were given as the key reasons why some children don't attend school.
- CHILD PROTECTION IN THE HUMANITARIAN SYSTEM IN AFGHANISTAN**
13. **Humanitarian funding for Afghanistan has been decreasing year-on-year since 2016.** The percentage funding of the humanitarian response plans has decreased year-by-year from 88% in 2016 to 64% in the first nine months of 2019.¹⁰ This has required adjustment from national and international non-governmental organisations (NGOs), leading to staff cuts and a decrease in activities. Several international NGOs have narrowed the scope of their child protection interventions to include only the most vulnerable children. Diminishing humanitarian funds require child protection actors to improve coordination and optimise the use of existing funds.
14. **International assistance to Afghanistan is undermined by a lack of coordination across humanitarian and development frameworks and short-term funding cycles.** These dynamics translate into a multitude of programmes, fragmenting service delivery and undermining the quality of services. Key informants repeatedly stated that fewer, more strategic approaches are required to address complex child protection issues.
15. **The sustainability of programmes is further undermined by short-term funding cycles.** The design of child protection interventions using short-term project-based strategies undermines the likelihood that activities will be sufficiently developed to continue beyond the project lifecycle. One NGO representative described the delivery of time-limited activities in a siloed manner as a form of strategic shortsightedness. A representative from another contended that child protection efforts should not be on a project basis due to the time-limited nature of projects.
16. **The lack of strategic partnership and sustainable funding undermines the ability of national NGOs to provide consistent service provision.** Given the limited capacity of the government and the restricted access of international NGOs, Afghan NGOs play a significant role in service delivery. However, their ability to do this well is undermined by poor coordination mechanisms, limited funding and short-term funding cycles. As a result, NGOs shift between sectors to follow the flow of donor funding, losing expertise and specialism along the way. This highlights the collective failure of donors and international NGOs to build strategic and sustainable partnerships with national NGOs.
17. **Non-compliance with the child protection legislative framework.** Key informants highlighted that government officials often fail to implement or actively violate national and international legislation on child rights and child protection. Examples include the failure to respond to evidence of children working in military and police organisations, and the falsification of national identity cards to enable children under 18 to present as 18 or over.



Yalda, 10, is a child activist advocating for education in Afghanistan

1 Introduction

This section presents information on the research background, objectives, methodology and limitations. The section also contains details on data collection tools and sampling strategy adopted for the research.

RESEARCH BACKGROUND

For children, the Afghan war has exacted a heavy toll of suffering and continues to pose an array of profound threats. Conflict exposes children to toxic levels of stress, lack of access to protection, school and health facilities and the loss of key sources of social support such as immediate and extended family, village elders and community leaders. Many have experienced extreme situations of physical and mental violence and abuse due to ongoing conflict and its manifold consequences – displacement, poverty and harmful social norms that are able to proliferate due to weak governance and rule of law. For a great majority, sources of distress are a permanent part of their everyday social environments and are indirectly caused by conflict. Examples are loss of or separation from parents or caregivers, physical or sexual violence and child labour. These interlock with and are exacerbated by macro-level causes such as poverty, the corrosion of social fabric and weak governance.

Provision of services is fraught with issues, further compounding child protection vulnerabilities in the country. Pervasive insecurity resulting from a conflict spanning multiple decades, lack of reliable data, lack of access to affected populations and fragmented coordination between government institutions and development organisations are just some of the barriers to providing effective, preventive and responsive services to conflict-affected children.

To best support conflict-affected children it is necessary to understand how children have been affected by war, but in Afghanistan the evidence base on the impact of conflict on children is small, with considerable gaps. This research examines how the ongoing conflict exacerbates child protection issues affecting Afghan children. It sets out to make

a substantive contribution to the existing evidence base and to help inform programming, advocacy and campaigns for Save the Children and other child rights actors.

The research team set out to provide a nuanced assessment on how conflict affects different groups of children in Afghanistan, bringing out the perspectives and voices of conflict-affected children themselves.

RESEARCH OBJECTIVES

Save the Children in Afghanistan commissioned ARM Consulting to assess the impact of conflict in exacerbating child protection issues affecting children in Afghanistan. Findings from the study will inform Save the Children's programming and advocacy initiatives for the period of 2019 to 2021 on how to best protect children in or affected by conflict in Afghanistan. It aims also to influence government policies and decisions for the protection of conflict-affected children. To this end, the study explores:

- i) How children are affected by conflict in Afghanistan, in particular within the research areas;
- ii) What can be done to effectively protect them;
- iii) The barriers and gaps to provision of effective, preventive and responsive services to children in or affected by conflict;
- iv) How these can be mitigated and overcome through programmatic interventions and advocacy;
- v) The government's capacity to respond to the child protection needs of children in conflict.

The above primary research questions were further operationalised into a research framework containing specific sub-questions to guide the

research scope and development of data collection tools. For the detailed research framework, please refer to Annex I.

RESEARCH METHODOLOGY

The research adopted an inclusive approach in order to ensure meaningful participation of all key stakeholders, including children, parents, government officials, and national and international development partners. The research used both quantitative and qualitative tools for data collection, such as a literature review, structured face-to-face interviews, key informant interviews (KIIs) and FGDs.

LITERATURE REVIEW

The research team studied a wide range of documents to draw on research perspectives relating to child protection as well as to situate the impact assessment in the existing empirical evidence base. The literature review included pertinent Save the Children data such as needs assessments, monitoring data, and evaluation reports, including the 2017 Knowledge, Attitudes and Perceptions (KAP) survey, census data from the National Statistics and Information Authority

(NSIA) and secondary reviews from sources such as Humanitarian Response Info, the REACH Initiative's Resource Centre, UN Statistics Division and UN Data. Data collected and collated by other agencies such as UNICEF, World Vision, United Nations Population Fund (UNFPA), UN Women, Care International and Oxfam Novib were also reviewed.

HOUSEHOLD SURVEYS

In the quantitative component of the data collection, the researchers administered surveys with 600 parents and children across SCI's impact areas (districts) of the four provinces, Kabul, Balkh, Faryab and Sar-e-Pul. The purpose of this component was to gain comparable insights across the provinces to build an understanding of the varying and complex situations children face. The total population of the targeted districts for 2018–19 is estimated to be 1,327,002 individuals, as per the NSIA.

The sample size of 600 was calculated in light of four factors; i) total population (including the total population under the age of 18) in the districts to be targeted in the research; ii) a confidence level of 95%; iii) a margin of error of 4%, and iv) response distribution of 50%.

TABLE 1: POPULATION DATA FOR THE TARGET DISTRICTS

Province	Target districts	Population	Population under the age of 18 ¹¹
Kabul	Police District 1 ¹²	187,155	106,117
	Police District 2	187,155	106,117
	Police District 3	187,155	106,117
Balkh	Sholgara	124,697	70,703
Faryab	Maimana	91,490	51,875
	Pashtun Kot	206,072	116,843
Sar-e-Pul	Sar-e-Pul city	170,499	96,673
	Sayyad	110,932	62,898
	Sozma Qala	61,847	35,067
Total		1,327,002	752,410

Understanding that the purpose of the research was to gain an understanding of the situation where SCI has been working, a multi-stage sampling approach was used across the geographical areas. Essentially, this was a strategy where sampling was carried out in multiple stages, where the sample size gets smaller at each stage to simplify the sampling procedure. Specifically, the strategy was designed as follows.

Stage I – Purposeful random sampling

Provinces and the districts within these provinces were pre-selected by SCI (Kabul, Balkh, Faryab and Sar-e-Pol), as those are the areas of intervention where data and information are needed to ensure proper programming. Purposeful and random in the same sentence may sound oxymoronic, but this simply means that a population that the researchers want to know more about is identified. Systematised and random sampling methods were then used to ensure that a representative group *within* the population was selected. It is vital to mention that the findings cannot be generalised to the whole country but can be considered to apply to the entire province. Comparisons can therefore be made across provinces, and potentially districts.

Stage II – Cluster sampling

Administrative areas in Afghanistan were broken down into the following: provinces, districts, then settlements (urban) or villages (rural). As the provinces and districts were preselected, randomisation was utilised at the settlement/village level. Table 2 shows the number of settlements/villages in each district. As only 600 surveys were administered (due to time and budget constraints), and each of the nine districts required investigation by SCI with two settlements/villages randomly selected in each district, the resulting sample size in each settlement/village was roughly 33 families.¹³ A trade-off was made between representing a wide number of settlements/villages and the largest number of families possible within each randomly selected settlement/village. As settlements/villages within target districts tend to be homogeneous in regard to ethnicity, income, language, population size, and religion, the latter option was chosen in order to mitigate sampling variability. Further, to ensure the equal representation of urban and rural settings, one village and one settlement were selected in each district. Settlements and villages were selected from the lists provided using the random function in Excel. For Balkh, Faryab and

TABLE 2: NUMBER OF SETTLEMENTS BY SELECTED DISTRICT AND PROVINCE

Province	Target district	Total number of settlements/villages
Kabul	Police District 1	16
	Police District 2	14
	Police District 3	13
Balkh	Sholgara	240
Faryab	Maimana	20
	Pashtun Kot	530
Sar-e-Pul	Sar-e-Pul city	406
	Sayyad	261
	Sozma Qala	143
Total		1,643

Sar-e-Pul provinces, the research team used the list of settlements available from the Afghan Ministry of Rural Rehabilitation and Development (MRRD), while for Kabul, the settlements outlined in Kabul Municipality's maps were used.

Stage III – Systematic sampling within settlements

Within each settlement/village, researchers commenced fieldwork in one of the five randomly selected locations (central, western, eastern, southern or northern). For each settlement/village there were two sampling points, one each for girls and boys. In addition, each sampling point was randomly assigned a different first-contacted house, either the first, second, or third house the interviewer arrived at following the start of the random walk. After approaching the first-contacted house, the interviewer then followed a set interval to select all other households for inclusion in the sample, for example selecting every third house on the right in rural areas and every fifth house on the right in urban areas.

Stage IV – Systematic sampling within households

After selecting a household, the researchers adopted the Kish method on members of the household under the age of 18 to randomly select respondents and prevent selection bias. All household members below the age of 18 years were listed in order of descending age, and the respondents were then selected according to the Kish grid principle.

KEY INFORMANT INTERVIEWS

The research team administered 30 interviews with key informants (6 female, 24 male) including relevant government officials (18), national (4) and international (8) development partners. The research used a purposeful and snowball approach towards the identification of the key informants to make the research inclusive and participatory as well as to access the right people for the interviews. All interviews were conducted with the guidance of pre-constructed KII protocols informed by secondary literature review. The KII guide was

Gulnoor*, 10, in community-based education class in Kabul Province



PHOTO: STEFANIE GLINSKI/JOURNALIST

structured around four sections: i) key informant background information; ii) government capacity to respond to child protection needs of children in or affected by conflict; iii) effective programmatic interventions for protection of children in or affected by conflict; iv) barriers and gaps in providing effective preventive and responsive services to children in or affected by conflict. Please refer to Annex II for the list of key informants.

FOCUS GROUP DISCUSSIONS

In order to develop a deeper understanding into the research questions, eight FGDs – two per province – were held with 64 children, half of whom were girls. FGDs were organised separately with girls and boys to avoid cross-gender social pressures and to respect Afghan socio-cultural mores. The focus groups included participatory elements like icebreakers in order to engage children and encourage openness and freedom of expression. A team of two individuals – a Lead Facilitator and a Note Taker – moderated the discussions through a protocol consisting of 19 questions around different dynamics of the research topic. Please refer to Annex III for the FGD guide.

INDIVIDUAL STRUCTURED INTERVIEWS

The research also involved individual structured interviews with 90 children (ten per district) using a questionnaire consisting of 14 questions – mostly closed-ended. The children were randomly selected from the 600 target households in a bid to hear from children themselves on how they feel about conflict and how it impacts them as well as how they cope with and respond to it. In terms of gender, half of the children interviewed were girls, and half were boys. Please refer to Annex III for the individual structured interviews questionnaire.

LIMITATIONS

The findings of the study at hand are not generalisable to the whole of the country as provinces and districts were selected purposefully. The study targeted provinces and districts in which SCI has implemented programmatic interventions, but the final decision of where to administer fieldwork came down to security conditions at the time of data collection. At the onset of the fieldwork phase, security deteriorated in Sancharak and Gosfandi districts of Sar-e-Pul province,

necessitating the replacement of these two districts with two others. Upon conveying the information to Save the Children in Afghanistan and consulting with the country office, the change was approved and fieldwork redirected to the safer and more accessible Sayyad and Sozma Qala districts. As these two districts lie beyond the area of implementation for SCI's programmes in Sar-e-Pul, their selection in place of Sancharak and Gosfandi districts, and possible attendant limitations for the key findings of the study, warrants highlighting.

Key limitations of the study also derive from changes to scope made on the basis of i) feedback from the Ethics Review Committee of Save the Children UK; ii) compliance with Save the Children's Child Safeguarding Policy; iii) methodological and time constraints. The original scope of the study as outlined in the 2018 Terms of Reference was reduced with the omission of themes including recruitment of children by armed organisations, street working children and displacement. Including questions on child soldiers in surveys and KII protocols was found to be in violation with the Child Safeguarding Policy, and the methodological approach of purposeful sampling favoured by the Ethics Review Committee did not allow for research into street working children and displaced children who are often hidden populations. Reviewers also found that the broad scope outlined in the ToR would compromise the depth and quality of data and analysis. The initial scope furthermore necessitated excessively long questionnaire and interview protocols which were deemed inappropriate for children. These reasons also figured prominently in the decision to limit the original scope of the study.

Finally, key findings presented in this report are based on consultations with children, parents, and various stakeholders in the humanitarian sector and within the Afghan Government. For interview and survey data from parents, it should be borne in mind that their responses are adult interpretations of children's experiences and could thus hold imprecisions. As for humanitarian and government stakeholders, information asymmetries or unwillingness to share information must be factored in as possible sources of imprecision as well. The plausibility of information asymmetries is compounded by the finding that coordination and collective action among humanitarian agencies, development actors and government ministries is strained.

2 Provincial profiles

KABUL PROVINCE

<p>Located in the central region of the country, Kabul province contains the capital of Afghanistan, Kabul city. Kabul is the largest city of the country and the cultural and economic hub of Afghanistan. Despite falling under the control of the Afghan government,¹⁴ Kabul province has witnessed regular attacks, in particular complex suicide attacks, perpetrated by AOG since 2002.</p>													
Population ¹⁵	<ul style="list-style-type: none"> Population: 5.03 million (49% female; 51% male) Urban population: 85%; rural population: 15% 												
Education ¹⁶	<ul style="list-style-type: none"> Literacy rate, age 14 and above: 57% (female: 41%) Net attendance rate, primary school: 76% Net attendance rate, secondary school: 55% 												
Health ¹⁷	<ul style="list-style-type: none"> Births attended by a doctor, midwife or nurse: 85% Access to skilled antenatal care: 88% Deliveries in medical facilities: 83% 												
Labour market ¹⁸	<ul style="list-style-type: none"> Participation rate <div style="display: flex; align-items: center; justify-content: center; margin: 10px 0;"> <div style="text-align: center;"> <p>No: 53%</p> </div> <div style="margin-left: 20px;"> <p>Yes: 47%</p> </div> </div> Female participation rate in market: 22% Proportion of labour force literate: 62% 												
Sectors of employment ¹⁹	<table border="1" style="margin-top: 10px; width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Sector</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Public</td> <td>17%</td> </tr> <tr> <td>Services</td> <td>38%</td> </tr> <tr> <td>Construction</td> <td>10%</td> </tr> <tr> <td>Manufacturing</td> <td>9%</td> </tr> <tr> <td>Agriculture</td> <td>17%</td> </tr> </tbody> </table>	Sector	Percentage	Public	17%	Services	38%	Construction	10%	Manufacturing	9%	Agriculture	17%
Sector	Percentage												
Public	17%												
Services	38%												
Construction	10%												
Manufacturing	9%												
Agriculture	17%												
Access to services and infrastructure	<ul style="list-style-type: none"> Safe drinking water: 94% Electricity: 98% Sanitary toilets: 94% Number of mobile phones per 100 people: 33 												
Major child protection service providers	<ul style="list-style-type: none"> United Nations International Children's Emergency Fund (UNICEF) International Labour Organization (ILO) International Organization for Migration (IOM) Afghan Rehabilitation and Health Services Organization (ARHSO) The Afghan Child Education and Care Organization (AFCECO) HEWAD Reconstruction, Health and Humanitarian Assistance Committee Coordination of Humanitarian Assistance (CHA) Terre des Homes (TdH) Aschiana Foundation – Helping the Children of Afghanistan The Welfare Association for the Development of Afghanistan (WADAN) 												

BALKH PROVINCE

<p>Balkh province is located in the north of Afghanistan, with Mazar-e-Sharif serving as the provincial capital. The province is largely in the hands of Afghan government forces, while AOG are present in remote areas of some districts.²⁰ Other than AOG, the province has unauthorised armed groups, which from time to time challenge the authority of the government and rule of law.</p>													
Population ²¹	<ul style="list-style-type: none"> • 1.47 million (49% female; 51% male) • Urban population: 38%; rural population: 62% 												
Education ²²	<ul style="list-style-type: none"> • Literacy rate, age 14 and above: 39% (female: 26%) • Net attendance rate, primary school: 64% • Net attendance rate, secondary school: 41% 												
Health ²³	<ul style="list-style-type: none"> • Births attended by a doctor, midwife or nurse: 50% • Access to skilled antenatal care: 86% • Deliveries in medical facilities: 47% 												
Labour market ²⁴	<ul style="list-style-type: none"> • Participation rate <ul style="list-style-type: none"> No: 34% Yes: 66% • Female participation rate in market: 46% • Proportion of labour force literate: 42% 												
Sectors of employment ²⁵	<table border="1"> <thead> <tr> <th>Sector</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Public</td> <td>6%</td> </tr> <tr> <td>Services</td> <td>25%</td> </tr> <tr> <td>Construction</td> <td>12%</td> </tr> <tr> <td>Manufacturing</td> <td>17%</td> </tr> <tr> <td>Agriculture</td> <td>34%</td> </tr> </tbody> </table>	Sector	Percentage	Public	6%	Services	25%	Construction	12%	Manufacturing	17%	Agriculture	34%
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Public	6%												
Services	25%												
Construction	12%												
Manufacturing	17%												
Agriculture	34%												
Access to services and infrastructure	<ul style="list-style-type: none"> • Safe drinking water: 49% • Electricity: 92% • Sanitary toilets: 22% • Number of mobile phones per 100 people: 25 												
Major child protection service providers	<ul style="list-style-type: none"> • Future for Afghan Children Organization • Nabizada Foundation • Women for Afghan Women (WAW) • Islamic Relief • Aschiana Foundation – Helping the Children of Afghanistan • Swedish Committee for Afghanistan (SCA) • Red Crescent Authority (RCA) • Balkh Juvenile Police Directorate • Balkh Juvenile Prosecutor’s Department • Balkh Juvenile Primary Court • Social Development & Better Future for Afghanistan Organization • Stakestian Afghanistan • International Legal Foundation (ILF) • United Nations International Children’s Emergency Fund (UNICEF) • International Labour Organization (ILO) 												

FARYAB PROVINCE

<p>Faryab province is located in the north of Afghanistan and shares a border with Turkmenistan. It is one of the most insecure provinces of the country and regularly experiences armed clashes between ANDSF and AOG. The Afghan government controls Maimana, the provincial capital, while the remainder of districts are either controlled by AOG or contested between the two sides. The Special Inspector General for Afghanistan Reconstruction (SIGAR) has identified Faryab as one of the eight provinces in which a majority of attacks took place in 2018.²⁶</p>													
Population ²⁷	<ul style="list-style-type: none"> • 1.09 million (49% female; 51% male) • Urban population: 12%; rural population: 88% 												
Education ²⁸	<ul style="list-style-type: none"> • Literacy rate, age 14 and above: 29% (female: 18%) • Net attendance rate, primary school: 54% • Net attendance rate, secondary school: 30% 												
Health ²⁹	<ul style="list-style-type: none"> • Births attended by a doctor, midwife or nurse: 24% • Access to skilled antenatal care: 56% • Deliveries in medical facilities: 22% 												
Labour market ³⁰	<ul style="list-style-type: none"> • Participation rate <div style="display: flex; align-items: center; justify-content: center; margin: 10px 0;"> <div style="text-align: center;"> <p>Participation rate</p> <p>No: 36%</p> </div> <div style="text-align: center;"> <p>Yes: 64%</p> </div> </div> • Female participation rate in market: 49% • Proportion of labour force literate: 28% 												
Sectors of employment ³¹	<table border="1" style="margin-top: 10px;"> <thead> <tr> <th>Sector</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Public</td> <td>2%</td> </tr> <tr> <td>Services</td> <td>14%</td> </tr> <tr> <td>Construction</td> <td>16%</td> </tr> <tr> <td>Manufacturing</td> <td>25%</td> </tr> <tr> <td>Agriculture</td> <td>40%</td> </tr> </tbody> </table>	Sector	Percentage	Public	2%	Services	14%	Construction	16%	Manufacturing	25%	Agriculture	40%
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Public	2%												
Services	14%												
Construction	16%												
Manufacturing	25%												
Agriculture	40%												
Access to services and infrastructure	<ul style="list-style-type: none"> • Safe drinking water: 56% • Electricity: 86% • Sanitary toilets: 36% • Number of mobile phones per 100 people: 23 												
Major child protection service providers	<ul style="list-style-type: none"> • Juvenile Resource Center • Provincial Public Health Hospital • Sanayee Development Organization (SDO) • Agency for Assistance and Development of Afghanistan (AADA) • Norwegian Refugee Council (NRC) • Faryab Juvenile Prosecutor's Department • Faryab Juvenile Primary Court 												

SAR-E-PUL PROVINCE

<p>Sar-e-Pul province is located in the north of Afghanistan. It has seven districts with Sar-e-Pul city serving as its provincial capital. According to SIGAR, two of the seven districts are under the influence of the government of Afghanistan, four are contested and one district is under the control of AOG.³²</p>													
Population ³³	<ul style="list-style-type: none"> • 0.6 million (49% female; 51% male) • Urban population: 8%; rural population: 92% 												
Education ³⁴	<ul style="list-style-type: none"> • Literacy rate, age 14 and above: 21% (female: 14%) • Net attendance rate, primary school: 44% • Net attendance rate, secondary school: 17% 												
Health ³⁵	<ul style="list-style-type: none"> • Births attended by a doctor, midwife or nurse: 38% • Access to skilled antenatal care: 60% • Deliveries in medical facilities: 40% 												
Labour market ³⁶	<ul style="list-style-type: none"> • Participation rate <div style="display: flex; align-items: center; justify-content: center; margin: 10px 0;"> <div style="margin-right: 10px;">No: 33%</div> <div style="margin-left: 10px;">Yes: 67%</div> </div> • Female participation rate in market: 43% • Proportion of labour force literate: 23% 												
Sectors of employment ³⁷	<table border="1" style="margin-top: 10px; width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Sector</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Public</td> <td>2%</td> </tr> <tr> <td>Services</td> <td>13%</td> </tr> <tr> <td>Construction</td> <td>12%</td> </tr> <tr> <td>Manufacturing</td> <td>10%</td> </tr> <tr> <td>Agriculture</td> <td>60%</td> </tr> </tbody> </table>	Sector	Percentage	Public	2%	Services	13%	Construction	12%	Manufacturing	10%	Agriculture	60%
Sector	Percentage												
Public	2%												
Services	13%												
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Access to services and infrastructure	<ul style="list-style-type: none"> • Safe drinking water: 34% • Electricity: 85% • Sanitary toilets: 10% • Number of mobile phones per 100 people: 14 												
Major child protection service providers	<ul style="list-style-type: none"> • ZOA-Afghanistan • Empowerment Center for Women (EWC) • Organization for Research and Community Development (ORCD) • New Afghanistan Women Association (NAWA) • Norwegian Refugee Council (NRC) • Red Cross Society (RCS) • Coordinating Humanitarian Assistance (CHA) • Provincial Public Health Hospital • Provincial Juvenile Prosecutor's Department • Provincial Juvenile Primary Court • Help the Afghan Children (HTAC) 												

3 About the survey respondents

GENDER AND AGE PROFILE

In accordance with the approved inception report, the research engaged 600 parents (50% female; 50% male) through questionnaire-based structured interviews across four provinces. The gender ratio adopted for the research is in line with the female and male population of the target provinces, as per NSIA.³⁸ In terms of age, the mean³⁹ age for female respondents is 39 years, while for male respondents it is 43 years. The median⁴⁰ age of female respondents is 40 years and for men it is 45 years. The youngest respondent was a 17-year-old mother in Kabul city, while the oldest respondent was a 79-year-old male from Maimana district of Faryab province. The median age of girls consulted for the study is 12 years, while for boys it is nine years. The mean age for girls who participated in focus group discussions is 11 years and for boys it is ten years. The youngest participants were seven years old, while the oldest was 17 years old.

GEOGRAPHICAL PROFILE

The research conducted structured interviews with urban (69%) and rural (31%) populations in the target provinces. Urban populations were defined as those residing in capital centres of provinces and districts while rural populations refer to individuals residing in villages. The underlying reason for a higher urban ratio is essentially due to engaging more parents from Kabul city. Excluding Kabul, the urban and rural ratios are roughly similar in other target provinces.

EDUCATION PROFILE

The survey results suggest that half (51%) of the surveyed parents in the target areas cannot read and write, and an additional 10% have no formal education, having instead studied in Madrassa or at home. 12% have primary education (Grade 1–6), while

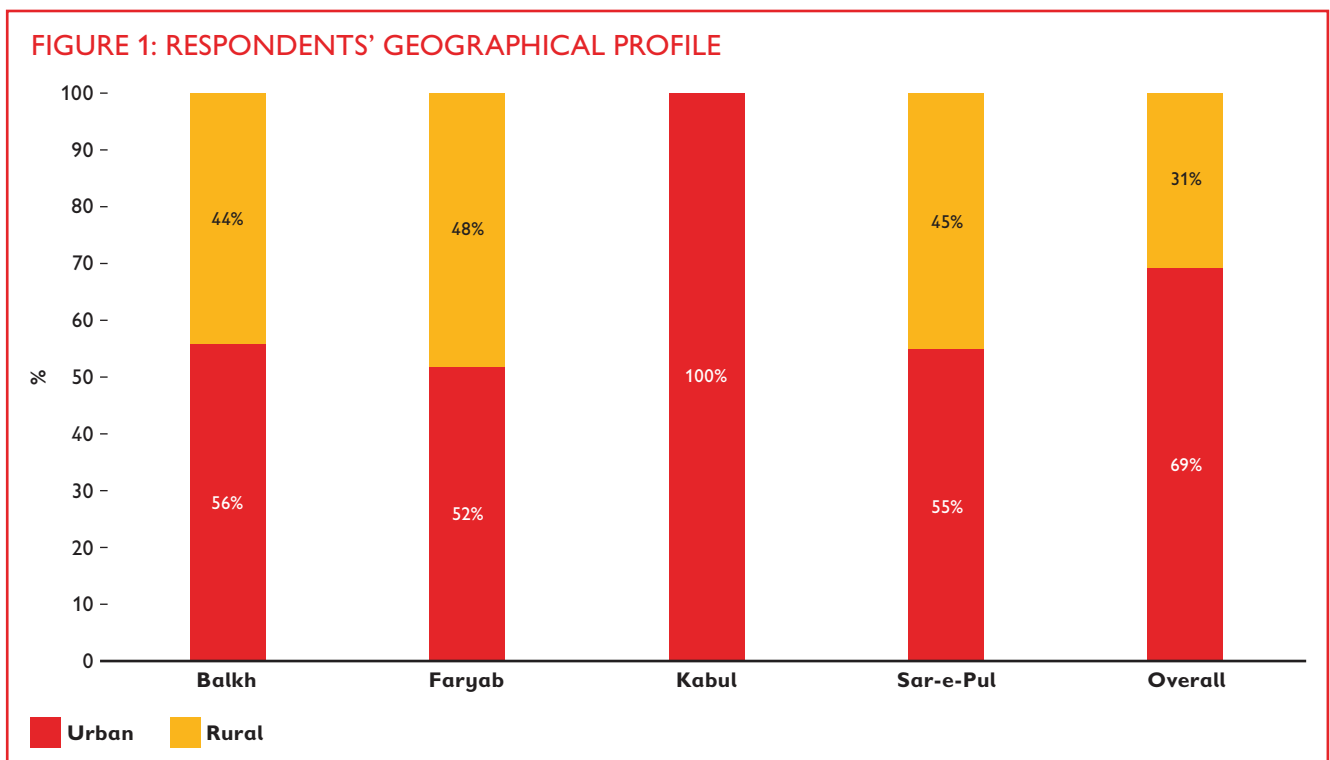
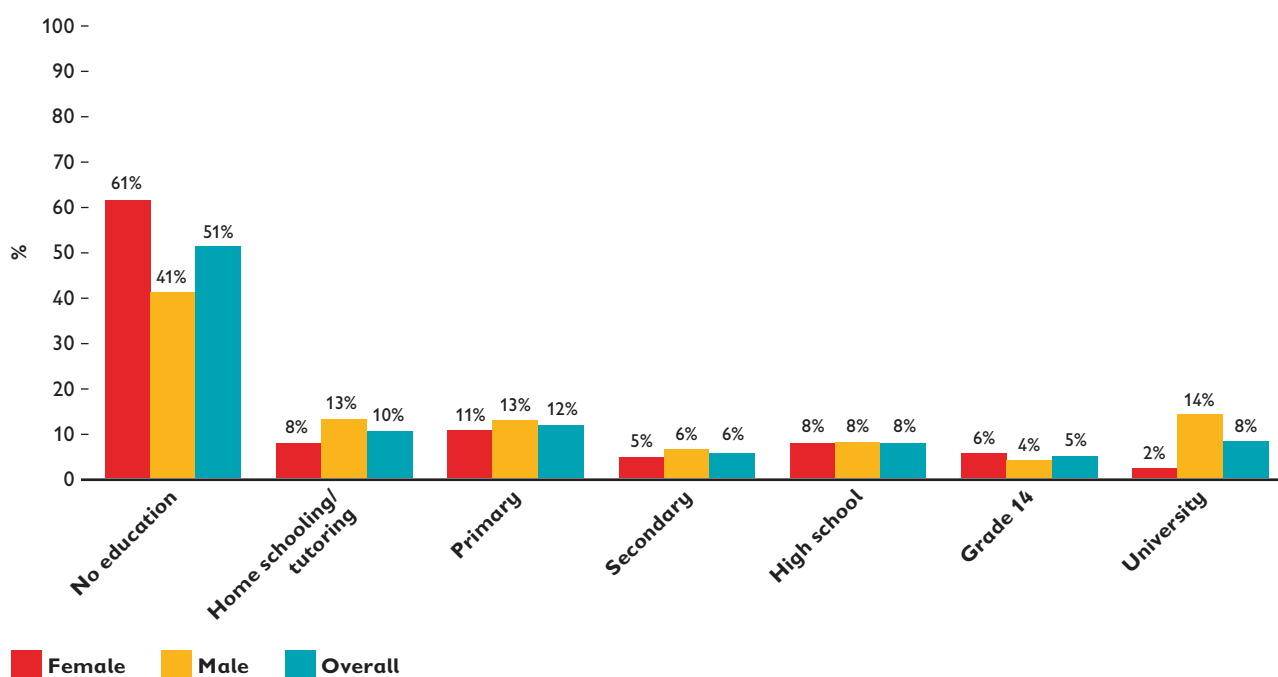


FIGURE 2: RESPONDENTS' EDUCATIONAL PROFILE



the number of respondents with secondary (Grade 7–10), and high school (Grade 11–12) education are 6% and 8% respectively. 5% have studied to Grade 14, while 8% have university level education.

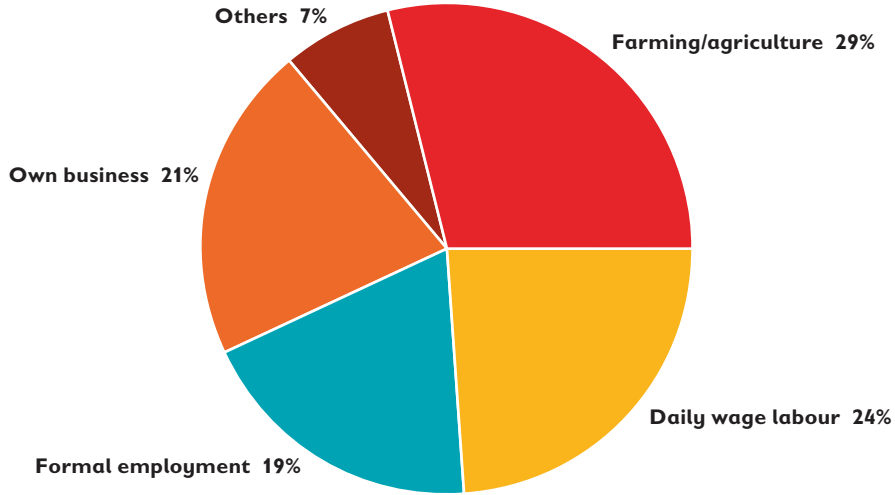
Comparing the levels of education of respondents by gender, the research demonstrates that more female respondents (61%) have no literacy compared to male respondents (41%). More male respondents (14%) reported having university level education compared to female respondents (2%). This is not

unanticipated given the relatively lower national adult male illiteracy rate (55%) compared to women (83%) reported by the United Nations Educational, Scientific and Cultural Organization (UNESCO) in Afghanistan.⁴¹ The data shows that the rate of illiteracy is highest in the Sholgara district of Balkh province (73%), followed by Faryab and Sar-e-Pul provinces at 61% each. In contrast, the illiteracy rate was found to be much lower in Kabul at 28%. Likewise, a higher proportion of parents consulted in Kabul reported university level education (20%)

TABLE 3: RESPONDENTS' EDUCATION BREAKDOWN BY PROVINCE

Province	Gender (%)	No education (%)	Home schooling (%)	Primary school (%)	Secondary school (%)	High school (%)	Grade 14 (%)	University (%)
Balkh	Female	76	9	3	0	12	0	0
	Male	70	9	6	0	6	3	6
	Total	73	9	5	0	9	2	3
Faryab	Female	70	10	7	1	4	6	1
	Male	52	3	12	11	11	2	9
	Total	61	7	10	6	7	4	5
Kabul	Female	38	9	19	9	12	6	6
	Male	19	14	5	7	14	8	33
	Total	28	12	12	8	13	7	20
Sar-e-Pul	Female	74	4	7	4	4	7	0
	Male	47	20	23	5	1	2	1
	Total	61	12	15	5	3	5	1

FIGURE 3: HOUSEHOLD PRIMARY INCOME SOURCES



compared to other target provinces, where only a minor percentage of respondents have university education.

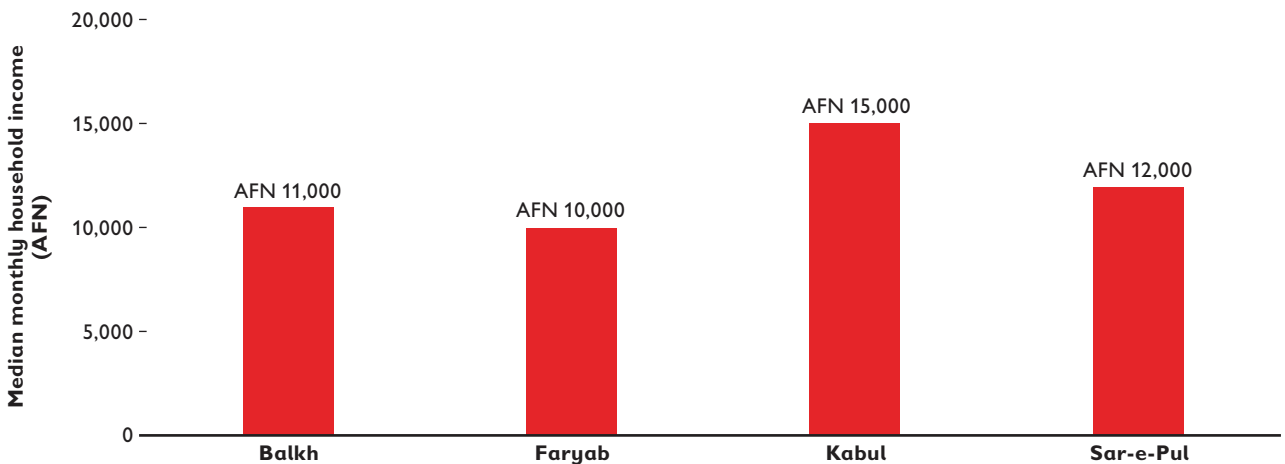
INCOME CHARACTERISTICS

Agriculture is the largest source of household income among the surveyed respondents (29%), followed by daily wage labour (24%), and business ownership (21%). Another 19% rely on formal jobs while the remaining 7% obtain their income from other sources. The data points to a variation among income sources between Kabul and other target provinces. Target households in Kabul depend largely on formal jobs, privately owned businesses and daily wage labour for income generation,

while households in Balkh, Sar-e-Pul and Faryab provinces rely primarily on agriculture and daily wage labour.

The income data further shows that the monthly income of households in Kabul is higher compared to other provinces, with a median monthly income of AFN 15,000 (194 USD).⁴² The median monthly income for surveyed households in Sar-e-Pul province stands at AFN 12,000 (155 USD), followed by Balkh and Faryab with AFN 11,000 (142 USD) and AFN 10,000 (129 USD), respectively. Considering the average national household size of 7.7 and the national poverty line defined as USD 1.90 per day per person⁴³ by the World Bank, a majority of the households are living below the poverty line, which aligns with the national poverty level (55%⁴⁴).

FIGURE 4: HOUSEHOLD MONTHLY INCOME (AFN)



4 Key findings

The research key findings have been classified into six sub-sections. The first section presents how conflict affects the mental health of children, and the second contains details of the impact of conflict on children’s physical health. The third section highlights how conflict affects children’s access to education. The fourth section talks about the effects of economic hardship on children in the target areas. The fifth section considers how barriers and gaps can be overcome and outlines key areas of focus for SCI to prioritise in its programmatic, advocacy and campaigning efforts.

Impact of conflict on children’s mental health

This assessment investigated the psychological impact of conflict on children, including who they go to for help and the extent to which children in or affected by conflict have access to psychosocial counselling services.

PREVALENCE OF CHILDREN EXPERIENCING CONFLICT

Parents were asked whether children in their area experience conflict, to which 62% responded in the affirmative, 33% negatively, and 5% were undecided at the time of the interview. For the sake of this research, experiencing conflict was defined as the direct or indirect exposure of a child to conflict. Such exposure encompasses child

casualties, facing fighting or attack, loss of a family member, witnessing a conflict-related incident in the community and others. In terms of provincial breakdown, the percentage of children experiencing conflict is highest in the Sholgara district of Balkh province, where more than nine out of ten parents stated that children experience conflict. It is worth noting that Sholgara district is regularly the site of armed clashes between government forces and AOG as well as incidents involving unauthorised armed groups. In contrast, 65% of parents in the city of Kabul reported their children experiencing conflict, while in Faryab and Sar-e-Pul, the proportions are 55% and 52% respectively. Overall, the research indicates that, as stated by their parents, more than six out of ten children are experiencing conflict.

TABLE 4: CHILDREN’S EXPERIENCE OF CONFLICT BY PROVINCE

Province	Yes (%)	No (%)	Don’t know (%)
Balkh	95	0	5
Faryab	55	41	4
Kabul	65	32	3
Sar-e-Pul	52	39	9
Weighted average	62	33	6

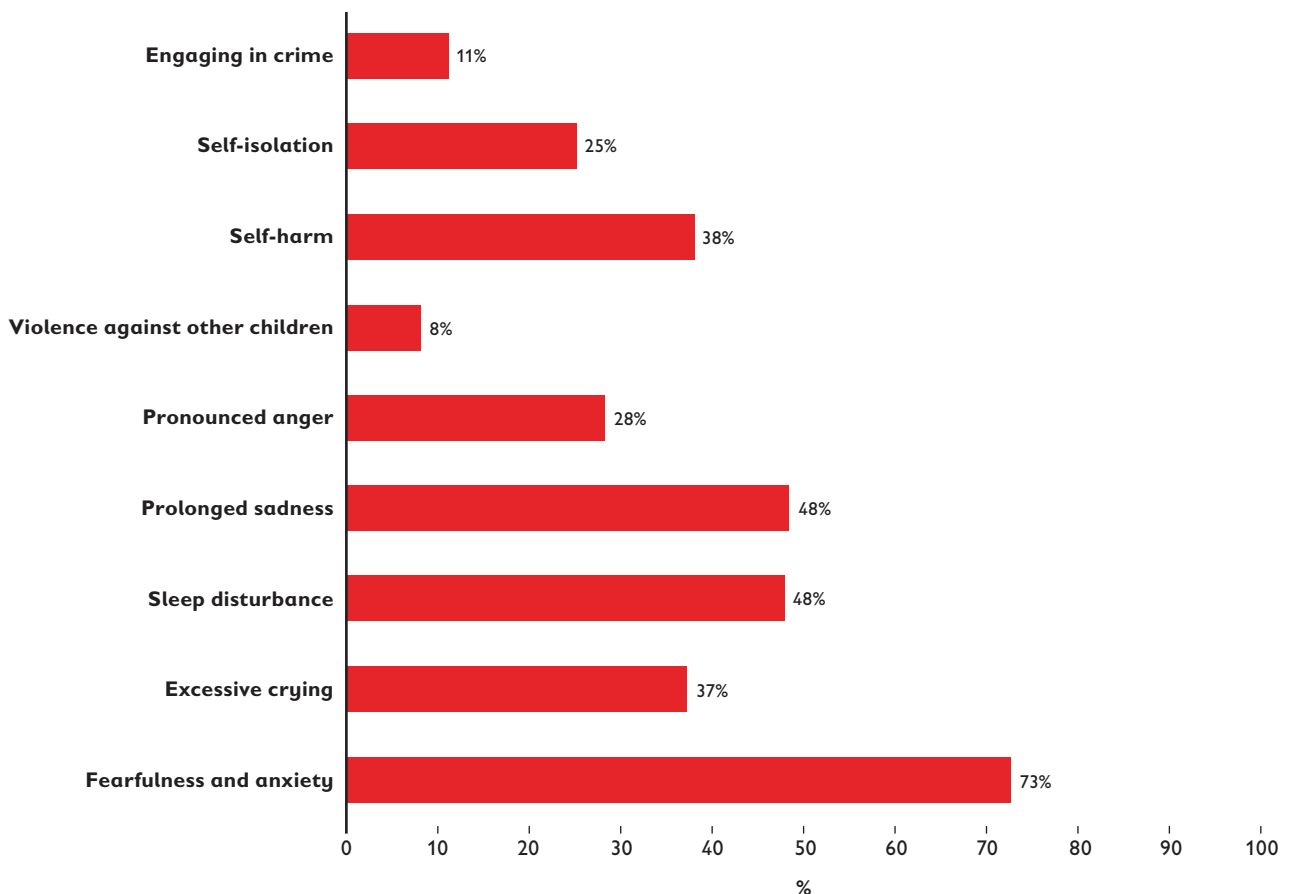
The 62% of parents who stated that children experience conflict also expressed their perspectives on how conflict affects children, in terms of the common symptoms associated with psychosocial distress and trauma. All 62% reported that their children have shown one or more symptoms of distress and trauma upon experiencing conflict. According to 73% of the parents, children feel fear and anxiety and 48% each stated that the experience led to prolonged sadness and sleep disturbances among children. In-depth consultations with parents further indicated that children experience nightmares, sleepwalking, sleep talking, and screaming while asleep. More alarmingly, 38% of parents reported that children harm themselves due to experiencing conflict, a reaction found to be more prevalent among girls than boys. Moreover, 37% of parents stated that they have seen children crying excessively upon exposure to conflict and had also seen pronounced anger (28%) and self-isolation (25%). Additionally, 11% of children have engaged in crime and 8% have committed violence against other children upon experiencing conflict, said their parents.

“I feel very sad when I watch news because it talks about fighting, and people dying. My mother does not allow me to watch news.”

14-year-old girl, Grade 6, Maimana, Faryab, Afghanistan

Through focus group discussions, children themselves also expressed their perspectives on how conflict impacts their mental health. Some stated that conflict makes them and their families sad, fearful and worried and forces them to stay home from school. In addition, children who lose breadwinners or whose families experience unemployment become disinterested in education because they have to work in order to financially support their families. When asked how long they felt this way, most answers ranged between several weeks to months, but the researchers noticed that children who had experienced severe forms of conflict such as being in the line of gunfire or close to suicide bombings tend to feel the adverse effects for longer.

FIGURE 5: SYMPTOMS OF CONFLICT IMPACTING CHILDREN



“I lost my father in a suicide attack on the Kart-I-Sakhi shrine. He was a swimming coach. When he was alive, I used to go to school every day, but since his death I don’t. I sell plastic bags, and cannot go to school every day.”

11-year-old boy, Grade 5, Kart-I-Seh, Kabul, Afghanistan

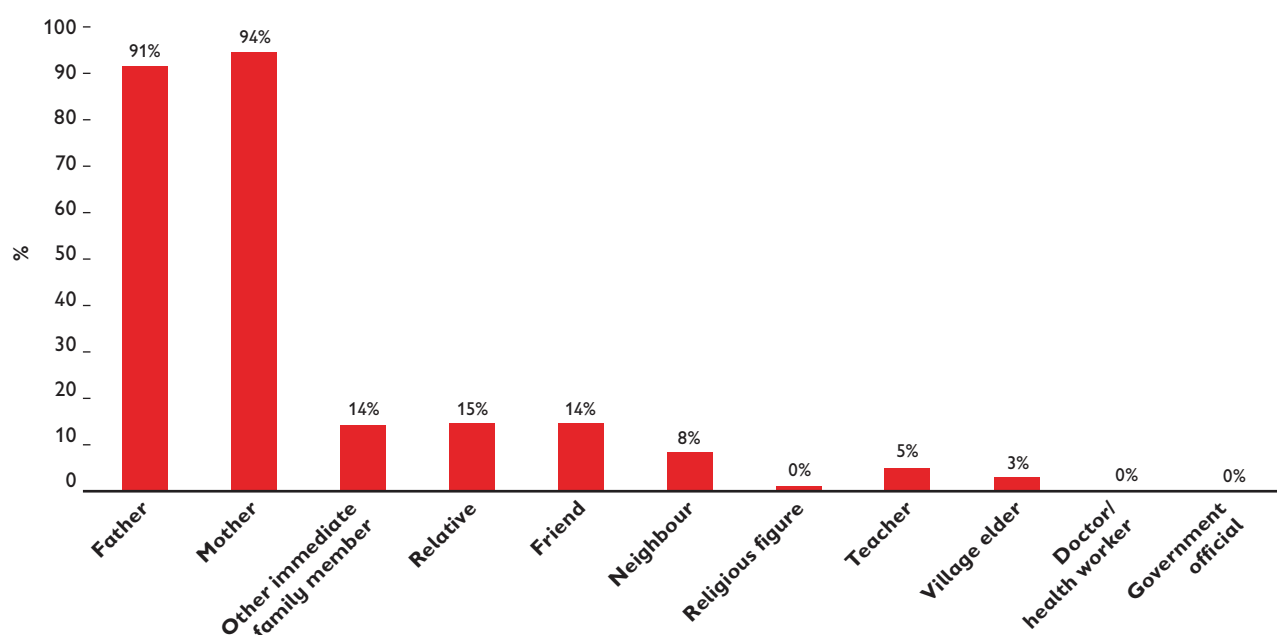
POINT OF REFERRAL FOR CHILDREN

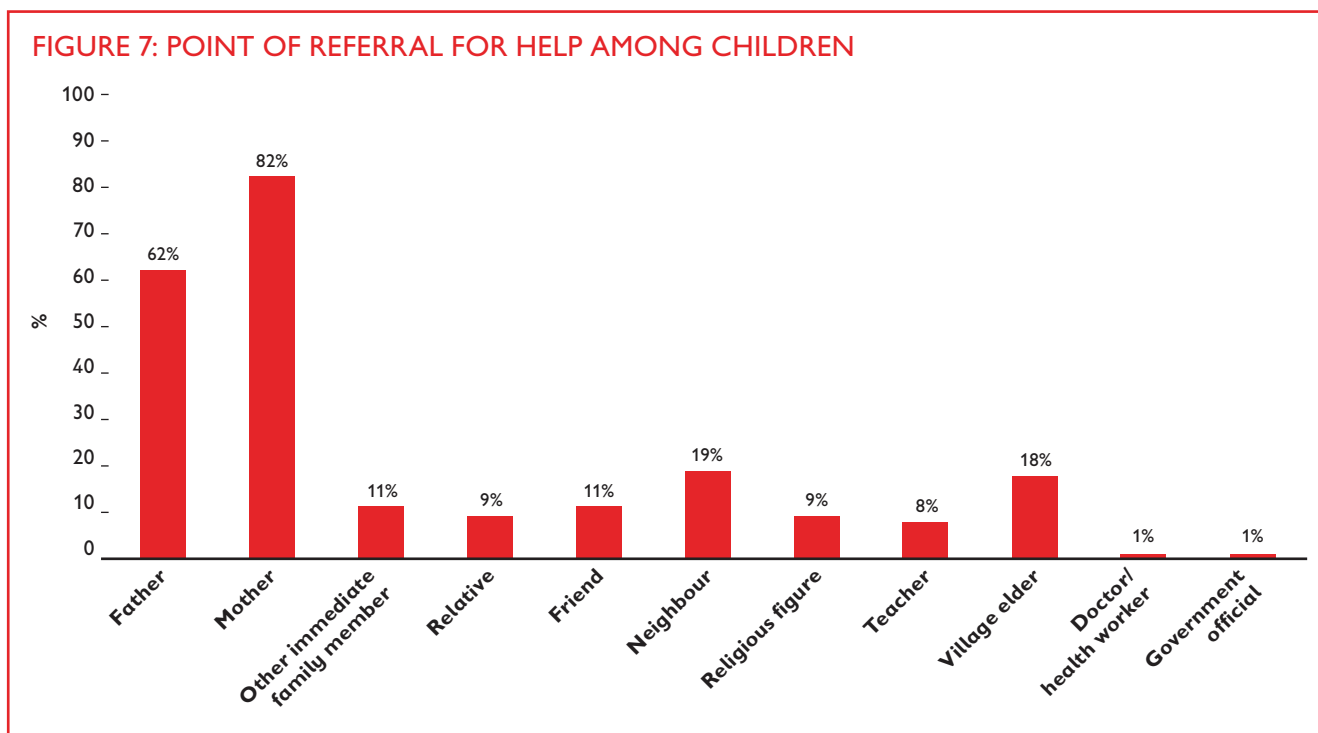
The researchers also studied who children go to for help, including moral support, counselling, physical protection and helping take them to hospitals or doctors, when they experience conflict. As reflected in Figure 6, 94% of surveyed parents stated that children mostly go to mothers and fathers, and that the difference between who they specifically seek out is minor. As respondents were given multiple response options, other responses reveal that, besides parents, children go to people they know. About 14% each mentioned that they go to an immediate family member (for example a brother, sister, grandfather or grandmother), relative or friend for help. The data further reveals that children do not go to government officials, doctors, public health workers or religious figures for help when they are exposed to violence. Additionally, small numbers of children go to neighbours (8%), teachers (5%) and village elders (3%).

Children themselves were also asked through FGDs who they go to for help when exposed to conflict. A majority stated they go to parents, siblings or a relative for help when they experience conflict. However, key informant interviews indicated that parents tend to ignore the psychological impacts of conflict on children, and are unable to effectively help children to cope with common symptoms of trauma. Given that a majority of children go to parents for help, it is imperative that national and international child protection actors advocate for allocation of resources to improving the capacity of parents to better help children who are traumatised by conflict.

Besides parents, the researchers asked 90 children who they go to for help when they experience conflict. Children’s responses indicate that the majority of them go to their mothers (82%), and fathers (62%) for assistance, followed by neighbours (19%), and village elders (18%). 11% of children stated that they go to other immediate family members and 11% to friends for support. 9% of children go to relatives and another 9% seek out religious figures for help, followed by teachers (8%). A negligible percentage of children approach government officials or doctors for help. Comparing the responses of child respondents with those of the parents shows that the latter think their children come to them much more than the children say they do. It is therefore important that parents learn

FIGURE 6: POINT OF REFERRAL FOR HELP AMONG CHILDREN FROM PARENTS’ PERSPECTIVES





to open up channels of communication with their children so that they can be a resource for them.

The breakdown of responses among girls and boys in regard to who they ask for help reveals some variation. For instance, more girls than boys tend to refer to parents, relatives, teachers and village elders for help, while more boys go to friends and neighbours for assistance such as moral support, counselling, physical protection and helping take them to hospitals or doctors. This is expected

because of the restricted mobility of girls outside their homes, particularly in rural Afghanistan, due to more conservative religious beliefs prevailing in these areas. Hence, most girls rely on parents as a resource. On the other hand, boys have more mobility and freedom and can go to friends and neighbours to seek help when they experience conflict. Among both girls and boys in the target areas, numbers seeking out doctors, health workers and government officials for help were low.

TABLE 5: POINT OF REFERENCE FOR CHILDREN BY GENDER

Gender	Father (%)	Mother (%)	Other immediate family (%)	Relatives (%)	Friends (%)	Neighbours (%)	Religious figures (%)	Teachers (%)	Village elders (%)	Doctors/health workers (%)	Government officials (%)
Girls	69	91	11	11	4	13	9	13	29	2	0
Boys	56	73	11	7	18	24	9	2	7	0	2

AVAILABILITY AND ACCESSIBILITY OF PSYCHOSOCIAL COUNSELLING

As discussed above, since children demonstrate symptoms of psychosocial distress due to exposure to conflict, the research examined the availability and accessibility of psychosocial counselling services in the target areas. For the sake of this research availability was defined as the existence of psychosocial counselling service provider(s) in the target areas. Availability of service providers does not necessarily mean that children and households have access to them, because accessibility depends on factors such as geographical distance and economic affordability.

On availability, the data shows that psychosocial support and counselling services are restricted, as just 37% of parents reported the availability of such services in their areas. 59% stated that no psychosocial support/counselling exists in their village and the remaining 3% were unsure about the existence of such service providers at the time of the interview. Regarding children's access to psychosocial services, the data paints a disconcerting picture. 70% of parents stated that their children do not have access to psychosocial counselling services, 26% responded that they

do, and the remaining 4% did not know. The respondents cited the following reasons for their children's lack of access to psychosocial support.

- (i) Poverty and economic hardship is prevalent among the surveyed households and they cannot afford the cost of psychosocial counselling services for their children.
- (ii) Concerns regarding the quality of the existing services.
- (iii) Lack of awareness about the existence of services providers.

The research further shows that the 26% of respondents whose children have used psychosocial support/counselling services believe that such services are important for rehabilitation and rapid recovery of children from the effects of being exposed to conflict.

The research data highlights that there are more service providers in Kabul compared to the other target provinces. 61% of parents in Kabul reported that psychosocial support exists in their areas, which is higher than the equivalent in Sar-e-Pul (30%), Balkh (22%) and Faryab (17%). This is to be expected with Kabul being the capital of the country, with its greater concentration of public and private health facilities, including psychosocial counselling service providers. In the target provinces,

FIGURE 8: AVAILABILITY AND ACCESSIBILITY OF PSYCHOSOCIAL COUNSELLING SERVICES FOR CHILDREN

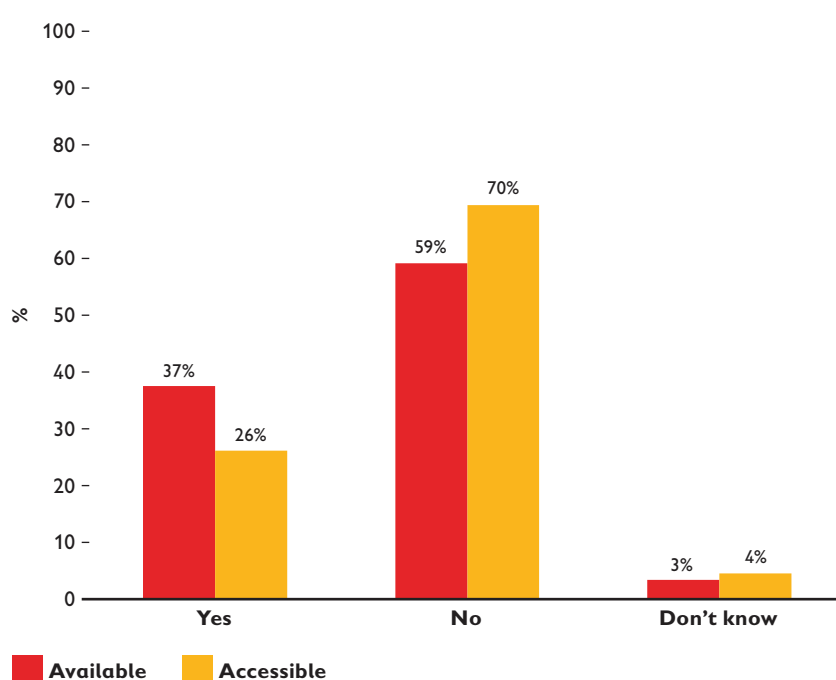


TABLE 6: AVAILABILITY AND ACCESSIBILITY OF PSYCHOSOCIAL COUNSELLING SERVICES BY PROVINCE

Province		Yes	No	Don't know
Balkh	Availability	22	76	2
	Accessibility	11	67	22
Faryab	Availability	17	73	9
	Accessibility	10	80	10
Kabul	Availability	61	37	2
	Accessibility	36	64	0
Sar-e-Pul	Availability	30	68	2
	Accessibility	21	79	0

particularly at district level, the availability of public and private psychosocial counselling services providers is very limited, and these services are to a greater extent provided by NGOs. In terms

of access, Kabul is reportedly better with 36% of parents stating that their children have access to psychosocial counselling, followed by Sar-e-Pul (21%), Balkh (11%), and Faryab (10%).



Hemat*, 10, at home in Kabul Province

PHOTO: STEFANIE GLINSKI/JOURNALIST

Impact of conflict on children's physical health

The research examined the number of child casualties of the conflict and the places where children feel the most and least safe in their communities. The research also looked at accessibility of quality health services and how conflict impacts access to such services for target populations, including children.

CHILD DEATHS AND INJURIES IN THE CONFLICT

AOGs routinely claim to target only foreign military and Afghan government personnel and facilities, but their use of indiscriminate violence causes extreme civilian harm, both killing and injuring thousands a year. Tactics like detonations of explosives, including body-worn improvised explosive devices (IEDs) in urban centres and the firing of mortars, rockets and grenades into civilian-populated areas is tantamount to indiscriminate and disproportionate violence, the brunt of which civilians inevitably bear.⁴⁵

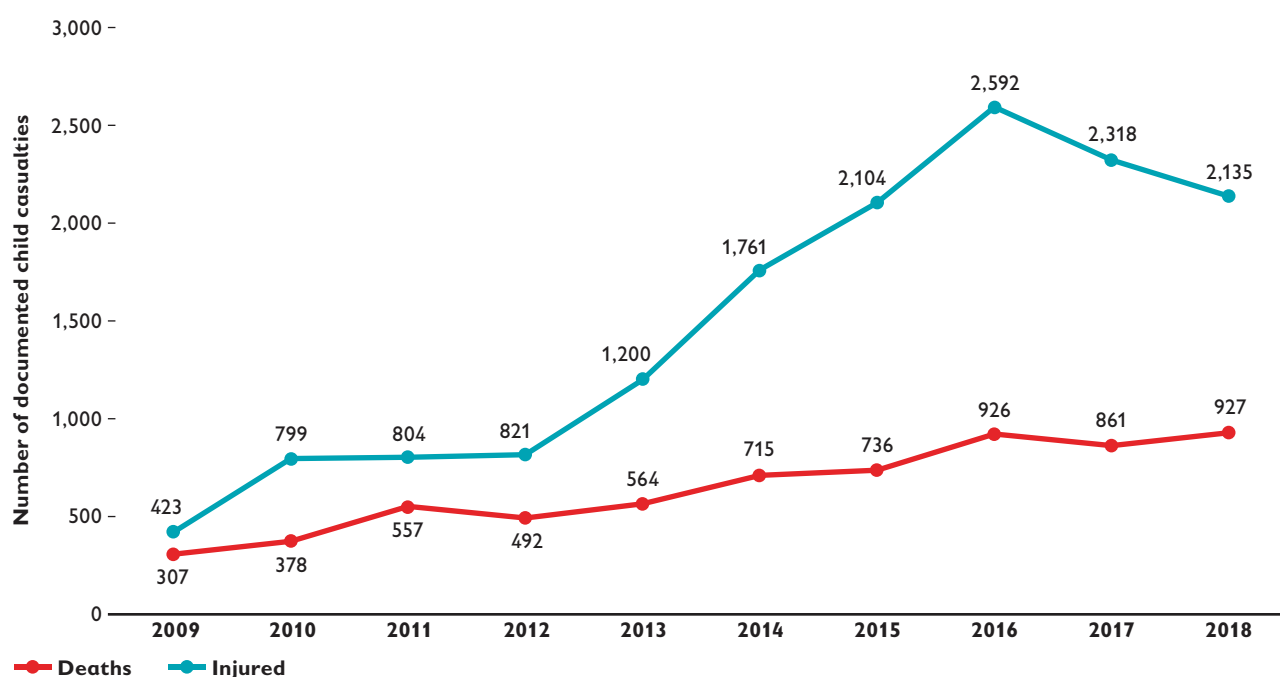
In Afghanistan, children make up a significant proportion of civilian casualties. Through a country task force, UNAMA monitors and reports on grave violations against children in conflict, publishing findings every sixth months. The data in recent reports point to an upward trend in child casualties

from 2013 to 2016. As per the UNAMA report published in early 2019,⁴⁶ 927 children lost their lives and 2,135 were injured in 2018. This makes 2018 the deadliest year for children in Afghanistan over the course of the war, with child casualties comprising 28% of all casualties in 2018. UNAMA attributes the increase in child casualties to a more than a doubling of child deaths by aerial bombings and an increase in ground engagements, both suicide attacks and non-suicide attacks such as IEDs. The Mission estimates that 63% of all casualties are due to AOGs and 24% to ANDSF. Casualty figures from 2018 raise particular concerns about aerial operations by pro-government forces, which caused 492 child casualties – of which 236 were deaths and 256 injured – an increase of 85% compared to 2017 figures and a 107% increase in the number of

“I have lived in Kabul for more than 30 years, and it was not like it is today. Crimes happen every day. We do not allow children to play outside because of kidnappings. It worries me more than suicide attacks. The police have failed to protect the people of Kabul.”

58-year-old father, Dehmazang, Kabul, Afghanistan

FIGURE 9: DOCUMENTED CASUALTIES OF CHILDREN IN CONFLICT (2009–2018)



children killed.⁴⁷ The first quarter of 2019 has seen a 23% decrease in the number of civilian casualties as compared to the same period in 2018. Overall, UNAMA recorded 1,773 civilian casualties, 582 of whom were children (150 deaths and 432 injured) from 1 January to 31 March 2019.⁴⁸ UNAMA speculates that the decrease is a result of a fewer IED attacks during the winter.⁴⁹

Lack of restraint on the part of AOGs as well as ANDSF and coalition forces reveals non-compliance with international human rights law governing admissible conduct for warring parties in civil wars and international conflict. The nature of the Afghan war qualifies it to be defined as both in virtue of AOG being at war with the Afghan government and fought by international forces. Specifically, the use of indiscriminate and disproportionate violence affecting civilians goes against article 51 of the Protocols Additional of the Geneva Convention.⁵⁰ In April 2019, the International Criminal Court abandoned a possible Afghanistan war-crimes investigation – long sought by the Court’s chief prosecutor – citing a low prospect of any convictions due to difficulties in obtaining evidence and witness testimony.⁵¹

KEY THREATS TO CHILDREN’S PHYSICAL SAFETY

Armed clashes between ANDSF and AOG remain the most significant threat to children’s safety, with more than two thirds (70%) of parents indicating this. Crimes, including abductions and robberies, were identified as the second most significant threat (61%), followed by night raids (39%), carried out mostly by ANDSF and international forces. Additionally, 24% of parents consider sexual violence as a major threat to children and 21% each cited suicide attacks and landmines/IEDs as the greatest threats to children’s safety. Political and ethnic violence was reported at 10% and 7% respectively. In the context of this research, political violence includes demonstrations, protests, road blockages,

shows of force and armed clashes between political parties and politicians, while ethnic violence refers to conflict caused by ethnic tensions between population groups that similarly erupts into demonstrations of force. Aerial bombings, which have increased in recent years,⁵² are reported by about 8% of parents to be the greatest threat to children’s safety. According to parents, corporal punishment is generally not considered to be a risk to children’s safety with just 3% of parents indicating that it poses a danger. The in-depth discussion with children, however, reveals that children tend to become less interested in going to schools due to corporal punishment in school settings. No single factor accounts for the physical and humiliating punishment of children in schools, but a range of social, cultural and educational factors contribute to it. In the case of Afghanistan, a prevailing culture of violence in situations of armed conflict or civil disturbance can create an atmosphere in which violence is the primary strategy employed when personal conflicts arise.⁵³

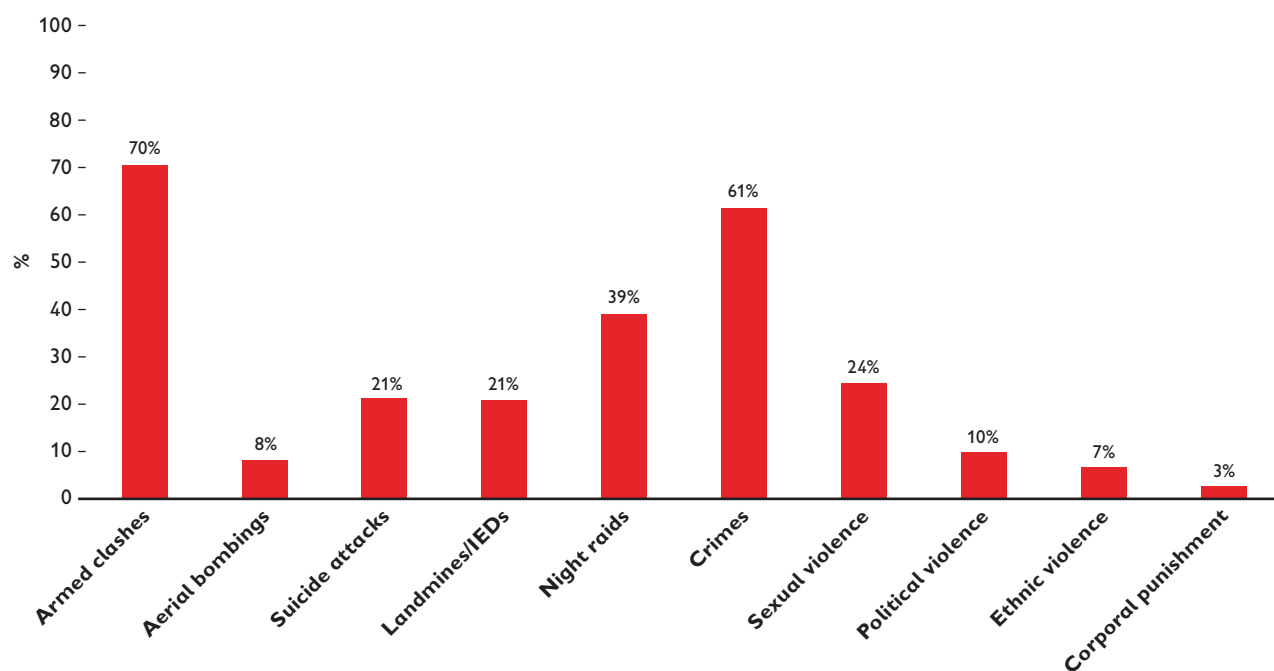
Overall, the research identified a number of actors responsible for risks to children’s safety including: (i) AOG, directly responsible for armed clashes, suicide attacks, landmines/IEDs; (ii) ANDSF and international forces, responsible for armed clashes, aerial bombings, and night raids; (iii) criminal gangs; (iv) unauthorised armed groups; and to a lesser extent (v) political parties and politicians; and (vi) in relation to corporal punishment, parents and teachers.

The research identified variations across four target provinces in the types of threats facing children. In Kabul city, crimes such as kidnappings were reported by a majority of the parents (86%) to be a major threat for children, followed by suicide attacks (49%) and armed clashes (44%). This implies that parents are more concerned about crime than incidents and violence caused by AOG. Echoing this, media reports in early 2019⁵⁴ indicated a spike in crimes in the capital. On the other hand, in the Sholgara district of Balkh province, armed clashes (89%), and night raids (85%) were reported to be

“Fighting happens a lot between government and [AOG]. That is a headache for us, but even worse are warlords [unauthorised armed individuals]. Children are not safe from them because they are used for Bacha Bazi.⁵⁵ Some children live with the commanders day and night and cannot attend school.”

34-year-old father, Sholgara district, Balkh, Afghanistan

FIGURE 10: MAJOR THREATS TO CHILDREN'S PHYSICAL SAFETY IN SURVEYED AREAS



the greatest risks to children's safety, while the risks posed by suicide attacks (24%) and crimes (21%) are reportedly lower compared to Kabul. In the Maimana and Pashtun Kot districts of Faryab province, crimes (77%) and armed clashes (74%) are the biggest security concerns for parents as regards their children, while 34% most fear nights raids and 9% suicide attacks. According to 93% of parents,

armed clashes are the greatest threat to children's safety, followed by night raids (67%), and crimes (39%). The fact that in provinces armed clashes and night raids are considered more threatening than suicide bombings, as compared to the perceptions in Kabul, is expected, as suicide attacks are more frequent in the capital.

TABLE 7: MAJOR THREATS TO CHILDREN'S PHYSICAL SAFETY BY PROVINCE

Province	Armed clashes (%)	Aerial bombings (%)	Suicide attacks (%)	Landmines/ ieds (%)	Night raids (%)	Crimes (%)	Sexual violence (%)	Political violence (%)	Ethnic violence (%)	Corporal punishment (%)
Balkh	89	5	24	18	85	21	32	2	33	2
Faryab	74	17	9	32	34	77	37	1	0	0
Kabul	44	7	49	29	4	86	30	24	1	4
Sar-e-Pul	93	4	3	5	67	39	6	6	9	5
Overall	70	8	21	21	39	61	24	10	7	3

SAFE AND RISKY PLACES FOR CHILDREN'S SAFETY

Parents were asked where in communities children feel most scared as well as places where they feel the safest. The data shows that children feel safe at home and in schools and insecure on the way to schools and markets as well as near government checkpoints, government buildings, and in markets. 81% of parents stated that children feel safe at home, followed by school (34%), and recreational areas such as parks and playgrounds (11%).

A majority of parents stated that children feel most scared on their way to school (64%), and on their way to the market (55%). In addition, 35% of parents believe that children feel unsafe in marketplaces and at checkpoints. 26% stated that their children feel insecure near government buildings and in recreational areas (20%). These figures show that other than homes and schools, there are no other places where children feel safe.

Children were also asked through individual interviews and FGDs where they feel the safest and most scared in their villages. Their responses show that homes are perceived as the safest place for eight out of ten children. Schools were reported to be the second safest place (30%), followed by recreational areas (27%). In terms of unsafe places, children feel the most insecure at checkpoints (49%),

“When fighting breaks out, no place is safe in our village, but home is still better than outside. We hide in the corners of rooms.”

14-year-old girl, Saayad District, Sar-e-Pul Afghanistan

followed by the route to and from school (43%) and near government buildings (33%). Children feel insecure at checkpoints because they are maintained by ANDSF, who are priority targets for AOG attacks. Likewise, government buildings remain targets for AOG.

There are variations between girls and boys in terms of places they consider safe and unsafe. For example, more girls (91%) consider home safe compared to boys (69%), while more boys (31%) consider recreational areas safe compared to girls (22%). Similarly, more girls (20%) find parks unsafe compared to boys (13%). More girls feel unsafe on their way to school (51%) and the market (31%) compared to boys (36% and 29% respectively). Furthermore, 24% of girls feel unsafe in markets, which is more than twice as high as the equivalent for boys (11%). The fact that girls feel less safe than boys outside the home is attributed to sexual harassment. According to female FGD participants, they experience staring, stalking, verbal abuse,

FIGURE 11: SAFE AND RISKY PLACES FOR CHILDREN FROM PARENTS' PERSPECTIVES

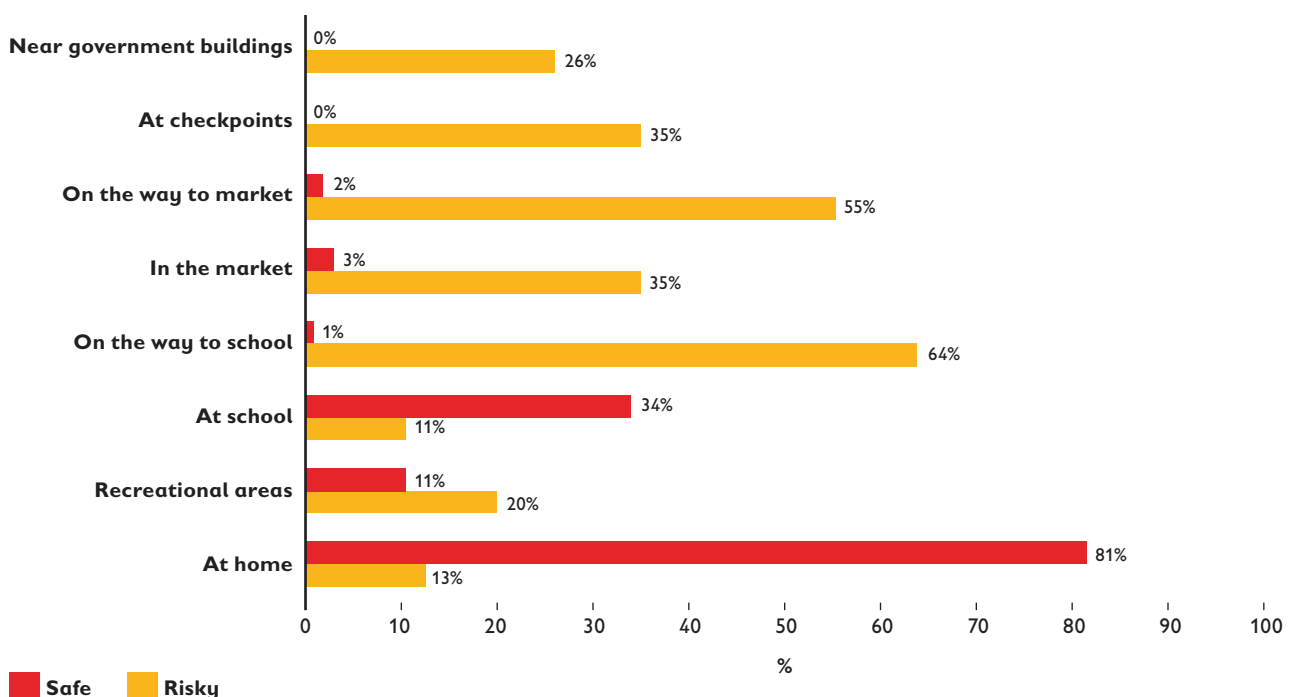
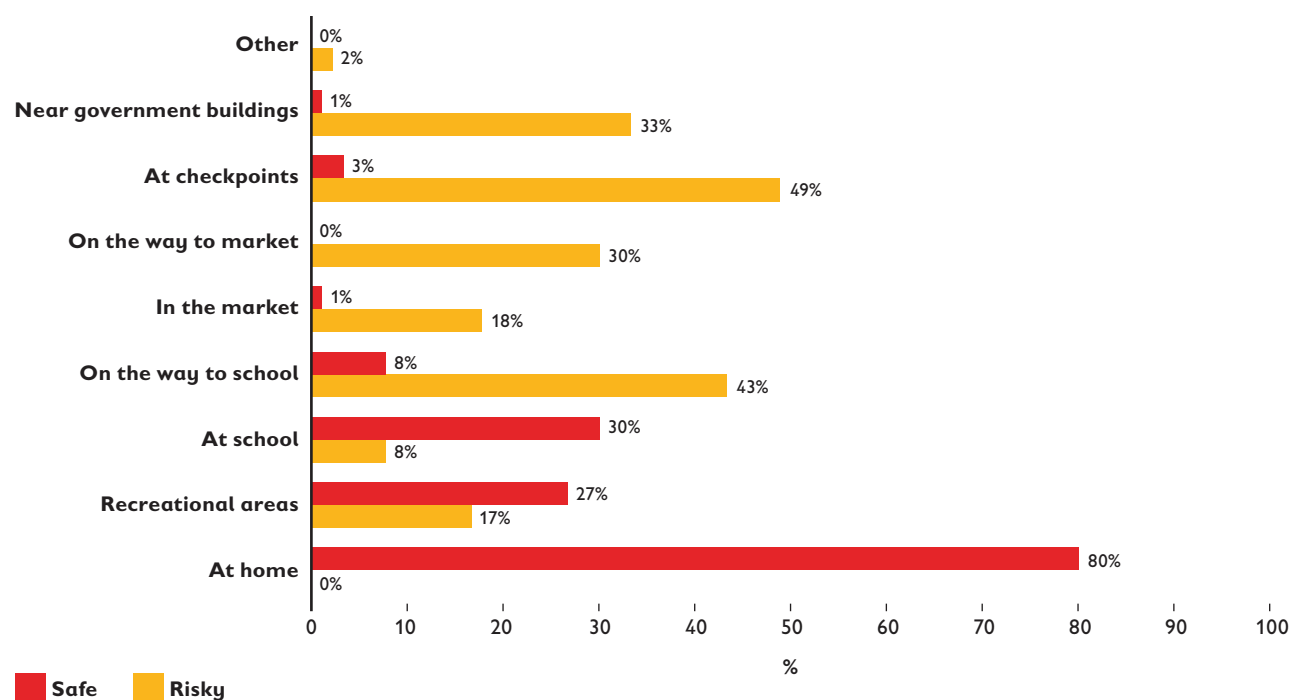


FIGURE 12: SAFE AND RISKY PLACES FOR CHILDREN



having pictures taken of them and other types of harassment in public spaces.

On the other hand, more boys feel at risk near police checkpoints (56%) and government buildings (42%), compared to girls (42% and 24% respectively). A reason for this could be that boys spend more time outside the home and as a result come across checkpoints and government offices more frequently, while girls tend to spend most of their time at home.

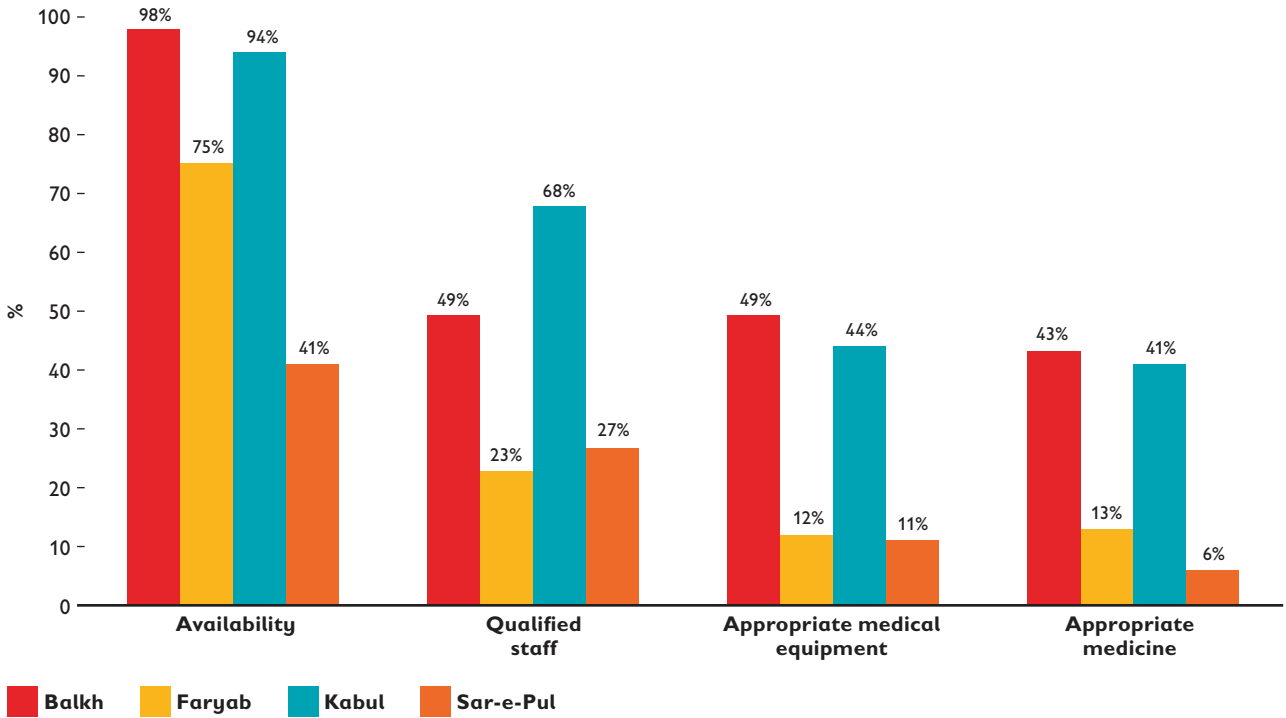
AVAILABILITY AND QUALITY OF HEALTH FACILITIES

The research confirms the existence of health facilities in a majority of SCI impact areas across the four provinces. Field observation shows that hospitals and clinics exist at the provincial and district levels, mainly operated by MoPH and national and international NGOs. The quantitative data also corroborates that health services are

TABLE 8: SAFE AND RISKY PLACES FOR CHILDREN BY GENDER

Type of place	Gender	At home (%)	Recreational areas (%)	At school (%)	On the way to school (%)	In the market (%)	On the way to market (%)	At checkpoints (%)	Near government buildings (%)	Others (%)
Safe places	Girls	91	22	27	9	0	0	2	2	0
	Boys	69	31	33	7	2	0	4	0	0
Risky places	Girls	0	20	9	51	24	31	42	24	4
	Boys	0	13	7	36	11	29	56	42	0

FIGURE 13: QUALITY OF HEALTH SERVICES IN TARGET AREAS



available to a considerable extent in Balkh, Kabul, and Faryab provinces. The exception is Sar-e-Pul province, where less than half (41%) of interviewed parents stated that health services exist.

While health facilities exist, the quality of their services is a concern for populations, particularly in Balkh, Faryab and Sar-e-Pul provinces. For instance, more than two thirds (68%) of parents in Kabul city stated that hospitals and clinics have qualified medical doctors, nurses and other support staff, compared to Balkh (49%), Faryab (23%) and Sar-e-Pul (27%). Similarly, the availability of medical equipment in hospitals and clinics is a

point of concern for parents, particularly in Faryab and Sar-e-Pul provinces, with only 12% and 11% respectively reporting the existence of appropriate equipment in health facilities. The research also looked at the quality of medicine provided in health facilities, finding that quality of medicine is perceived as a substantial issue across all four provinces, particularly in Faryab and Sar-e-Pul. About 43% of parents in Balkh province believe that health facilities have quality medicines, with nearly the same being the case in Kabul (41%). Just 13% and 6% respectively in Faryab and Sar-e-Pul believe that health facilities have quality medicine.

“There is a small clinic in a village near ours. We take children there when they are sick. It is 40 minutes away from here by foot. But it has one doctor who comes for 1–2 days a week, and when there is fighting, the clinic is closed for weeks because the doctor comes from Maimana. They do not provide good medicine, and people say that there is a lot of corruption in it, but it is still better than nothing.”

42-year-old mother, Pashtun-Kot, Faryab, Afghanistan

ADVERSE EFFECTS OF CONFLICT ON HEALTH SERVICES

The research also studied whether any hospitals or clinics have been targeted in the conflict over the last three years. About 8% of parents stated that hospitals and clinics do get targeted in the conflict, 75% believe that they are not, while 17% were undecided at the time of the interview. Given the sensitivity around this question, the research team speculates whether respondents might have underreported the targeting of health facilities in the conflict due to fears of retaliation by perpetrators. To offset this potentially skewing data, the research

team also collected data from MoPH on the number of hospitals and clinics targeted and affected in the conflict. The Ministry keeps records of hospitals and clinics which have witnessed one or more of the following: (i) damage to infrastructure of the health facility during the conflict; (ii) ambulance(s) destroyed or taken by AOG; (iii) deaths, injuries and violence to health personnel; (iv) use of health facilities during fighting.

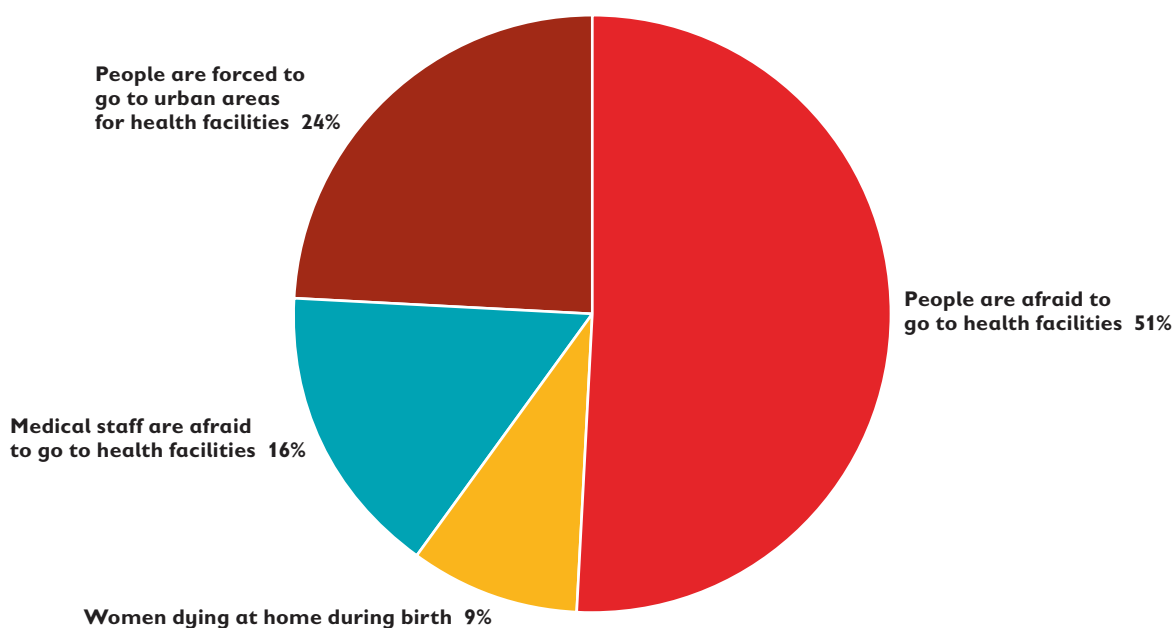
According to this data, a total of 40 hospitals and clinics across the entire country have been impacted by the conflict. The time period for the hospitals affected is not clear from the MoPH data. In terms of the four surveyed provinces, no health facilities have been affected in Kabul, Balkh and Faryab provinces, and one case is recorded of a hospital impacted in Sar-e-Pul.

Parents were further asked to share their perspectives on how the conflict impacts hospitals and clinics when they get targeted. 48% stated that people are afraid to go to health facilities because they might be targeted in armed clashes, suicide attacks or aerial bombings. 15% stated that medical staff are often absent from their duties as they fear for their own safety. The remaining 6% reported that people from their areas are forced to go to bigger cities and urban centres when seeking health services as hospitals and clinics in their vicinity are either closed, dangerous to visit or offer substandard services.

TABLE 9: HEALTH FACILITIES TARGETED BY PROVINCE⁵⁶

Province	Number of health facilities targeted
Kapisa	1
Maydan Wardak	7
Baghlan	2
Ghazni	6
Paktika	1
Paktia	1
Kunar	3
Kunduz	2
Sar-e-Pul	1
Daikundi	1
Kandahar	2
Helmand	10
Urzgan	2
Herat	1
Total	40

FIGURE 14: IMPACT OF CONFLICT ON HEALTH SERVICES



Impact of conflict on children’s access to education

AVAILABILITY OF SCHOOLS

The research collected information on the existence of schools for girls and boys in the target areas. As depicted in Figure 15, a majority of parents (91%) across all four provinces confirmed that schools exist for both girls and boys in their communities. The responses of parents in Kabul and Balkh indicated no absence of schools in these areas. 15% of parents in Sar-e-Pul and 6% in Faryab reported that schools do not exist in their areas.

CHILDREN’S ENROLMENT IN SCHOOLS

In terms of school enrolment, Kabul has the highest percentage among both boys (87%) and girls (73%), which is likely to be attributable to less conservative attitudes towards education compared to the other provinces. Balkh has the second highest enrolment for boys (80%), but the lowest rate for girls (40%). The respondents cited a number of reasons for lower enrolment of girls, including lack of support from families and communities due to conservative beliefs and vulnerability to harassment on the way to and from school. In Sar-e-Pul, 73% of boys and

60% of girls are enrolled in schools, and the case is similar in Faryab province, where the enrolment rate among boys is 70% and among girls is 60%. The qualitative data identified the key causes that some children are not enrolled in school as insecurity, including that schools have been attacked or used for military purposes; conservative attitudes; economic hardship, conflict with work; and lack of access to quality education. These causes were more prevalent in rural areas compared to urban settings, where social attitudes are less conservative, poverty is comparatively lower and access to education is better. According to a senior official at the Ministry of Education, lack of civil documentation does not hinder children from enrolling in school.⁵⁷

SCHOOL FACILITIES

According to 65% of parents, the schools in their areas have perimeter walls, which are considered vital for security purposes. Furthermore, 64% of parents stated that the schools in which their children are enrolled have toilets and 54% confirmed the availability of clean drinking water. Separate toilets for girls and boys are much less available,

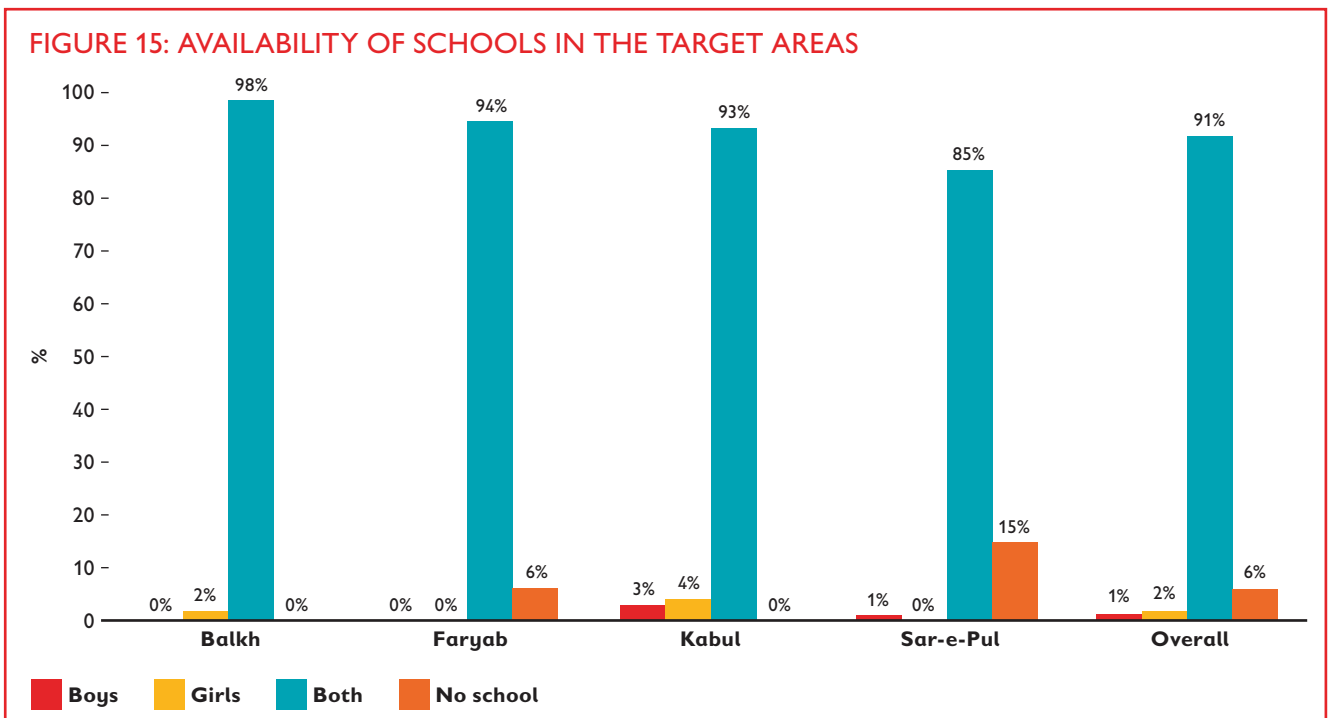
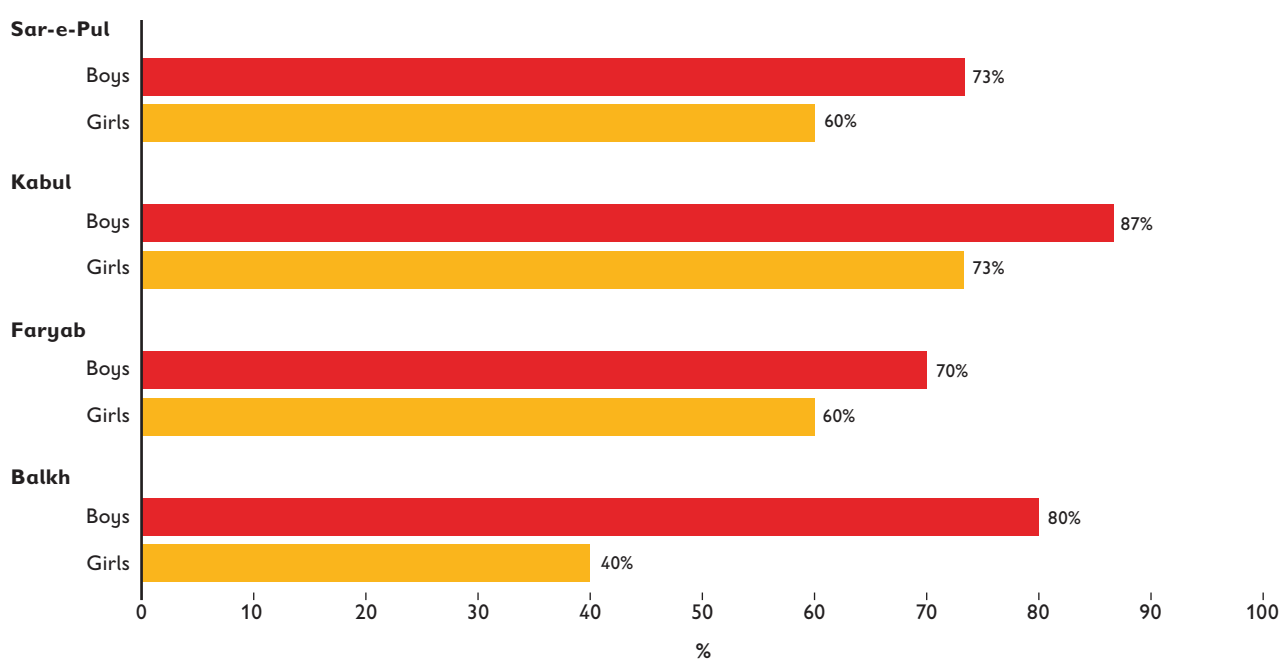


FIGURE 16: CHILDREN'S ENROLMENT RATE IN SCHOOLS BY GENDER



as are facilities for children with disabilities and adequate lighting in toilets. As shown in Table 10, only 15% of parents stated that separate toilets for girls and boys exist, while 85% reported the opposite. Considering the conservative socio-cultural environment in the target areas, the lack of separate toilets for boys and girls in schools may also discourage parents from sending their daughters to school. Moreover, according to 94% of parents, toilets tailored to the needs of children

“Our school does not have a laboratory. Chemistry is my favourite subject, [but] we cannot experiment [in our studies] because there is no laboratory. I hope you [SCI] will help our school in this regard.”

16-year-old girl, Maimana, Faryab, Afghanistan

TABLE 10: SCHOOL FACILITIES BY PROVINCE

Province	School building (%)	Perimeter wall (%)	Clean drinking water (%)	Toilets (%)	Separate toilets for girls and boys (%)	Toilets tailored to the needs of children with disabilities (%)	Adequate lighting in classrooms, toilets and hallways (%)
Balkh	73	58	43	63	13	3	13
Faryab	64	51	39	53	15	0	3
Kabul	81	79	62	73	20	6	7
Sar-e-Pul	72	54	53	55	6	9	6
Overall	75	65	54	64	15	6	7

with disabilities do not exist in schools. Toilets adapted to children with disabilities need to have certain features, larger washroom sizes to allow for wheelchairs and adequately sized doors. The research finds that most schools in the researched areas do not have the facilities that children with disabilities require. This is an area warranting attention and action from the Afghan government, particularly MoE and the newly formed Ministry of Martyrs and Disabled as well as INGOs and NGOs working in the sector.

SCALE OF CONFLICT IMPACTING CHILDREN’S EDUCATION

Targeting of schools, which are civilian premises, violates the Geneva Conventions of 1949 and their Additional Protocols of 1977 and may qualify as war crimes. In the course of the ongoing conflict, the Global Coalition to Protect Education from Attacks (GCPEA) has documented 180 attacks on schools across Afghanistan between 2013 and 2017.⁵⁸

When asked whether schools in their area had been targeted or used during conflict by ANDSF or AOG in the last three years, more than 50% of parents responded in the affirmative. 10% did not know and the remaining 38% stated that to the best of their knowledge no school had been targeted in a conflict in their area. The provincial breakdown reveals

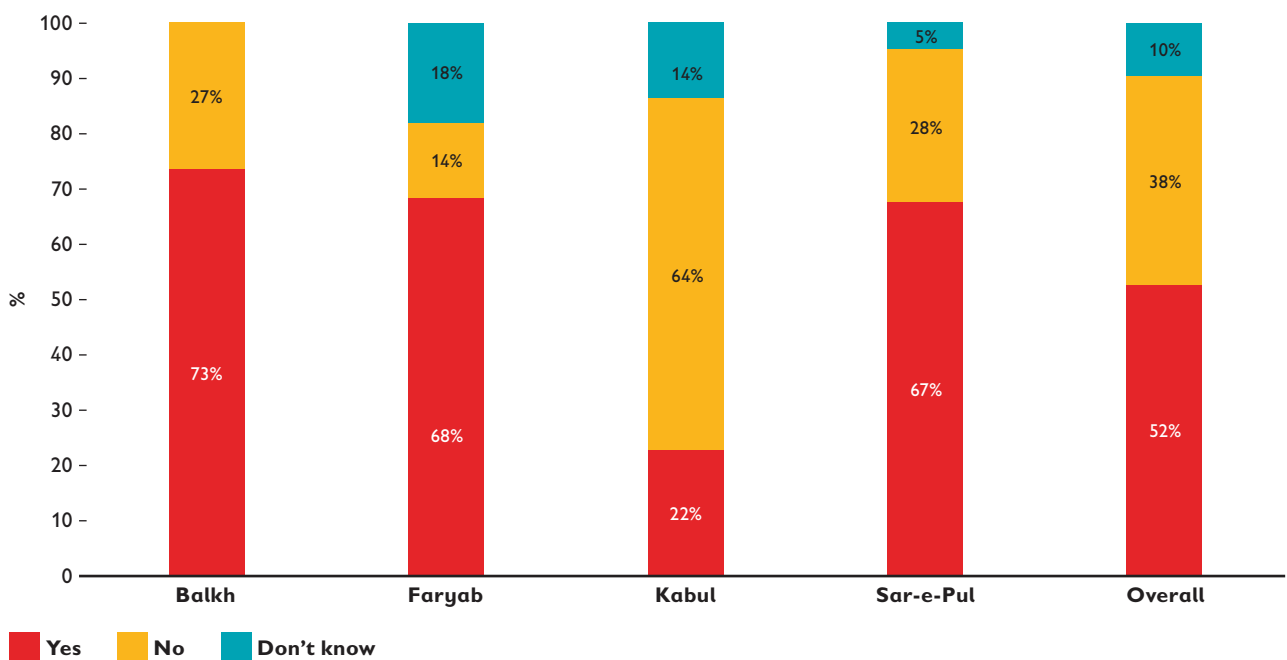
“Also government can make us better school because we have not enough place for studying, our classes are very small and we are studying under trees, in the summer it is very bad situation.”

13-year-old boy, Pashtun Kot, Balkh, Afghanistan

that the highest number of parents reporting the targeting or use of schools in conflict are from the Sholgara district of Balkh (73%), followed by Faryab (68%), and Sar-e-Pul (67%). In Kabul, 23% of parents stated that schools have been targeted or used in a conflict, around three times less compared to the other provinces.

Given the sensitivity surrounding this question, respondents might have underreported the number of targeted schools. To triangulate, and in order to counter the suspected issue of underreporting, information was requested from MoE on the number of schools targeted and affected in the conflict. The Ministry’s internal records indicate that 1,153 schools have been affected in the ongoing conflict between the Afghan government and AOG since 2013. Instances of how conflict affects schools include burning and damage to school infrastructure, school personnel and students being killed or injured, temporary or permanent closures of schools, forced curriculum changes on

FIGURE 17: SCHOOLS TARGETED IN CONFLICT FROM PARENTS’ PERSPECTIVE





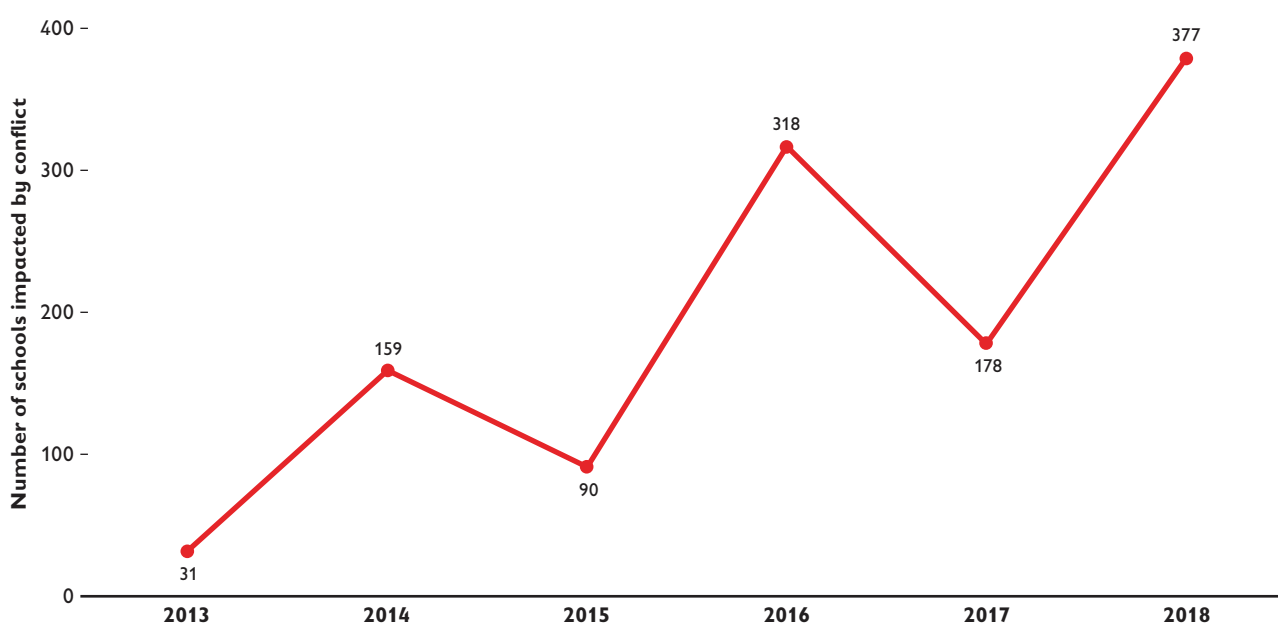
Hajira*, 10, in community-based education class in Kabul Province

PHOTO: STEFANIE GLINSKI/JOURNALIST

the part of AOG, use of school buildings for fighting, and others. The data show a zigzag trend in the number of schools targeted every year since 2013. The respondents interviewed for this research were unable to identify the causes of this trend. The lowest number of schools targeted was 31 in 2013, which then increased to 159 in 2014. 2014 was the year of the withdrawal of a large part of the international security forces and the Afghan government taking on a greater role in security provision. In 2015 the number of schools targeted in the conflict dropped to 90, but increased more than three-fold to 318 in 2016. 2017 saw a decrease

in the number to 178. 2018 was the year with the highest number (377) of schools targeted since record keeping began in 2013. According to key informants, the use of school buildings as polling stations during the 2018 parliamentary election is the primary reason behind the uptick in the number of schools targeted in that year. The MoE recognises the adverse impacts of using schools as polling stations and plans to advocate with the Office of the President and the Independent Election Commission (IEC) to use mosques instead of schools as polling stations in the 2019 presidential elections. At time of writing, the IEC is resisting this option.

FIGURE 18: NUMBER OF SCHOOLS IMPACTED BY CONFLICT AS PER MOE'S INTERNAL RECORDS (2013–2018)



The majority of impacted schools are in Ghazni province (134), followed by Kunduz (122) and Farah provinces (115). All three provinces have been attacked by AOG in recent years, with Kunduz falling twice in 2015 and 2016, while the capitals of Farah and Ghazni provinces were partially captured by AOG in 2018. Unsurprisingly, this suggests that

large-scale attacks by AOG on provincial capitals tend to affect large numbers of schools, specifically through damage to school infrastructure and closure. For the provinces covered in this research, 46 schools each have been affected by conflict in Kabul and Faryab, followed by 24 in Sar-e-Pul and 19 in Balkh.

TABLE 11: SCHOOLS TARGETED BY PROVINCE⁵⁹

Province	2013	2014	2015	2016	2017	2018	Total
Kabul	0	3	4	6	22	11	46
Kapisa	1	3	4	3	3	0	14
Parwan	2	3	3	1	1	5	15
Maydan Wardak	1	9	9	4	5	15	43
Logar	0	2	4	5	1	6	18
Nangarhar	1	13	7	2	14	18	55
Laghman	0	2	4	8	3	19	36
Panjshir	0	0	0	0	0	1	1
Baghlan	4	6	0	20	5	11	46
Bamyan	0	1	2	8	2	3	16
Ghazni	1	5	2	24	9	93	134
Paktika	0	3	0	5	4	5	17
Paktia	1	14	4	0	6	7	32
Khost	0	2	0	0	0	1	3
Kunar	2	17	5	19	10	13	66
Nuristan	0	1	2	6	1	0	10
Badakhshan	2	2	2	4	8	1	19
Takhar	0	3	5	2	9	3	22
Kunduz	2	7	9	90	6	8	122
Samangan	0	2	0	6	6	5	19
Balkh	4	1	3	2	3	6	19
Sar-e-Pul	1	5	2	2	4	10	24
Ghor	3	2	0	3	3	2	13
Daikundi	0	1	0	1	1	0	3
Urozgan	0	0	0	2	1	1	4
Zabul	0	1	2	1	1	0	5
Kandahar	1	7	1	1	1	0	11
Jawzjan	0	2	4	3	6	15	30
Faryab	1	10	7	5	10	13	46
Helmand	0	3	3	53	9	4	72
Badghis	0	1	0	1	8	8	18
Herat	3	16	0	4	7	22	52
Farah	0	10	2	26	7	70	115
Nimruz	1	2	0	1	2	1	7
Total	31	159	90	318	178	377	1,153

MoE also keeps records of school staff (principals, teachers and guards) who have either lost their lives or been injured in the conflict. In the last six years, a total of 2,787 school staff casualties have been documented, with the highest number (862) recorded in 2014, followed by 237 in 2016 and 377 in 2018. The highest number of school staff casualties has been in Ghazni (236), followed by

Nangarhar (196), Maydan Wardak (157), Logar (135), Farah (129), Helmand (120), Laghman (119) and Kunduz (108) provinces. This is not surprising given that all of the mentioned provinces have suffered large-scale attacks by AOG. Nangarhar has seen an uptick in the number of attacks largely due to the fall of some districts to AOG.

TABLE 12: SCHOOL STAFF CASUALTIES⁶⁰

Province	2013	2014	2015	2016	2017	2018	Total
Kabul	0	24	4	6	22	11	132
Kapisa	1	15	4	3	3	0	64
Parwan	2	23	3	1	1	5	50
Maydan Wardak	1	49	9	4	5	15	157
Logar	0	20	4	5	1	6	135
Nangarhar	1	70	7	2	14	18	196
Laghman	0	19	4	8	3	19	119
Panjshir	3	7	0	0	0	1	17
Baghlan	0	23	0	20	5	11	62
Bamyan	0	9	2	8	2	3	30
Ghazni	1	53	2	24	9	93	236
Paktika	0	95	0	5	4	5	126
Paktia	1	59	4	0	6	7	95
Khost	0	28	0	0	0	1	88
Kunar	2	108	5	19	10	13	196
Nuristan	0	4	2	6	1	0	21
Badakhshan	2	19	2	4	8	1	40
Takhar	0	39	5	2	9	3	83
Kunduz	2	24	9	9	6	8	108
Samangan	0	6	0	6	6	5	36
Balkh	4	6	3	2	3	6	31
Sar-e-Pul	1	14	2	2	4	10	50
Ghor	2	9	0	3	3	2	63
Daikundi	0	5	0	1	1	0	20
Urzgan	0	2	0	2	1	1	12
Zabul	0	13	2	1	1	0	34
Kandahar	1	13	1	1	1	0	24
Jawzajn	0	3	4	3	6	15	60
Faryab	2	19	7	5	10	13	91
Helmand	0	31	3	53	9	4	120
Badghis	0	21	0	1	8	8	47
Herat	3	24	0	4	7	22	79
Farah	0	0	2	26	7	70	129
Nimruz	1	8	0	1	2	1	36
Total	30	862	90	237	178	377	2,787

ADVERSE IMPACTS OF CONFLICT ON CHILDREN'S EDUCATION

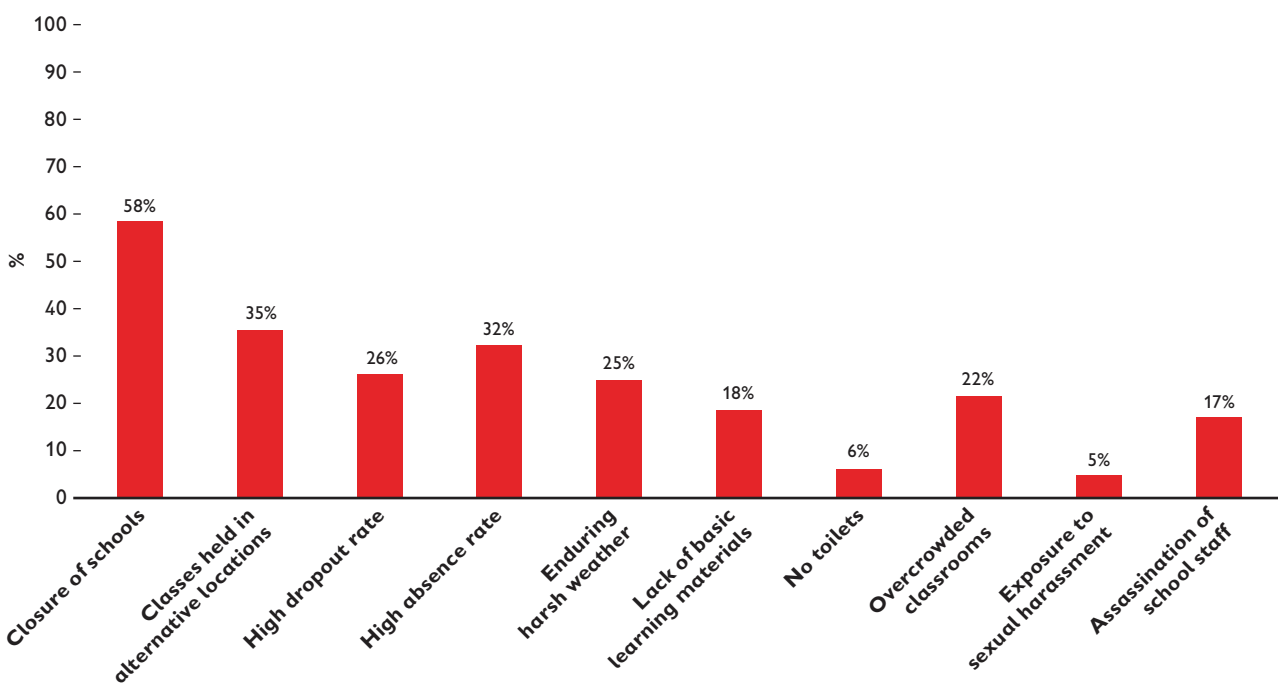
Parents who reported that schools are targeted and/or used in conflicts by either ANDSF or AOG or both were subsequently asked how children's education is impacted when schools are attacked. 58% of parents said that conflict results in closure of schools – temporarily in most of the cases. Another 35% stated that when schools are targeted, children are forced to study in damaged school buildings without roofs, or in open spaces under trees, private homes, community centres or mosques. More noticeably, conflict leads to high absence and dropout rates according to 32% and 26% of parents respectively. 25% of parents further stated that when school buildings are destroyed, children are forced to study in harsh weather conditions, particularly during winter. Another oft-reported consequence is overcrowding of remaining schools when children from destroyed schools go there to study, with negative effects on learning. In addition, 18% pointed to a lack of basic learning materials and 17% to assassination of school staff in the conflict.

“I miss my friends when the school is closed. I stay at home when school is closed, because my mother does not allow me to go outside because of fighting.”

14-year-old boy, Sholgara, Balkh, Afghanistan

In FGDs children voiced frustration with the closure of schools due to conflict and the lack of basic learning materials such as books, notebooks and furniture. They further cited examples of students in their schools who had dropped out due to conflict, either because their families would not allow them to attend school or due to displacement. The children appealed to the Afghan government to take necessary measures to protect schools and provide them with the required facilities. At time of writing, the Afghan Ministry of Education is finalising the School Safety Framework, an operationalisation of the Global Coalition to Protect Education from Attack (GCPEA) against attacks on schools. According to the Ministry, its efforts are constrained by a shortage of funds.

FIGURE 19: WAYS IN WHICH CONFLICT AFFECTS CHILDREN'S EDUCATION



Effects of economic hardship on children

This section highlights the prevalence of children working, and those who classify as Worst Form of Child Labour (WFCL). The information presented here will enable the Afghan government, SCI and other national and international development partners to develop programmatic interventions aimed at combating child labour and WFCL in the target areas.

PREVALENCE OF CHILDREN WORKING

The research indicates that 14% of children in the surveyed areas are involved in some form of work. The highest numbers of children working were reported in Balkh and Faryab with 21% each, followed by Sar-e-Pul (14%) and Kabul (10%). The work is home-based carpet weaving, working as street vendors, agriculture and shoemaking. It warrants mention that the fact of children working does not qualify them as being engaged in child labour according to Afghan legislation. While Afghanistan's labour law⁶¹ stipulates 18 as the

minimum age for working, children between the ages of 15 and 17 can work under the conditions that the work is not harmful to children, takes less than 35 hours per week and is some form of vocational training. The labour law prohibits children below the age of 14 from working.

In terms of gender, and across all four provinces, more boys than girls work. For example, 27% of boys in the Sholgara district of Balkh province reportedly work, which is almost twice the rate for girls (15%). Similarly, 31% of boys in Faryab province work, approximately three times the number of girls (11%). In Kabul, the variation between boys and girls is significant as almost six times more boys (17%) than girls (3%) are working. However, in Sar-e-Pul province the difference between boys and girls working is relatively small at 17% and 12% respectively. In terms of the nature of work, girls tend to largely work in home-based carpet weaving, handcrafts and to some extent in agricultural activities, while boys work as street vendors, shoemakers, restaurant workers, retail workers and in carpet weaving outside the home.

FIGURE 20: PREVALENCE IN TARGET AREAS OF CHILDREN WORKING

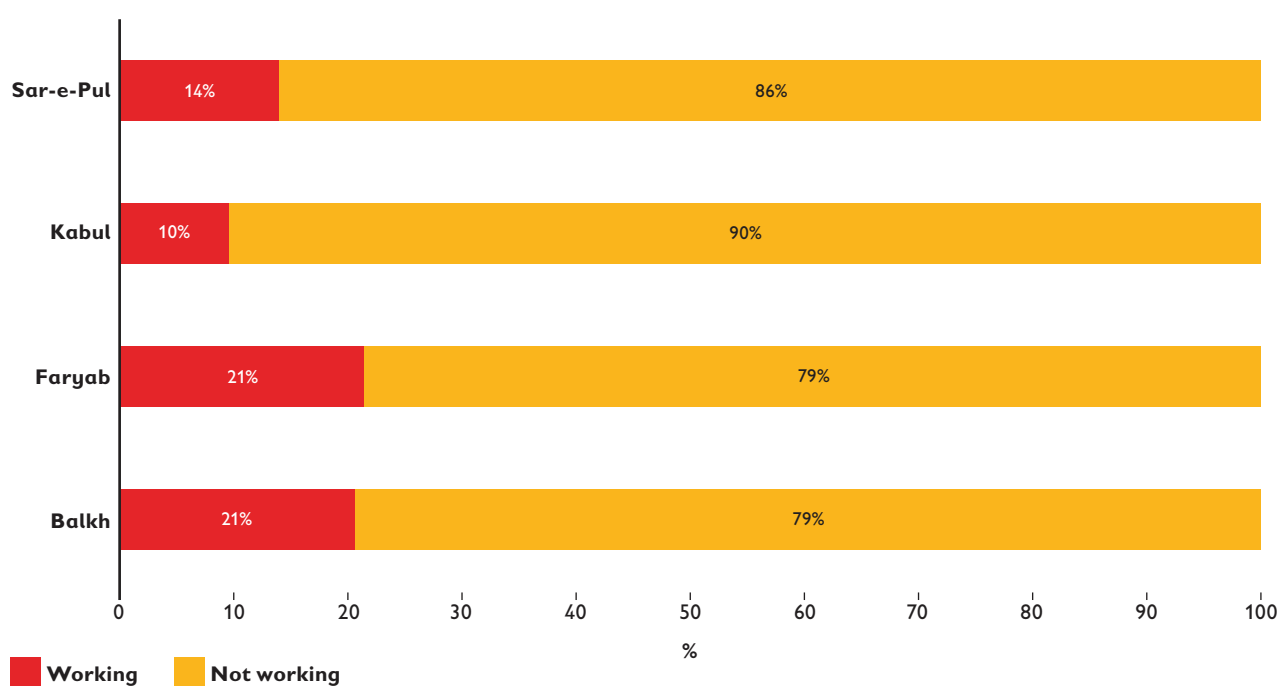
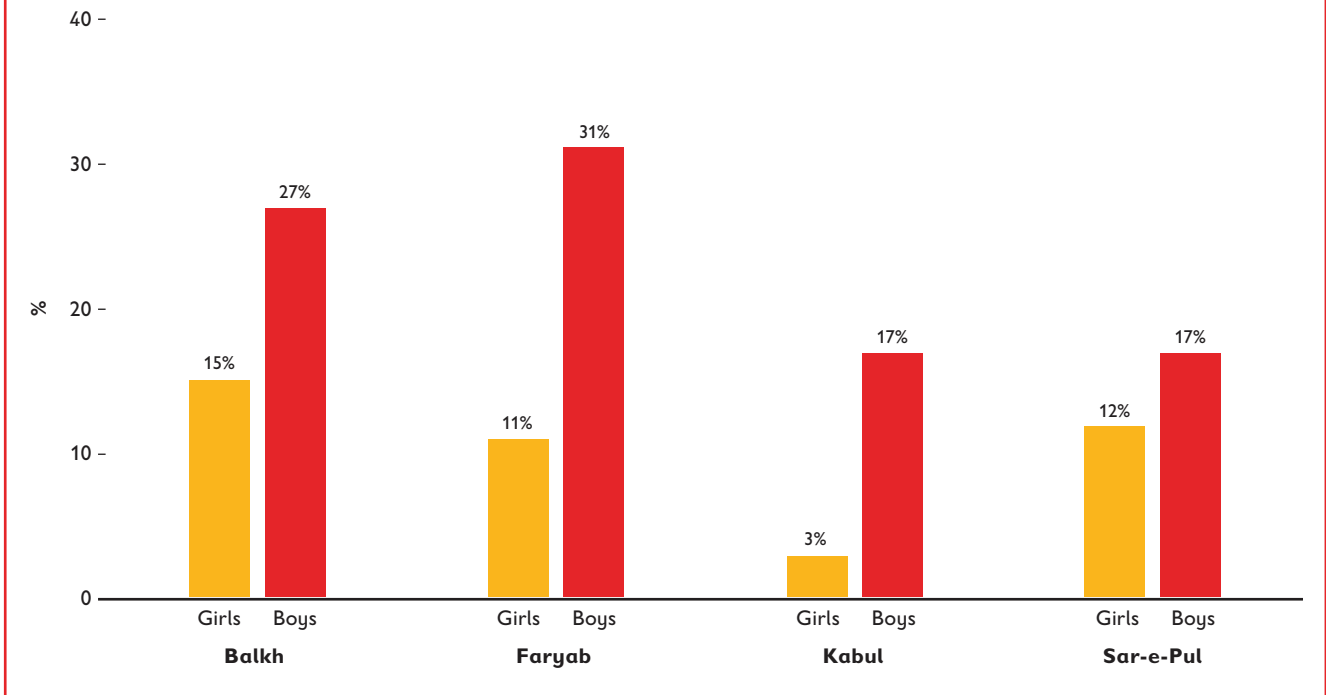


FIGURE 21: PREVALENCE OF CHILDREN WORKING IN TARGET AREAS BY GENDER



PREVALENCE OF WORST FORM OF CHILD LABOUR (WFCL)

The severity of economic hardship endured by families in many cases forces parents to let their children work. According to Afghan legislation, the mere fact of children working does not qualify them as being engaged in child labour. Children between the ages of 15 and 17 are allowed to work under the conditions that the work is not harmful to children, consumes less than 35 hours per week, and is some form of vocational training. The labour law prohibits children below the age of 14 from working. The research assessed whether and the extent to which children are involved in WFCL according to both Article 3 of International Labour Organization convention no 182 and the Afghan Labor Law. In the ILO convention's definition of WFCL, work "which, by its nature or the circumstances in which it is carried out, is likely to harm the health, safety or morals of children" is considered the worst form of child labour.⁶² The data suggest that 10% of all children working in Balkh province work under hazardous conditions, including dust-filled spaces, loud noise, extreme temperatures, insufficient ventilation, inadequate work space and lighting,

sharp tools and night-time work. 7% of parents stated that work interferes with children's education in different ways, such as children feeling tired in classes, insufficient time for studies, low grades as a result of work not leaving adequate time or energy for homework, missing classes and arriving late to classes due to work. However, none of the children in the province are working 35 hours or more per week.

The extent of children involved in WFCL was highest in Faryab province. 10% of all the children working in the province are working 35 hours or more, 31% work in dangerous workplace environments, and 24% have stated that working adversely affects their schooling. Kabul appears to have the second highest extent of children involved in WFCL, with 24% of respondents believing that work impacts children's education, 21% who reported children working in unsafe environments and 2% stating that children work 35 hours or more. In Sar-e-Pul province, 14% of respondents spoke about the adverse impacts of work on their children's education, with 7% stating that their children work in hazardous work environments and 5% stating that their children work 35 hours or more per week.

FIGURE 22: PREVALENCE IN TARGET AREAS OF WFCL

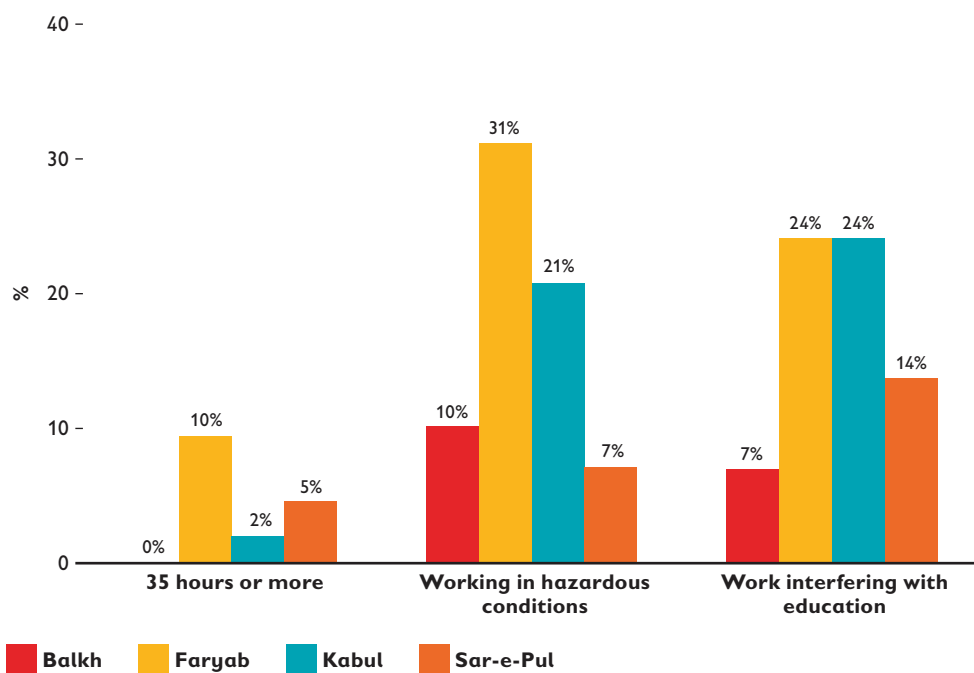


PHOTO: STEFANIE GLINSKI/JOURNALIST

Afif*, 8, student in a community-based education class in Kabul Province

The lack of reliable data and its impact on the delivery of child protection services

There is a considerable lack of reliable data on the state of children's well-being in Afghanistan. For certain ministries, this paucity of information appears egregious in scale, while others have more or less patchy information systems in place to inform policy-making and design of interventions.

The Ministry of Refugees and Repatriation (MoRR) is yet to have a data collection and analysis system, a prerequisite for the Ministry being able to fulfil its key mandate to design responsive actions for displaced populations. Given that MoRR has no executive powers and is a purely policy-making ministry, the absence of a systematic data collection mechanism stands out as particularly worrying, as an inability to gather information on a continuous basis thwarts the intended function of MoRR. For displaced children, the institution-wide failure of MoRR means that risks to their physical and psychosocial protection go unmitigated. Displaced children are restricted from accessing their right to education and healthcare and are at risk of abuse, neglect, and bodily harm, according to UNHCR.

Specifically, displaced children are at risk of: i) sexual violence and exploitation; ii) separation from caregivers; iii) lack of access to basic legal rights; iv) mental disorders and psychological distress; v) recruitment by armed groups; vi) trafficking; vii) physical violence and harmful practices; viii) child labour; ix) injury; and x) detention.⁶³ Therefore, child protection needs of children are extremely difficult to deliver even when data is present. The process of following up with displaced families who move around is a particular challenge, according to an official from the Ministry of Public Health (MoPH).⁶⁴ This difficulty in service delivery is then further pronounced in the absence of timely, reliable and actionable information.

MoPH gathers information through a Health Management Information System (HMIS) on a quarterly basis. The Ministry also has the Disease Early Warning (DEW) system in place to notify on diseases. According to a MoPH official, both of these databases collect information of a general nature, with "less information about children".⁶⁵



PHOTO: STEFANIE GLINSKI/JOURNALIST

Yalda, 10, a child activist, plays chess with a friend in Kabul Province

It follows from this that MoPH is not implementing any interventions directed specifically at the protection needs of children in conflict.

In addition to its HMIS and DEW systems, MoPH appears to rely for the gathering of information on Child Protection Action Networks (CPANs) and local shuras. Through the latter and Family Health Action groups, MoPH is able to elicit the views of parents on the implementation of programming. The official interviewed pointed out that for the design phase, MoPH will not consult parents through shuras, but instead rely on existing data. Considering that such data is of a general nature as opposed to specific to children, health interventions are likely less responsive to the specific needs of children in or affected by conflict. Consulting with children is out of the question for MoPH due to the perception that children's recommendations will be more about personal benefit. "If a clinic is to be built, children will say 'build the clinic near to my house.'"⁶⁶

The Ministry of Labor and Social Affairs (MoLSA) similarly does not have comprehensive information on child labour in Afghanistan. According to one INGO, it used to routinely make requests to MoLSA for information, but the organisation ceased these because MoLSA data gave rise to concerns over quality and accuracy.⁶⁷ In the absence of credible and triangulated data, monitoring and evaluating both government and non-government interventions for child protection is not possible. And in the absence of these, improvements to extant service delivery will rely on non-evidence-based considerations, introducing risks of arbitrariness, corruption and lack of responsiveness.

For monitoring, registration and tracking of children in or affected by conflict, the Ministry of Education has since 2008 had the Education Management Information System (EMIS) which captures data of schools affected by emergencies such as intensified conflict and natural disasters like flooding or drought. The EMIS data is made up of data which MoE receives from international organisations and INGOs, together with provincial-level data collected by ministerial staff every 6–7 months. Though multiple data sources allow for triangulation and greater accuracy, provincial data is only collected by the Ministry twice a year, resulting in lag. Ministry staff are cognisant of the vulnerability and are reportedly working towards more timely monitoring.⁶⁸

HOW FAMILIES, COMMUNITIES AND SERVICE PROVIDERS CAN PROTECT CHILDREN

Developing a deeper understanding of children's conditions is necessary for effective and efficient service delivery. With limited available resources there is a particular need to be acutely aware of the needs of children in order to develop targeted interventions that will have the intended impact on children in or affected by conflict.

Considering the inability of some ministries to collect reliable data, and with the limited resources available, it is all the more crucial that NGOs find ways to empower communities and families to ensure the safety of their children and to help them obtain the tools they need to do so. An example could be through promotion of community-based protection mechanisms via existing structures such as CDCs.

FAMILIES

Currently, families lack many of the tools needed to mitigate the effects of violence and conflict and provide effective protection. Findings from this research show that families, specifically mothers, are a source of comfort for children when they are exposed to conflict and violence. However, families do not have the tools to adequately respond to the needs of children, in the first instance and over time. Secondly, we know that a majority of parents, particularly mothers, are not literate.

Therefore, in-person capacity building needs to be delivered to families so that they can be equipped with the tools to administer psychological first aid and continue to foster the right environment for children to recover from their traumatic experiences over time. Families must also understand what is the most effective environment and encourage the most useful behaviours. For example, an environment where children can talk through their experiences can alleviate stress and lower cortisol levels.

Other tools can be developed within the household to ensure children are safe in and outside the home. For example, disaster risk management training can teach parents how to best develop response plans and practiced drills so that children can quickly take the most appropriate action. Parents can work with their children to solidify the fastest and safest routes home for when fighting breaks out. Parents, if equipped with adequate knowledge, can teach



Abdul*, community member in Kabul Province

their children the most appropriate places to go in the community and within the household. Proper planning can save the lives of children.

Parents also require capacity building from schools so that they can facilitate learning at home, in order to bridge the gap when schools are closed. The use of Education Technology may be pertinent here to bridge this gap, for example, tablets with curriculum-related software and applications might be useful for these periods. Educational radio programmes are also very useful in times of school closures.⁶⁹ If this is not possible, parents and families should be equipped with materials they can use at home so that children do not fall further behind.

COMMUNITIES

Outside of the home, there are very few places where children feel safe. Only 30% of children feel safe at school, for example. Therefore, the entire community, particularly teachers and community leaders, requires psychological first aid training so that they can build safer environments for children at school and in community spaces. By virtue of the influence and respect they enjoy in local communities, community-level influencers can also play a bridging role between the parties of conflict (AOG and Government) by influencing local AOG fighters and deployed ANA soldiers to not target schools and hospitals. Similarly, they can advocate with AOG fighters to dissuade them from using private homes for the launching of attacks and with ANDSF to show restraint during military operations in civilian centres.

Children feel the least safe in transit to and from school. Communities should work together to address the risks children face to the extent it is possible. For example, parents can create community schedules where children are walked in small groups, accompanied by at least one adult.

Communities can also work together to make maps of the least safe places for children to go and encourage children to avoid these spaces, finding them alternative routes for their protection. Resources should be put into community spaces where children can express their concerns and issues and receive support from adults. Drama and music programmes, for example, show promising results for children and adults affected by psychosocial distress. Creative outlets can help children to process their trauma.⁷⁰ Sports facilities for cricket or football are similarly helpful for enhancing self-confidence, conflict resolution and better coherence across different social groups and ethnicities.⁷¹

SERVICE PROVIDERS

Families do not often access health clinics due to fear of transit dangers and lack of quality medical staff. Mobile health clinics with set schedules would be useful for families. If quality health care came to them on a regular basis, families would be able to plan better and might have less concern for the safety of their children.

5 Gaps in and barriers to effective child protection services

The gaps and barriers we discuss in depth here are those where there is scope, through advocacy and programmatic interventions over the two year period of 2019 to 2021, for mitigation. Macro-level facts such as across the board cuts in donor funding and continuing insecurity lie well beyond the ability of SCI to influence. This warrants instead that focus shift to optimal use and allocation of funds and overcoming collective action and coordination issues. We therefore turn our attention to institutional- and policy-level gaps and barriers. For this, we consulted with national and international non-governmental organisations from both humanitarian and development sectors as well as with government officials from the Ministry of Education, Ministry of Refugees and Repatriation and Ministry of Labor and Social Affairs. Emergent themes arising from these consultations are discussed below. However, we first take a look at the two fundamental constants that shape the opportunity space for the improvements that can be made to current child protection services, policies and programmes.

DWINDLING FUNDING AND CONTINUING INSECURITY

Both national and international organisations in Afghanistan are adjusting to the consequences of a diminishing funding envelope from donors. Over the past several years, the percentage of required response plan funding to actually be covered by humanitarian aid has steadily decreased.⁷² Six months into 2019, 76% of the required funds under UNOCHA's response plan are still unmet.⁷³ For some organisations this is evident in how staffing levels have reduced, in some cases drastically,⁷⁴ while others have decreased the number of activity streams. Several international organisations have narrowed the scope of their interventions to include only the most vulnerable groups of children within their sectoral ambits.

As funding levels will likely either remain at current levels or diminish further, organisations must reorient their programming to this reality. Continuing insecurity is another fact unlikely to change in the near horizon with several calls for ceasefire by the government failing to produce results. Indeed, increasing levels of violence routinely force NGOs to temporarily or permanently close health facilities and education centres,⁷⁵ while AOGs in other provinces categorically forbid services,⁷⁶ forcing local populations to travel in the event of health emergencies. During 2018 and 2019, due to insecurity, NGOs have temporarily halted operations in provinces such as Farah⁷⁷ and Uruzgan⁷⁸ while others have had to permanently cease service delivery in provinces such as Maidan Wardak, Nangarhar and Kunduz.⁷⁹ NGO personnel have also lost their lives in incidents.⁸⁰ In other instances, AOG have selectively rejected the provision of life-saving services. In 2018, in one district of Badakhshan, AOG refused one health NGO to carry out vaccinations on children.⁸¹

It follows from this that interventions for children in or affected by conflict in Afghanistan must be designed within the opportunity space afforded by these two constants – lower funding and continuing insecurity. To effectively minimise inefficiencies and maximise the impact of current and future child protection interventions, barriers and gaps must be identified and addressed. The outcome of such scrutiny will not just help organisations adjust and reorient themselves, but over the long-term, will contribute to stronger, more impactful and sustainable child protection programming.

The research has identified that the following issues prevent or render difficult the provision of effective, preventive and responsive services to conflict-affected children in Afghanistan.

ISSUE–RESPONSE INCOMMENSURABILITY

The deprivation and predations endured by Afghan children are many and their sources interconnected in complex ways. Across the impact areas of the researched provinces, more than half the parents interviewed reported common symptoms associated with trauma in their children. Self-harm, anxiety, excessive crying and prolonged sadness are some of the effects in children of exposure to conflict. Anger, violence and criminal behaviour were reported as well. In addition to toxic levels of mental stress, insecurity continues to be a real threat to children, with 2018 the deadliest year of the war for children. Aerial bombings, suicide attacks, clashes between AOG and government forces, increases in crimes such as kidnapping – these are all life-threatening risks to children. These stressors interlock with and are exacerbated by macro-level facts such as poverty, the corrosion of society’s fabric and weak governance.

Poverty levels are so dire that when sudden emergencies such as droughts destroy precarious livelihoods, parents resort to negative coping mechanisms involving their children simply for the household to survive.⁸² These include acquiescing to child labour in various sectors, including in the police and army, marrying off daughters while still under age or selling their children.⁸³

For INGOs and NGOs, the complexity of the situation on the ground is felt most acutely in practical challenges to the delivery of responsive interventions. This complexity is compounded by the lack of capacity of government agencies on the one hand and endemic graft (corruption) within these on the other.^{84,85}

Humanitarian and development actors in Afghanistan break this complexity down into workable parts for ease of implementation. Both sectors adhere operationally to the belief that emergencies consist of phases, with each requiring

different responses at different times, involving different agencies. The result is a complex set of roles and responsibilities distributed across different levels of government, different sectoral agencies, and shared with NGOs. And while this might look like the formation of a system, officials from UNICEF, IOM and UNHCR disagree.^{86,87,88}

According to them, coordination is poor between the humanitarian and development sectors. And several implications increasingly point to the damaging effects of this inability of both frameworks to coordinate interventions and activities.

Specifically, the INGO officials suggest that the practical difficulty in coordinating humanitarian assistance with development services in Afghanistan is a key underlying cause for gaps and inefficiencies in service delivery to beneficiaries, including children in or affected by conflict.

According to a senior UNICEF official, the readiness and flexibility of the humanitarian and development sectors in Afghanistan are not commensurate with the complexity of the emergencies playing out.⁸⁹

And this inability of agencies and their interventions to encompass and adequately respond to emergencies exacerbates gaps in existing services. An official from IOM echoes this in stating that the needs on the ground in Afghanistan overwhelm the response mechanisms that exist.⁹⁰

A case that illustrates the above points is to be found in the limitations of IOM’s case management services. One of the points where the work of IOM intersects with child protection most pronouncedly is in its delivery of specialist case management to unaccompanied minors deported from Iran to Afghanistan. IOM provides immediate assistance and transports children to the transit centre. Following this, War Child UK and Human Resource Development Agency conduct family tracing at an adjacent centre, and War Child UK travels with children back to their home provinces to ensure their resettlement with families. A week after children’s return to their homes, IOM begins protection assessments of the individual children.

“We have a chain of emergencies that require flexibility. We try to respond to several populations. As we deal with IDPs there is a drought to which we respond and as we do that there is an influx of people from Pakistan and then deportations from Iran are becoming an issue. We must be flexible, but the funding system does not have flexibility.”

Child Protection Coordinator, UNICEF, Afghanistan

Assessments are supposed to happen periodically, to ensure the well-being of the child, but with every caseworker getting 40 new cases on average per month, the workload is so considerable that this is not followed in practice.

Despite the fact that services such as specialist case management to unaccompanied minors are stretched to their maximum by the high volume of returnee children, sustainable resolution of the children's situation is not a given. 10% of children re-migrate due to poverty and the lack of shelters and education provision.⁹¹ The fact that all these drivers of re-migration are development issues reveals the inherent contradiction of humanitarian services in Afghanistan. The practical extent of IOM's humanitarian work goes as far as to follow them from the border to the transit centre and then conduct protection assessments once War Child UK has followed them home to their provinces of origin. But once that work is done, intractable development challenges such as lack of education, livelihoods and shelter can undo that work.

Attempting to explain the poor coordination between humanitarian and development actors in Afghanistan, a senior UNHCR official addresses the contradiction, arguing that the organisational mandates of INGOs erect artificial barriers with implications for the quality of services in both sectors. This results in poor coordination and integration of effort. At the level of NGOs, these dynamics translate into fragmentation. Several NGOs see this state of fragmentation reflected in the multitude of shorter-term programmes targeting the same issues clusters, as opposed to fewer longer-term programmes. The recurrent suggestion is that more effective responses to the complex issues surrounding child protection in Afghanistan would require longer timescales and wider scopes. The perspectives of NGOs will be examined further in the next section.

It is significant that officials from UNICEF, UNHCR and IOM and representatives from several NGOs all refer to cross-sectoral coordination failure stemming from the difficulty in bridging humanitarian and development activity streams. But the thinking on possible mitigation strategies is less unanimous. For the official at IOM, rather than scaling up or otherwise adjusting IOM's activities, investments should be made in relevant government agencies such as MoLSA in the form of capacity-building since INGOs are not meant to be in the country indefinitely. For the UNICEF

“The whole humanitarian system is geared towards humanitarian work. It is purely life-saving [...] It is very hard to hand it over to development actors.”

Protection Officer, IOM, Afghanistan

official, capacity-building of key national child protection actors is similarly key, but he puts equal emphasis on the harmonisation of INGO strategies and interventions with the priority plans of the government, in addition to improving humanitarian–development coordination.

The perhaps gravest effect of poor humanitarian–development coordination is lack of strategic coherence in the aid sector. The following sections discuss how lack of strategic coherence hinders effective, preventive and responsive child protection services today and the development of a system for longer-term modes of child protection service delivery.



Yasamine*, 1, receiving health and nutrition support in Nangarhar Province

LACK OF STRATEGIC COHERENCE

Child protection interventions should be in line with standard 1 of the Minimum Standards for Child Protection in Humanitarian Action (CPMS),⁹² which states:

Relevant and responsible authorities, humanitarian agencies, civil society organisations and representatives of affected populations coordinate their child protection efforts in order to ensure full, efficient and timely response.

However, as argued above, the aid sector in Afghanistan struggles with a coordination problem which impedes effective collective action and limits the long-term benefits of development programming for child protection.^{93,94} Individual projects are tendered, developed and implemented as short-term fixes to address a particular issue for which a solution has been devised in isolation from the broader context. Over the past two decades, this lack of coordination has resulted in fragmented programming, duplication of effort and expenditure and reduced efficacy.

The coordination problem between the sector's humanitarian and development parts, including the government, has also increased the complexity of responses, and as a result of this, pushed up the costs required to extend programming activities that in many cases show very little potential for

sustainability. In the words of one INGO official working with children in detention, “[T]he work we do – once it stops, it stops.”⁹⁵

Indeed, several respondents expressed that the limited sustainability of much programming is an effect of it being disjointed from the broader context. The likelihood of activities continuing beyond project lifecycles is low if interventions are not tied into complementary efforts and systems. One NGO described the delivery of time-limited activities in a siloed manner as a form of strategic shortsightedness.⁹⁶ Another NGO contended that child protection effort should not be on a project basis due the time-limited nature of projects.⁹⁷ It is important to stress that the NGO workers stating this are essentially arguing against the main modality of their own work, increasing the credibility of their statements.

There are several specific examples of how the disjointed nature of current programming is a barrier to providing effective, preventive and responsive services to children affected by conflict. One NGO gave the example of how children treated for drug addiction are at risk of relapse due to a lack of shelters where they can stay, thus forcing them to return home to the environments where addictions took form in the first place.⁹⁸ In other words, beyond the ambit of its own programming, no complementary services exist



PHOTO: STEFANIE GLINSKI/JOURNALIST

Hajira*, 10, in a community-based education class in Kabul Province

to take over, thus compromising continuity of rehabilitation. The same NGO also delivers training courses in literacy and primary stage school textbooks to children across five provinces.⁹⁹ But following this, the NGO points out, there are no guarantees that child beneficiaries will proceed with their schooling. So as valuable as these projects are, in the absence of mutually reinforcing institutional ties between agencies, temporary gains can easily lead nowhere. This was echoed in the accounts of provincial-level DoE officials in Balkh, Sar-e-Pul and Faryab as well.

Furthermore, for organisations, disconnectedness from other similar organisations or organisations implementing similar interventions has two damaging consequences. It decreases the prospect that best practices can be identified and replicated cross-programmatically. This directly limits the sustainability of effects generated by successful interventions. Lower-budget projects are especially vulnerable to this risk of lessons and best practices being forgotten.

SECTORAL HOPPING BY NGOS

Lack of strategic coherence not only degrades the quality of existing services by impeding sustainability as argued above, but also exacerbates the negative effects of limited funding, namely discontinuity, inconsistency and shifting priorities. This is clear in the practice of sectoral hopping by non-governmental organisations. This describes the shifts NGOs make between sectors to follow the flow of donor funding.

An official from Terre de Hommes, an INGO that has operated in Afghanistan for more than two decades, notes how NGOs either tend to disappear when funding ends or shift from one sector to another in pursuit of funds, as donor preferences and priorities shift. “One day everyone talks about corruption and the next day it is something else.”¹⁰⁰

SYSTEMIC COMPLIANCE DEFICIT

According to several Afghan NGOs whose work in some way relates to children, government compliance with international and national legislation on children is an area of concern. An official from one NGO whose specialism is within health cited examples of presenting government officials with evidence of children working in the military and police, even going so far as to take pictures, but being met with disinterest and inaction.

One of the practices through which recruitment and use of children in the security sector can take place is document falsification such as fake national identity cards that show the ages of children as above 18. The issue of government compliance does thus not limit itself to absence of action prescribed by laws, but also violations of rights, in this case administrative corruption.

The organisation experienced the same indifference from government officials when notifying them about instances of child marriages and of children labouring in perilous circumstances in mechanic’s shops. Another health NGO states that MoLSA is mandated to further child protection, but there seems to be no interest from officials in vulnerable groups like child labourers and street working children.¹⁰¹ A third NGO, specialising in education, believes lack of capacity to be the cause of extensive inaction by the government as regards child protection.¹⁰² On their part, government officials often admitted to simply not knowing laws,¹⁰³ denied issues pertaining to capacity¹⁰⁴ or simply pointed to lack of funding.¹⁰⁵

As noted by other NGOs and INGOs, lack of capacity of national actors can also point to the intractability of the causes underlying child protection issues. Poverty looms large in the decision-making of parents who resign themselves to having their children work or be married whilst under age. The negative coping mechanisms observed in times of emergency indicates how severe poverty in Afghanistan is and the lengths to which parents can be driven. According to a senior UNICEF official, during emergencies such as the droughts in 2018 in the western provinces of Afghanistan, there have been cases of parents who sold their children.¹⁰⁶ The extremes to which parents may resort for survival of households shows how acute pre-existing poverty is and how shocks to livelihoods exacerbate the effects of this.

CORRUPTION

According to an official from an INGO whose work intersects the Afghan justice sector, the issue of compliance largely stems from corruption within the public sector in Afghanistan.¹⁰⁷ The official cites the example of arrested children being mistreated at police stations during the investigation stage, in violation of articles 37 and 40 of the UNCRC on detention and punishment and juvenile justice respectively.¹⁰⁸ Furthermore, the issue of children

in detention also tends to be forgotten or ignored by both health and education sector actors. The reasons for this, the official speculates, similarly come down to lack of transparency and accountability as well as lack of coordination between ministries. Other organisations also referred to instances of national actors refusing to share information or to collaborate.¹⁰⁹

Corruption at the level of service providers is in part the result of weak or non-existent regulations. Some NGOs expressed concern with the quality of services at hospitals and private schools. The number of private schools in particular is increasing, but the prevailing perception is that verification of teacher qualifications does not take place. In the words of one CSO representative, this poor regulatory environment has cascading consequences, imperilling education for several generations.

LEGISLATIVE AWARENESS AMONG NGOs

As evidenced by limited awareness of relevant legislation, a compliance issue likely exists in the NGO sector as well. For most NGOs working with children, child protection specifically is not their exclusive mandate, but still falls within their ambit. Among several NGOs this engenders the view that full awareness of child protection laws and policies is not necessary. In the case of one health NGO, when asked about relevant laws, the representative cited an international law, a law that does not exist and Islamic law principles like the duration of time women should breastfeed.¹¹⁰ Regardless of the reason, limited awareness among NGOs whose work either fully or partially has to do with children creates the vulnerability that service providers could inadvertently perpetuate or fail to report violations against children.

LAW ON PROTECTION OF CHILD RIGHTS

On 11 March 2019, the Afghan government introduced the Law on Protection of Child Rights which comprehensively addresses a broad set of issue areas including education, access to services and prohibitions against misuse and abuse such as recruitment and use of children by armed actors and the practice of Bacha Bazi.¹¹¹ The Law on Protection of Child Rights is largely based on the UN Convention on the Rights of the Child (UNCRC), which the Afghan government ratified in 1994. The development and endorsement process of the law took over six years. Save the

Children contributed to the endorsement of this law through advocacy engagement alongside Child Rights Advocacy Forum (CRAF)¹¹² to influence the government.

The manner in which the law was presented gives rise to cautious hope that further changes are imminent. The Second Vice President of the country introduced it at a press conference, during which he cited key figures highlighting the war's severe toll on children in recent years, and called on government agencies to "implement the law in letter and spirit", putting a strong emphasis on good faith compliance.¹¹³ In a country where arbitrariness and abuse of administrative discretion are commonly practiced and underlie much corruption in government agencies, the emphasis on "spirit" signals that attempts to evade this law might elicit graver consequences.

The law is a positive step. Several NGO workers cited insufficient allocation of funds by the government to the area of child protection, but with the introduction of laws, policies tend to follow, and with that, funding. Its closest precedent in Afghanistan is the 2004 National Strategy for Children at Risk,¹¹⁴ around which Child Protection Action Network (CPAN) formed. While useful for especially addressing illegal child labour, and comprising themes with continuing relevance for the present, the modalities of the strategy are outdated. The document further spans a broad set of issue areas but refrains from treating each in depth.

As for relevant international laws and standards, Afghanistan ratified in April 2010 both of the key international treaties related to child labour, International Labour Organization (ILO) Convention No. 182 on the Worst Forms of Child Labour and Convention No. 138 on the Minimum Age of Employment.¹¹⁵ Afghanistan's commitment to implementing the Convention on the Rights of Child (CRC) flows from article 7 of the Afghan Constitution, which stipulates that "the State shall observe the United Nations Charter, inter-state agreements, as well as international treaties to which Afghanistan has joined, and the Universal Declaration of Human Rights". The country ratified the CRC in 1994, but it did not submit the initial report on the implementation of the Convention until 2009 due to the civil war in the 1990s and later the US-led war against AOGs.¹¹⁶



PHOTO: ABDUL WASAY HEVADNALSAYE THE CHILDREN

Setara*, 1, recipient of polio vaccine in Nangarhar Province

INSECURITY RESTRICTS INTERVENTIONS

Areas of intervention and service delivery for NGOs and INGOs are typically restricted to urban provincial centres due to the greater insecurity of rural areas. This means that development programming and services often do not reach children living beyond cities and towns. But since armed clashes more often take place in rural areas, rural-based children are the most affected by conflict. This reality echoes the statements of several national NGOs that the children most in need of support do not receive it.¹¹⁷ For example, only 20% of returnee children receiving case management services from IOM live near district centres. Illustrating the severity of the child protection needs that go unmet in rural areas, the Afghan NGO Care of Afghan Families (CAF), which has delivered mental health services over a period of years, notes how children in villages within or close to which fighting occurs experience mental disturbances that cause slowness of learning in school or aggressive behaviour.¹¹⁸

Two other key factors that hinder accessibility of NGOs to children are poor infrastructure and displacement. Among NGOs delivering health services, clinic locations and facilities are prevalent issues. Clinics often face challenges in terms of storage of medicine, installation of machines and availability of clean water.¹¹⁹ Most critically, destroyed or poorly maintained road infrastructure

makes it difficult for sick and injured people to reach clinics.¹²⁰ For NGOs delivering education services to internally displaced populations, facilities such as classrooms are difficult to find and keep. Due to displacement, War Child Canada (WCC) has in some cases lost track of children under its coverage, leading to loss of support to them.¹²¹ Displacement or the frequent movement of Kochis has similarly affected the access of health organisations like CAF and Swedish Committee Afghanistan (SCA) to reach children in their areas of intervention.^{122,123}

MITIGATING STRATEGIES, APPROACHES AND SHIFTS

In direct response to the above identified gaps and barriers, we present below a discussion on possible sectoral, institutional and policy-level strategies. These suggest ways to lessen, mitigate and overcome the impact of limitations and vulnerabilities at play within and between the Afghan government and national and international humanitarian and development sectors.

The suggestions are articulated within the opportunity space afforded by the *ceteris paribus* constants of i) diminished funding and ii) continuing insecurity. In some cases, they also expand on and converse with ideas put forth during interviews by key informants from NGOs, INGOs and government agencies.

CASE MANAGEMENT IN DEVELOPMENT PROGRAMMING

“How do we use the humanitarian situation to strengthen the system? The humanitarian component should be a part of system-building [...] case management is needed in development.”

Child Protection Coordinator, UNICEF

Case management is employed by humanitarian organisations in their work as an approach to helping individuals and their families with direct support in a systematic and continuous way. In Afghanistan, an example of the use of case management in relation to child protection is IOM’s work to resettle unaccompanied returnee children deported from Iran. UNHCR also uses it, as does Save the Children. In addition to humanitarian INGOs employing the case management approach, it is also being taught to MoLSA social workers by UNICEF.

Though case management is typically associated with the work of humanitarian agencies, there is clear potential for development actors to also use it as a service part of child protection programming. There is, within the concept of case management, an intrinsic development component as the approach spans beyond the individual or client, to the social environment in which the individual lives, encompassing thus family, friends, neighbours, and community members. Indeed, the Global Child Protection Working Group’s (CPWG) definition

of case management as a service part of child protection efforts stresses the systemic element.¹²⁴

This means that case management as an approach is elastic enough – beginning with the individual but extending to the surrounding social environment – to encompass the community-level. And the community-level is what development interventions conventionally target. In the theories of change of development projects, this is usually phrased as local communities, households and particular segments of society such as women, youth and children, but not individuals. Put differently, the relative ‘elasticity’ of the case management concept, which allows it to encompass both the individual level and the community level, enables it to be a point where the humanitarian logic can meet the development logic and around which action can be structured.

For humanitarian programming, case management marks an opportunity to tap further into the community level, and through that, inject itself into the realm of development. Conversely, through the carry-over of the case management approach into development programming, development services can become more focused as a result of the intrinsically individualised nature of case management. While this should combine with other efforts to improve coordination between humanitarian and development activity streams, innovating case management would see the humanitarian component forming part of system-building in the development sector. Or indeed, driving system-building.



PHOTO: ABDUL WASAY HEWADMAL/SAVE THE CHILDREN

Razia*, 7, and her sister, Malika*, 6, in their community-based education class in Kunduz Province

The above is not in itself a programmatic intervention, but a shift in thinking. From such a shift in thinking could follow differently designed development programming. In the Afghan context, within the provinces of Kabul, Balkh, Faryab and Sar-e-Pul as well as beyond, one way to envisage the use of case management by development actors is by interlinking it with the referral systems of CPANs, much like NGOs already do for coordination purposes.

FUSING AID SERVICES AND DEVELOPMENT INTERVENTIONS

Besides the dividends of humanitarian–development coordination arising from harmonising the two strands of activities, development agencies adapting case management would introduce responsibility-sharing with the humanitarian sector on a key point of overstretch. According to IOM’s unit for case management, the organisation is currently only able to provide services to around 10% of returnee children. Follow-up with children already in their system, which is supposed to be periodic, suffers due to the workload of social workers who get 40 new cases on average per month.¹²⁵ The low percentage of cases that humanitarian agencies can actually take and the extent of overstretch among their personnel reveals the unviability of humanitarian agencies conducting case management alone. Carry-over of case management to development agencies would thus not just individualise development services, anchoring them sustainably in communities, but also broaden the scope and contribute to the sustainability of humanitarian services.

SOCIAL ROOTEDNESS AND SUSTAINABILITY

For development actors, the coordination dividend of incorporating case management would similarly pertain to sustainability, but also the community-level rootedness of interventions. Development programming usually aims to induce change at the community-level, but with the component of case management, change is sought at the level of individuals as well, not just for the child, but for parents or other caregivers, families, school personnel and community members.

Furthermore, many development projects have a partial or tangential focus on children, with implementers only possessing limited understanding of child protection and relevant legislation. This makes the risk of unintended consequences of

activities for children possible. Employment of case management to children in or affected by conflict will be a step towards ensuring a greater focus on child protection, including relevant legislation, and child-friendlier procedures.

ADVOCACY FOR STRONGER AGENCY COORDINATION

Whether child protection services can become more effective, preventive and responsive is tied to whether there can be improvement in the internal coordination *among* i) donor agencies, ii) NGO sector and iii) government agencies on the one hand. And on the other hand, whether there can be better coordination *between* these clusters of actors, particularly NGOs and government agencies, and improved alignment between donor preferences for programming and government priorities. Both interfaces were flagged by respondents as poorly coordinated and, as a result, a marked ‘short-termism’ – shorter-term programming with little or no thought given to sustainability of impact.

According to nearly all respondents, improving within-cluster¹²⁶ and cross-cluster coordination is the best way to address this oft-mentioned short-termism of development programming. Better alignment of preferences, priorities and identification of interlinkages would invariably foster a wider strategic perspective, ensuring better sectoral coherence and longer-term benefits.

On the coordination between donors and government, one senior UNICEF official pointed out that more could be done to align donor funding with the government’s vision,¹²⁷ highlighting lack of alignment in particular as a point of potential obstruction for effectiveness. A UNHCR official echoed this in reiterating the importance of coordination and that UNHCR despite being a humanitarian organisation aligns its activities with the national priority programmes of the government. As the government’s priority is development, the emphasis of both UNICEF and UNHCR on aligning their activities with its priorities is positive.

Respondents also pointed to coordination failures in the equally crucial interface between the NGO sector and the government. All NGOs interviewed for this research remarked that coordination with government agencies at both national and provincial levels is weak. Poor coordination with national and government agencies is a problem, according to one



PHOTO: NILUA AREZO/SAVE THE CHILDREN

Sakhi*, 8, Hashim*, 4, and Jawad*, 7, wearing their new winter coats in Sar-e-Pul

NGO, with detrimental effects on service delivery as NGOs have on-ground insights and information useful for government agencies.¹²⁸ The sentiment exists on the government side as well. One senior official from the Ministry of Education cited instances of NGOs and INGOs conducting studies without consulting MoE, or developing proposals that are not aligned with government proposals. A key point of contention in such instances is often that NGOs will choose areas of intervention based on convenience as opposed to need.¹²⁹ That is, NGOs often select or recommend to donors the selection of provinces based not on needs, but on whether the organisation has a presence of field researchers and previous work experience in the province(s) in question. Besides being damaging in and of itself, such convenience-driven programming diverts allocations of funding from the areas of highest needs. The MoE official explained that donors will assume that NGOs consult with the government when in actuality this is not the case. Convenience-driven selection of areas of intervention has led to certain provinces like Wardak, Ghazni and until recently Uruzgan being overlooked.

CONSULTATIVE MECHANISMS IN KABUL

A range of consultative mechanisms in Kabul exists to facilitate communication and coordination. These comprise donors, government officials and international organisations operating within

the humanitarian and development sectors in Afghanistan. Within the migration sector there is the Displacement and Return Executive Committee (DiREC), within the education sector the Education in Emergencies Working Group (EiEWG), and within the health sector the Provincial Public Health Coordination Committee (PPHCC), to mention a few. These entities notwithstanding, weak coordination continues to be highlighted as the primary barrier to effective, preventive and responsive child protection services.

A possible reason why coordination between actors, particularly foreign organisations and government, still suffers is the sheer number of fora. According to a senior official from the Ministry of Refugees and Repatriation (MoRR), there are too many fora, and in his view, fewer platforms would lead to better services. This point is illustrated in the work IOM does on resettling returnee children from Iran. An IOM official states that the work, albeit targeting a limited number of children, is still successful, and the reason for that is that very few agencies are involved, with everyone knowing one another.¹³⁰ The MoRR official furthermore pointed to the fractious nature of the National Unity Government (NUG) as a reason why confusion often persists and collective action is made difficult. With the President's Office working with and keeping close to some government agencies and the politically opposed Chief Executive's Office working closely with others,

the result is a policy mix that sees different agencies pursuing different agendas. Implications of such siloification is not only policies that counteract, clash with and contradict one another, but also poorly interlinked policies and interventions.

RECONFIGURING COORDINATION PATHWAYS

The existence of a range of consultative mechanisms has not been enough to substantively improve coordination between humanitarian, development and government bodies. This calls for the need to rethink what forms of inter-agency coordination would be most effective. Coordination pathways can be reconfigured in a number of different ways, and it is difficult from the data at hand to extrapolate which form would be best. But from the above it appears that fewer mechanisms or pathways with denser, deeper engagement is preferable to a multitude of fora. A mapping exercise should be undertaken to systematically assess inter-linkages, policy overlaps, complementarities and trade-offs between agencies working with child protection.

To address the short-termism of programming, some NGOs propose that the government formulate a long-term child protection strategy. With the recent introduction of the Law on Protection of Child Rights, this is a tenable next step. As NGOs repeatedly stressed the poor compliance of government agencies with laws and policies, the strategy should address the matter of its own implementation by having enforcement modalities outlined in the document itself.

The existence of a strategy could also be an opportunity for stakeholders to strengthen coordination and streamline effort. But also instituting stronger accountability on work related to child protection, thus ensuring greater efficacy. According to several NGOs, lacking responsiveness from national agencies to child protection issues has led to a loss of confidence in the government.¹³¹ A child protection strategy would signal greater seriousness from the government and help streamline government effort within the area.

ISSUE LINKING CHILD PROTECTION TO SECURITY

The fact that government non-compliance is intertwined closely with corruption makes it all the more difficult to solve. Corruption is endemic in the Afghan government and its resolution is not a short-term matter. It impinges on the attention

How can your community be made safer? How do we protect girls and boys? How can your parents help? What about your teachers, what could they do? How can the government help you?

“The government can help us best by [providing] security. [W]hen in a province there is security, all things are well; the economy is well, people are good and they are happy too.”

10-year-old boy, Maimana, Faryab

that can be given to child protection through the question of institutional effectiveness. As international funding shrinks, stronger on-budget allocation of funds takes a more central role. Since on-budget funds are allocated through Afghan government institutions, this warrants effective and credible institutions that comply with both obligations and prohibitions of existing child protection laws. One way for INGOs to encourage government actors towards greater compliance on child protection is through issue linking. The internecine nature of the ongoing conflict means that the government will prioritise security more than any other area. Child protection agencies should thus do more to explicitly vocalise the future security dividend of child protection. Particularly that protection of children today i) hinders their recruitment into and use by AOG and ii) results in less vulnerable and more educated citizens. To effectively make this point in advocacy efforts, more thinking must go into sustainable programming, how effects of interventions will be sustained and how government agencies can step in to fulfill this need. So for this end, too, prioritisation of sustainability in programme design and implementation is key.

REPLICATING SUCCESSES

An effort to amplify and replicate proven intervention successes is an avenue for action towards rapid positive change. In practice, amplification will broaden the scope of existing impactful activities, bringing more beneficiaries under their ambit. This will ostensibly see a multitude of funding streams become fewer and more concentrated through reallocation from ineffective to effective NGOs, activities and efforts. Furthermore, through replication of best practices, these can come to the fore in more

places and learning cycles of NGOs can focus more on contextualisation rather than re-traversing experiences and lessons. One such example of effective, preventive and responsive child protection is that provided by Terre de Hommes (TdH) whose work intersects with the legal sector. Through its operation of juvenile centres and its provision of psychosocial, recreational and business start-up support as well as support through trials, TdH complements the justice sector, but serves also as a presence monitoring justice actors' compliance.¹³²

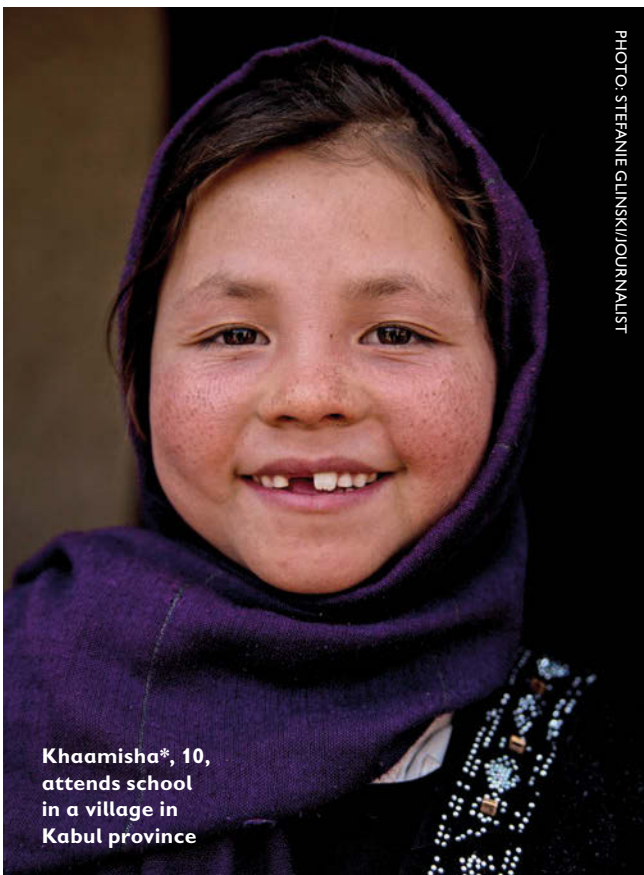
CPANs are also an example of such best practice. For SCI specifically, CPANs mark a clear entry point for increasing cooperation between NGOs. Further and denser ties between NGOs are an important step towards more permanent structures with longer-term benefits. National and international non-governmental organisations alike, such as CAF, Wadan and TdH, praise the effectiveness of CPANs in coordinating and linking organisations.^{133,134} Several examples can be cited. TdH noted that it makes referrals through CPANs and CPANs make referrals through TdH. A Ministry of Public Health official notes that CPANs facilitate communication and collaboration between stakeholders, especially NGOs and government agencies.¹³⁵ Referring to

the example of a child from Kapisa with mental health issues who was admitted to a child protection centre in Kabul, a WCC representative points out that CPANs also identify vulnerable children in need of help and connect them with appropriate service providers.

One way to maximise the benefit of CPANs with a view to strengthening cooperation between NGOs is to study key points of functional intersection, as recorded through CPANs. Formalising these and brokering partnership models around such NGOs could help hinge continued activities on shared cooperation. This would necessitate that previously identified weaknesses in CPANs can be addressed or worked around. In the recent past, CPANs have been criticised for the informality of their structures, awareness level of child protection risks and failures of collaboration of district-level CPANs with national- and provincial-level CPANs.¹³⁶

The institution-building under way in the Ministry of Education marks another point worth study and replication. Through a series of policies, processes and procedures, including high-level advocacy for the adaption by the Government of the Safe Schools Declaration,¹³⁷ an operationalisation of the Global Coalition to Protect Education from Attack (GCPEA), MoE is strengthening the responsiveness to education in emergencies of not just government authorities, but schools and communities as well. As of May 2019, Afghanistan has endorsed the Declaration, but a timeline for implementation in accordance with its attendant Guidelines for Protecting Schools and Universities from Military Use during Armed Conflict,¹³⁸ a practical manual with advice on its implementation, is unclear at time of writing despite MoE submitting a plan to the presidential palace and the Independent Election Commission [IEC] to find alternative locations for polling stations.¹³⁹

For interventions in particularly conservative areas, such as the south and east of Afghanistan, approaches incorporated religious components might be useful to overcoming reservations. For one NGO delivering health projects, implementation was eased through use of Quranic concepts. By referring to relevant hadiths of Islam, the organisation found it easier to convince communities to accept practices and instructions related to health, education and hygiene.¹⁴⁰



Khaamisha*, 10, attends school in a village in Kabul province

PHOTO: STEFANIE GLINSKI/JOURNALIST

6 Conclusion and recommendations

The research at hand set out to generate an understanding of child protection needs in Afghanistan and the capacity of service providers to preventively, effectively and responsively address these. To do so, we i) undertook a situational analysis of the plight of children across four provinces in Afghanistan; ii) identified barriers to effective and responsive protection; and iii) discussed possible mitigating actions.

The report first highlighted the different impacts the conflict is having on children in the SCI intervention districts of Kabul, Balkh, Faryab and Sar-e-Pul provinces. We investigated the toll of conflict on children in terms of mental and physical health, security, access to services and general well-being. Secondly, the report identified sectoral, institutional and policy-level gaps and barriers to provision of child protection. Undertaking an extensive consultation with representatives from national and international non-governmental organisations and Afghan government agencies, we investigated both root causes and the shapes gaps and barriers take across district, province and national levels. Informed by this, we extrapolated possible mitigating actions, approaches and areas of focus for advocacy. These discuss how barriers and gaps can be remediated by the NGO/INGO sector, donors and Afghan authorities to strengthen child protection services.

While the findings of the second part go partially beyond the scope of the initial research questions, they have been included because they are vital to understanding the root causes of barriers and gaps to effective child protection.

In the below we present conclusions to the key findings. In the recommendations sub-section we put forth suggestions for mitigating actions, approaches and shifts in response to both key findings from the four researched provinces and the discussed barriers and gaps.

CONCLUSIONS

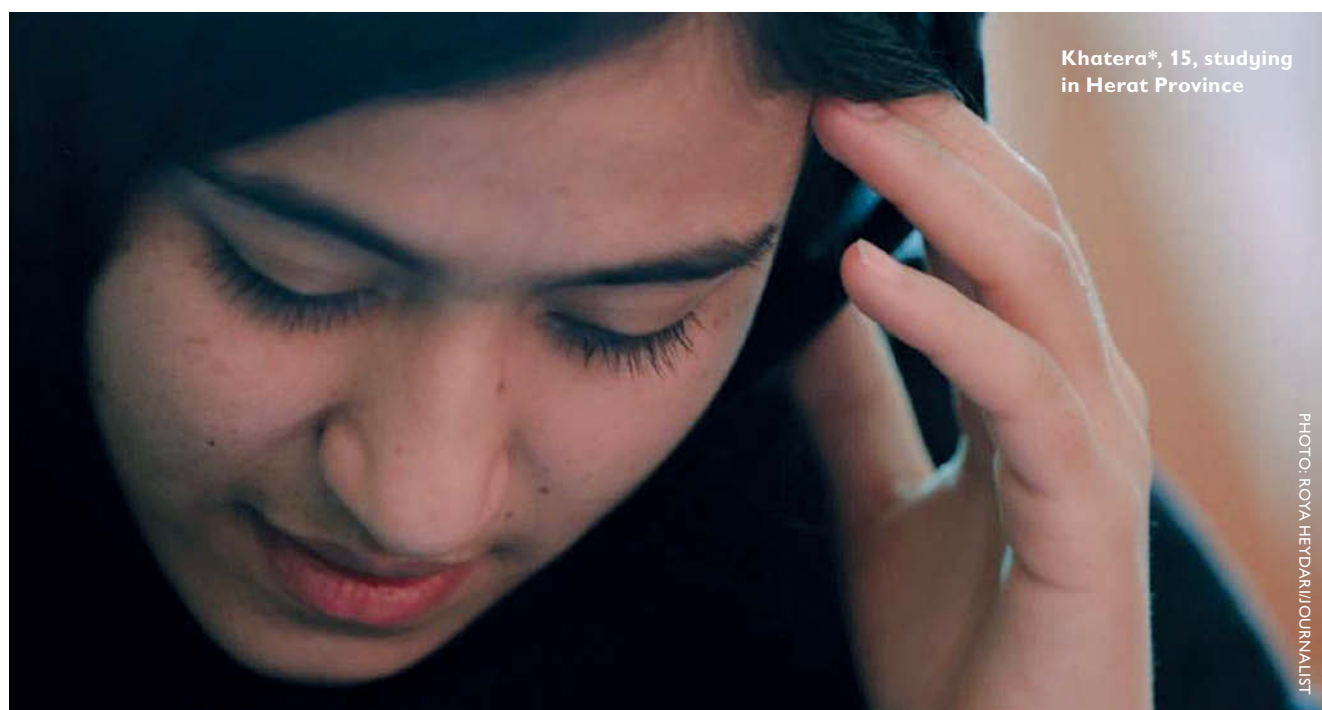
A number of conclusions can be made with respect to how conflict affects children in Afghanistan, and specifically the four researched provinces:

1. Direct as well as indirect exposure to conflict exacts a considerable mental health toll on children in Afghanistan, and children's environments rarely offer the support they need. Parents do not have adequate awareness or training to effectively deal with their children's mental health issues and access to counselling services is limited. The below provides an overview of the issue and restrictions to treatment:
 - In the researched districts six out of 10 children have, according to their parents, experienced common symptoms of traumatic experience, including anxiety, sleep disturbances, prolonged sadness and attempts at self-harm. Outwardly harmful behaviours like anger, violence against other children and criminal behaviour were reported too;
 - In most cases, parents feel unable to effectively help children to cope with common symptoms of traumatic experiences;
 - Access to psychosocial services is also severely limited, with 70% of children not having access to counselling due to the inability of households to shoulder the costs or lack of awareness about the existence of such services;
 - Comparing the responses of child respondents with those of parents indicates that the latter think children come to them much more than children say they do;
 - This discrepancy notwithstanding, the vast majority of children, across all four provinces, go to their parents, with 82% of children going to their mothers and 62% to their fathers;
 - The restricted mobility of girls, especially in rural areas, prohibits them from seeking help from adults outside the home. This is reflected

in the proportion of girls who tend to go to parents or caregivers for help compared to boys who also go to friends and neighbours.

2. Conflict-induced insecurity continues to pose an acute threat to the lives and physical well-being of children. In 2018, the deadliest year of the war for children, 927 children were killed as a result of conflict-related violence. The study investigated the threats to children's security and the places where children feel safe and unsafe across the four provinces. The below provides an overview of the specific findings:
 - In terms of conflict-induced violence, armed clashes between ANDSF and AOG remain the most significant threat to children's safety according to more than two thirds (70%) of parents, followed by night raids carried out by ANDSF and international forces (39%). 21% of parents each highlighted suicide attacks and landmines/IEDs as the greatest threats to children;
 - Crime-related violence such as abductions followed armed clashes between ANDSF and AOG and came before other forms of conflict-induced violence, as posing the greatest risk to children's safety. This perception is most pronounced in Kabul where 86% of parents pointed to it as the key threat to children's security;
 - There are considerable differences between what parents in other provinces consider the main threats to children's safety compared to the perceptions of parents in Kabul. For the former, armed clashes and night raids are more threatening than suicide bombings while parents in Kabul fear these more than armed clashes and night raids. This follows from the fact that the latter occur more frequently in provinces whereas suicide attacks are more frequent in Kabul;
 - ANDSF and international forces are among the primary drivers of violence-induced threats to children's safety, not only for their part in armed clashes, but due also to aerial bombings and night raids. According to UNAMA, aerial bombings are a primary reason that child deaths increased in 2018;
 - Children feel safe at home and in schools and insecure on the way to schools and on the way to and inside markets as well as near government checkpoints and government buildings. A higher proportion of girls feel unsafe outside the home compared to boys. Girls who participated in FGDs shared experiences of having been stared at, stalked, enduring verbal abuse, having pictures taken of them and other types of harassment while going to school, the market, or moving around for any purpose outside the home.
3. Accessibility to health services and how conflict impacts such services, particularly their availability to children, was also studied. Overall, the more rural, insecure and underdeveloped provinces of Faryab and Sar-e-Pul scored less on availability and respondent perceptions of qualified staff, medical equipment and medicine as compared to Kabul and Balkh. The points below give a fuller picture:
 - Health services are available to a considerable extent in Balkh, Kabul, and Faryab provinces, though to a lesser extent in Sar-e-Pul province;
 - The quality of health services is often a concern for populations, particularly in Balkh, Faryab and Sar-e-Pul provinces. Contrasted with Kabul where more than two thirds of parents believe hospitals and clinics have qualified medical personnel, a similarly positive perception prevails among just 49% of parents in Balkh, 23% in Faryab and 27% in Sar-e-Pul.
 - The availability of medical equipment and the quality of medicine at hospitals and clinics is another point of concern for parents, particularly in Faryab and Sar-e-Pul provinces. Compared to Balkh and Kabul, these two provinces are arguably less developed;
 - Only 8% of respondents reported the targeting of health facilities by AOGs. MoPH data confirms that one hospital has been affected in Sar-e-Pul in the course of the war.
4. The impact of conflict on children's access to education is apparent both indirectly and directly. Indirectly, generalised insecurity resulting from a protracted war often discourages parents from sending children, especially girls, to school. Lack of proper facilities in schools, such as toilets for girls and children with disabilities, is another way that schools are less accessible for certain children. Directly,
 - No absence of schools was reported in Kabul and Balkh while in Sar-e-Pul and Faryab, 15% and 6% of parents, respectively, stated the absence of schools in their communities;

- Kabul has the highest percentage of enrolment among both boys and girls, likely attributable to less conservative attitudes towards education as compared to the other provinces. Balkh has the second highest enrolment for boys, but the lowest rate for girls. The proportions are strikingly similar in Sar-e-Pul and Faryab provinces where more than two thirds of boys and 60% of girls are enrolled in school;
- There was not much variation between provinces in terms of schools with perimeter walls – vital for security – toilets and clean drinking water. Around two thirds of parents attested to the two former while a little more than half attested to the latter;
- Numbers were drastically lower for separate toilets for girls and boys, toilets for children with disabilities and adequate lighting. The lack of toilets for children with disabilities is particularly considerable with 94% of parents stating this;
- Respondents cited insecurity, lack of support from families and communities due to conservative beliefs and vulnerability to harassment as barriers to higher enrolment of girls. FGDs and KII respondents also cited insecurity, economic hardship, conflicting schedules with work and lack of access to quality education as key reasons why parents might decide to not enrol children in schools;
- According to more than half of the interviewed parents, schools in their communities have been targeted or used during conflict by ANDSF or AOG in the last three years. The provincial breakdown reveals that the highest number of parents reporting the targeting or use of schools in conflict are from Sholgara district of Balkh (73%), followed by Faryab (68%), Sar-e-Pul (67%) and Kabul (23%);
- The Ministry of Education's internal records indicate that 1,153 schools have been affected in the conflict since 2013. This includes burning of and damage to school infrastructure, the killing or injuring of school personnel and students, temporary or permanent closure of school, forced curriculum changes on the part of AOG, use of school buildings for fighting, and others. Interestingly, MoE's reporting is not congruent with that of parents in target profiles. This likely indicates that not all incidents are recorded in MoE's monitoring;
- According to key informants, the use of school buildings as polling stations during the 2018 parliamentary election is the primary reason behind the uptick in the number of schools targeted that year;
- The MoE intends to advocate with the Office of the President and the Independent Election Committee to use mosques as polling stations instead of schools in the 2019 presidential elections;



Khatera*, 15, studying in Herat Province

PHOTO: ROYA HENDARI/JOURNALIST



Two siblings in their home in Kabul Province

PHOTO: ROYA HEYDARI/JOURNALIST

- According to the MoE, there have been a total of 2,787 cases of school staff casualties, with the highest number (862) recorded in 2014, followed by 237 in 2016 and 377 in 2018. The highest number of school staff casualties has been in provinces such as Ghazni, Kunduz and Farah, which are the provinces that have been affected most severely by the on-going conflict;
 - The immediate results of conflict affecting schools are often temporary or permanent closure of schools, children being taught in damaged buildings, or in open spaces under trees, private homes, community centres and mosques. According to 32% of parents it can lead to high absence rates and according to 26% of parents to dropout.
 - At time of writing, the Afghan Ministry of Education is finalizing the School Safety Framework, an operationalisation of the Global Coalition to Protect Education from Attack (GCPEA) to prevent attacks on schools.
5. The severity of economic hardship endured by families in many cases forces parents to let their children work. According to Afghan legislation,

the mere fact of children working does not qualify them as being engaged in child labour. Children between the ages of 15 and 17 are allowed to work under the conditions that the work is not harmful to children, takes up less than 35 hours per week, and is some form of vocational training. The labour law prohibits children below the age of 14 from working.

- 14% of the interviewed children in the surveyed areas are involved in some form of work. The highest numbers of children working were reported in Balkh and Faryab with 21% each, followed by Sar-e-Pul (14%), and Kabul (10%) The work is home-based carpet weaving, street vending, agriculture and shoe-making;
- In terms of gender, more boys are working compared to girls in all four target provinces. For instance, 27% of boys in the Sholgara district of Balkh province reportedly work, almost twice as high as the proportion of girls (15%);
- The data suggest that 10% of all children working in Balkh province are working under conditions which the ILO characterise as hazardous. This includes working in the presence of dust, loud noises, extreme temperatures, insufficient ventilation, inadequate workspace and lighting, sharp tools and night-time work;
- The prevalence of WFCL, as per the Afghan labour law, is reported to be the highest in Faryab province compared to the other surveyed areas. 10% of all the children working in the province are working 35 hours or more, 31% are operating in dangerous workplace environments, and 24% have stated that working adversely affects their schooling.
- Kabul seems to have the second highest WFCL: here 24% of parents believe that working impacts children's education, 21% reported children working in environments posing a security threat to their lives, and 2% stated that children are working 35 hours or more.
- In Sar-e-Pul province, 14% of respondents reported the adverse impact of working on children's education, 7% say that children are working in hazardous work environments, and 5% stated that children are working 35 hours or more per week.

RECOMMENDATIONS

The following recommendations are derived from the two levels of consultations undertaken in development of this report: district and community-level with children and parents across the four researched provinces of Kabul, Balkh, Faryab and Sar-e-Pul; and national-level with government agencies and national and international NGOs operating in the humanitarian and development spaces in Afghanistan. These selected recommendations seek to address the root causes of gaps and barriers in the delivery of child protection services through programmatic considerations as well as requisite advocacy.

The humanitarian community, namely national and international NGOs and UN agencies operating in Afghanistan, should:

- Undertake a mapping exercise through the UN cluster system to systematically assess inter-linkages, policy overlaps, complementarities and trade-offs between agencies working with child protection to enhance programmatic and advocacy coordination efforts.
- More systematically educate themselves on relevant child protection legislation in recognition that while it may not be their specific, exclusive mandate, it falls within their purviews alongside other themes. Furthermore, NGOs should increase advocacy efforts in Afghanistan and among the wider international community regarding child protection issues, especially those faced by the most vulnerable groups, both towards and in coordination with the Government of Afghanistan and other relevant stakeholders.
- Support the Government of Afghanistan, including relevant Ministries, through the provision of technical guidance in recognition that such institutions are the primary duty-bearers in the provision of social services, and particularly child protection, and as such bear primary responsibility for the well-being of civilians in Afghanistan. One avenue for the provision of technical support could include coordination with the Ministry of Education to provide technical guidance and develop alternative pathways to education and learning for out-of-school children, including increased informal and/or remedial education, life skills and resiliency as well as vocational opportunities, and the introduction or expansion of innovative learning modalities, such as distance learning resources and curriculums delivered through mobile technology.
- Emphasise the security dividend of child protection in advocacy to encourage government actors towards greater compliance on child protection through issue linking recognising that the internecine nature of the ongoing conflict means that the government and some donors will prioritise security more than any other area. Child protection agencies should thus, as part of their advocacy and messaging, do more to explicitly vocalise the future security dividend of child protection such that the protection of children today hinders their recruitment and use into AOGs, minimises exposure to all forms of physical and emotional abuse, and addresses other protection concerns. Such efforts would therefore result in less vulnerable and more educated citizens in the future, a requisite for peace across the country.
- Endeavour to improve access to and availability of health services, including mobile clinics, as well as psychosocial support and counselling services for children who demonstrate symptoms of traumatic experiences. Efforts should include targeted advocacy activities towards national and international decision-makers, including the Government of Afghanistan and the international community, to increase requisite funding and technical support available for expanded MHPSS and resiliency programming, and capacity-building for duty-bearing institutions, including the Ministry of Public Health.
- Ensure a more inclusive and participatory approach of beneficiaries to programme design and implementation to optimise outcomes, including meaningful engagement with children, including vulnerable groups such as those with disabilities. Active engagement with other stakeholders should also underpin programme design, including with parents and community leaders to recognise common symptoms of psychosocial distress in children and ways that they can help support and promote resiliency. A more inclusive approach will also help to address other notable factors of humanitarian and development programme design, such as literacy rates when targeting groups and exploring appropriate methods of disseminating information for technical and vocational education and training (TVET) programming.

The Government of Afghanistan, specifically the Ministry of Labor and Social Affairs, should:

- Develop joint, actionable, and costed national plans and strategies, including requisite data collection and analysis systems, to ensure the implementation of endorsed national and international agreements, conventions and protocols related to child protection, including the Safe Schools Framework, potentially supported by the employment of Save the Children's Safe Schools Common Approach, as well as all provisions under Afghanistan's Law on the Protection of Child Rights, including the establishment and resourcing of National and Provincial Technical Committees and Child Protection Units within ministries.
- Ensure children's protection, particularly in evidenced situations where they are at heightened risk of exposure to violence, such as travelling to and from school. Along with employing mitigation techniques when conducting military operations to avoid civilian populations and infrastructure, additional actions could include encouraging communities and local authorities to make maps of the least safe places for children to go and encourage children to avoid these spaces, finding them alternative routes for their protection.
- Ensure the centrality of protection such that all directives and orders made in situations of combat comply with international humanitarian law (IHL), including those conducted in coordination with national and international military forces as well as and when possible, armed opposition groups and other non-state armed actors. All parties to the conflict acting against the precepts of IHL by conducting indiscriminate attacks and targeting, killing or injuring children or using schools, hospitals, clinics and other protected sites under IHL for military purposes should be held accountable by both the Government and coalition member states active in Afghanistan. Government and coalition member states should also ensure that all allegations of human rights abuses are investigated, including violations of children's rights by AOG, ANDSF, and that those found responsible be prosecuted and punished as appropriate under Afghan and international law.
- Along with humanitarian agencies, ensure that the provisions of the Law on the Protection of Children and the UNCRC are abided by and absorbed into national law, including in some instances where it was reported that arrested children have been subject to mistreatment at police stations and forced to confess to crimes, in violation of Article 88 of the Law on the Protection of Child Rights as well as Articles 37 and 40 of the UNCRC on detention and punishment and juvenile justice, respectively.

The donor community should:

- Encourage and support increased coordination for dual-mandate humanitarian and development actors and projects, including through multi-year funding and as well as through recognition that requisite services to address the needs of children in Afghanistan are not exclusive to one phase of the response, including the need to carry-over case management to development agencies, anchoring them sustainably in communities.
- Facilitate the sharing of best practices among NGOs and encourage the replication of proven interventions, including through partnerships, which resulting in fewer and more concentrated funding streams through reallocation of funds from ineffective to effective child protection modalities.
- Ensure funding requirements reflecting the humanitarian needs of Afghanistan identified in the UN's Humanitarian Needs Overview (HNO) and costed within the complementary Humanitarian Response Plan (HRP) are met accordingly both in terms of commitments made and distribution of funding.
- Align funding for the humanitarian and development sectors with the government's vision and future plans, including support for the implementation of child protection laws and agreements such as the Safe Schools Declaration and Afghanistan's Law on the Protection of Child Rights.

Annexes

Annex I: Research framework

Primary research question	Sub-questions	Data collection methodology
<p>How are children affected by conflict in Afghanistan?</p>	<ul style="list-style-type: none"> • How is the mental health of children affected by conflict? • How is the physical health of children affected? • How is their access to education affected? • How does economic hardship affect children? • Do they experience discrimination based on religious or ethnic affiliations? 	<ul style="list-style-type: none"> • Structured interviews with parents; • FGDs and structured interviews with children; • KIIs with government and development partners;
<p>What can be done to effectively protect children in the research areas in Afghanistan?</p>	<ul style="list-style-type: none"> • What can each of the following stakeholders do to effectively protect children? <ol style="list-style-type: none"> 1. Children; 2. Households; 3. Community-level influencers such as village elders, village heads, and religious figures; 4. Community-level structures such as Community Development Councils (CDCs) and District Development Associations (DDAs); 5. SCI local partners; 6. Provincial government entities such as Directorates of Labor, Education, Health, and Refugees and Repatriation; 7. National government agencies such as Ministry of Labor, Social Affairs, (MoLSA), Ministry of Education (MoE), Ministry of Public Health (MoPH), and Ministry of Refugees and Repatriation (MoRR); 8. International organizations such as SCI, United Nations Children’s Fund (UNICEF), United Nations Higher Commissioner for Refugees (UNHCR), International Organization for Migration (IOM) and other Child Protection Action Network (CPAN) members; 9. Civil society and media. 	<ul style="list-style-type: none"> • Structured interviews with parents; • FGDs and structured interviews with children; • KIIs with government and development partners;

Primary research question	Sub-questions	Data collection methodology
<p>What are the barriers to providing effective, preventive and responsive services to children in or affected by conflict?</p>	<ul style="list-style-type: none"> • How does insecurity impact the delivery of child protection services? • How does a lack of reliable data and information impact delivery of child protection services? • How does displacement of populations due to conflict impact delivery of child protection services? • Does a lack of linkages and coordination between government entities and development organisations impact delivery of child protection services? And if so, how? • How does a lack of or inadequate infrastructure impact the delivery of child protection services? (eg, lack of school and hospital buildings) • Are there barriers pertaining to civil documentation that prevent the delivery of child protection services or children’s access to services such as enrolment in school? • Do budgetary constraints or inadequate allocation to child protection within government institutions, international or national organisations hinder or degrade the delivery of child protection services? If so, how? 	<ul style="list-style-type: none"> • Literature review • KIIs with government agencies and development partners;
<p>What is the government’s capacity to respond to the child protection needs of children in conflict?</p>	<ul style="list-style-type: none"> • To what extent do national and sub-national level government institutions have the capacity and resources to respond to the child protection needs of children in conflict? • Do law enforcement and judicial actors adequately enforce laws? • What is the government-level understanding of applicable international and national laws as well as national-level policies on child rights and protection? • What is the state of technical capacity of relevant government institutions at both national and provincial levels on child protection? 	<ul style="list-style-type: none"> • KIIs with government agencies and development partners;

Annex II: List of key informants

Key informant position	Gender	Organisation name	Organisation type	Location
Child Protection Specialist	Male	UNICEF	UN agency	Kabul
Protection Officer	Female	IOM	UN agency	
Officer	Male	IOM	UN agency	
Gender Officer	Female	UNHCR	UN agency	
Protection Officer	Male	UNHCR	UN agency	
Justice Project Manager	Male	TdH	International organisation	
Human Rights Coordinator	Male	SCA	International organisation	
Senior Child Protection Officer	Female	WCC	International organisation	
Deputy Minister (Emergency)	Male	MoRR	Government entity	
Head of Policy Unit	Male	MoE	Government entity	
Senior Advisor	Male	MoE	Government entity	
Technical Advisor	Male	MoPH	Government entity	
Project Manager	Male	WADAN	Local NGO	
Managing Director	Male	CAF	Local NGO	
Health Project Coordinator	Male	AHDS	Local NGO	
Program Director	Male	AADA	Local NGO	
Grade 3 Officer	Male	DoRR	Government entity	Balkh
Head of Children's Affairs Unit	Female	DoLSA	Government entity	
Education Officer for Emergency Affairs	Male	DoE	Government entity	
Director	Female	DoWA	Government entity	

Key informant position	Gender	Organisation name	Organisation type	Location
Head of Programs	Male	DoRR	Government entity	Faryab
Education Officer	Male	DoE	Government entity	
Administrator	Female	DoPH	Government entity	
Head of Welfare Unit	Male	DoMD	Government entity	
CPAN Coordinator	Male	DoLSA	Government entity	
Children Affairs Officer	Male	DoLSA	Government entity	Sar-e-Pul
Director	Male	MoE	Government entity	
Head of Unit	Male	DoMD	Government entity	
Child Specialist	Male	DoPH	Government entity	
Head of Returnees and IDP Affairs	Male	DoRR	Government entity	

Annex III: Data collection tools

FOCUS GROUP DISCUSSIONS GUIDE FOR CHILDREN

Assessing the impact of conflict in exacerbating child Protection issues affecting children in Afghanistan

Warm up activities and introduction (15-20 minutes)

The researchers facilitating the FGD will introduce themselves. This will be followed by two introductory warm up activities for the participants to relax, and to build trust with the research team and encourage openness. Snacks and water will be provided throughout the FGD.

The first warm up activity will be a name game to acquaint the participants with each other. Participants and researchers will stand in a circle, someone will throw a ball and whoever catches it will say their name and their favorite animal. This will go on until everyone has said their name. Following this, a variation of the local Afghan tonanaal [to-nan-naal] game will be played. Again, the participants will form a circle, but with one of them standing in the middle. The participant in the center will have to catch a ball thrown by participants in the circle. If the child misses the ball, he/she remains in the circle. If the ball is caught, the participant will switch places with the child who threw the ball.

Following this, researchers will again briefly explain the purpose of the FGD. The first time this is explained is prior to obtaining informed assent from the child. To ensure participants fully understand, researchers should ask a few children to explain, in their own words, the purpose of the FGD and what their participation will result in. In case of confusion or misunderstanding, rephrase and explain again. Researchers should also repeat that nothing bad will happen to the children if they decide to not answer a question or leave the FGD. They should also stress, again, that participants are free to ask questions whenever they want. Researchers will also encourage the participants to not share with others, after the FGD, what fellow participants said during the FGD. Finally, researchers will repeat that no payment or other rewards will be provided to participants, except for refreshments (snacks, juice, water).

Parental Certificate of Consent for Children's Participation in FGD

Introduction

The purpose of this form is to provide you information about the research so that you can make an informed decision as to whether or not let your child participate in the FGD. I (the interviewer) will describe the purpose of the research as well as topics to be covered and answer questions you may have. I will now proceed to read the information below to you. Please feel free to ask any questions you might have, and at the end, you decide whether to permit your child to participate or not. Refusal to participate will involve no penalty.

In case you decide to permit your child to participate, this certificate will be used to record your consent.

Purpose of the study

This research is carried out by ARM Consulting for Save the Children, an international NGO, to study the impact of conflict on children. The information will be presented in a report to Save the Children and the Afghan government to help them understand how conflict affects children so that they can better help children in Afghanistan.

What is going to happen now?

We will ask your child few simple questions about what it is like to be a child living in conflict. We want to find out from children themselves what effects conflict has and what help children need now and in the future. This will help organizations like Save the Children improve their work. We will be conducting focus group discussions with children in Kabul, Faryab, Sar-e-Pul and Balkh provinces.

The discussion will take about 1-2 hours. Examples of questions we will be asking include "How does conflict make you feel?" and "Do you ever stay home from school because of conflict?" Your child can skip questions he/she does not wish to answer. Similarly, if your child wishes to stop participating in the FGD at any point, there will be no penalty for withdrawing.

Confidentiality

Your child's name and other details that would identify your child's identity will not be collected. All the information will be stored in a place that only the research team will have access to. It is very important for us to respect and protect the privacy of your child. However, it is not more important to us than protecting the welfare of your child. If your child mentions experiencing abuse, thoughts of suicide or doing violence to others, I (the interviewer) will talk to your child and you in order to agree on the safest and most effective course of action. It should be noted that we cannot assure full confidentiality as we are unable to guarantee that other participants will not disclose information shared during the FGD.

Risks and benefits of participation

Your child's safety is more important than anything else to us. We have thought a lot about possible risks and taken necessary steps to minimize or eliminate them. Risks we have identified include emotional distress or re-traumatization due to the sensitive nature of the research, physical insecurity in case of accidents, kidnapping or the location of the FGD being targeted by armed groups and/or government opposition groups. In addition to these, unforeseeable risks could also arise.

Your child will not receive benefits from participation in this research, but the information will allow the Afghan government and NGOs like Save the Children to better help children in Afghanistan regarding education, health, and well-being. There are no expenses related to your child's participation in the FGD nor will you or your child be paid for participating. Refreshments (snacks, juice, water) will be provided during the FGD.

If you are uncomfortable with any part of this study or have questions at a later stage, you may contact ARM Consulting focal point Ziauddin Wahaj at 0783469379.

Signature

I understand the nature of this research and have had the opportunity to ask questions about it. Any questions I asked have been answered to my satisfaction. I consent for my child to participate in the FGD.

Name of the parent/caregiver:

Location (District, Province):

Signature and date (for respondents with no literacy, thumb print can be used instead of signature):

Instructions for obtaining children's informed assent for participation in FGD

The purpose of this form is to instruct you (the interviewer) on how to obtain assent from children. By assent we mean the oral expression of willingness, on the part of the child, to participate in the research. This step must only follow once the Parental Certificate of Consent has been signed by a parent/caregiver. Please note that while parental consent is expressed in writing, the child's assent is oral. Note also that informed assent must be obtained for all children regardless of age. Please use the following script to explain the purpose of the study and how the FGD will take place.

Introduction

I am (*Interviewer name*) from ARM Consulting. I am doing a study to find out how war changes children's lives. We are doing the study for Save the Children. We want to ask you if you want to take part in this study because your opinions are important to us.

Your parent/caregiver was asked if you could be in this study. But, even if your parent/caregiver agrees, it is still up to you whether or not you will take part. You do not have to be in this study if you do not want to. Refusal to participate will involve no penalty. If you agree to participate, but feel like withdrawing at any point, you are free to do so. You can ask questions at any time if there is something you do not understand, and if there is a question you do not want to answer, you can skip it.

If you want to be in the FGD

If you want to be in the FGD, we will ask you a few simple questions about what it is like to be a child living in conflict. We want to find out from children themselves what effects conflict has and what help you think children need now and in the future. This will help organizations like Save the Children improve their work. We will be conducting focus group discussions with children like yourself in Kabul, Faryab, Sar-e-Pul and Balkh provinces.

Although we cannot promise to do everything that you say, we want to take your views into account and make sure they are heard. Examples of questions we will be asking include "How does conflict make you feel?" and "Do you ever stay home from school because of conflict?"

To ensure full understanding, ask the child to explain, in his/her own words, the purpose of the FGD and what their participation will result in. In case of confusion or misunderstandings, rephrase and explain again.

We will speak for about 1-2 hours and snacks and juice will be provided. My colleague will note down key discussion points, but will not be recording your voice or taking pictures.

Risks and benefits of being in the FGD

Your safety is more important than anything else to us. We have thought a lot about possible risks and taken necessary steps to minimize or eliminate them. Risks we have identified include emotional distress due to the sensitive nature of the research, physical insecurity in case of accidents, the location of the FGD being targeted by armed groups and/or government opposition groups or other hostile actions. In addition to these, unforeseeable risks could also arise.

You will not receive benefits from being in this study, but your answers will help the Afghan government and Save the Children to better help children in Afghanistan.

What happens after the FGD?

When we have finished this and other FGDs, we will write a report about what we learned. Your name will not be in this report and no one will be able to know what you said or who you are from the report. This is very important to us. But it is not more important to us than protecting your safety and happiness. For this reason, we cannot promise to keep everything a secret. But whatever we do, we will speak with you first.

If you are uncomfortable with any part of this study or have questions at a later stage, you may contact ARM Consulting focal point Ziauddin Wahaj at 0783469379.

Accept the assent only if you have already obtained the Parental Certificate of Consent and the child:

- 1. Has understood the purpose of this study*
- 2. Has had all his/her questions answered*
- 3. Has agreed to take part in this research*

No	Question	Answer
1.	Date:
2.	Audio file ID:	
3.	FGD facilitators	1. Lead Facilitator: 2. Note Taker:
4.	Province	1 = Balkh 2 = Faryab 3 = Kabul 4 = Sar-e-Pul
5.	District:	1 = Kabul city 2 = Sholgara 3 = Maimana 4 = Pashtun Kot 5 = Sar-e-Pul city 6 = Sancharak 7 = Gosfandi
6.	Codes assigned to participants:	1 = 2 = 3 = 5 = 6 = 7 = 8 = 9 = 10 =
7.	Gender of participants:	1 = Girls 2 = Boys
8.	Age of participants:	1 = 2 = 3 = 5 = 6 = 7 = 8 = 9 = 10 =
9.	Education level of participants:	1 = 2 = 3 = 5 = 6 = 7 = 8 = 9 = 10 =

Discussion questions
10. Who likes cricket? Who is your favorite Afghan cricketer? Who among you can play cricket?
11. What have you eaten today? What is your favorite food? What is your favorite fruit?
12. Does anyone know what conflict is? What are some kinds of conflicts that you have seen in the community, school, market, etc?
13. How does conflict make you feel? How long do you feel that way? Does it make you act differently or do things differently? What else happens when you see conflict or hear about it?
14. Do you ever stay home from school because of conflict? Do you stay at home because you are scared? What are you scared of? How do you feel when you miss school?
15. Where do you go for help if you experience conflict? If you are scared, who do you ask for help? Which adults do you trust to help you?
16. Are there hospitals or doctors that can help children?
17. Where do you feel safe? If you are scared, where do you go?
18. How can your community be made safer? How do we protect girls and boys? How can your parents help? What about your teachers, what could they do? How can government help you?
19. Is there anything else you would like to say?

THANK YOU ALL FOR YOUR CONTRIBUTION

QUESTIONNAIRE FOR INDIVIDUAL INTERVIEWS WITH CHILDREN

**Assessing the impact of conflict in exacerbating child
Protection issues affecting children in Afghanistan**

Instructions:

- (i) Before starting the interview, please introduce yourself to the child's parent/caregiver [if possible carry with you your introduction letter or identity card whenever conducting interviews] in light of the local greeting context;
- (ii) Obtain the parent/caregiver consent in written using the parent/caregiver Certificate of Consent. For parents/caregivers with no literacy, please read the script in the certificate as clearly as possible, using simple and plain language;
- (iii) If/once parent/caregiver certificate of consent is obtained, please go to the child to obtain the Certificate of Assent;
- (iv) Please conduct the interview in a place where the parent/caregiver can see his/her child but cannot hear what is being discussed;
- (v) Please ask each question clearly and patiently ensure that the respondent understands;
- (vi) Please fill out the questionnaire with the respondent's replies (do not include your own opinions);
- (vii) Avoid the use of jargon and technical terms;
- (viii) Please do not read the answers of the multiple-choice questions to the respondents, unless recommended for specific questions;

Drawing Exercise with Children:

For Field Researchers: Please distribute blank papers and crayons to child respondent, and encourage her/him to draw something that makes him happy or to draw a place where he/she feels safe. As the child is drawing, please conduct the interview with his/her parent. Once the interview with the parent is completed, please ask few questions (as outlined below) from the child is he/she feels comfortable. Please pay due attention to obtaining certificates of consent and assent from parent and child respondent.

At the end of the interview, please collect the drawings insofar children permit. Please make sure to end the interview with emphasis on the happy aspect of the drawing.

Parental Certificate of Consent for Children's Participation in Research

Introduction

The purpose of this form is to provide you information about the research so that you can make an informed decision as to whether or not to let your child participate in this research. I (the interviewer) will describe the purpose of the research as well as topics to be covered and answer questions you may have. I will now proceed to read the information below to you. Please feel free to ask any questions you might have, and at the end, you decide whether to permit your child to participate or not. Refusal to participate will involve no penalty.

In case you decide to permit your child to participate, this certificate will be used to record your consent.

Purpose of the study

This research is carried out by ARM Consulting for Save the Children, an international NGO, to study the impact of conflict on children. The information will be presented in a report to Save the Children and the Afghan government to help them understand how conflict affects children so that they can better help children in Afghanistan.

What is going to happen now?

We will ask your child a few simple questions about what it is like to be a child living in conflict. The interview will take about 10-15 minutes. Examples of questions we will be asking include "How does conflict make you feel?" and "Do you ever stay home from school because of conflict?" If for any reason your child does not want to answer a question, he/she can skip it. Similarly, if your child wishes to stop participating in the survey at any point, they will not be penalized in any way for doing so. I will note down your answers on my tablet/mobile phone, but I will not be recording your child's voice or taking pictures.

Confidentiality

Your child's name and other details that would identify your child's identity will not be collected. All the information will be stored in a place that only the research team will have access to. It is very important for us to respect and protect the privacy of your child. However, it is not more important to us than protecting the welfare of your child. If your child mentions experiencing abuse, thoughts of suicide or doing violence to others, I (the interviewer) will talk to your child and you in order to agree on the safest and most effective course of action.

Risks and benefits of participation

Your child's safety is more important than anything else to us. We have thought a lot about possible risks and taken necessary steps to minimize or eliminate them. Risks we have identified include emotional distress or re-traumatization due to the sensitive nature of the research, physical insecurity in case of accidents, kidnapping or the location of the FGD being targeted by armed groups and/or government opposition groups. In addition to these, unforeseeable risks could also arise.

Your child will not receive benefits from participation in this research, but the information will allow the Afghan government and NGOs like Save the Children to better help children in Afghanistan regarding education, health, and well being. There are no expenses related to your child's participation in the interview nor will you or your child be paid for participating.

If you are uncomfortable with any part of this study or have questions at a later stage, you may contact ARM Consulting focal point Ziauddin Wahaj at 0783469379.

Signature

I understand the nature of this research and have had the opportunity to ask questions about it. Any questions I asked have been answered to my satisfaction. I consent for my child to be interviewed.

Name of the parent/caregiver:

Location (District, Province):

Signature and date (for respondents with no literacy, thumb print can be used instead of signature):

Instructions for obtaining children's informed assent for participation in Research

The purpose of this form is to instruct you (the interviewer) on how to obtain assent from children. By assent we mean the oral expression of willingness, on the part of the child, to participate in the research. This step must only follow once the Parental Certificate of Consent has been signed by a parent/caregiver. Please note that while parental consent is expressed in writing, the child's assent is oral. Note also that informed assent must be obtained for all children regardless of age. Please use the following script to explain the purpose of the study and how the interview will take place.

Introduction

I am (*Interviewer name*) from ARM Consulting. I am doing a study to find out how war changes children's lives. We are doing the study for Save the Children. We want to ask you if you want to take part in this study because your opinions are important to us.

Your parent/caregiver was asked if you could be in this study. Even if your parent/caregiver agrees, it is still up to you whether or not you will take part. You do not have to be in this study if you do not want to. Refusal to participate will involve no penalty. You can also stop the interview whenever you want. You can ask questions you have at any time if there is something you do not understand, and if there is a question you do not want to answer, you can skip it.

If you want to be in the interview

If you want to be in the interview, I will ask you few simple questions about what it is like to be a child living in conflict. I want to find out from children themselves what effects conflict has and what help you think children need now and in the future. This will help organizations like Save the Children improve their work. Although I cannot promise to do everything that you say, I want to take your views into account and make sure they are heard. Examples of questions I will be asking include "Where do you feel most safe in your village?" and "Who do you go to for help?"

To ensure full understanding, ask the child to explain, in his/her own words, the purpose of the survey and what their participation will result in. In case of confusion or misunderstandings, rephrase and explain again.

We will speak for about an hour. I will note down your answers on my tablet/mobile phone, but I will not be recording your voice or take pictures.

Risks and benefits of being in the interview

Your safety is more important than anything else to us. We have thought a lot about possible risks and taken necessary steps to minimize or eliminate them. Risks we have identified include emotional distress due to the sensitive nature of the research, physical insecurity in case of accidents, the location of the FGD being targeted by armed groups and/or government opposition groups or other hostile actions. In addition to these, unforeseeable risks could also arise.

You will not receive benefits from being in this study, but your answers will help the Afghan government and Save the Children to better help children in Afghanistan.

What happens after the interview?

When we have finished this and other interviews, we will write a report about what we learned. Your name will not be in this report and no one will be able to know what you said or who you are. This is very important to us. But it is not more important to us than protecting your safety and happiness. For this reason, we cannot promise to keep everything a secret. But whatever we do, we will speak with you first.

If you are uncomfortable with any part of this study or have questions at a later stage, you may contact ARM Consulting focal point Ziauddin Wahaj at 0783469379.

Accept the assent only if you have already obtained the Parental Certificate of Consent and the child:

1. *Has understood the purpose of this study*
2. *Has had all his/her questions answered*
3. *Has expressly agreed to take part in this research*

Part A – Background Information

No	Question	Answer
1.	Interview Date:
2.	Interviewer Name:
3.	Supervisor Name:
4.	Province:	1 = Balkh 2 = Faryab 3 = Kabul 4 = Sar-e-Pul
5.	District:	1 = Kabul city 2 = Sholgara 3 = Maimana 4 = Pashtun Kot 5 = Sar-e-Pul city 6 = Sancharak 7 = Gosfandi
6.	Gender of respondent:	1 = Girls 2 = Boys
7.	Age of respondent:	
8.	Do you go to school?	1 = Yes 2 = No
9.	If no, why not?	
10.	Where do you feel most safe in your village?	1 = At home 2 = Parks, playgrounds and other recreational areas 3 = At school 4 = On the way to school 5 = In the market 6 = On the way to the market 7 = At checkpoints 8 = Near government buildings 9 = Others (please specify)
11.	Where do you feel most unsafe in your village?	1 = At home 2 = Parks, playgrounds and other recreational areas 3 = At school 4 = On the way to school 5 = In the market 6 = On the way to the market 7 = At checkpoints 8 = Near government buildings 9 = Others (please specify)
12.	Who do you go to for help?	1 = Father 2 = Mother 3 = Other immediate family members 4 = Relatives 5 = Friends 6 = Neighbors 7 = Religious figures 8 = Teachers 9 = Village elders 10 = Doctors/health workers

		11 = Government officials 12 = Others (please specify)
13.	Among them, who do you trust the most for help?	1 = Father 2 = Mother 3 = Other immediate family members 4 = Relatives 5 = Friends 6 = Neighbors 7 = Religious figures 8 = Teachers 9 = Village elders 10 = Doctors/health workers 11 = Government officials 12 = Others (please specify)
14.	Where do you go when you are scared?	1 = Home 2 = School 3 = Park/Playground 4 = Mosque 5 = Police station 6 = Others (Please specify)

Thank you very much for taking the time out to answer the questions.

THANK YOU

Assessing the impact of conflict in exacerbating child Protection issues affecting children in Afghanistan

Key Instructions:

- (i) Before starting the interview, please introduce yourself to the child's parent/caregiver [*if possible carry with you your introduction letter or identity card whenever conducting interviews*] in light of the local greeting context;
- (ii) Obtain the parent/caregiver consent in written using the parent/caregiver Certificate of Consent. For Parent/caregiver with no literacy, please read the script in the certificate as clearly as possible, using simple and plain language;
- (iii) Once and if the parent/caregiver certificate of consent is obtained, please go ahead with the interview;
- (iv) Please conduct the interview in a place where other people cannot hear what is being discussed;
- (v) Please ask each question clearly and patiently ensure that the respondent understands;
- (vi) Please fill out the questionnaire with the respondent's replies (do not include your own opinions);
- (vii) Avoid the use of jargon and technical terms;
- (viii) Please do not read the answers of the multiple-choice questions to the respondents; unless recommended for specific questions;

Parental Certificate of Consent for Participation in the Survey

Introduction

The purpose of this form is to provide you information about the research so that you can make an informed decision as to whether or not to participate in this research. I (the interviewer) will describe the purpose of the research as well as topics to be covered and answer questions you may have. I will now proceed to read the information below to you. Please feel free to ask any questions you might have, and at the end, you decide whether to participate or not. Refusal to participate will involve no penalty.

In case you decide to participate, this certificate will be used to record your consent.

Purpose of the research

This research is carried out by ARM Consulting for Save the Children, an international NGO, to study the impact of conflict on children. The information will be presented in a report to Save the Children and the Afghan government to help them understand how conflict affects children so that they can better help children in Afghanistan.

What is going to happen now?

We will ask you 33 simple questions about the lives of children in conflict. Examples of questions I will be asking include "Are there psychosocial counselling services providers in your area?" and "Where do children feel most safe in your village? The interview will take about an hour. If, for any reason, you do not wish to answer a question, you can skip it. Similarly, if you at any point wish to stop participating in the survey, you can opt out and there will be no penalty for doing so.

I will note down your answers on my tablet/mobile phone, but I will not be recording your voice or taking pictures.

Confidentiality

Your name and other details that would identify you will not be collected. All the information will be stored in a place that only the research team will have access to. It is very important for us to respect and protect your privacy.

Risks and benefits of participation

Your safety is more important than anything else to us. We have thought a lot about possible risks and taken necessary steps to minimize or eliminate them. Risks we have identified include emotional distress or re-traumatization due to the sensitive nature of the research, physical insecurity in case of accidents, kidnapping or the location of the FGD being targeted by armed groups and/or government opposition groups. In addition to these, unforeseeable risks could also arise.

There are no expenses related to participating in the survey and you will not be paid nor receive any benefits for your participation, but the information will allow the Afghan government and NGOs like Save the Children to better help children in Afghanistan regarding education, health, and well being.

If you are uncomfortable with any part of this study or have questions at a later stage, you can contact ARM Consulting focal point Ziauddin Wahaj at 0783469379.

Signature

I understand the nature of this research and have had the opportunity to ask questions about it. Any questions I asked have been answered to my satisfaction. I consent to be interviewed.

Name of the parent/caregiver:

Location (District, Province):

Signature and date (for respondents with no literacy, thumb print can be used instead of signature):

Part A – Background Information

No	Question	Answer
	Interview Date:
	Interviewer Name:
	Supervisor Name:
	Province:	1 = Balkh 2 = Faryab 3 = Kabul 4 = Sar-e-Pul
	District:	1 = Kabul city 2 = Sholgara 3 = Maimana 4 = Pashtun Kot 5 = Sar-e-Pul city 6 = Sancharak 7 = Gosfandi
	Gender of respondent:	1 = Female 2 = Male
	Area specification	1 = Urban ¹ 2 = Rural ²
1.	Age of respondent:	
2.	What is your highest level of education?	1 = No education ³ 2 = Home schooling/tutoring ⁴ 3 = Completed primary education (Class 1-6) 4 = Completed secondary education (Class 7-10) 5 = Completed high school education (Class 11-12) 6 = Grade 14 7 = University level education 8 = I don't know 9 = PNTA ⁵
3.	What is primary income source of your HH?	1 = Farming/Agriculture 2 = Daily wage labor 3 = Formal employment 4 = Own business 5 = Any others (Please specify)
4.	What is the average monthly income of your HH (AFN)?	
5.	Could you please provide information about your HH members in terms of gender and age? <i>List HH members by the order of age</i>	No
		Age
		Gender (F/M)

¹ Urban refers to district centers.
² All other areas except district centers.
³ No education applies on respondent who has no formal or informal education (tutoring, literacy courses, home schooling, etc)
⁴ It applies on respondent who has not attended any school/university, but has studied at home or Madrassa.
⁵ PNTA = Prefer not to answer

Part B: Impact of Conflict on Children's Mental Health

6.	Does conflict exist in your area?	1 = Yes 2 = No 3 = Don't know
7.	If yes, what type of conflicts? <i>Tick all that apply</i>	1 = Armed clashes 2 = Aerial bombings 3 = Suicide attacks 4 = Landmines or IEDs 5 = Night raids 6 = Criminal activity (kidnappings, looting and robbery) 7 = Sexual violence 8 = Political violence 9 = Ethnic violence 10 = Corporal punishment 11 = Others (Please specify)
8.	If yes, how often does it happen?	1 = Always ⁶ 2 = Very often ⁷ 3 = Sometimes ⁸ 4 = Rarely ⁹
9.	If yes, what are its implications on your community? <i>Tick all that apply</i>	1 = Lack of access to basic services (food, water, shelter) 2 = Exposure to violence 3 = Lack of access to education 4 = Lack of access to healthcare 5 = Lack of access to psychosocial counselling 6 = Loss of household livelihoods 7 = Loss of family members 8 = Separation from family 9 = Other (please specify)
10.	If yes, do children in your community experience conflict?	1 = Yes 2 = No 3 = Don't know
11.	If yes, how does conflict affect the behaviour of children in your household? <i>Tick all that apply</i>	No ¹⁰
		Symptoms of Effects (<i>Tick all that apply for every child in the Household</i>) 1 = Fearfulness and anxiety 2 = Excessive crying 3 = Sleep disturbance 4 = Prolonged sadness 5 = Pronounced anger 6 = Violence against other children 7 = Self-harm 8 = Self-isolation 9 = Engaging in crime 10 = Others (specify)
12.	Who do children go to for help?	1 = Father 2 = Mother 3 = Other immediate family members 4 = Relatives

⁶ If conflict takes place almost every day.

⁷ If conflict takes place almost every week.

⁸ If conflict takes place approximately every month.

⁹ If conflict does not happen every month, but multiple times a year.

¹⁰ This is the number assigned to HH member under age of 18 years in question 5

		5 = Friends 6 = Neighbours 7 = Religious figures 8 = Teachers 9 = Village elders 10 = Doctors/health workers 11 = Government officials 12 = Others (please specify)
13.	Are there psychosocial counselling services providers in your area?	1 = Yes 2 = No 3 = Don't know
14.	If yes, who offers such services? <i>Tick all that apply</i>	1 = Government 2 = NGOs 3 = Private sector 4 = Others (please specify)
15.	Do children in your community access such services?	1 = Yes 2 = No 3 = Don't know
16.	If no, why not? <i>Tick all that apply</i>	1 = Lack of knowledge about service providers 2 = Cannot afford it 3 = Poor quality 4 = Afraid to go to services providers 5 = Others (Please specify)

Part C: Impact of Conflict on Children's Physical Health and Access to Health Services

17.	What are the main threats to children's physical safety in your community?	1 = Armed clashes 2 = Aerial bombings 3 = Suicide attacks 4 = Landmines or IEDs 5 = Night raids 6 = Criminal activity (kidnappings, looting and robbery) 7 = Sexual violence 8 = Political violence 9 = Ethnic violence 10 = Corporal punishment 11 = Others (Please specify)
18.	Where do children feel most scared in your village?	1 = At home 2 = Parks, playgrounds and other recreational areas 3 = At school 4 = On the way to school 5 = In the market 6 = On the way to the market 7 = At checkpoints 8 = Near government buildings 9 = Others (please specify)
19.	Where do children feel most safe in your village?	1 = At home 2 = Parks, playgrounds and other recreational areas 3 = At school 4 = In the market 5 = At checkpoints 6 = Near government buildings 7 = Others (please specify)
20.	Are there hospitals or clinics in your area?	1 = Yes 2 = No 3 = I don't know

21.	If yes, do they have qualified doctors and nurses?	1 = Yes 2 = No 3 = I don't know
22.	If yes, do they have appropriate medical equipment?	1 = Yes 2 = No 3 = I don't know
23.	If yes, do they have appropriate medicine?	1 = Yes 2 = No 3 = I don't know
24.	Have there been clinics or hospitals targeted in the conflict in last three years?	1 = Yes 2 = No 3 = I don't know
25.	If yes, how does it impact health services in your areas? <i>Tick all that apply</i>	1 = People are afraid to go to health facilities 2 = Women dying at home during births 3 = Medical staff are afraid to go to health facilities 4 = People are forced to go to urban areas for health facilities 5 = Others (Please specify)

Part D: Impact of Conflict on Children's Access to Education

26.	Are there schools for boys and girls in your area?	1 = Boys 2 = Girls 3 = Both 4 = No school																																																			
27.	<p>Please tell us about whether children in your household attend school or not?</p> <p><i>Please collect information by Age order for all HH members below the age of 18 years</i></p>	<table border="1"> <thead> <tr> <th>No</th> <th>Attending School (Y/N)</th> <th>If not, why not? <i>(Please tick all that apply for each child)</i></th> </tr> </thead> <tbody> <tr><td></td><td></td><td>1 = Not yet of school age</td></tr> <tr><td></td><td></td><td>2 = Insecurity</td></tr> <tr><td></td><td></td><td>3 = Lack of school</td></tr> <tr><td></td><td></td><td>4 = Poor/ inadequate school facilities</td></tr> <tr><td></td><td></td><td>5 = Poor/inadequate school facilities for children with disabilities</td></tr> <tr><td></td><td></td><td>6 = Long distance to school</td></tr> <tr><td></td><td></td><td>7 = Inability to walk alone to school due to insecurity</td></tr> <tr><td></td><td></td><td>8 = Inability to walk alone to school due to disability</td></tr> <tr><td></td><td></td><td>9 = Conflicts with work</td></tr> <tr><td></td><td></td><td>10 = Conservative attitudes</td></tr> <tr><td></td><td></td><td>11 = Lack of Tazkira</td></tr> <tr><td></td><td></td><td>12 = Cannot afford schooling</td></tr> <tr><td></td><td></td><td>13 = No interest in school</td></tr> <tr><td></td><td></td><td>14 = Lack of teachers</td></tr> <tr><td></td><td></td><td>15 = Lack of qualified teachers</td></tr> <tr><td></td><td></td><td>16 = Others (please specify)</td></tr> </tbody> </table>	No	Attending School (Y/N)	If not, why not? <i>(Please tick all that apply for each child)</i>			1 = Not yet of school age			2 = Insecurity			3 = Lack of school			4 = Poor/ inadequate school facilities			5 = Poor/inadequate school facilities for children with disabilities			6 = Long distance to school			7 = Inability to walk alone to school due to insecurity			8 = Inability to walk alone to school due to disability			9 = Conflicts with work			10 = Conservative attitudes			11 = Lack of Tazkira			12 = Cannot afford schooling			13 = No interest in school			14 = Lack of teachers			15 = Lack of qualified teachers			16 = Others (please specify)
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		16 = Others (please specify)																																																			
28.	If any of the children is attending school, how satisfied are you with the quality of education?	1 = Highly satisfied 2 = Satisfied 3 = Neutral 4 = Slightly dissatisfied 5 = Not at all satisfied																																																			
29.	If slightly dissatisfied or not at satisfied, why?																																																				
30.	According to the best of your knowledge, which of the following facilities exist in the school, according to the best of your knowledge?	1 = School building 2 = Perimeter wall 3 = Clean drinking water 4 = Toilets 5 = Separate toilets for girls and boys 6 = Toilets tailored to the needs of children with disabilities 7 = Adequate lighting in classrooms, toilets and hallways																																																			

		8 = Don't know
31.	To the best of your knowledge, has a school ever been targeted or used during conflict by military or armed opposition groups, in last three years?	1 = Yes 2 = No 3 = I don't know
32.	If yes, how does it impact children schooling?	1 = Closure of schools 2 = Attending classes in alternative locations e.g. under trees, open space, etc. 3 = High drop-out rate 4 = High absence rate 5 = Having to endure harsh weather conditions due to inferior location 6 = Lack of basic learning materials 7 = No toilets 8 = Over-crowding classrooms of other schools 9 = Exposure to sexual harassment at the hands of AoG and/or Afghan government security forces 10 = Assassination of teachers/principals 11 = Others (Please specify)

Part F: Effects of Economic Hardship on Children

33.	Could you please tell us about whether your children are working or not, in the order of age? <i>Please collect information by Age order for all HH members below the age of 18 years</i>	NO	Working (Y/N)	What does she/he do? <i>Tick all that apply for each child</i>	How many hours per week?	Workplace challenges <i>(Tick all that apply for each child)</i>	Does school interfere with studies? (Y/N)	If yes, how? <i>(Tick all that apply for every child)</i>
		<input type="checkbox"/>						
		<input type="checkbox"/>						
		<input type="checkbox"/>						
		<input type="checkbox"/>						
		<input type="checkbox"/>						
		<input type="checkbox"/>						
		1 = Home-based carpet weaving 2 = Metal industry 3 = Mining industry 4 = Agriculture 5 = Street vendors 6 = Shoe shiners 7 = Others (specify)		1 = Dust 2 = Loud noises 3 = Extreme temperatures 4 = Insufficient ventilation 5 = Inadequate space 6 = Inadequate lighting 7 = Lifting heavy loads 8 = Chemical substances 9 = Dangerous/sharp tools 10 = Working at night 11 = Sexual harassment 12 = Bullying 13 = Lower than average pay 14 = Threats 15 = None of the above		1 = Feeling tired in classes 2 = Insufficient time for schooling 3 = Low grades 4 = Missing classes 5 = Cannot arrive on time to school 6 = Others (specify)		

Thank you very much for taking the time out to answer the survey questions.

THANK YOU

Endnotes

- ¹ United Nations General Assembly, *Annual Report of the Secretary-General on Children and Armed Conflict. S/2019/509* (20 June 2019): <https://undocs.org/s/2019/509>
- ² <https://unama.unmissions.org/civilian-deaths-afghan-conflict-2018-highest-recorded-level-%E2%80%93-un-report>
- ³ For the sake of this research, being personally impacted by conflict is defined as direct or indirect exposure of a child to conflict. Examples included child casualties, facing fighting or attack, loss of a family member, witnessing a conflict-related incident in the community, and others.
- ⁴ United Nations General Assembly, *Annual Report of the Secretary-General on Children and Armed Conflict. S/2019/509* (20 June 2019): <https://undocs.org/s/2019/509>
- ⁵ *Health Facilities Partially or Fully Damaged*. Ministry of Public Health. Internal document shared informally with the researchers. Dari title of document: *دولک ای و میسوق) مدش بیرخت ی حص زکارم*
- ⁶ Availability for the purpose of this research was defined as the existence of psychosocial counselling service provider(s) in the target areas. Availability of service providers does not necessarily mean that children and households have access to them, because accessibility depends on several factors, including geographical distance and affordability.
- ⁷ *List of Schools Targeted in the Conflict – Provincial Breakdown by Year*. Ministry of Education. Internal document shared informally with the researchers. Dari title of document: *دروم گنج رثالاب مک بتاکم دادخت لاس و نئیالو کیگفت بپ - تسرا مدش رضنتم ای متفرگ رارق طمخ*
- ⁸ Ibid.
- ⁹ United Nations General Assembly, *Annual Report of the Secretary-General on Children and Armed Conflict. S/2019/509* (20 June 2019): <https://undocs.org/s/2019/509>
- ¹⁰ UNOCHA Financial Tracking Service, <https://fts.unocha.org/appeals/512/summary>
- ¹¹ Population by Sex and Age Groups 2017–18, <http://cso.gov.af/en/page/demography-and-socile-statistics/demograph-statistics/3897111>
- ¹² The populations of police districts in Kabul vary, but the population figures are not publicly available, thus the sample sizes were calculated based on the total population of Kabul city (4,117,414) divided by the number of police districts (22), and assuming that all districts comprise roughly the same number of inhabitants.
- ¹³ 600 surveys divided by 9 districts = 66 households. Two settlements/villages were selected in each district, so that 33 families in each settlement/village could have been selected.
- ¹⁴ <https://www.longwarjournal.org/mapping-taliban-control-in-afghanistan>
- ¹⁵ <http://cso.gov.af/en/page/demography-and-socile-statistics/demograph-statistics/3897111>
- ¹⁶ https://dataviz.worldbank.org/views/2014PB92Final-Tabs/Education?%3Aembed=y&%3AshowShareOptions=true&%3Adisplay_count=no&%3AshowVizHome=no
- ¹⁷ https://dataviz.worldbank.org/views/2014PB92Final-Tabs/Health?%3Aembed=y&%3AshowShareOptions=true&%3Adisplay_count=no&%3AshowVizHome=no
- ¹⁸ https://dataviz.worldbank.org/views/2014PB92Final-Tabs/Gender?%3Aembed=y&%3AshowShareOptions=true&%3Adisplay_count=no&%3AshowVizHome=no
- ¹⁹ https://dataviz.worldbank.org/views/2014PB92Final-Tabs/Sectors of Employment?%3Aembed=y&%3AshowShareOptions=true&%3Adisplay_count=no&%3AshowVizHome=no
- ²⁰ <https://www.longwarjournal.org/mapping-taliban-control-in-afghanistan>
- ²¹ <http://cso.gov.af/en/page/demography-and-socile-statistics/demograph-statistics/3897111>
- ²² https://dataviz.worldbank.org/views/2014PB92Final-Tabs/Education?%3Aembed=y&%3AshowShareOptions=true&%3Adisplay_count=no&%3AshowVizHome=no
- ²³ https://dataviz.worldbank.org/views/2014PB92Final-Tabs/Health?%3Aembed=y&%3AshowShareOptions=true&%3Adisplay_count=no&%3AshowVizHome=no
- ²⁴ https://dataviz.worldbank.org/views/2014PB92Final-Tabs/Gender?%3Aembed=y&%3AshowShareOptions=true&%3Adisplay_count=no&%3AshowVizHome=no
- ²⁵ https://dataviz.worldbank.org/views/2014PB92Final-Tabs/Sectors of Employment?%3Aembed=y&%3AshowShareOptions=true&%3Adisplay_count=no&%3AshowVizHome=no
- ²⁶ <https://www.ecoi.net/en/document/1458001.html>
- ²⁷ <http://cso.gov.af/en/page/demography-and-socile-statistics/demograph-statistics/3897111>
- ²⁸ https://dataviz.worldbank.org/views/2014PB92Final-Tabs/Education?%3Aembed=y&%3AshowShareOptions=true&%3Adisplay_count=no&%3AshowVizHome=no
- ²⁹ https://dataviz.worldbank.org/views/2014PB92Final-Tabs/Health?%3Aembed=y&%3AshowShareOptions=true&%3Adisplay_count=no&%3AshowVizHome=no
- ³⁰ https://dataviz.worldbank.org/views/2014PB92Final-Tabs/Gender?%3Aembed=y&%3AshowShareOptions=true&%3Adisplay_count=no&%3AshowVizHome=no
- ³¹ https://dataviz.worldbank.org/views/2014PB92Final-Tabs/Sectors of Employment?%3Aembed=y&%3AshowShareOptions=true&%3Adisplay_count=no&%3AshowVizHome=no
- ³² <https://www.ecoi.net/en/document/1458001.html>
- ³³ <http://cso.gov.af/en/page/demography-and-socile-statistics/demograph-statistics/3897111>
- ³⁴ https://dataviz.worldbank.org/views/2014PB92Final-Tabs/Education?%3Aembed=y&%3AshowShareOptions=true&%3Adisplay_count=no&%3AshowVizHome=no
- ³⁵ https://dataviz.worldbank.org/views/2014PB92Final-Tabs/Health?%3Aembed=y&%3AshowShareOptions=true&%3Adisplay_count=no&%3AshowVizHome=no
- ³⁶ https://dataviz.worldbank.org/views/2014PB92Final-Tabs/Gender?%3Aembed=y&%3AshowShareOptions=true&%3Adisplay_count=no&%3AshowVizHome=no
- ³⁷ https://dataviz.worldbank.org/views/2014PB92Final-Tabs/Sectors of Employment?%3Aembed=y&%3AshowShareOptions=true&%3Adisplay_count=no&%3AshowVizHome=no
- ³⁸ <http://cso.gov.af/en/page/demography-and-socile-statistics/demograph-statistics/3897111>
- ³⁹ Mean refers to the average used to determine the central tendency in a dataset. It is calculated by totalling all the data points (in this case respondents' age) from the surveyed population and dividing it by the total number of respondents (600 in this case).
- ⁴⁰ Median refers to the middle value in a dataset that has been arranged in order from smallest to largest.
- ⁴¹ <http://www.unesco.org/new/en/kabul/education/youth-and-adult-education/enhancement-of-literacy-in-afghanistan-iii/>
- ⁴² 1 USD = AFN 77.5
- ⁴³ <http://www.worldbank.org/en/topic/poverty/brief/global-poverty-line-faq>
- ⁴⁴ <https://openknowledge.worldbank.org/bitstream/handle/10986/30293/129163-REVISED-AFG-Development-Update-Aug-2018-FINAL.pdf?sequence=1&isAllowed=y>
- ⁴⁵ *Report on the Protection of Civilians in Armed Conflict 2018*: https://unama.unmissions.org/sites/default/files/2019_report_of_the_secretary-general_on_protection_of_civilians_in_armed_conflict.pdf
- ⁴⁶ Ibid.
- ⁴⁷ *The situation in Afghanistan and its implications for international peace and security. Report of the Secretary General 2019*. United Nations.

- ⁴⁸ *Quarterly Report on the Protection of Civilians in Armed Conflict: 1 January to 31 March 2019*. UNAMA: https://unama.unmissions.org/sites/default/files/unama_protection_of_civilians_in_armed_conflict_-_first_quarter_report_2019_english_.pdf
- ⁴⁹ Ibid.
- ⁵⁰ Art. 51 Protocols Additional of Geneva Convention: https://www.icrc.org/en/doc/assets/files/other/icrc_002_0321.pdf
- ⁵¹ 'Hague Court Abandons Afghanistan War Crimes Inquiry'. *New York Times*. 2019. <https://www.nytimes.com/2019/04/12/world/asia/icc-afghanistan.html>
- ⁵² <https://www.stripes.com/news/the-us-has-dropped-more-munitions-in-2018-in-afghanistan-than-it-has-in-any-year-in-over-a-decade-1.558577>
- ⁵³ *Ending Physical and Humiliating Punishment of Children: Manual for Action*. Save the Children. 2005. <https://resourcecentre.savethechildren.net/node/2488/pdf/2488.pdf>
- ⁵⁴ <https://www.nytimes.com/2019/01/16/world/asia/kabul-crime-terror-afghanistan.html>
- ⁵⁵ UNICEF define Bacha Bazi as "the harmful tradition of a local man, of position and power, keeping one or more boys typically between 10–18 years old, for the purpose of sexual exploitation." [https://www.unicef.nl/files/Child%20Notice_Afghanistan%20EN%20\(2018\)%20FINAL.pdf](https://www.unicef.nl/files/Child%20Notice_Afghanistan%20EN%20(2018)%20FINAL.pdf)
- ⁵⁶ *Health Facilities Partially or Fully Damaged*. Ministry of Public Health. Internal document shared informally with the researchers. Dari title of document: ښارونکي او ولسوالۍ (د ښارونکي او ولسوالۍ د زکارم)
- ⁵⁷ Interview with official from MoE.
- ⁵⁸ https://www.protectingeducation.org/sites/default/files/documents/eua2018_afghanistan.pdf
- ⁵⁹ *List of Schools Targeted in the Conflict – Provincial Breakdown by Year*. Ministry of Education. Internal document shared informally with the researchers. Dari title of document: دروم گنج رښالاب مک بیتاکم دادخت: لاس و تڼوالو کي کفیت هب - نسا هدش رضیتم ای متفرگ رارق طلمح
- ⁶⁰ *Number of School Staff Killed or Injured in the Conflict*. Ministry of Education. Internal document shared informally with researchers. Dari title: نسا هدش یمخز ای متشک گنج مک بیتاکم نانکراک دادخت
- ⁶¹ <https://www.google.com/search?q=Afghanistan+Labor+LAw&ie=utf-8&oe=utf-8&client=firefox-b-ab#>
- ⁶² <https://www.ilo.org/ipecc/facts/lang--en/index.htm>
- ⁶³ Protection Risks. UNCHR. <https://emergency.unhcr.org/entry/43381/child-protection>
- ⁶⁴ Interview with official from MoPH.
- ⁶⁵ Ibid.
- ⁶⁶ Ibid.
- ⁶⁷ Interview with WCC representative.
- ⁶⁸ Interview with official from MoE.
- ⁶⁹ Tauson and Stannard, 2018. <https://resourcecentre.savethechildren.net/library/edtech-learning-emergencies-and-displaced-settings-rigorous-review-and-narrative-synthesis>
- ⁷⁰ Van der Kolk, 2015. *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma*, Penguin Books; Reprint edition, September 8, 2015
- ⁷¹ Wahaj et al, 2017.
- ⁷² Financial Tracking Service. UNOCHA. <https://fts.unocha.org/countries/1/summary/2019>
- ⁷³ Ibid.
- ⁷⁴ Since the beginning of 2019, CAF's staff numbers have been reduced from 1,794 to 605.
- ⁷⁵ Interview with SCA representative.
- ⁷⁶ Interview with AADA representative.
- ⁷⁷ Interview with Wadan representative.
- ⁷⁸ Interview with AHDS representative.
- ⁷⁹ Interview with SCA representative.
- ⁸⁰ Interview with AHDS representative.
- ⁸¹ Interview with CAF representative.
- ⁸² Interview with AHDS representative.
- ⁸³ Interview with UNICEF official.
- ⁸⁴ Interview with AADA representative.
- ⁸⁵ Interview with UNICEF official.
- ⁸⁶ Ibid.
- ⁸⁷ Interview with IOM officer.
- ⁸⁸ Interview with UNHCR officer.
- ⁸⁹ Interview with UNICEF official.
- ⁹⁰ Interview with IOM officer.
- ⁹¹ Ibid.
- ⁹² *Minimum Standards for Child Protection in Humanitarian Action*, Child Protection Working Group, 2012.
- ⁹³ Interview with Wadan representative.
- ⁹⁴ Interview with AHDS representative.
- ⁹⁵ Interview with TdH representative.
- ⁹⁶ Interview with AHDS representative.
- ⁹⁷ Interview with AADA representative.
- ⁹⁸ Interview with Wadan representative.
- ⁹⁹ Ibid.
- ¹⁰⁰ Interview with TdH representative.
- ¹⁰¹ Interview with CAF representative.
- ¹⁰² Interview with Wadan representative.
- ¹⁰³ Provincial Department of Education, Faryab.
- ¹⁰⁴ Interview with MoPH official.
- ¹⁰⁵ Ibid
- ¹⁰⁶ Interview with UNICEF official.
- ¹⁰⁷ Interview with TdH representative.
- ¹⁰⁸ United Nations Convention on the Rights of the Child.
- ¹⁰⁹ Interview with Wadan representative.
- ¹¹⁰ Interview with AHDS representative.
- ¹¹¹ Law on Protection of Child Rights. Official Gazette: <https://www.unicef.org/afghanistan/reports/law-protection-child-rights>
- ¹¹² The CRAF is an advocacy network of child rights-based NGOs established in July 2012 and committed to longstanding child rights joint advocacy engagement. CRAF is comprised of 25 NGOs and is chaired by Save the Children in Afghanistan.
- ¹¹³ Afghanistan Officially Launches Child Protection. 2019. Outlook Afghanistan. http://www.outlookafghanistan.net/national_detail.php?post_id=23542
- ¹¹⁴ *National Strategy for Children at Risk*. 2004. Ministry of Labor and Social Works, Martyrs and Disabled.
- ¹¹⁵ "They Bear All the Pain – Hazardous Child Labour in Afghanistan". 2016. Human Rights Watch: <https://www.hrw.org/report/2016/07/14/they-bear-all-pain/hazardous-child-labor-afghanistan>
- ¹¹⁶ <http://moj.gov.af/en/news/1383>
- ¹¹⁷ Interview with AHDS representative.
- ¹¹⁸ Interview with CAF representative.
- ¹¹⁹ Interview with AADA representative.
- ¹²⁰ Interview with AHDS representative.
- ¹²¹ Ibid.
- ¹²² Interview with CAF representative.
- ¹²³ Interview with SCA representative.
- ¹²⁴ Inter Agency Guidelines for Case Management and Child Protection.
- ¹²⁵ Interview with IOM officer.
- ¹²⁶ Refers to the categories of donors, NGOs and government agencies.
- ¹²⁷ Interview with UNICEF official.
- ¹²⁸ Interview with CAF representative.
- ¹²⁹ Interview with MoE official.
- ¹³⁰ Interview with IOM officer.
- ¹³¹ Interview with CAF representative.
- ¹³² Interview with TdH representative.
- ¹³³ Interview with AHDS representative.
- ¹³⁴ Interview with Wadan representative.
- ¹³⁵ Interview with MoPH official.
- ¹³⁶ *Evaluation of Afghanistan's Child Protection Action Network*. Sayara Research. https://www.unicef.org/evaldatabase/files/CPAN_Evaluation-6-15.pdf
- ¹³⁷ *Safe Schools Declaration*. Global Coalition to Protect Education from Attack (GCPEA): https://www.regjeringen.no/globalassets/departementene/ud/vedlegg/utvikling/safe_schools_declaration.pdf
- ¹³⁸ *Guidelines for Protecting Schools and Universities from Military Use during Armed Conflict*: http://protectingeducation.org/sites/default/files/documents/guidelines_en.pdf
- ¹³⁹ "No schools to be used as polling stations: MoE". *Afghanistan Times*: <http://www.afghanistantimes.af/no-schools-to-be-used-as-polling-stations-moe/>
- ¹⁴⁰ Interview with AHDS representative.

AFRAID TO GO OUTSIDE

The impact of conflict on children in Afghanistan

Save the Children in Afghanistan commissioned ARM Consulting to assess the impact of conflict in exacerbating child protection issues affecting children in Afghanistan. The study explores:

- How children are affected by conflict, in particular within the research areas;
- What can be done to effectively protect them;
- The gaps in and barriers to provision of services to children in or affected by conflict;
- How these can be mitigated and overcome;
- The government's capacity to respond to the child protection needs of children in conflict.

Data collection activities were undertaken in selected districts of Kabul, Balkh, Faryab and Sar-e-Pul provinces, followed by extensive analysis. Both qualitative and quantitative methodologies were used. 30 key informants were interviewed, including relevant government officials and development partners. In addition, eight focus group discussions were held with children in the surveyed provinces. Quantitative data was collected through structured interviews with 600 parents and 90 children.

The report reaches a number of conclusions regarding how conflict affects children in Afghanistan, and specifically in the four researched provinces:

- Direct and indirect exposure to conflict exact a considerable mental health toll on children.
- Conflict-induced insecurity continues to pose an acute threat to their lives and physical well-being.
- The accessibility to and quality of health services, particularly for children, is a concern.
- The impact of conflict on children's access to education is apparent.
- The severity of economic hardship endured by families forces parents to let their children work.

Findings from the study will inform Save the Children's programming and advocacy initiatives for the period 2019–21 on how to best protect children in or affected by conflict in Afghanistan. It is hoped that the study's findings will also influence government policies and decisions for the protection of conflict-affected children.