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Parul Bakhshi, Jean-François Trani

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**Chapter 7**  
**Participatory Development: A Sustainable Approach for**  
**Reducing Inequality and Fighting Poverty? The example of disability policies in**  
**Afghanistan**

Parul Bakhshi and Jean François Trani

**Summary**

International development efforts have increasingly been criticised for failing to take into consideration the voices of the most vulnerable groups within a given context. Despite well-intended claims of international frameworks and actors, ownership and empowerment have been misused and misrepresented in development theory and practice. At the theoretical level, the concept of empowerment is often not viewed in terms of challenging the power dynamics. As a consequence, in practice, the absence of well-defined principles to operationalize participation and to trigger a real change in fragile contexts has affected progress towards improving the lives of aid 'recipients' and poses serious threats to sustainability of programmes. These persistent impediments have also considerably hindered national policies in fragile and conflict-affected contexts such as Afghanistan. Taking the example of a decade of disability policies in the country, the present chapter puts forward strong arguments for involving the 'recipients of aid' at all phases of the planning and implementation process to avoid waste of resources and poor impact. In order to move beyond viewing empowerment mainly as a consultation and communication issue there is an urgent need for mechanisms of transfer of power and enhancement of agency.

**7.1 Introduction**

Understanding the dynamics of the development process in a given social, cultural, economic and global context is a challenge in itself. The vision of a one-dimensional top-down, benefactor to beneficiary approach, based on a provider to client relationship, has become irrelevant from a sustainable human development perspective (Frediani, Boni and Gasper, 2014; Uphoff, 1996; Hickey and Mohan, 2005). The multitude of actors pursuing diverse agendas as well as the complexity of the power relations between the various stakeholders has typically led to a growing need to re-think the objectives, practice and assessment of the development process through research and policy definition. Such a shift in development practice has been claimed by the international community in various fora. *The Paris Declaration on Aid Effectiveness* (OECD/DAC 2005) reaffirms the commitment of the aid community to promote aid ownership, harmonization, alignment with recipient priorities, results-based management and mutual accountability. A major commitment is to enhance donors and partner countries' respective accountability to their citizens and parliaments for their development policies, strategies and performance (Dabelstein and Patton 2013). This re-orientation has also been supported by examples of programmes claiming to reduce poverty and inequality that have fallen short of their ambitions. One of the explanations put forward by experts is the persisting disconnection of programmes and policies from everyday realities, which is both fuelled by and reflective of an absence of real participation of all stakeholders in the development process.

A major difficulty to implementing effective development programmes lies in the Afghan context. Decades of conflict and turmoil are responsible for pervasive poverty: according to the World Bank 35.8% of the population lived below the national poverty line in 2011 (World Bank, 2014).

Afghanistan's Human Development Index is 0.468 ranking 169 out of 187 countries (UNDP, 2014, pp. 162–3). Other indicators reflect the level of needs of the population: life expectancy at birth is 61 years old, maternal mortality is 400 per 100,000 live births and per capita income is 700 US dollars<sup>1</sup>. On Transparency International's (2014) corruption perception index, Afghanistan was ranked 175 out of 177 countries in 2013. These daunting figures after more than a decade of international support demonstrate the difficulty of improving livelihoods in a context of pervasive violence. Promoting participation for development efforts might seem superfluous and impractical in such a context.

Our chapter will argue that well-defined and well-implemented participatory processes would have probably resulted in better outcomes for the population in the decade and a half since the fall of the ousted Taliban regime. Unfortunately, decision makers failed to tailor programmes and policies to the needs of the local context due to the inability to understand complex issues through the rigid lens of traditional top-down approaches. We will further argue that in order to see impacts in the long term, these policies need to be comprehensive, structured and 'participatory' with decision makers being held accountable for their action at all successive stages. In order to better illustrate these arguments we will discuss the example of programmes for Afghans with disability that have been set up since 2004. In the first section, we discuss the urgent need and avenues for changing the manner in which programmes and policies are currently designed. Although this change is sometimes reflected in documents and reports, in field implementation the crucial exercise of viewing individuals and communities as central actors and partners – and not as receivers – seems more challenging. In our chapter, we argue that by enhancing agency understood as the 'empowerment' of local actors (Ibrahim and Alkire 2007), sustainable results in terms of human development can be achieved. The second section deciphers the specific characteristics of what constitutes a participatory approach in research as well as in policy design, through the example of successive national policies that were designed in a complex post-conflict context for one of the most vulnerable sections of society. The third section presents some of the major consequences of failing to take into account the voices of local partners and civil society. We illustrate this through the analysis of disability programmes defined and implemented by the United Nations and other partners for Afghanistan.

## **7.2 Moving towards a participatory process for defining policy: Seeing 'beneficiaries' as actors and partners**

Participation is empowerment and empowerment is politics (Chambers, 2004). Participation inevitably questions existing power dynamics and requires close scrutiny of who 'decides'. External intervention, especially in fragile contexts, invariably affects local powers dynamics and can be necessary to push a specific political agenda, and is required when there is a paucity of technical skills in war torn countries in order to design, plan, set-up and manage complex tasks that are constituent elements of development programmes. However, beyond consensual discourse, in order to ensure a

truly participatory process, a number of concerns require immediate and simultaneous attention. Firstly, there should be a strong focus on the various aspects of empowerment or 'agency' incorporated in the Capability Approach (CA), which constitutes an important part of any initiative that claims to be participatory. Secondly, all stakeholders in the development process need to be included at all levels without a confusion of roles and mandates. This means that the responsibilities of each partner need to be clarified through clear lines of accountability – not just amongst the higher officials and donors, but also more importantly amongst the most vulnerable stakeholders in the process. Thirdly, while recognition of various types of expertise is a pre-requisite for defining any initiative, various partners have different expertise – from the theoretical to the local and practical – that can contribute to a comprehensive understanding of the situation and to defining policy, and which can lead to lack of focus. In order to ensure that issues of empowerment remain the central focus, the various processes through which results are achieved must be subject to constant scrutiny (Datta, 2003). Transparency regarding all aspects of the programme and policy is a non-negotiable pre-condition for participation. Finally, in any process that claims to be participatory, the balancing of power structures is often the most difficult to achieve particularly in a development context composed of donors, international agencies, and government bodies as well as the representatives of civil society and organisations (Musyoki, 2002). One of the ways to work towards this is to create a forum for discussion that is not led by any of the official partners and where the voices of the most vulnerable partners can be heard. This can also be a space for formulating demands and accepting responsibilities.

### **7.2.1 Enhancing agency, working towards empowerment in programmes of development**

A notion that is central in development programmes today (at least on paper) is that of empowerment – of girls, women and all vulnerable groups in general – and this closely echoes the human rights frameworks and conventions. Yet, what does this concept truly mean in the field where traditions and local beliefs define power structures that are far from egalitarian? How can development programmes concretely work towards empowering the most vulnerable especially in fragile contexts? Before answering these questions, we need to explore the uses of some of the terms that have become buzzwords within development discourse.

Empowerment can be interpreted as the operationalization of the 'agency aspect' of the Capability Approach, which recognizes the ability and the right of the person to decide and act in terms of her own values and objectives – it is thus the cornerstone of individual initiative and social effectiveness. As argued by Sen (1999: 53), '... people have to be seen, in this perspective, as being actively involved – given the opportunity – in shaping their own destiny, and not just as passive recipients of the fruits of cunning development programs'. This definition implies a shift in the general structure of the majority of field initiatives that are unable (or unwilling) to make the necessary effort to adopt an inclusive and participatory outlook, despite lofty claims. The power dynamics of development

programmes and policies are context specific and are closely related to monetary implications, which can be impediments to a change of perspective. Discussing the financial dynamics of programmes is beyond the scope of this chapter we limit the discussion to what empowerment means in the field.

### 7.2.2 What type of empowerment?

Brighouse and Unterhalter (2014: 224), drawing on ideas developed by Rowlands (1997) and initially formulated by Kabeer (1994, 1999), distinguish three different types of empowerment: 'authority over others' (Kabeer, 1999:437) or the power to control and direct, that is access to resources; the power to or the 'power within' to reflect on information or take decisions, that is a sense of agency (Kabeer, 1999:438); and the power with or the power to work with others for change, that is, the will to associate with others to push a common agenda. In order to better grasp the complexity of processes of empowerment, we need to refine the concept by expanding on the three dimensions mentioned above.

#### 7.2.2.1 Dimension 1 of Empowerment – a three-pronged approach

For Kabeer (1999), the first dimension of empowerment looks at a person's choices in terms of access to resources as an individual as well as a member of a community. Accessing resources refers to both material as well as social resources that an individual or a group can mobilise to achieve well-being. This can only be achieved though ensuring that at least basic capabilities are secured as well as through an on-going process of education and sensitisation to existing laws and rights. The second aspect of empowerment entails agency, which is the faculty to determine one's goals and make decisions that fuel the process of achieving this goal. The third level focusing on the power to work with others is associated with the idea of collective capabilities that stems from the collective action of the group and can be secured within specific organisations such as trade unions, self help groups, and associations (Dubois, et al. 2008; Dubois and Trani 2009; Ibrahim 2006; Stewart 2005)..

These three types of power are not sequential and are mutually re-enforcing. In many cases resources are lacking and agency is constrained by social and cultural norms. For instance, the third type of power is primarily exercised within women's groups and organisations where women are deprived of choices by prevailing social structures, and start to question the arbitrariness of the social order and to explore alternative choices that might contribute to their well-being.

#### 7.2.2.2. Dimension 2 of Empowerment – Spaces to exercise 'agency'

Rowlands (1997) also defines three spaces or 'arenas' in which power can be expressed which are not mutually exclusive: the personal arena, the space of close relationships (such as the household) and the collective arena. The dynamics of power in each of these vary greatly. For women in South Asian societies for instance, the personal and household arenas are of utmost importance as these are closely related to their place and role within traditional societies. Women in Afghanistan have no

power over marriage decisions, willingness of child bearing, and most of the time decisions regarding monetary issues (Trani and Bakhshi, 2007). The collective arena can be viewed as somewhat dissociated and thus a space where dissatisfaction can be expressed.

#### 7.2.2.3. Dimension 3 of Empowerment – arena of action

The third dimension is the arena in which empowerment can be exercised (Kabeer, 1999). This may represent priorities that change over time and across different contexts, and should be identified and prioritised through an on-going process of participation. This dimension may for instance be the legal field, education, health or other public services. It may also be a specific aspect within a given arena. Empowerment here means the ability to identify the concerns of the moment, to define the measures that can be taken, and to take action to ensure that decisions are implemented according to the choices and priorities identified by the people themselves.

Empowerment is thus closely linked to the agency aspect of the capability approach in the context of policy or programme formulation. Figure 7.1 shows that exercising agency in order to choose a valued functioning vector for individuals and groups depends on access to existing opportunities and conversion factors, which are largely influenced by development policies. Nowadays the challenge is for development actors and partners in the process to fully understand that empowerment is a multidimensional process composed of various dimensions that need to be addressed simultaneously. The policy process, as shown in figure 7.1, could empower individuals at various levels by: (i) expanding the capability set (creating new opportunities to choose from), (ii) improving access for the most vulnerable to existing opportunities, offering extra resources and removing barriers; and (iii) enhancing the freedom and agency of individuals by promoting democracy and enforcing individual rights. The choice of when and where individuals and communities decide to exercise this agency remains with them, provided that environmental conditions, such as supportive law and political will (role of the government as well as the international community in Afghanistan), are met (see Figure 7.1).

[Insert Figure 7.1 here]

#### 7.2.3 Empowerment of whom?

Increasing the agency of vulnerable groups often ceases to be a priority when development programmes have to deal with traditional, religious and social structures – especially in fragile and low-income contexts, where there is a paucity of basic resources. The analysis of PRSP processes shows that participation frequently does not involve powerless and marginalised groups (Dijkstra 2005; Molenaers and Renard 2003). A common consequence of losing their perspective is that power structures that are the very source of barriers faced by vulnerable groups (such as women and

persons with disabilities), not only continue to dominate but are actually maintained and perpetuated through programmes that are designed, in principle at least, to reduce inequalities.

The degree of vulnerability of such groups is closely linked to the social representation of their role and status within society (Bosher, Penning-Rowell and Tapsell, 2007; Wisner et al. 2004). In Afghanistan for instance, the role of persons with disabilities is determined largely by social representation linked to the identified cause of a given impairment. This identified cause has considerable influence on the perceptions, beliefs and attitudes towards disability. In view of Afghanistan's history, the war-disabled as well as the landmine/UXO/IED<sup>2</sup> survivors have social recognition that sets them apart from other persons with disabilities. Fighters disabled during the war are viewed as having made a sacrifice for their land and are socially valorised and respected; other people disabled due to the conflict are viewed as being victims and receive sympathy and often pity from the community, especially when the accident occurred when they were children. Moreover, both these groups have a high level of visibility, and benefit from a number of development programmes, from employment support to rehabilitation and physiotherapy centres. At the political level, these groups have the capacity to voice their concerns: they are strongly represented within Afghan institutions and constitute very strong lobbies in the Ministry of Labour, Social Affairs, Martyrs and Disabled<sup>3</sup> for example, but were also the focus of other organisations in the first decade of post-Taliban era. On the other hand, persons whose disabilities are believed to stem from beliefs such as 'the curse of god', Djins and black magic or are believed to be congenital and linked to a problem within the family are often marginalised due to strong prejudice as well as fear of negative social consequences.

Any approach that claims to be participatory is therefore tasked with ensuring that the most vulnerable groups can benefit from development programmes by focussing on the aforementioned three aspects of empowerment. Most often, participation in fragile contexts stops at the first of these dimensions: providing access to assets, facilities, or services. However, because most vulnerable groups are by definition excluded from political and social networks, stopping at this point reinforces the view of people being seen as little more than passive recipients of development programmes. As a result, empowerment becomes synonymous with 'consulting' and 'informing', which are reflections of tokenism rather than participation (Arnstein 1969). According to Arnstein effective citizen participation entails making a space and devising procedures for voices to not merely be expressed, but also to be heard and fed into strategic decisions. The challenge then is two-faceted: to convince vulnerable groups to express needs and demands (something that they might not be comfortable doing in the presence of traditionally dominant groups); and to convince dominant groups that this opinion is important.

This of course, cannot be achieved without true political will for encouraging participation across the board. Failure to do so results in the perpetuation of age-old structures and social dynamics that in turn maintain existing barriers. In the case of education for instance, the major problem for

participation is the lack of power of parents in relation to teachers and education authorities (Khan, 2003). The other pitfall is the disempowerment of those previously in power, which can also contribute to the failure of the programme (Musyoki, 2002). The links between empowerment of persons and communities and a participatory approach to action are undeniable for the reasons described above. What are the implications of this for defining and implementing policy?

### **7.3 Programmes for Afghans with Disabilities: a missed opportunity? The case of a development programme in a post conflict context**

Experts agree that development programmes need to take into account the multidimensional and dynamic analysis of a given situation. They furthermore need to have the 'adaptability' to transform along with the needs of a dynamic context. Since 2003 in a country like Afghanistan, the various aspects of a given situation are in constant flux. Various agencies and organisations, as well as governments themselves, do not always agree upon the aspects that need to be prioritised at a given moment in time. Moreover, the country itself has been oscillating between a post conflict situation, moving rapidly towards a developmental dynamic, and falling back into a low intensity conflict situation, and so on. The main challenge then for national and international stakeholders is to constantly adapt without losing sight of the overall goal: work towards a sustainable stabilisation, with the eventual goal of some of the actors becoming obsolete. Empowerment and enhancement of the agency of individuals and communities in such contexts raises specific challenges.

In theory, the participation of 'beneficiaries' and stakeholders was a key issue in the majority of implementation strategies associated with development programmes in Afghanistan. As Coleridge put it, 'The general picture of development work in Afghanistan is of a series of top-down programmes that recognise, on paper, the importance of consulting local people but, in practice, generally fail to do this in a way that goes beyond discussing "shopping lists" of local needs' (Coleridge, 1998: 151). In the following section it is argued that the need to engage in a dialogue directed at building a common understanding among stakeholders and 'beneficiaries' of what a disability programme should be was the major setback of the national disability programme in Afghanistan. This limited perspective of what participation entails, and applying a partial definition of empowerment has arguably been one of the major impediments to reaching the most vulnerable sections of persons with disabilities. The initial disability programmes in Afghanistan did not meet their objectives in great part due to the inability to include partners from civil society within the process in the long term. This section of the chapter discusses the need and means of rethinking and redefining programmes that are in tune with the fast moving realities of the Afghan context.

The following sub-section 7.3.1 will present the Comprehensive Disabled Afghan Programme (CDAP), which was the first United Nations Development Programme (UNDP) to be set up to improve lives of this vulnerable group in 1991. It was set up in a conflict and post-conflict context, and operated under the United Nations' management. It followed a traditional top-down approach to

development that was prevalent at the end of the last century. In 2004 however, the situation changed radically with an elected President and Government of Afghanistan. The programme for Afghans with disabilities needed to be redefined and take into account the new partners and growing voices within civil society organisations. The choices made at that point in time had long-term consequences, the lack of participation of local partners continues to impede efficiency and hinder empowerment. Finally, in the sub-section 7.3.2 we will present the challenges that persist today and the aspects of the development process that need to be brought into sharper focus if the goals of empowerment and reduction of inequalities are to be achieved.

### **7.3.1 The case of CDAP: a non-participatory programme in a conflict and post-conflict phase**

Since 1991 services for persons with disabilities have been provided in Afghanistan. In a first phase (1991 to 1995) services-delivery was limited to sporadic projects of community awareness-raising, special education for those with visual impairments, and employment services. Funding for these initiatives was provided by the International Labour Organization (ILO) and the UNDP (Rathnam, Lang and Reha, 2003: 10).

#### **7.3.1.1 A traditional top-down programme: the 'Disabled Afghans Project'**

In 1991 Bengt Kristiansson, a paediatrician, having carried out several local field surveys of resources in the capital Kabul and the provinces of Takhar and Wardak, set up the Disabled Afghans Project (DAP, 1991–1995) with funding from the Swedish International Development Agency (SIDA). This was succeeded by the Disabilities Community Based Rehabilitation Programme (CBR), which was also supported by SIDA. In Kabul, some services were available in 1991: institutional resources for the physically disabled included the Wazir Akbar Khan Hospital physiotherapy and orthopaedic departments, the International Committee of the Red Cross/Crescent Rehabilitation Centre, the Physiotherapy School, the Indira Gandhi Paediatric Institute, the Afghan Red Crescent Society, and various manufacturers of wheelchairs, crutches, and related equipment. For blind and low vision people, the International Assistance Mission ran a school and sheltered workshops, while the NOOR (National Organisation for Ophthalmic Rehabilitation) Institute provided eye surgery (Kristiansson, 1990). Kristiansson observes that the concept of disability has always been linked to war injury, especially amputation. Disability among women and children was practically invisible and non-existent in policies and programmes, and adult male informants mostly reported that disability cases were few (Kristiansson, 1991). The rehabilitation services available across provinces were scarce and research was very rarely viewed as a means to improvement and sustainability. The DAP objectives were defined by international management from overseas with strong theoretical backgrounds and beliefs about empowerment and participation. However, due to lack of access to the field, communication with local partners was severely hindered and the tangible means to translate lofty

goals into realistic implementation strategies was not feasible. Funding for these programmes was provided by ILO and UNDP, and service delivery was limited to community awareness raising, special education for those with visual impairments, and employment services led by ILO. At this stage the UNDP Programme was known as the 'Disabled Afghans Project' (DAP), and the ILO Programme was known as the 'Employment Support Services' Project. From the beginning, evaluators observed a gap between the objectives (see Box 7.1) of the DAP and its achievements. An evaluation undertaken by Gautron and Jarrar (1996) highlighted the unreachable targets associated with the defined objectives. Complete 'integration' (objective 1) was, according to the authors, unrealistic in the absence of real opportunities for inclusion. Community participation to services provision was not organised at all (objective 2). In the case of health services, the coverage of remote rural areas by health centres was non-existent with no referral system (objective 4) before local NGOs such as Handicap International in collaboration with ICRC in Herat province in 2002 established some. Programme activities were defined by the management in Kabul, and regional staff were tasked to recruit field workers and volunteers for the CBR programme which was launched in 1995 (during phase 2 when the DAP became the 'Comprehensive' Disabled Afghan Programme) (CDAP). CBR programmes faced considerable challenges even in developing countries that are far more economically and politically stable than Afghanistan (Miles, 2002:952). Responding to criticism, we argue that CBR requires complex and extensive planning and the deployment of considerable resources at all levels. It builds on existing social structures and local resources, and requires strong political support (both at local and national levels), which remains a constant impediment in contemporary Afghanistan (O'Toole and Maison-Halls, 1994; Miles, 1990, 2002; Norgrove et al., 2007). If some awareness raising campaign have been organised in communities, little has been done to support Disabled Persons Organisations (DPOs) (objective 3).

[Insert Box 7.1 Here]

Between 1995–1999 there was no effective government in Afghanistan, and the Comprehensive Disabled Afghan Programme (CDAP) created by the UNDP, was run by the United Nations Operational Programmes Services (UNOPS), with the introduction of CBR programmes in the western province of Herat, which were extended in 1997 to Kandahar province (Rathnam, Lang and Reha, 2003). These regions were believed to consist of a high number of landmine/UXO survivors (Ikram, 2000). The CBR programme operated through field workers and volunteers recruited from the targeted communities. According to Coleridge 'there is a strong sense of community ownership of the programme' (Coleridge, 2002: 35), and the CDAP managed the coordination of activities carried out by various agencies and NGOs.

In 2000, the CDAP took over direct implementation in Herat and Kandahar following recommendations made by experts (Krefting and Krefting, 2001). It started acting essentially as a direct service provision component of the Ministry of Martyrs and Disabled (MMD).<sup>5</sup> The

deterioration of the political situation led to the limitation of the programme's activities and to the decision to move management to Islamabad, where it remotely controlled teams still operating in the country, with very limited means of communication. After the end of the Taliban regime and of the exile of Afghans to Pakistan, CDAP management moved back to Afghanistan, but it was only in August/September 2002, that it took back direct implementation of service delivery. According to Coleridge, the programme employed 400 people and relied on more than 2,000 volunteers by the end of 2001 (Coleridge, 2002: 41). After an external evaluation that concluded that there was a "management vacuum", which has seriously dilapidated the managerial, technical and implementation capacity of the Programme' (Rathnam, Lang and Reha, 2003: 10), the CDAP was replaced by a new programme in September 2004. Evaluators concluded that there were major discrepancies between the immediate objectives defined for the programme in the PEACE<sup>6</sup> initiative (see Box 7.2), and the major achievements of the programme.

[Insert Box 7.2 here]

### **7.3.1.2 Results and Weaknesses of the CDAP**

The conclusions, observations and recommendations drawn by the evaluation mission in June 2003 (Rathnam, Lang and Reha, 2003) are similar to those made by the mid-term evaluation published in June/July 1996 (Gautron and Jarrar, 1996). The consultants applied a SWOT (Strength, Weaknesses, Opportunities and Threats) analysis framework to evaluate the programme. They consulted extensively with key informant including CDAP management in Kabul and provincial offices, CBR workers and disability experts from NGOs. As Rathnam, Lang and Reha (2003: 24) concluded 'it is patently obvious that in the seven years that have elapsed since this evaluation was undertaken, there is no indication that any of the recommendations made have been implemented, as the same weaknesses and problems identified in 1996 remain'. There are several reasons that can help understand the inability to strengthen programmes; questions of empowerment and agency are central in understanding the inherent weaknesses of the process.

Firstly, the question of the ownership of initiatives is a very real reflection of processes of empowerment. Despite a significant increase in the number of DPOs between 2001 and 2003 (from 14 to 15 for women and from 77 to 143 men), their participation in the process of selecting priorities, in the implementation of activities and in the evaluation of CDAP actions, remained non-existent (Rathnam, Lang and Reha, 2003). The major decisions were made by management at higher levels.

Secondly, the first steps towards identifying the most vulnerable sections of the population with disabilities and comprehending their needs is to define the implementation strategies that were missing. No large-scale comprehensive needs assessment was carried out to provide transparent evidence that could serve as a basis for decisions make and that could be shared with all partners in the process. As a consequence the programmes worked mostly with local partners who were already identified as leaders in the community and socially valorised, i.e., mostly men with physical and war-

related disabilities. The gap in the evidence base hindered these initiatives in two ways. First by not giving voice to the most vulnerable persons with disabilities who remained invisible and hidden due to social prejudice; and second by not providing information that could serve as a basis for building accountability towards the local communities. The lack of reliable evidence and of an overview of the situation also resulted in the inability to define a comprehensive strategy, which could address the main challenges, and would also seek out the most vulnerable persons in need of support and services. The lack of in depth understanding of social and cultural beliefs that shape representations of disability has also led to a perpetuation of hierarchy among the disabled, with the severely mentally disabled being left out of discussions.

Thirdly, the inability to officially transfer the ownership of initiatives, or to at least build mechanisms for accountability, explains the lack of continuity and sustainability of initiatives. Services under the CDAP were provided directly without transferring skills and knowledge to communities to increase coverage. The building up of capacities over a period of 12 years (1991 to 2003) by appropriate training would have allowed better empowerment and participation in the decision process. Despite numerous commentators arguing for the sharing of appropriate knowledge and capacity-building skills among health staff, persons with disabilities and their families as well as key members of the community using existing materials available in Dari and Pashto (the national languages), together with mass media campaigns to disseminate an awareness message (Miles, 1990; Kristiansson, 1990), the sharing of knowledge and building up of capacity was not made a priority.

Participation and empowerment of the most vulnerable sections of the population should take place early in the programming process and should move away from a sequential approach, including thinking that certain concerns can be addressed at a later stage, once basic services are in place. Such a course of action further marginalises already fragile groups by not mainstreaming them from the beginning into the process. Finally, participation requires representation of involved and interested people. A major constraint to the enhancement of the participation of Afghans at the time of CDAP, was the lack of an independent and single legislative structure that was officially invested with the decision making power for the rights of all persons with disabilities.

### **7.3.2 Moving into a development phase – National Programme for Action on Disability (NPAD) vs. a National Commission on Disability**

Officially, for the international community, the situation in Afghanistan moved from an emergency to a development phase, with legitimate and elected partners (the Government of Afghanistan) as well as emerging local organisations. This conversion in the status of the country resulted from the nomination of a caretaker Government followed by the election of the president in October 2004 and the appointment of an elected Parliament at the end of 2005. The new constitution included equal rights for all citizens and specifically addressed the rights of persons with disabilities, providing a much-needed legal framework to support policy design and programme implementation. In reality,

conflict and violence between the Afghan national forces bolstered by a support mission composed of 13,000 remaining international military personnel, and various opposition forces are keeping the country in a state of insecurity and turmoil.

### **7.3.2.1 Participation through a national forum: the National Disability Commission**

In order to improve the quality and the geographical coverage of services, the need to coordinate the work of NGOs in charge of service implementation became imperative. The inclusion of DPOs in the definition and objectives of a disability strategy was the opportunity to raise funds from donor agencies to ensure a sustainable financial basis for a national disability programme using a genuinely participatory approach that could sow the seeds of empowerment for the most vulnerable.

In June 2002, a National Disability Commission (NDC) was created with the scope to better empower persons with disabilities, coordinate actors and increase participation of national stakeholders. The focus of this commission was to develop a national policy and implementation mechanisms that would result in a holistic and comprehensive portfolio of services for persons with disabilities, which would meet their expressed needs. However, in the absence of a legitimate local structure for the government, and in view of the political instability, this structure was not deemed timely. Although the meta-objective of creating an idealistic legitimate and egalitarian forum for voicing disability concerns remained of paramount importance, the decision to momentarily shelf it delayed the process of transfer of ownership, which, in turn, perpetuated the service-delivery mechanisms.

In 2004 and in view of the changing context as well the conclusions of the assessments of programmes and recommendations made by various experts, one major goal assigned to CDAP by Rathnam, Lang and Reha (2003) was to provide technical support in coordinating actors, mainly NGOs, INGOs and DPOs, for the implementation of services for persons with disabilities in order to initiate an inclusive and participatory approach. Actors in the disability field were to be organised in a consortium under the impetus of the NDC. 'The Evaluation Team considers that an enhanced degree of collaboration between organizations providing disability services in Afghanistan would result in the overall improvement of service delivery, both in terms of the quality and quantity of services provided, as well as the extension of geographical coverage' (Rathnam, Lang and Reha, 2003: 37). The role of the UN would be to provide capacity building and technical support to the NDC, the MMD and the implementation agencies (i.e., NGOs, INGOs, CBOs and DPOs), to coordinate donor assistance, and to mobilise resources. However, the need for national ownership of the process was strongly voiced by organisations in the fields as well as NGOs in 2004. A draft document<sup>7</sup> stipulated that 'the NDC, for the GoA [Government of Afghanistan], will take up the task of programming, managing and coordinating the disability policy in a field where actions were previously planned by different ministries and carried out in isolation by various local governmental bodies or implementing agencies, especially INGOs' (Trani, 2004:26). The main focus of the NDC was clear: to work on

empowerment. In order to achieve this, the first step was to recognize – not just symbolically – the central role and responsibility of the government, and avoid a confusion of roles and mandate. Numerous challenges the CDAP was facing to transform and adapt to the new context were inherent to its structure, which had been conceived to respond to the urgency of an unstable situation defined by conflict. The NDC however, was conceived in order to set the stage for policy development and national implementation in a sovereign state (Trani, 2004; Rathnam, Lang and Reha, 2003). It aimed to address the various aspect of empowerment simultaneously. The very structure of the commission was designed to trigger the required step-changes towards transfer of ownership. To ensure that disability remained a priority in all decisions, the commission, an inter-ministerial structure with a representative in the office of the President, was responsible for overseeing coordination amongst stakeholders and guaranteeing that finite resources have maximum impact. The strategy followed was built on a comprehensive approach that cut across all sectors of public policy: health, education, labour, social affairs and women's issues, all of which were to be embedded in the NDC to ensure that disability remained a priority within the wider agenda.

The NDC viewed empowerment as an on-going and complex process that required constant strengthening. In line with the concepts of Rowlands (1997) and Kabeer (1999) it created impetus for a three-pronged approach combining access to resources with enhancing agency and enlarging the capability set of vulnerable groups. The recognition of the central responsibility of local partners in the implementation process of the NDC strategy resulted in a radically new approach based on participation and ownership of persons with disabilities. DPOs representatives' were considered as crucial members of the consultative technical groups created to advise the Chair of the NDC on the disability strategy to be followed on major issues: physical rehabilitation, mental health, legislation and rights, employment support, and awareness. The new body aimed at entrusting local actors with decision-making, and ensuring international advisers took on a purely advisory role.

However, the UNDP decided not to pursue the implementation of the NDC and set up an intermediary structure instead: the National Programme for Action on Disability (NPAD). The main difference from the NDC was that the NPAD strategy, at least in the first phase, would be undertaken by international experts and UN staff; the underlying implication was that, after a given period of time, the responsibility would be transferred. Direct service provision was stopped, emphasis was placed on NGO sub-contracting, and the programme was limited to 'focus much more strongly on policy definition, development and wider institutional reform with the Government of Afghanistan to establish appropriate structures and processes for the coordination of the disability sector' (UNDP, 2005, p. 13). Direct implementation was suppressed and NGOs were subcontracted and thus financed on a short-term basis, hindering all possibilities for planning long term actions.

7.3.2.2 Evidence of a missed opportunity: comparing multidimensional poverty measures between persons with disabilities and non-disabled people

Research confirms the conclusion of the assessment carried out in 2003 (Rathnam, Lang and Reha, 2003). Evidence that existing programmes have failed to reach persons with disabilities on a par with non-disabled people is provided by ~~multidimensional poverty~~ [comparing persons with disabilities](#) to the rest of the population. We calculated the Alkire-Foster measure of the adjusted headcount ratio for a cut-off (k=50%) of the available poverty indicators (Alkire and Foster, 2011). This cut-off corresponds to the proportion of Afghans considered poor (i.e., 37%), which is similar to the results of the National Risk and Vulnerability Assessment (NRVA) in 2011-12 (Central Statistics Organization 2014). Our results in Table 7.1 show that persons with disabilities, particularly those disabled at birth, are significantly more deprived than non-disabled people as shown by the adjusted headcount ratio (Mo) for two different weight structures. This is also the case for rural resident compared to urban dwellers, those from minority ethnic groups such as Hazara and Uzbek compared to Tajik and Pashto, and for women compared to men.

[Insert Table 7.1 here]

#### 7.3.2.3. A different choice: Power given to the experts

Limited positive outcomes for persons with disabilities were used as a justification and justify the development of the NPAD based at and funded through UNDP in early 2005. This programme was designed to be the central coordination body, which would provide support to selected Ministries to push for the inclusion of persons with disabilities within the national dialogue and various policies. It is undeniable that the functional structure of the NPAD appeared similar to the NDC – especially the strategy to place advisors within key ministries (Public Health, Education, and the new Ministry of [Labour, Social Affairs, Martyrs and Disabled](#)) ~~to provide technical support~~. However the key discrepancy that severely hindered empowerment was the question of ownership. The NPAD advisors within key ministries were held accountable not to the minister, but to the NPAD management headed by an international UN staff. All conditions were met to stave off the participatory approach proposed through the NDC, which reflected a complete different philosophy of action and organisation that characterised the two structures (table 7.2).

[Insert Table 7.2 here]

### **7.4. Conclusion: is a shift in the practice of development possible in Afghanistan?**

A national survey carried out in 2005 showed that Afghans with disabilities were still not taking an active role in defining and evaluating services and policy (Trani and Bakhshi, 2011). More recent research currently carried out by the authors shows that participation remains limited to the consultation of 'beneficiaries' without involving them in the definition of programmes or their implementation. In short, we are still far away from a 'process freedoms approach' recently proposed by Ferrero and Zepeda (2014; chapter 12 in this volume). At the micro level, interventions do not expand participation capabilities. They downplay the deliberation process, do not foster partnership

or learning processes, and are barely subject to an accountability process towards beneficiaries. We therefore contend that the approach taken a decade ago by the NPAD did not develop national capacity for a central role. International experts embedded in key ministries with little contact with the Afghan reality had at best a role in changing legislation and the implementation of limited service delivery in Kabul. Yet, the mainstreaming of the issues relating to persons with disabilities in existing policy has remained unaddressed to this day. Although on paper, UNDP advocated the need for the participation of stakeholders and beneficiaries in defining and providing services<sup>8</sup>, the first steps towards national ownership were not made a priority. Today, more than a decade after the ousted Taliban regime, the Ministry of Labour Social Affairs and Martyrs and Disabled is still not a major disability policy actor. Besides organising the payment of the disability pension, the ministry administration does not initiate any policy towards improving the well-being of persons with disabilities. Major actors remain a small group of national and international NGOs.

In this chapter, through the example of disability policy in Afghanistan, we have argued that the delays in transfer of ownership reflect an inability to move beyond a traditional service delivery mentality to international development. Despite disability and mental health having been first-tier priorities in the Basic Package of Health Services (BPHS) since mid 2004, effective changes and improved access to services were not substantial. According to analyses of the NPAD this inefficiency resulted from lack of will to enforce decisions taken at the central level (UNDP, 2007). This analysis reflected a worrying underlying implication that Afghans were not equipped (yet) to make the decisions that shape future perspectives. The inherent and widespread belief with regards to the leadership of number of international donor agencies since 2002 was to regard empowerment mainly as a consultation and communication issue, instead of a transfer of power and enhancement of agency. Until 2010 the prevalent response to complex issues was mainly to bring in more foreign experts to lead disability policy and programmes; during these 7 years up to half the budget<sup>9</sup> was spent on their salaries. No complementary action was taken to develop the capacity of health facilities staff and health workers' knowledge on disability and mental health.

The weaknesses of successive programmes were also visible in the absence of comprehensive action, which itself was a reflection of an inadequate understanding of the situation. The fact that the most vulnerable categories of persons with disabilities (such as women with mental disabilities) have to date not been made a priority is one of the consequences of this inability to make spaces for the most silenced voices to be heard. The existing programmes have focussed on the highly visible and socially accepted forms of disabilities in major cities where physiotherapy services and especially prosthetics and orthotics workshops have been set up; coverage of remote rural areas continues to be a challenge as the situation in the villages compounds various hurdles that need to be addressed through a comprehensive strategy. These hurdles, often used to justify failure of initiatives, include inadequacy of transportation, the absence of roads, and the concentration of the poorest in remote areas. A much-needed truly participatory reflection has never been engaged to try to realistically and

systematically determine how and to what extent the programmes could be expanded by further decentralisation at the grassroots level and by looking for local multidimensional solutions to respond to the complexity of needs.

Gender inequalities seem inherent to all development indicators in Afghanistan and embody the complexity of social and economic issues. Despite progress since 2002, the education of girls (with or without disabilities) still remains a challenge (Trani, Bakhshi and Nandipati, 2012). At all ages, boys have more access to school than girls; at all ages, women without disabilities have less access to school than men who became disabled before school-starting age. The effect of gender is significant within almost all indicators of education: access, retention and completion of school. However, the reasons behind these differences are many and intertwined, and they range from beliefs and cultural practices, to distance of school, the availability of female teachers and access to adequate facilities such as toilets. Girls and women who have disabilities compounded with other factors (living in rural areas, type and perceived cause of disability, for example) face paramount challenges that are not even acknowledged in a comprehensive manner in development programmes. One stark example of this remains the almost systematic dissociation between gender and disability initiatives.<sup>10</sup> It is evident that the various disability policies and programmes in Afghanistan have been inefficient due to delays in transfer of ownership as well as sectorial approaches that view issues in silos. These decisions have had a similar lasting impact on the empowerment of the most vulnerable sections of society as existing hierarchies. The overlap of mandates and confusion of responsibilities, associated with a lack of coordination among actors in the field have created a feedback loop that made it impossible to set-up the mechanisms needed to respond to the complexity of the challenge. In order to associate transfer of ownership while challenging age-old hierarchies calls for responses and initiatives that can take into account the specificities of local communities. International actors have a major role in supporting this dual process and holding local leaders accountable for reducing inequalities.

Another consequence of this missed opportunity to take a comprehensive approach geared towards empowerment has been a perpetuation of stigma against certain forms of disabilities. Social acceptance of mental forms of disability is ubiquitous in all societies; even among persons with disabilities themselves, prejudice is widespread. NDSA results showed that a huge majority of persons with physical and sensorial disabilities as well as the non-disabled stated that the mentally disabled should not have the same rights as other categories. However, in recent outreach initiatives, the divide between intellectual/learning disabilities and issues related to mental illness and psychological problems has become visible. The efforts to get the former into disability programmes have increased (although they remain far from adequate), whereas the latter are viewed as belonging to the 'medical' realm requiring medication. The development efforts in Afghanistan, by failing to place empowerment as a major component, have not challenged the inequalities inherent

to age old beliefs and norms and have thus maintained at best or re-enforced these implicit hierarchies or have even created new lines of division.

A 2010 report cautioned '[many] of the problems that the international community faces in Afghanistan arise from their own hastily-made decisions and short-term planning, driven by political expediency' (AREU 2010, p. 1). In the field of disability this has been acutely true through various policies since 2003. In the present chapter, we have argued that tunnel vision has been a consequence of a traditional perspective of development that failed to make a strong commitment to enhancing agency and empowerment. Firstly, the notion of empowerment itself was understood in a limited manner without early ownership of the process by national representatives. Secondly, the question of empowerment of whom was not viewed with the aim of identifying the most vulnerable sections of persons with disabilities, perpetuating traditional power structures in terms of types of disability and gender for instance. Thirdly, the spaces for exercising agency were not created within the implementation process. The result of these 'oversights' has been that disability continues to be a 'specialised' field and the most vulnerable continue to fall through the cracks of well-intentioned programmes. As we write, Afghanistan is once again at a crossroads with a new Government that needs to rebuild trust in the democratic process and faces uncertainty about what lies ahead in 2015 as the international community 'pulls out'. To what extent empowerment has been achieved by increasing the agency of the most vulnerable individuals and groups of society remains to be seen.

Beyond the case of Afghanistan, we can draw a few lessons for improvements in aid effectiveness provided by high income to low income countries as articulated in *The Paris Declaration for Aid Effectiveness* (OECD/DAC 2005) and revised at the fourth Busan High Level Forum on Aid effectiveness in 2011. First, a vast literature has been arguing that bad government and corruption contribute to the limited effectiveness of aid (Bauer 1971; Djankov, Montalvo and Reynal-Querol, 2006, 2008; Moss, Pettersson and van de Walle, 2006; van de Walle 2001). The present chapter shows that genuine participation, based on the involvement of a major stakeholder (the people of Afghanistan, those to whom aid is directed) is arguably a strong warrantee of reducing the misuse and waste of international aid by increasing downward accountability. Second, following Eyben (2006, 2008), we argued here that donor agencies should be 'privileging muted voices', marginalised groups that are never involved in decision making and whose needs are never taken into consideration. Finally, our chapter shows that persons with disabilities, like other vulnerable groups such as minority ethnic groups, women, and elderly people, are not benefitting from the same increased opportunities offered to other social groups through these interventions because they cannot participate in the definition of development interventions aimed at improving their life. In other words, vulnerable groups, such as persons with disabilities, minority ethnic groups, women, and elderly people who are already facing discrimination resulting from prejudice, are also missing

out on development outcomes for the same reason. Such 'horizontal inequalities' (Stewart, 2014) continue to fuel political instability as the case of Afghanistan demonstrates to date.

## Notes

<sup>1</sup> Latest available data from World Bank (2014).

<sup>2</sup> Unexploded Ordinance/ Improvised Explosive Devise.

<sup>3</sup> The Ministry of Martyrs and Disabled (2001-2006) became part of the Ministry of Labor and Social Affairs in 2007 and the later became Ministry of Labor, Social Affairs and Martyrs and Disabled (since 2008).

<sup>4</sup>

In Afghanistan, the principle government office charged with safeguarding the interests of persons with disabilities is the MMD which was established at the beginning of the Soviet influence in Afghanistan with the aim to pay welfare pensions to the families of those killed in war and to war disabled people. The Ministry continues to follow its initial mandate and still provides pensions to an expanding recipient base (in 2003) which includes those who have lost more than 30% of mobility, sight or hearing. The MMD was originally supposed to develop and deliver a comprehensive package of services to the disabled community in order to enable effective participation in economic life but never managed to succeed in terms of launching such a programme.

<sup>6</sup> The PEACE (Poverty Eradication and Community Empowerment) initiative was a joint integrated development strategy under a UNDP umbrella with FAO, Habitat and the UNOPS Afghan Rural Rehabilitation Programme (ARRP). The PEACE initiative seeks to graft technical programmes (CDAP and FAO) onto community mobilization structures set up by Habitat in the towns and ARRP in the rural areas. See UNDP (1997).

<sup>7</sup> Trani (2004).

<sup>8</sup> 'Involvement of stakeholders and civil society will increase the efficiency and effectiveness of the works. For example participation of civil society group in the management of disability resource centre creates a sense of ownership with the disability community' (UNDP, 2007),

<sup>9</sup> The estimated budget for 2005-7 was US \$ 1,200,000 and the donors were: USAID, UNDP, JAPAN and the French Trust Fund (UNDP, 2005, p. 24).

<sup>10</sup> Although Disability programmes always have a gender perspective, mainstream programmes address the two separately.

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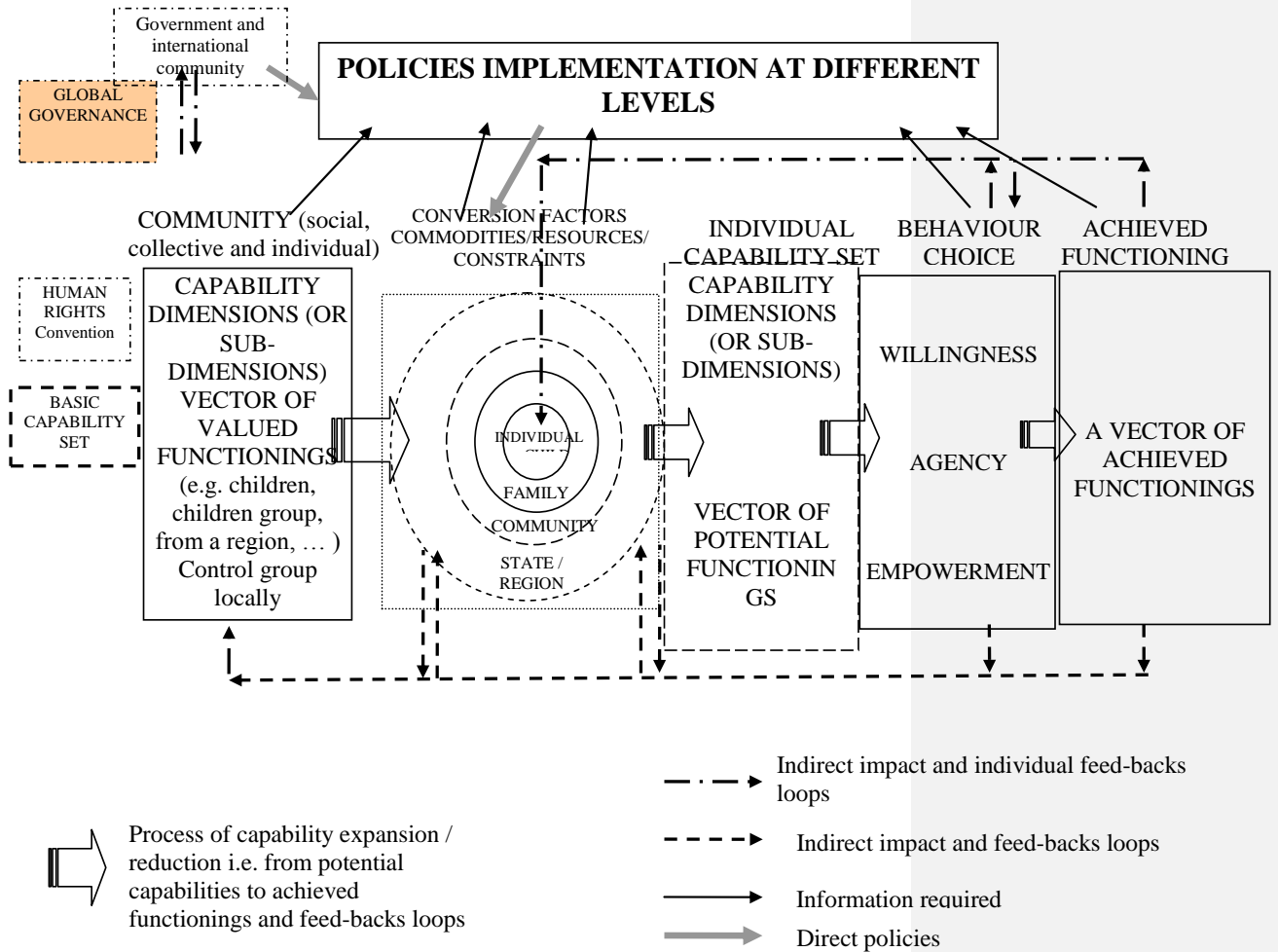
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Figure 7.1: The Capability Approach framework and policy intervention



Source: Trani et al. (2011), p. 150.

### **Box 7.1 Principal and immediate objectives of the initial 1995 'Comprehensive Disabled Afghans Programme' (CDAP)**

Principal development objectives of the CDAP

Equalization of opportunities, integration and the promotion of the rights of children, women and men with disabilities, leading to their full participation in educational, economic, social-political, religious and cultural activities in their communities.

Immediate objectives

Objective 1. To have the capacity to integrate disabled people into the programmes of mainstream services in health, education, labor, and community development.

Objective 2. To strengthen the capacity of communities for effective participation in planning, decision-making, implementing and monitoring of Programme activities.

Objective 3. To strengthen the capacity of disabled people and their organizations for effective participation in and support of the Programme activities, and for representing the interests of disabled Afghans.

Objective 4. To strengthen the support and referral systems to adequately serve people with disabilities and their families at the community level.

Source: Rathnam, Lang and Reha (2003), p. 13.

### **Box 7.2. The immediate objectives of the PEACE Initiative, with specific references to CDAP (1997-1999 Phase)**

**Objective 1:** To establish a network of trained field workers capable of providing appropriate counselling, therapeutic and referral services to the disabled; of trained field specialists capable of providing the disabled with appropriate education, health and employment service support; and of trained community volunteers, capable of part of the above, as a first line support service.

**Objective 2:** To establish an efficient system for specialized services in the rehabilitation of disabled people (home-based training, physiotherapy and orthopaedic technology services, special education, and employment support)

**Objective 3:** To mobilize local communities to take responsibility for the sustainable rehabilitation of their disabled community members, by strengthening their ownership of the rehabilitation process of their disabled community members

**Objective 4:** Through advocacy to enhance awareness of, and commitment to, the integration of disabled people into ordinary public and private services (health, education, vocational training and employment sectors, and to demonstrate the impact and relevance of Community-Based Rehabilitation so as to lead to replication in national programmes (at the appropriate time) and in programmes assisted by other donors, agencies and non-governmental organizations.

**Objective 5:** To strengthen capacities of national, non-governmental, and community based organizations interested in embarking on programmes for the disabled through human resource development and, in consultation with all stakeholders, to formulate a comprehensive and long term rehabilitation and social integration strategy.

**Objective 6:** To apply, on a pilot basis, the concept and principles of Community-Based Rehabilitation to the integration of widows and orphans.

Source: UNDP (1997), p. 116.

**Table 7.1. Multidimensional poverty measure by various subgroups (k=50%) in 2005**

	Equal Nested Weight			Equal Weight		
	Headcount (H)	Intensity (A)	Adjusted Headcount (Mo)	Headcount (H)	Intensity (A)	Adjusted Headcount (Mo)
All	31.14	0.592	0.184	28.29	0.795	0.225
Sex						
Male	22.02	0.600	0.132	24.58	0.786	0.193
Female	42.65	0.587	0.250	32.96	0.803	0.265
Ethnicity						
Pashto	33.57	0.596	0.200	30.13	0.801	0.241
Tajik	24.40	0.581	0.142	20.77	0.783	0.163
Hazara	34.55	0.612	0.211	38.18	0.805	0.307
Uzbek	38.76	0.591	0.229	37.98	0.790	0.300
Other	26.00	0.550	0.143	18.00	0.767	0.138
Age groups						
15 to 24	23.85	0.583	0.139	20.50	0.781	0.160
25 to 34	30.91	0.590	0.182	28.48	0.791	0.225
35 to 44	32.09	0.597	0.191	30.22	0.805	0.243
Over 45	41.36	0.598	0.247	37.96	0.803	0.305
Residence						
Urban	18.56	0.581	0.108	14.62	0.779	0.114
Rural	36.74	0.594	0.218	34.37	0.798	0.274
Disability cause						
At birth	56.25	0.615	0.346	46.48	0.839	0.390
Other cause	46.65	0.605	0.282	47.52	0.799	0.380
Non disabled	16.48	0.551	0.091	14.23	0.744	0.106

Source: Authors' calculation based on [data from authors'](#) National Disability Survey in Afghanistan, 2005.

**Table 7.2. NDC and NPAD Organisation Schemes**

Aspects for Empowerment	National Disability Commission (National Structure)	National Programme for Action on Disability (UN Structure)
Spaces for exercising agency: Overall Responsibility of Decisions	An executive Board (EB) of Ministries with representative of DPOs and NGOs. A Secretariat of the NDC which is the Ministry acting as an implementing authority and answering for its action to the EB	UN staff in charge of the NPAD under the leadership of the UNDP programme manager. Advisors in Ministries answer to the NPAD Manager.
Enhancing Agency: Role of local partners and Civil Society	Central, Decision Making, implementation and assessment	Consultative and implementation partners
Access to resources: Funding	Various Funding Agencies	UNDP
Fields of action: Technical Advisors in Ministries	National Experts reporting to the Chair/Board on a regular basis (with support if needed)	International/National Experts reporting to the NPAD Manager

Spaces for exercising agency: Assessment/Evaluation	Transparency and Sharing of Reports and Studies	Controlled dissemination
Enhancing Agency: Power Balance	Egalitarian Model	Donor remains main decision makers

Source: Authors.