

# Position Paper on Inclusion of People with Disabilities Geneva Conference on Afghanistan (GCA) November 2018

"Full Participation and Equality is our Right"

### 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 mid-year Protection of Civilians Report highlights that there were 5,252 civilian injuries (besides 2,798 killed). 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 4</sup>. Despite these commitments, people with disabilities in Afghanistan are one of the most marginalised groups and the situation is even worse for woman and children with disabilities<sup>5</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.

<sup>1. &</sup>quot;Mapping of physical rehabilitation services in Afghanistan", draft report by Handicap International, 2018.

<sup>2.</sup> 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.

<sup>3.</sup> According to the UNCRPD, persons with disabilities include those who have long term physical, mental, intellectual or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others.

<sup>4.</sup> https://www.tdh.ch/en/news/disabled-afghanistan-taboo-subject

<sup>5.</sup> https://www.cbm.org/article/downloads/82788/National\_Disability\_Survey\_in\_Afghanistan.pdf





#### Access to services

Access to health and education services for people with disabilities is essential to fight against poverty. If we break the barriers that prevent access to services then we can have a direct impact on quality of life of people with disabilities as well as enhancing their economic, social and cultural inclusion<sup>6</sup>.

#### a) Health and rehabilitation

Violence is linked to health outcomes both immediate and long term, including injuries, physical and mental health problems<sup>7</sup>. Violence not only maims and kills directly, but also indirectly, by impeding access to healthcare. Furthermore, the current conflict impacts the ability and willingness of healthcare providers to work in the most insecure areas<sup>8</sup>.

Evidence shows that, compared to their able counterparts, people with disabilities often have additional need of health care support<sup>9</sup>. Although rehabilitation is often undervalued in the health system<sup>10</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.

- There are a limited number of healthcare personnel in the field of rehabilitation<sup>11</sup> such as prosthetists, orthotists, physiotherapists, mental health and psycho-social counsellors. An example is that 981 physiotherapy positions are vacant in the country<sup>12</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

<sup>6. &</sup>quot;Mapping of physical rehabilitation services in Afghanistan", draft report by Handicap International, 2018.

<sup>7.</sup> World Health Organization (WHO) - World Report on Disability.

<sup>8.</sup> Medicines' Sans Frontiers ((MSF) or Doctors Without Borders in English, report "Between Rhetoric and Reality: The ongoing struggle to access healthcare in Afghanistan, 2014".

<sup>9.</sup> http://www.who.int/en/news-room/fact-sheets/detail/disability-and-health

<sup>10.</sup> http://www.who.int/disabilities/rehabilitation\_health\_systems/en/

<sup>11.</sup> Rehabilitation is a set of measures that assist individuals who experience, or are likely to experience disability to achieve and maintain

optimal functioning in interaction with their environments (WHO & World Bank, 2011).

<sup>12. &</sup>quot;Mapping of physical rehabilitation services in Afghanistan" draft report by Handicap International, 2018.

of these services from NGOs to the Ministry of Health.

 Insecurity, where most the health facilities remain non-functional<sup>13</sup> and when they are open, there is question about the quality of services due to lack of human resources, especially females, and financial constraints<sup>14</sup>.

### b) Education

UNAMA highlights that children have borne the brunt of the conflict, which has denied them their fundamental freedoms, such as access to health, education and growth in peace, free from brutal effects of war<sup>15</sup>. Many children with disabilities have no access to education, because of environmental, social and physical barriers in the society, with most schools being physically inaccessible. In terms of availability, there are only 6 specialised schools for children with visual and hearing impairments in the country. Afghanistan needs specialised teachers, awareness of the need for all children to attend school, including children and girls with disabilities, and sufficient funding in order to focus on inclusive education<sup>16</sup>.

# c) Livelihoods

People with disabilities lack the requisite skills to enable then to compete in the market, making them dependent on their family for support, and women with disabilities face more discrimination when seeking employment<sup>17</sup>. In Afghanistan, the charity model of disability is still prevalent, while the disability movement promotes the human rights model. Many people lack mobility devices and face poorly adapted and equipped working environments. The Labour Law of Afghanistan specifies that 3% of the workforce in Government departments and agencies should be people with disabilities. There is no evidence to show that this has been reinforced. Furthermore, the contamination of land with explosive remnants of war continues to kill and maim individuals and threaten their livelihoods.

# Recommendations

- International donors 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 Labour 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

16. http://www.acbar.org/upload/1500979195268.pdf

<sup>13.</sup> http://www.afghanistantimes.af/taliban-shut-health-facilities-zabul/

<sup>14.</sup> http://www.emro.who.int/afg/afghanistan-news/health-facility-assessment.html

<sup>15.</sup> https://unama.unmissions.org/highest-recorded-civilian-deaths-conflict-mid-year-point-latest-unama-update

<sup>17.</sup> http://www.acbar.org/upload/1500979195268.pdf

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.

