

# ADVOCACY BRIEF

MARCH 2019

## DISABILITY AND PHYSICAL REHABILITATION IN AFGHANISTAN: ADDRESSING THE CHALLENGES AND CONCERNS

### INTRODUCTION

The National Disability Survey of 2005, conducted by Handicap International and the Government of Afghanistan, found that 10.8% of the Afghan population live with a severe or very severe disability. The UNAMA 2018 Protection of Civilians report highlights that there were 10,993 civilian casualties (3,804 deaths and 7,189 injured). The protracted conflict continues to injure people, leading to an increase in the number of people in need of Physical Rehabilitation and other health related services. Unfortunately, most of these services are not always available or are inaccessible in rural and conflict affected areas<sup>1</sup>.

Afghanistan has signed different legal policies and international frameworks<sup>2</sup> which show the state's willingness to address the needs of people with disabilities and to promote their equal access and inclusion<sup>3</sup>. Despite these commitments, people with disabilities in Afghanistan are one of the most marginalized groups and the situation is even worse for woman and children with disabilities<sup>4</sup>. They face double discrimination due to their impairment and their gender, perpetuated by social and cultural norms. In terms of humanitarian response, the Government has not signed the Charter on Inclusion of Persons with Disabilities in Humanitarian Action, although the country is highly vulnerable to man-made and natural disasters.

On the other hand, Physical Rehabilitation services are also not yet well known and understood in terms of its contribution to health and socio-economic development outcomes. This contributes to these services not sufficiently being included in health policies (BPHS and EPHS), the sector being under resourced and funded. Rehabilitation services are only partially available with concentration in urban centers, not spread uniformly throughout the country, and exist through Non-Governmental Organization (NGO) initiatives that are often dependent on external funding and support.

In addition, there are estimates that 92% of the disease burden in the world is related to causes that require health professionals associated with Physical Rehabilitation<sup>5</sup> and by 2030, the top ten causes of disease will be conditions that require Physical Rehabilitation<sup>6</sup>. This is highlighting the importance of Physical Rehabilitation services to become practically part of global and national health and social policies.

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1. "Mapping of physical rehabilitation services in Afghanistan", draft report by Handicap International, 2018.

2. The Convention on the Rights of Persons with Disabilities (UNCRPD), Convention on Cluster Munitions (CCM), the Constitution of Afghanistan, the National Disability Law on Rights and Privileges of People with Disabilities and the National Health Policy.

3. <https://www.tdh.ch/en/news/disabled-afghanistan-taboo-subject>

4. [https://www.cbm.org/article/downloads/82788/National\\_Disability\\_Survey\\_in\\_Afghanistan.pdf](https://www.cbm.org/article/downloads/82788/National_Disability_Survey_in_Afghanistan.pdf)

<sup>5</sup> Gupta, N., Castillo-Laborde, C., and Landry, M. D., "Health-related rehabilitation services: assessing the global supply of and need for human resources", BMC Health Services Research 2011, 11: 276.

<sup>6</sup> WHO, "Injuries and Violence, The facts", (WHO Press: Geneva: 2010).

Similarly, the inclusion of the Physical Rehabilitation services, Physiotherapy and Technical Orthopedic/Prosthetics and Orthotics in the National Health System is highly important. Although rehabilitation is often undervalued in the health system<sup>7</sup>, Afghanistan has included disability services in various health policies and health delivery programmes such as the Basic Package of Health Services (BPHS) and Essential Package of Hospital Services (EPHS). However, these policies remain largely on paper and lack of funding and political will limits full implementation.

In order to improve the Physical Rehabilitation services and support people with disability, some of the major challenges and issues have been highlighted below followed by some specific key recommendations.

## MAJOR CHALLENGES/ISSUES

- There are a limited number of healthcare personnel in the field of rehabilitation such as prosthetists, orthotists, physiotherapists, mental health and psycho-social counsellors. An example is that 981 physiotherapy positions are vacant in the country<sup>8</sup>, including both operational and non-operational health facilities.
- Insufficient funding for health care makes it difficult to provide services as stipulated in the BPHS and EPHS packages. Physical Rehabilitation centres should be available in all regional hospitals, but they are often not available and when available they are provided by NGOs specialising in disability. The BPHS and EPHS policies do not make provisions for prosthetics and orthotics services, which complicates the discussions about handover of these services from NGOs to the Ministry of Public Health (MoPH).
- Most of the health facilities remain non-functional because of insecurity<sup>9</sup> and when they are open, there is the question about the quality of services due to lack of human resources, especially females, and financial constraints<sup>10</sup>.
- The inequitable availability of services is one of the greatest challenges faced by healthcare services providers in Afghanistan<sup>11</sup>. Based on the data gathered by the Disability and Rehabilitation Program (DRP) of MoPH, only 22 out of 34 provinces (65%) have Physical Rehabilitation services which is insufficient to support the current needs.
- Another major challenge is that the rehabilitation workforce is limited in number and quality to respond to the needs of the Afghan population effectively.
- No recognition of Prosthetic & Orthotic (P&O) technologists, Occupational Therapists (OT) and Speech Therapists (ST) in Afghanistan. However, these professions are part of the rehabilitation professions and contribute to improving the health conditions of patients in need.
- Lack of Physiotherapy and P&O units in Disability and Rehabilitation Program (DRP) Structure and Physical Rehabilitation centers, and lack of trained human resources in PT and P&O professionals in the country.
- Difficulty in accessing Physical Rehabilitation services for Afghan citizens and no inclusion of P&O services into the EPHS guidelines.

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7. [http://www.who.int/disabilities/rehabilitation\\_health\\_systems/en/](http://www.who.int/disabilities/rehabilitation_health_systems/en/)

8. "Mapping of physical rehabilitation services in Afghanistan" draft report by Handicap International, 2018.

9. <http://www.afghanistantimes.af/taliban-shut-health-facilities-zabul/>

10. <http://www.emro.who.int/afghanistan-new-s/health-facility-assessment.html>

## KEY RECOMMENDATIONS

- International Community should ensure that disability is addressed in all programmes and set aside specific disability funds in order to bridge the existing gaps.
- The Government of Afghanistan should ensure that gaps between policy and implementation for services for people with disabilities are addressed in order to ensure equity in access. This includes ensuring availability of national human resource development plans and setting aside sufficient funds to support service provision.
- The Government of Afghanistan should reinforce implementation of 3% quota for people with disabilities in all Ministries and agencies in accordance with the Labor Law and as expressed in the National Law on the Rights and Privileges of People with Disabilities.
- The Government of Afghanistan should sign the Charter on Inclusion of Persons with Disabilities in Humanitarian Action and promote its respect and implementation in the country.
- The Government of Afghanistan should report regularly on the UN Convention on Rights for Persons with Disabilities in order to measure the progress of the rights of people with disabilities in Afghanistan.
- The Government of Afghanistan should promote professional recognition and employment of rehabilitation professionals, including physiotherapists (PT) and Prosthetic & Orthotic (P&O) technologists.
- Establish PT and P&O units at Disability and Rehabilitation Program (DRP) in order to implement the rehabilitation guidelines for Basic Package of Health Services (BPHS), approve and implement the Essential Package of Hospital Services (EPHS) as well as gradually expand rehabilitation services in the country.
- Establish Prosthetics and Orthotics Department in GIHS for continuing P&O professional trainings and other academic affairs.
- Flexibility in BPHS and EPHS policies to allow development of physiotherapy services in Comprehensive Health Centers (CHCs or CHC +), promote access to Physical Rehabilitation services, and include of P&O services in Provincial Hospitals (PH).

