



# ACBAR Advocacy Series

## NGO voices on social protection



Rachael Woloszyn  
APPPA Advocacy Consultant ACBAR  
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## Introduction

The Afghanistan Pilot Participatory Poverty Assessment (APPPA) is a project that, through civil society involvement, aims to collect, document, disseminate and advocate the 'voices' of poor Afghans for inclusion in the upcoming Afghanistan National Development Strategy (ANDS), and more broadly throughout civil society. APPPA will achieve this through a research component and an advocacy component.

This paper is one of a series of advocacy papers produced in the advocacy component, the purpose of which is to improve the quality of civil society—including non-governmental organizations (NGO)—engagement in sectoral debates and to provide recommendations for implementation of sectoral activities. This will be achieved through the presentation of the perspectives of the NGO community in relation to sectors identified, during the APPPA research component, as priorities by APPPA-target communities. For a more comprehensive understanding of the issues identified, further inquiry and discussion is advised.

Based upon the sectoral priorities identified by APPPA-target communities, a number of national and international NGOs working within the Social Protection sector were approached for interviews and to participate in a subsequent round table discussion. The issues emerging from these interviews were tabled for validation in the roundtable discussion, which also allowed participants to prioritize issues and propose recommendations. The resulting draft advocacy paper was then circulated for comments to ACBAR's membership who provided feedback for integration.

It should be noted that this paper does not reflect an exhaustive investigation of the sector's technical areas, nor can it be presumed that the issues presented are held by consensus among the diverse range of NGOs consulted.

Systems of social protection are aimed at enabling societies to advance the wellbeing of their citizens by protecting them from vulnerability and deprivation. The main objective of the ANDS Social Protection Strategy is to 'give Afghan poor a platform to step from fighting for survival to working for a better future and staying out of poverty.' In contrast to traditional 'charity models' of poverty reduction, the Government of Afghanistan's vision is reduce poverty and increase empowerment by creating opportunities for poor households, which, in turn, will help the poor to better manage risks and to decrease their vulnerability and susceptibility to risks<sup>1</sup>.

Given limited human and financial resources, and the huge proportion of poor in Afghanistan—almost half of the population is defined as 'poor' and around 40% are concentrated close to the poverty line—the Government of Afghanistan had to prioritize groups and issues that it will target. Therefore, the ANDS Social Protection strategy is committed to assisting the poorest of the poor<sup>2</sup>.

Total funding requirements for the implementation of the 2008 through 2013 ANDS Social Protection Strategy is estimated at around US\$762,9 million. Donor assistance is expected to cover US\$73.6 million<sup>3</sup>.

Continued commitment to the Social Protection sector is of crucial importance if Afghanistan is to lift itself out of poverty. This paper aims to explore emergent issues in the sector as identified by national and international NGOs and international organizations. Because the Social Protection sector is so complex and involves many groups and individuals, this paper highlights four main groups and one overarching issue as follows: Vulnerable women; children; and persons with physical and mental disabilities. Increasing coordination, accountability transparency and efficiency between the Ministry Of Labor Social Affairs Martyrs and Disabled (MOLSAMD), other ministries involved in Social Protection, and NGOs is also addressed in this paper.

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<sup>1</sup> Government of Afghanistan (2007) Afghanistan National Development Strategy (ANDS): Social Protection including Humanitarian Assistance, 2008-2013, GOA: 2007.

<sup>2</sup> Government of Afghanistan (2007) Afghanistan National Development Strategy (ANDS): Social Protection including Humanitarian Assistance, 2008-2013, GOA: 2007.

<sup>3</sup> Government of Afghanistan (2007) Afghanistan National Development Strategy (ANDS): Social Protection including Humanitarian Assistance, 2008-2013, GOA: 2007.

### List of NGOs and International Organizations Consulted

Afghan Street Working Children and New Approach (ASCHIANA), Afghan Women's Educational Center (AWEC), American Friends Service Committee, Cooperation Center for Afghanistan (CCA), European Commission (EC), Handicap International (HI), International Rescue Committee (IRC), ORA International, Physiotherapy and Rehabilitation Services for Afghanistan (PARSA), Save the Children Alliance, SERVE Afghanistan, Swedish Committee for Afghanistan (SCA), United Nations International Children's Emergency Fund (UNICEF), UN Mine Action Center for Afghanistan (UNMACA) and Windows for Life.



## VULNERABLE WOMEN

“Unless men are educated and change, giving women knowledge ends in frustration.” – NGO Staff Member

The Afghanistan Compact’s end-of-year 2010 benchmarks for women, when achieved, will bring about much positive change.

The Afghanistan Compact’s gender benchmarks aim to strengthen female participation in all Afghan governance institutions, including elected and appointed bodies and the civil service, and reduce the number of female-headed households that are chronically poor by 20%, while increasing their employment by 20%.<sup>4</sup>

Education targets for females in the Afghanistan Compact are 60% net enrolment in primary school for girls and 35% net enrolment of female students in universities (of a total target of 100,000 male/female enrolment). Furthermore, Afghanistan’s female teachers will be increased by 50%. In terms of skills development, 150,000 women and men will be trained in marketable skills through public and private sector growth. Maternal mortality will be reduced by 15%.<sup>5</sup>

“Unless men are educated and change, giving women knowledge ends in frustration.”  
-NGO staff member

Afghan women’s roles are generally restricted to the household and most women have not had a chance to attend school. NGOs stated that women do not have access to proper education, and that many women are not participating in income generating activities. As a result, women are not equipped with the skills needed to effectively provide for their families or themselves. As a consequence, women remain vulnerable and are not able to develop their capacities to the fullest. NGO members reported that, in instances when a spouse or female family member earns more than her husband or the primary breadwinner, physical abuse is often directed towards her.

Although access to healthcare services has increased via the Ministry of Public Health’s Basic Package of Health Services, decades of war in Afghanistan, and a very basic healthcare foundation, have resulted in very dismal healthcare statistics in Afghanistan, especially for women. Women have a life expectancy of forty-five years (A male’s average life expectancy is forty-seven years), and one in six women dies while giving birth<sup>6</sup>. Due to limited access to healthcare services, especially in remote areas, minor problems are left untreated, and, consequently, become life threatening.

Afghan women face many barriers and prejudices and suffer from a great deal of physical and mental abuse. Lacking access to the justice system, their vulnerability is increased and the cycle of abuse is perpetuated.

In addition to institutional weaknesses that increase women’s vulnerabilities, some cultural norms further limit women’s accessibility to services that could improve their lives. For instance, an NGO member stated that shelter homes have negative connotations and are seen as a cause of women rebelling against their families. As a result, women often experience abuse for using this service.

NGOs asserted that, increasing awareness without changes to the system (i.e. improved protection systems), may have a backlash on women’s security. And while initiatives to increase the Afghan public’s awareness regarding women’s issues are a positive step in Afghanistan, without concrete measures taken to improve women’s socio-economic status, awareness alone will not reduce women’s vulnerability.

<sup>4</sup> The London Conference on Afghanistan (2006), The Afghanistan Compact: January 2006.

<sup>5</sup> The London Conference on Afghanistan (2006), The Afghanistan Compact: January 2006.

<sup>6</sup> Government of Afghanistan (2007) Afghanistan National Development Strategy (ANDS): Health and Nutrition Sector Strategy, 2008-2013, GOA: 2007

# Key Recommendations

Recommendation: The Ministry of Education (MOE) must ensure that women have access to quality basic education.

Recommendation: The Ministry Of Labor Social Affairs Martyrs and Disabled (MOLSAMD), the National Solidarity Program (NSP), the Ministry of Rural Rehabilitation and Development (MRRD) and Ministry of Agriculture, Irrigation and Livelihoods (MAIL) must coordinate to ensure women's equal access to income generating and small business development activities. This includes teaching women business development and marketing skills, access to, and knowledge of, credit and savings facilities and linkages to sustainable local markets. NGOs advocated for diversification of skills base, and specialization (i.e. women divide tasks and share overall production processes so that they optimize efficiency and quality output).

Recommendation: The Ministry of Public Health (MoPH) must ensure that women have access to quality health care including reproductive health and family planning services.

Recommendation: The Ministry of Justice (MoJ), the Ministry of Interior (MoI) and the Ministry of Hajj and Religious Affairs (MoRA) must ensure that women have equal access to justice. This includes freedom from all discriminatory laws and protection from acts of violence (with actual action taken against perpetrators).

Recommendation: NGOs state the need for participatory groups for increased communication and dialogue between males and females at the community level—with village leaders and village members—and in cities. In these groups, members should receive training on gender equality. Women's equality messages could then be enforced through Mullahs and other community leaders. NGO members assert that participatory groups should be divided by socio-economic levels otherwise the dominant and powerful will gain more power in this process.



## CHILDREN

Social indicators for children in Afghanistan state that, in 2003, the proportion of orphans was 4.8% of the population, or 586,000 orphaned children. 2003 Child Labor rates indicate that almost a quarter of seven to fourteen year olds and 28.9% ten to fourteen year olds were working. An assessment on the number of street children in Kabul in July, 2002 indicates that almost one in four 13-14 year old boys is a street child. Around 6% of 13-14 year old girls are street children. Adolescent literacy rates conclude that the overall literacy rate among 15-24 year olds is 33.6%. The literacy rate for young women is only 18%, and the literacy rate for young men is 50%<sup>7</sup>.

NGOs ranked street children, child labor and illiteracy as top priorities regarding children in Afghanistan. NGOs stressed that many children lack opportunities for education, and those who do have the opportunity to go to school often only obtain a fifth grade education. Many street working children cannot attend school because their families depend on them to earn an income.

NGOs further stated that children are working industrial and semi-industrial jobs in dangerous work environments.

NGOs commented that prevailing social attitudes fail to respect the rights of children. For instance, many children are forced into marriage at an extremely young age. NGOs also asserted that many Afghan children are victims of physical, mental and sexual abuse.

NGOs attested that children living in orphanages are not integrated into society. For instance, many orphans do not attend public school and do not have the opportunity to interact with non-orphans.

NGOs stated that the 2008-2013 Afghanistan National Development Strategy for Social Protection does not clearly articulate how and when goals for social protection for children will be achieved. NGOs stated that the mechanism for implementing the strategy (NGOs and other service providers) is not effectively coordinated.

### Definitions:

**Orphans:** According to the UN definition, an orphan is a child with one or both parents who are dead.

### Child Labor:

- Children aged 5-11 did at least one hour of economic activity or at least 28 hours of domestic work during the week preceding the survey.
- Children aged 12-14 did at least 14 hours of economic activity or at least 42 hours of economic activity plus domestic work combined.

### Street Children:

The number of children working and begging in the streets.

Towards Well-Being for Afghans with Disability: The Health Challenge. National Disability Survey in Afghanistan, Handicap International, 2005.

<sup>7</sup> UNICEF (2006) Best Estimates of Social Indicators for Children in Afghanistan, 1990-2005, UNICEF: May 2006.



## Key Recommendations

Recommendation: NGOs strongly advocate that the ANDS strategize the South Asian Association for Regional Cooperation (SAARC) Social Charter into the National Solidarity Program (NSP). Afghanistan became a member of SAARC in November 2005. The NSP was created by the MRRD to develop the ability of Afghan communities to identify, plan, manage and monitor their own development projects. NGOs stated that social protection programs and strategies could be implemented through the NSP. Appointed NSP Community Development Committee members could advocate for social protection programs and serve as the interface between community members, NGOs and the government.

Recommendation: NGOs assert that orphans should be integrated into society. Although the National Strategy for Children at Risk (NSFCAR) seeks to dismantle orphanages and reunite orphans with their families, and transform existing orphanages into day centers for vulnerable children who are not permanently in school, NGOs advocate on behalf of those orphans who haven't yet been reunited with their families, and those orphans who have lost both parents. NGOs stressed the importance of mainstreaming orphans into local schools so orphaned children can interact with other children.

Recommendation: NGO members advocate that child rights in the Afghan context should be researched and more thoroughly understood. Findings should be widely disseminated so that Afghan society has a better understanding of child rights. Shuras, mullahs, and other prominent community members should be educated on child rights so that they may assist in protecting children against abuse, and intervene if they are aware of abuses against children in their communities.

Recommendation: NGOs recommend that more interventions to address the increasing number of street working children be developed. NGOs advocated for the creation of more community-based approaches that emphasize family preservation and support, and that enable children to continue their education. These community-based programs should be linked with poverty reduction programs so that pressure is taken off children to earn incomes for their families. Furthermore, NGO members advocate for a thorough investigation into the root causes of child labor.

# PERSONS WITH PHYSICAL AND MENTAL DISABILITY

## Persons with Physical Disability

The Ministry of Public Health estimates that 2.7% of the population, or 599,400 people, suffered from severe disabilities in 2003/2004 (a figure comparable with highly developed countries). Further analysis based on the number of households shows that one out of every five households consists of a person with a disability<sup>8</sup>.

Causes of disability range from genetic illnesses (26.4%), landmines or unexploded ordinances (6.8%), war injuries from bullets and grenades (10%), work, home and road accidents (4.0%), diseases (18.3%), mistreatment, crime and violence (1.8%). Others attribute the cause of their disabilities to destiny or a curse (15.8%)<sup>9</sup>.

Many, if not all, of Afghanistan's persons with disability face barriers on a daily basis. They lack accessibility to buildings, public services, schools, and jobs. Major cities offer rehabilitation services, and many NGOs are offering successful Community-based Rehabilitation programs for persons with disabilities in rural areas. Yet, NGOs stated that access to rehabilitation services, especially for those living in very remote areas, is still a challenge. Overall, NGOs stated that persons with disability are low on the government's priority list, and limited financial resources do not extend to core budget support to NGOs offering programs for persons with disability.

NGOs stated that persons with disability have no forum from which to speak with a united voice. Many Afghans do not believe that persons with disability deserve the same rights as the rest of the population. As a result, they are shunned by society, confined to their homes and not integrated into their communities.

## Key Recommendations

**Recommendation:** At the national level, policymakers in the Ministry of Public Health need to include rehabilitation services in the Basic Package of Health Services.

**Recommendation:** NGOs advocate that disability and rehabilitation services need to become a national priority so that shifts in donor priorities do not cause funding disruptions in these areas.

**Recommendation:** A cadre of physiotherapists must then be trained and available in Community Health Centers. Cultural gender norms make it imperative that both male and female physiotherapists are available at each Community Health Center.

**Recommendation:** Donors and the MOPH need to follow through with funding, training and standards for rehabilitation services.

**Recommendation:** NGOs should ensure that appropriate funds are available to conduct disability awareness campaigns.

**Recommendation:** At the community level, organizations providing disability services need to become more active and advocate to donors and NGOs for more physical resources and money to support their programs and initiatives.

**Recommendation:** A community-based twin-track approach for those with disabilities must be taken. Communities should be inclusive environments for people with disabilities so those with disabilities are mainstreamed into society. This includes in schools, with training opportunities and jobs. On an individual-level, social workers should work with individuals with disability to identify and assess their needs.

**Recommendation:** The referral network in provincial and urban areas needs to be strengthened so that doctors and healthcare personnel can refer patients with disability in need of physiotherapy services to appropriate providers.

<sup>8</sup> Handicap International (2005) Towards Well-Being for Afghans with Disability: The Health Challenge. National Disability Survey in Afghanistan, Handicap International: 2005

<sup>9</sup> Handicap International (2005) Towards Well-Being for Afghans with Disability: The Health Challenge. National Disability Survey in Afghanistan, Handicap International: 2005.

## Persons with Mental Disability

“In Afghanistan, shame, taboo and fear surround those with mental disabilities. People are ashamed to talk about their problems.” – NGO Staff Member

“In Afghanistan, shame, taboo and fear surround those with mental disabilities. People are ashamed to talk about their problems”

-NGO staff member

A national disability survey in Afghanistan indicates that 9.8% of those with physical disabilities also experience mental disabilities<sup>10</sup>. Although mental health is an element of the Ministry of Public Health’s Basic Package of

Health Services, NGOs stated that there is almost no trained capacity to treat mental health problems. NGOs working for those with mental disabilities stated that there is a lack of psychiatric and behavioral science training in Afghanistan. Social workers to identify, assess and refer those with physical and mental disabilities to appropriate levels of care are almost non-existent in Afghanistan. NGOs asserted that there is no social worker school to train social workers, and no branch within the government has a social worker department.

Overall, Afghans’ lack awareness with respect to mental health. Families and those with mental disabilities are ashamed to talk about their problems. The result is that those with mental disabilities can experience a lack of empathy and understanding from family members and society. Furthermore, Afghans lack awareness of the benefits and purpose of counseling.

# Key Recommendations

Recommendation: Donors and the MOPH need to follow through with funding, training and standards for mental health.

Recommendation: Counselors must then be trained and available in Community Health Centers. Cultural gender norms make it imperative that both male and female counselors are available at each Community Health Center.

Recommendation: NGOs should conduct mental health awareness campaigns and ensure they receive and designate ample funding towards awareness campaigns in schools, hospital and in mosques. Messages should be disseminated via brochures, newspapers announcements, and radio programs.

Recommendation: The referral network in provincial and urban areas needs to be strengthened so that doctors and healthcare personnel can refer patients in need of mental health services to appropriate providers.

Recommendation: NGOs advocate the crucial need to train social workers to identify, assess and refer individuals in need of mental health and rehabilitation services. NGOs recommended that MOLSAMD adapt an international model for skill development to train social workers in core competencies and to ensure that social workers are qualified at a basic level. NGOs suggested using the Community-based Rehabilitation program as a model for training social workers.

Recommendation: MOLSAMD, MOHE and MOPH could also jointly establish social worker faculties, including a Social Worker curriculum, in universities to train social workers. Those who obtain legitimate degrees in social work should be accredited into an international body so that degrees are recognized.

<sup>10</sup> Handicap International (2005) Towards Well-Being for Afghans with Disability: The Health Challenge. National Disability Survey in Afghanistan, Handicap International: 2005.

## INCREASING COORDINATION, ACCOUNTABILITY, TRANSPARENCY AND EFFICIENCY BETWEEN MOLSAMD, MINISTRIES AND NGOS

“Social protection is currently not a high priority. If the government needs money next year to support the presidential process, a big portion of social protection will be cut.” –NGO Staff Member

NGOs stated that there is an overall lack of accountability within the MOLSAMD. Objectives and expected results are established within its operating framework, but no one is held accountable if outcomes are not reached.

NGOs commented that because MOLSAMD is responsible for so many distinct activities, few areas receive the attention they need.

NGOs further stated that MOLSAMD has not clearly articulated its priorities, resulting in NGOs not knowing how their work is contributing to MOLSAMD’s goals.

NGOs expressed a duplication of services among NGOs and acknowledged that many are working at cross-purposes. NGOs highlighted the lack of coordination between the MOLSAMD and the various, ministries, NGOs and UN agencies involved in social protection-related programs. NGOs stated a lack of coordination with international technical assistance in the MOLSAMD.

“Social protection is currently not a high priority. If the government needs money next year to support the presidential process, a big portion of social protection will be cut.”  
-NGO staff member

## Key Recommendations

Recommendation: NGOs’ services need to be mapped so that the foundation for a proper referral system is established.

Recommendation: MOLSAMD’s ability to handle resources more efficiently could be strengthened if its processes were streamlined.

Recommendation: MOLSAMD should articulate its prioritized goals to NGOs in order for NGOs to streamline their activities and better implement MOLSAMD’s priorities.

Recommendation: Coordination and communication among MOLSAMD, ministries, NGOs, agencies and technical assistance needs to occur so that everyone is aware of what the other is doing. NGOs also stated that coordination would assist smaller national NGOs by linking them to larger NGOs that are more visible and influential.

Recommendation: NGOs can play a role in monitoring the government by holding them accountable to benchmarks identified in social protection strategies.

# Key Recommendations and Conclusions

The MOE must ensure that women have access to quality basic education. The MOLSAMD, NSP, MRRD and MAIL must coordinate to ensure women's equal access to income generating and small business development activities, including teaching women business development and marketing skills, access to, and knowledge of, credit and savings facilities and linkages to sustainable local markets. NGOs advocated for diversification of skills base, and specialization.

The MOPH must ensure that women have access to quality health care including reproductive health and family planning services. The MoJ, the MoI and the MoRA must ensure that women have equal access to justice, including freedom from all discriminatory laws and protection from acts of violence (with actual action taken against perpetrators).

NGOs state the need for participatory groups for increased communication and dialogue between males and females at the community level and in cities. In these groups, members should receive training on gender equality. Women's equality messages could then be enforced through Mullahs and other community leaders. NGO members assert that participatory groups should be divided by socio-economic levels otherwise the dominant and powerful will gain more power in this process.

Orphans, street children and illiteracy top the list of NGOs' priorities concerning children. Family violence and prevailing social attitudes negatively impact children. NGOs stated that the 2008-2013 Social Protection strategy does not articulate how goals regarding children will be achieved. NGOs strongly advocate that the ANDS strategize the Social Charter into the National Solidarity Program.

NGOs assert that orphans should be integrated into society. NGOs stressed the importance of mainstreaming orphans into local schools so orphaned children can interact with other children. NGO members advocate that child rights in the Afghan context should be researched and more thoroughly understood. Findings should be widely disseminated so that Afghan society has a better understanding of child rights. Shuras, mullahs, and other prominent community members should be education on child rights so that they may assist in protecting children against abuse, and intervene if they are aware of abuses against children in their communities.

NGOs recommend that more interventions address the increasing number of street working children be developed. NGOs advocated for the creation of more community-based approaches that emphasize family preservation and support, and that enable children to continue their education. These community-based programs should be linked with poverty reduction programs so that pressure is taken off children to earn incomes for their families. Furthermore, NGO members stressed the need for a thorough investigation into the root causes of child labor.

# Key Recommendations and Conclusions

The MoPH needs to include rehabilitation in the Basic Package of Health Services. Rehabilitation and mental health services need to become a national priority so that shifts in donor priorities do not cause funding disruptions in these areas. Donors and the MOPH need to follow through with funding, training and standards for rehabilitation and mental health services. A cadre of male and female physiotherapists and counselors must then be trained and available in Community Health Centers. The referral network in provincial and urban areas needs to be strengthened so that doctors and healthcare personnel can refer patients in need of mental health and rehabilitation services to appropriate providers.

NGOs advocate the crucial need to train social workers to identify, assess and refer individuals in need of mental health and rehabilitation services. NGOs suggested using the Community-based Rehabilitation program as a model for training social workers. MOLSAMD, MOHE and MOPH could also jointly establish social worker faculties, including a Social Worker curriculum, in universities to train social workers.

NGOs advocated for more accountability within the MOLSAMD, and for the MOLSAMD to more clearly articulate their priorities and streamline its processes. NGOs' services need to be mapped out so referral systems are strengthened. Coordination and communication among MOLSAMD, NGOs, agencies and technical assistance must occur. NGOs can play a role in monitoring the government by holding them accountable to benchmarks identified in social protection strategies.







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Agency Coordinating Body for Afghan Relief (ACBAR)  
House # 69, Charah-ye Shahid, Shar-e-Naw.  
Kabul, Afghanistan  
Tel: (+93) 700 282 090 / (+93) 700 276 464  
[www.acbar.org](http://www.acbar.org)