

ABOUT THIS REPORT

The spotlight on social impact in Afghanistan is a recurring report released every four months that aims to enrich understanding of both current and expected challenges with the potential for significant social impact on Afghans in the near future.

Social impact is broadly defined as the effect of an action (or lack thereof), policy, or event on people and communities. This edition of the spotlight on social impact (March–June 2024) focuses on the following three themes: the effect of the poppy cultivation ban on farmers' livelihoods, the availability of maternal health care in rural areas, and the ending of the pension system for government employees.

Methodology

This report is largely based on ACAPS's core methodology of secondary data review supported by key information interviews (KIIs). Secondary data sources include assessments and response reports by humanitarian organisations, publicly available reports by the Interim Taliban Authorities (ITA) and the previous Afghan Republic Government, and national and international media.

In total, ACAPS conducted nine KIIs on the three themes. Experts interviewed include poppy farmers in Badakhshan and Helmand provinces who had to stop cultivating poppies, a member of the Afghanistan Health Cluster, an INGO health and social expert, a health expert in Ghazni province, and current government employees with various durations in government service.

Limitations

Data and information on social impact in these three themes come from a limited number of sources, of varying scope and quality.

Following the 2022 ban on poppy cultivation, poppy cultivation and trade have become illicit activities. As such, information from those involved is sensitive. Recent poppy eradication events in Badakhshan province – two years after the ITA announced the ban – triggered this

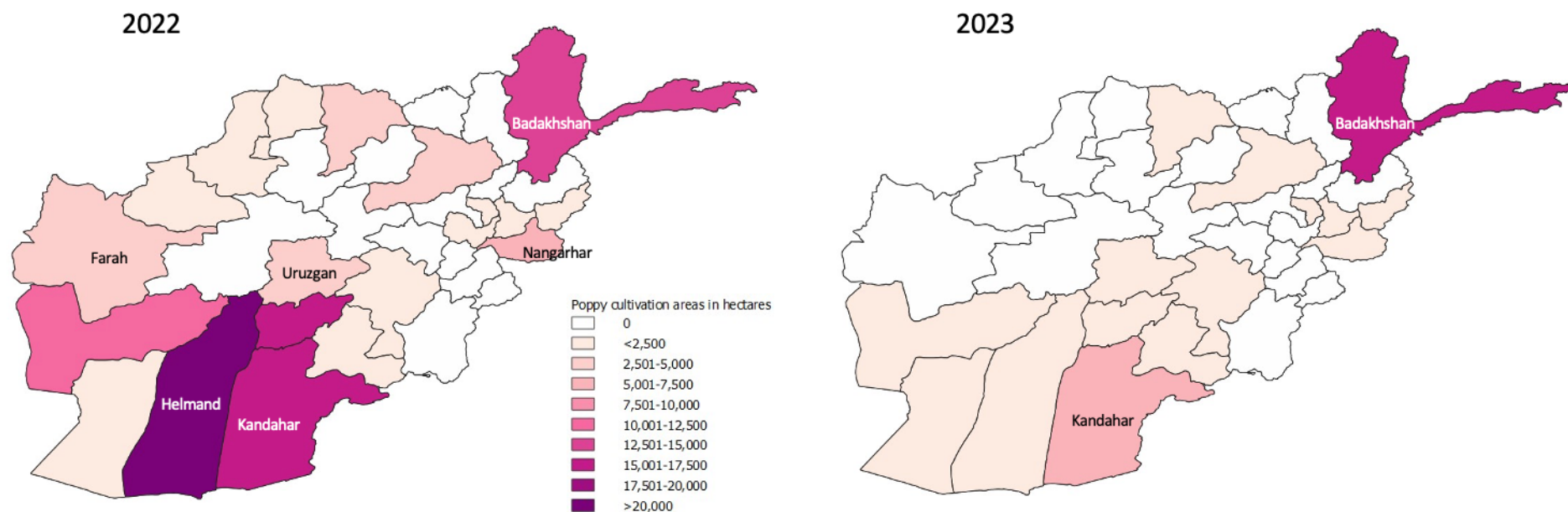
report's focus on the social impacts of the ban. Appraisal of the ban's impacts across the country, other than anecdotal evidence, is scarce. While information ACAPS obtained from a small number of KIIs and secondary sources on Badakhshan are not representative, the social impact findings may also reflect experiences in other parts of the country where the ban is in force.

Maternal and infant mortality rates are indicators of challenges to maternal healthcare provision, but data on these indicators' trends in Afghanistan have not been available since 2021. Figures presented here are based on data of births in health facilities only, even though at least 30% of births are home births. Quantitative data from secondary sources on health issues, disability, the effects of gender norms, and protection issues in families are also not representative, limiting analysis of the social impacts of maternal healthcare challenges. Cultural sensitivities prevented interviews with pregnant women and young mothers in rural areas, and so their experiences are not included in this report. While the number of KIIs and other anecdotal evidence from secondary sources is small and not representative, they do provide indications of challenges to maternal healthcare provision in remote rural areas.

Analysis of the pension system is largely based on KIIs, qualitative information from policy documents on government employee pensions, and national media. KIIs and limited anecdotal evidence from secondary sources cannot provide a representative picture of the social impacts of ending the pension system. Government employees do not yet know whether they will receive a pension or lump sum based on their previous contributions, as the ITA has made no further announcements on the issue. Hence, the government employees that spoke with ACAPS could only speculate on the social impacts in their particular case. Quantitative data on the livelihood situation of current government employees, employment figures, and whether pensions are enough to cover pensioners' daily needs are also not available, making it difficult to triangulate qualitative information and anecdotal evidence.

THEME 1: EFFECTS OF THE BAN ON POPPY CULTIVATION ON FARMERS' LIVELIHOODS

Map 1. Poppy cultivation areas in hectares by province in 2022 and 2023



Source: ACAPS using data from Alcis (02/11/2023)

In May 2024, violence erupted in Badakhshan province after the ITA conducted a poppy field eradication campaign. Community members were injured and at least two were killed (KII 12/06/2024; VOA 05/05/2024; ACAPS 12/06/2024). Following the deaths, several days of demonstrations ensued until an agreement was reached that effectively allowed farmers to harvest most of their crops, despite the eradication campaign (Alcis 25/07/2024). These eradication campaigns are implementing the poppy cultivation ban decreed by the ITA on 3 April 2022, which stated that poppy crops would be burnt and farmers punished according to Shari'a law if they continued growing poppies. The ban also covers the use, transportation, trade, export, and import of all types of narcotics in Afghanistan (IEA 03/04/2022). As a result of the ban, opium production has declined by almost 95%, from 6,200 tons in 2022 to 333 tons in 2023 (UNODC 11/2023). In 2023, the size of Afghanistan's poppy cultivation areas reduced by 86% compared to 2022 (VOA 27/06/2024). In Helmand, the main poppy cultivation province, poppy cultivation areas decreased from nearly 130,000 hectares in 2022 to less than 1,000 hectares in 2023, and there are indications of further decreases in 2024 across the country (Alcis 02/11/2023 and 25/07/2024). The ban was not strictly enforced in Badakhshan province

during 2022 or 2023, however, and, as a result, poppy cultivation areas in the province increased in these years (SIGAR 30/04/2024; Alcis 06/06/2023 and 29/09/2023) (see Map 1).

Farmers in Badakhshan province continue to grow poppies, as the ban does not appear to be as stringently enforced there as in other areas, likely because the ITA has less influence in remote mountainous regions such as Badakhshan (TOLOnews 18/05/2024). In 2024, while the ITA has felt the need to implement a robust eradication campaign, there is also risk of continued unrest as a result, as such campaigns threaten farmers' livelihoods, as well as the potential to increase support for armed opposition groups in the province (Alcis 25/07/2024). In mountainous areas, such as Badakhshan, most farmers are smallholders, owning only a quarter-half a hectare on average. With only one cropping season a year and such small areas of land, farmers are unable to grow sufficient food to feed their families. As for many smallholders of rain-fed land, few alternative crops are viable, and none provide the return of opium poppy. For many farmers, the need for income outweighs the risk of crop eradication. The scale-up of poppy eradication operations in Badakhshan has hit many

of these small-scale farmers and sharecroppers, who have no viable crop alternatives (KII 09/06/2024; KII 12/06/2024; Pain 04/06/2023; Alcis 18/04/2024; TOLONews 22/06/2024). Such farmers likely have to sell their entire poppy crop each year to generate sufficient income; they cannot store stock to sell at a later date (UNODC 11/2023; KII 09/06/2024). Those who have opium paste stocks are wealthier farmers, predominantly in the south of the country, where poppies were previously cultivated on large landholdings, and traders who have benefited from the ban, as prices reached a 20-year peak (AAN 14/03/2024).

Despite the ban, the opium trade has continued across the country, facilitating continued poppy cultivation in Badakhshan and other remote areas, as there continues to be a market for the crop (Alcis 18/04/2024). Networks involved in the opium trade for the past 20 years have mostly shifted from the south to areas further north, such as Badakhshan. Adequate security in these remote provinces is low, also creating space for illicit trade activities, such as smuggling (KII 09/06/2024; KII 12/06/2024; SOC ACE 20/11/2023).

Badakhshan is unique in its resistance to poppy eradication campaigns and ITA compromises made to quell communal unrest, but poppy cultivation has not only continued in Badakhshan. Crop mapping of the 14 provinces responsible for 92% of Afghanistan's poppy cultivation in 2022 shows that overall cultivation areas have fallen to less than 4,000 hectares in 2024 in these provinces, not including Badakhshan (Alcis 25/07/2024). Still, on a much reduced scale, poppy cultivation continues in 2024 in other provinces (VOA 27/06/2024). The extent of the ban's enforcement and impact on farmers and communities in these other provinces is not known.

Social impact of the poppy cultivation ban

Former poppy smallholders and sharecroppers engage in potentially harmful coping mechanisms to mitigate the lack of income from poppy cultivation. Other employment options are scarce in regions such as Badakhshan, and the poppy ban has contributed to the country's increasing unemployment rate, which was close to 20% in 2023 (FES 04/2024). While no official unemployment figures for Badakhshan are available, anecdotal evidence points to already high unemployment rates in the province (Alcis 29/09/2023; Hasht e Subh Daily 17/06/2024). Over the past two decades, households in Badakhshan with limited land relied heavily on enlistment in the Afghanistan National Army, as well as on remittances from family members in Iran, to supplement farming income (Alcis 29/09/2023). Many former poppy farming households have experienced a decline in their ability to buy food, repay debts, and afford medical care (UNDOC 11/2023). There are concerns that, in households facing a deteriorating economic situation, potential coping mechanisms may include marrying off daughters at a very young age and taking children out of school (KII 12/06/2024; Time 17/07/2023). Many

farmers fear they will have to sell everything they own and seek work elsewhere, likely in a city, as rural areas offer limited employment opportunities (KII 12/06/2024). Affected farmers also spoke of sending family members to Iran and European countries in search of work (KII 12/06/2024; AAN 14/03/2024).

The ban on poppy cultivation has health and psychological effects on those whose incomes have been lost as a result. The impact on livelihoods is creating significant health challenges for affected farmers. Uncertainty and changes to economic circumstances have contributed to stress, anxiety, and other psychological problems (KII 09/06/2024; AA 14/03/2024). Despite the reduction in poppy cultivation, domestic drug addiction rates remain high, at close to 10%. Afghanistan has long struggled with high addiction rates, and the UNDP reported in June 2024 that Afghanistan has one of the highest rates of opiate use in the world, with an estimated 4 million users (UNDP X 26/06/2024). Since the ban, some who previously worked in the poppy business appear to be resorting to drug use to cope with their deepening poverty (UNDP 01/07/2024). Alongside health issues, drug use causes an increase in domestic violence and further financial strain on households, as money is borrowed to finance drug use (UNDOC 04/2014).

Communities in Badakhshan have been strained by poppy eradication campaigns. The ITA's destruction of poppies has brought unrest to communities and is likely seeding more resentment against and feelings of abandonment towards the ITA (KII 12/06/2024). In remote areas such as Badakhshan province, where jobs are scarce and geography and the small size of land holdings limit the types of crops that can be grown, the ban appears fragile and will likely cause further unrest and political and social tensions (Alcis 25/07/2024). Communities also feel that the destruction of poppies is disrespectful of local culture, as the ITA conducted its campaign without talking to village elders or informing villagers (VOA 27/06/2024). Discontent is further fuelled by poppy eradication teams' sparing the poppies of ITA affiliates and eradicating those of non-affiliates (Independent Persian 13/5/2023).

THEME 2: CHALLENGES TO MATERNAL HEALTHCARE IN RURAL AREAS

Maternal health refers to women's health during pregnancy, childbirth, and in the postnatal period (WHO accessed 30/05/2024). The lack of timely, quality maternal healthcare in Afghanistan continues to contribute to high maternal and neonatal mortality rates, negative maternal health outcomes (including for newborns), and a high number of newborns with disabilities, especially in rural areas.

Over the past two decades, prior to 2021, Afghanistan had significantly reduced its high maternal and neonatal mortality rates. Maternal mortality decreased from 1,273 per 100,000 live births in 2001 to 620 in 2020 (WB accessed 01/06/2024). While there have been no reliable assessments since, it is believed that maternal mortality has increased since 2021 (Johns Hopkins 30/10/2022; RFE/RL 20/05/2023). In 2022, the baseline neonatal mortality rate was 36 per 1,000 live births, down from 62 in 2001 (WB accessed 01/06/2024). Prematurity was the highest recorded cause of neonatal mortality in Afghanistan in 2022, followed by birth asphyxia/trauma, an irreversible event that occurs when the brain is deprived of oxygen for an extended time, causing lifelong disabilities if the child survives (Save the Children accessed 01/06/2024). Pre-2021, international funding and technical support had equipped the health system to conduct interventions more effectively, with the availability of midwives in more health centres playing a crucial role in improving the lives of mothers and babies (UNFPA 05/2024; UNICEF 12/12/2023). Both maternal and neonatal mortality rates in Afghanistan remain among the highest in the world.

By 2020, according to UNICEF, around 62% of births in Afghanistan were attended by a skilled health professional, however figures distinguishing between rural and urban areas are not available (UNICEF accessed 01/08/2024). On the 2024 International Day of the Midwife, 5 May, the midwife shortage in rural Afghanistan was highlighted as compounding maternal health challenges (AMU 05/05/2024). While there is no shortage of trained midwives, there is a need to provide employment opportunities and absorb trained midwives into the job market, specifically in rural and inaccessible areas that lack health facilities and where the provision of midwives has declined, as the health workforce remains overly concentrated in large urban areas (UNFPA 05/2023; MoPH 09/2016; UNFPA 05/2023; SWN 12/11/2023).

Despite the availability of trained midwives, their employment in and deployment to rural areas is hindered by Mahram requirements and safety concerns stemming from increasingly restrictive gender norms that pose obstacles for women health workers, especially in rural areas (Care/UN Women 10/12/2023). Female healthcare staff are routinely harassed and threatened with violence while attempting to carry out their work, including harsh interrogations at checkpoints about their dress, job, or lack of a Mahram, which female healthcare professionals also require when they go to work (Insecurity Insight/Safeguarding Health in Conflict 22/05/2024; Johns Hopkins 30/10/2022). The need for a Mahram significantly

hinders female healthcare professionals' work, preventing those without a Mahram (or those whose Mahram cannot accompany them for their entire shift) from fulfilling their role (Care/UN Women 10/12/2023).

The Mahram requirement also increases costs for clinics, as the guardian must be paid for food and transport (HRW 12/02/2024). Accommodation challenges also impede midwives and female healthcare staff from taking up employment in rural areas away from their homes, as there are very few houses for rent in rural areas (KII 09/06/2024).

The lack of midwives in rural health facilities means that women are increasingly opting to give birth at home, without the presence of a skilled health professional (MSF 06/02/2023). According to UNICEF, one-third of women give birth outside of a health facility in Afghanistan (UNICEF 15/07/2024). This rate is potentially as high as 80% in remote areas (AJ 27/12/2023). The choice to give birth at home is compounded by financial constraints, which leave many families unable to pay for the delivery and means that women who previously went to public sector hospitals are now giving birth at home (AJ 27/12/2023).

Social impact of maternal healthcare challenges

Maternal deaths or negative maternal health outcomes have a social impact on the family. According to Afghanistan's social norms, women and girls are expected to limit themselves to reproductive roles, caring for and maintaining the family through domestic tasks, childbearing, and caregiving (UN Women 04/06/2024; Care/UN Women 10/12/2023). When a mother dies or becomes incapacitated from a childbirth injury, this has a profound impact on family dynamics, affecting children first and foremost, especially if she was the primary caregiver. Both boys and girls are often thrust into roles for which they are not ready. At a young age, girls often find themselves becoming cleaners, cooks, and caregivers for the family's younger children, while boys typically take on some of their mother's outdoor work responsibilities, such as water fetching. This shift, and the dual pressures of household chores and early responsibilities, can force girls to drop out of school (KII 20/06/2024).

Children with disabilities affect the socioeconomic conditions and dynamics of a household. Poor maternal health, along with war injuries and disabilities unrelated to war, contribute to Afghanistan having one of the largest populations of people with disabilities in the world. At least one in five Afghan households include an adult or child with a serious physical, sensory, intellectual, or psychosocial disability (HRW 28/04/2020 and 12/02/2024). While there are no figures available on disability caused by birth defects and mother malnutrition, the 2019 Model Disability Survey describes these rates as 'high' in Afghanistan (The Asia Foundation 13/05/2020). In all cases of disability, independent of the cause, families with better economic resources or strong religious beliefs often dedicate significant attention and resources to children with

disabilities, with a mix of over-protectiveness and shame related to the child (KII 20/06/2024; Altai Consulting 10/2004). Economic constraints and the societal perception that ‘investing in a child with disabilities is a waste of resources’ mean that many children with disabilities do not receive adequate support (KII 20/06/2024). While Afghan society sometimes views these families with sympathy, there can also be a tendency to perceive the mother as responsible for the disability, adding to her psychological burden (Altai Consulting 10/2004; KII 20/06/2024). Women are the main caregivers for children and family members with disabilities. Restrictive gender norms and the Mahram requirement, however, mean that women lack access to aid and services, which directly affects the access of those with disabilities in women’s care. Households with at least one member with a disability have also been found to have higher costs and a greater reliance on coping strategies with potentially negative consequences, such as child labour and early marriage (Care/UN Women 10/12/2023; GTS 30/06/2023).

Negative maternal health outcomes may affect family and community cohesion. The risk of unattended childbirth injuries – such as obstetric fistula, a traumatic childbirth injury that nearly always results in a stillborn baby and, if left untreated, can lead to chronic medical problems – is high. Women and girls with a fistula are often unable to work, and many are abandoned by their husbands, families, and communities, driving them further into poverty and decreasing their quality of life (UNFPA 05/2024; UNFPA accessed 15/06/2024). The impacts of other negative maternal health outcomes in Afghanistan are less researched, but the prevalence of postpartum depression and anxiety has been documented, the social impact of which requires further research (Sharifzade et al. 30/11/2022; Jamizada 10/01/2024; Newbrander et al 05/09/2013).

The availability and quality of maternal health services in Afghanistan, specifically in rural areas, may be compromised by a lack of qualified female healthcare professionals in the future, risking any gains made in improving maternal and infant mortality rates (Context 08/08/2023; KII 09/06/2024; ACAPS 01/12/2023). Under the ITA, girls and young women in Afghanistan are denied access to secondary education, a pre-requisite for training and qualifying as a medical professional, including midwifery (UNFPA 05/2023). While female healthcare professionals are not affected by the ITA ban on women’s work, which came into effect in December 2022, their future employment in health services is uncertain, as the ban on secondary and university education means that young girls cannot at present study for a career in a medical profession (Context 08/08/2023; UNHCR 25/10/2023; HRW 12/02/2024). In 2023, the ITA made several decisions around women’s access to higher education, effectively blocking women’s access to advanced studies, including in the medical field. This ultimately prevents women from offering specialised services to patients in the future, including maternal healthcare (ACAPS 01/12/2023). Given current restrictions on female midwives and the anticipated reduction in newly qualified midwives, it may be expected that maternal healthcare across rural Afghanistan will continue to reduce year-on-year, increasing maternal deaths, infant mortality, and the number of children with disabilities, aggravating the above social impacts.

THEME 3: ENDING THE PENSION SYSTEM FOR GOVERNMENT EMPLOYEES



On 3 April 2024, the Ministry of Finance announced it would stop deducting pension contributions from government employees’ civil service and military salaries. The measure came into effect at the start of the 2024/25 fiscal year, with the first contribution-free month being Hamal (21 March to 21 April 2024) (Pahjwok 26/05/2024; AAN 22/05/2024; AMU 03/04/2024). Government pensions were one of the last remaining social protection mechanisms in Afghanistan, with the other being financial support for the widows of martyrs, orphans, and people with disabilities, for which, by January 2024, 600,000 people were registered (TOLONews 19/01/2024; MMD 06/09/2010; SWN 09/05/2024). The Government is the largest employer in Afghanistan, and the new decree will affect roughly 407,000 people (and their families) employed in government service (NSIA 07/2023). The pension scheme was introduced under King Zahir, who reigned from 1933–1973, although the exact year of the pension scheme’s start is not verifiable. Since 2004, government employees’ pension entitlement has been enshrined in the country’s constitution (KII 25/07/2024; MoCI 2004). The law ensured that government employees in Afghanistan received their pension at age 65 (civil servants), age 52–62 (military personnel, depending on their rank and years of service), or after 40 years of service (ILO 18/08/2014; SSA 05/2024). The pension government employees received after retirement, according to the now-abolished pension scheme, depended on years of service and last salary (MoF 22/02/2021). The formula for calculating pensions is indicated in Figure 1.

While there are no assessments of the extent to which government pensions sufficiently cover the needs of retirees, their families, and any additional expenses, such as healthcare costs, anecdotal evidence from both male and female retirees shows that pensions had been a significant source of income after retirement (ACAPS 26/03/2023; AAN 22/05/2024).

To finance the pension programme, public sector employees used to contribute either 8% (for civil servants) or 5% (for security personnel) of their monthly earnings, and the Government contributed either 8% (for civil servants) or 11% (for security personnel) of their monthly payroll (SSA 05/2024). During the Afghan Republic, international donors largely funded the government budget, including pension payments to retirees, but this financing is no longer available (AAN 22/05/2024). Upon taking control in 2021, the ITA halted all pension payments to retired government employees, and retirees have been protesting this without success ever since (AAN 22/05/2024; TOLONews 03/07/2024). Unlike the previous Government, the ITA does not disclose its budget plans, which would reveal whether there is money to make pension payouts for the 1403 fiscal year (March 2024 to March 2025).

Until the change, government employees were the only employees in Afghanistan who received pensions based on deductions from their salaries (KII 04/06/2024; AAN 22/05/2024). Private sector employees in Afghanistan have never had pensions, but may qualify for an end-of-service benefit under a law passed by the Republic Government in 2019 (TOLONews

Figure 1: Formula for pension payout for government employees in Afghanistan

EMPLOYMENT TYPE		< 5 Years	5–10 Years	10+ Years
 CIVIL GOVERNMENT EMPLOYEE		2 months of latest salary for each year of service	2.5 months of latest salary for each year of service	40% of salary with a 2% increment per year
 MILITARY GOVERNMENT EMPLOYEE		2 months of latest salary for each year of service	3 months of latest salary for each year of service	40% of salary with a 2.35% increment per year

Source: ACAPS using data from MoF (22/02/2021)

02/12/2019). If private sector employees retire at the age of 65, the standard retirement age, their employers must pay ten months of their last monthly salary as a lump sum (SSA 05/2024). It is unknown to what extent this pension scheme has been implemented by the private sector. Other than the potential lump sum payment, private sector employees continue to rely on the family safety net in retirement, usually in the form of their sons' income and income from inherited business activities (KII 09/06/2024).

Social impact of ending the pension system

One of current government employees' main concerns is that years of deductions will effectively be lost, creating a gap in financial security in retirement, which needs to be mitigated. Employees nearing retirement age who have made many years of contributions likely stand to receive nothing or, in the best-case scenario, only part of their entitlement. Like other elderly people, illness or advanced age may mean that government retirees are unable to do other work, and those who are able may find it difficult to secure even menial jobs, as competition is high (RFE/RL 04/06/2024). Older government employees will have to rely on their extended family to provide adequate support at relatively short notice, making it more challenging for retirees and those supporting them to maintain their current standard of living

and financial stability. This places an added burden on families and can potentially cause negative reactions, including mistreatment and violence (ACAPS 26/06/2023; KII 05/06/2024; KII 09/06/2024). The cessation of pension payments can also lead to poverty and exclusion (ACAPS 26/06/2023).

Mid-career employees will likely seek alternative sources of income alongside their government salaries, such as street vending, agricultural activities, or working for small businesses (KII 05/06/2024). Among those who joined government service more recently, there is high motivation to look for another full-time job, outside government service (KII 09/06/2024). This search will be increasingly difficult for younger government employees, even those educated and experienced, as younger people seem to have difficulties finding employment in the current economic climate (SWN 11/05/2024; TOLONews 08/05/2024).

The ending of the pension programme decreases job satisfaction. Government jobs used to be highly sought after in Afghanistan and government employees were very motivated to retain their jobs, as there is little job security and no prospect of a reliable income or pension in other sectors (Alemi 02/2014; KII 05/06/2024). The non-payment of pensions since 2021 has likely already created distrust in pension security. Together with the official ending of the pension system, this situation may lead to frustration and disillusionment among government employees, as the prospect of pension entitlement and security is gone (KII 09/06/2024).

“As I am approaching retirement at the age of 62, I personally have little interest in joining another organisation at this stage in my life. I have become used to my current job and have developed a sense of belonging to the organisation. The recent order has, however, left me feeling frustrated and uncertain about the future. Throughout my 38 years of service, I have diligently contributed 8% of my salary monthly with the expectation of receiving this money as a pension upon retirement. Unfortunately, it seems that this hope has been dashed and I no longer have any confidence that I will receive the pension I was expecting.”

(ACAPS discussion with government employee 05/06/2024)

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