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Mapping the Paradigm of Disabilities in Afghanistan from the Lens of Law and Policy

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Author's contribution

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ABSTRACT

Disability is a cross-cutting issue in Afghanistan. After four decades of armed conflict, it is unknown how many Afghans are disabled, and accurate data are scarce. Afghanistan has over a million people with disabilities, and their situation is generally poor. While war and landmines rendered hundreds of thousands of Afghans crippled, many more suffered birth defects, accidents, hunger, and diseases that could have been avoided but the inner lives of those with impairments do not concern most the others in an armed conflict state. The interactions with people who have disabilities have been a brief "Salam Alaikum" (Hello) and a respectful "Tashakor" or "Manana" (Thank you). However, many people with disabilities experience stigma, prejudice, and exclusion from society. Still, neither the government nor the international non-governmental organisation has disclosed the statistical information and challenges that differently-abled persons face in Afghanistan it could be male or female. This article looks closely at the legal system in Afghanistan that protects the people with disabilities that they need to engage in public life on an equal footing with other people. The current study uses a doctrinal approach with an emancipatory perspective on impairments to suggest possible solutions to alleviate and improve their situations. The study is limited to drawing the attention of NGOs and policymakers to mid the condition of people with disability from the breath and the length of Afghanistan. In this article, the study has focused mainly on the legislative framework and the issues that smoke screens the overreach of the law for the protection of disabilities and prohibit discrimination in public life, also exposing obstacles that impediment people who are physically or mentally challenged.

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1. INTRODUCTION

“Disability is distinct in the context of growth because it draws attention to several issues crucial to development discourse and ethics, such as notions of equality, normalcy, empowerment, rights, survival, the individual versus the collective, discrimination, and social support systems” [1].

It is important to view disability as a development and social issue where the rights and needs of the disabled person can be satisfied by inclusive rather than exclusive social attitudes, together with, if necessary, a rehabilitation process that is individually tailored. How can Afghanistan use this concept of disability? Disability has become a severe issue after forty (40) years of the war marked by battle, landmines, and bombardment, which results in populations suffering from conflict, forced displacement, hunger, absence of health care, etc.

In Afghanistan, a person is deemed disabled if they experience any form of constraint due to an impairment [2]. This definition is based on the common understanding of disability that the WHO promotes in its international classification of impairments [3], disabilities, mental disability [4], and handicaps. It defines impairment as an irregularity in the body's functioning brought on by any type of trauma or disease, disability as a limitation on one's capacity to execute tasks as a result of impairment, and handicap as the social disadvantage brought on by disability. It encompasses a conception of human variability based on the contrast between normality, average human functioning, and abnormality as deviation from this norm. Historically, the vast majority of people with disabilities in Afghanistan rely on the informal income they can obtain within their families because there is no formal source of income for those with disabilities [5]. In light of this, if disabled persons desire to integrate into society, they must attempt to overcome their disability. This study attempts to remark that under Art. 12 of Conventions on the Right of people with disabilities (CRPD) offers equal recognition and support of those with disabilities on equal footing to other Afghans. The fundamental issue is that due to gender differences, conventional attitudes, and religious motivations, disabilities do not have the same effects and are not seen in the same light as

normal people. Under the medical approach, people with impairments are seen as defective. The social model presents the opposing perspective. It asserts that the person is still equally respected despite having a disability that cannot be changed. Society must embrace them for who they are and overcome their impairment. Therefore, there are two fundamental social structures to choose from: a closed, exclusive society that values uniformity, fitness, and beauty above all else and rejects abnormality, or an open, diverse and accepting society that values difference and accepts people for those who they are, regardless of how they look or function. The social model of disability aims to address both the sources and the causes of impairment, from personal and biological variations to societal structures, and to deny the concepts of normality and abnormality any theoretical justification. According to the social model of disability, which calls for societal and environmental reforms to suit the needs of handicapped people, disabled organizations worldwide have promoted disability as a human rights problem. This point of view contends that based on average human performance, social structures fail to consider disabled persons, ultimately leading to disability. Disability, however, is not solely a social issue, and the social model cannot entirely replace the medical model. For instance, independent of opinions in the community, deafness is a barrier in and of itself. One cannot claim that unfavourable social attitudes cause all issues faced by people with disabilities. Disability is a component, and because of this, disability and race or gender as societal issues are not strictly comparable. A rehabilitation method is required to attempt to minimize the impairment.

2. CONSTITUTIONAL FRAMEWORK

“The Afghan constitution 2004 [6], the law on non-governmental organizations, and the National Law of Rights and Benefits for People with disabilities (NLRBPD) make up the legal framework in Afghanistan that governs the status, creation, funding, and operation of representative organizations of persons with disabilities at the national, regional, and local levels”. Chapter Two: Fundamental Rights and Duties of Citizens Article 35 [7] states, “To realize moral and material goals, the citizens of Afghanistan shall have the right to

organize groups in conformity with provisions of the law."

The Non-Governmental Organizations Law establishes guidelines for the creation, registration, operation, structuring, and activity of non-governmental organizations. According to this law, non-governmental organizations must base their operations on charitable goals that comply with the Constitution and other relevant laws. The state must support and promote these organizations' endeavours. A legal framework governs the conditions and resources that the State must make available to nonprofit organizations for them to fulfil the mission and goals of their work.

The law outlines requirements for establishing and registering NGOs, as well as their structure and operations, sources of funding, and economic activity. It also addresses their fusion, cessation, and dissolution. Consequently, NGOs are established by natural or legal persons and gain their legal capacity after being formally recognized and registered with the court. The same Non-Governmental Organizations statute also governs the registration procedures. The NLRBPD promotes economic, social, political, cultural, educational, and therapeutic support for women, men, and children with disabilities, as well as the preservation of their rights and full participation in society. Support for organizations that speak for people with disabilities is not mentioned specifically. The Constitution 2004 encourages the inclusion of individuals with disabilities in social and public life. Any sort of discrimination against Afghan people is forbidden by Article 22. Article 53 assures people with disabilities' "active engagement and reintegration into society" and provides financial assistance. According to Article 84, the President may designate two people with disabilities to serve as Members of Parliament in the Upper House (Meshrano Jirga). According to the National Law of Rights and Benefits of People with Disabilities, states must encourage people with disabilities to participate actively in society. The law also mandates that people with disabilities be given preference for 3% of positions in both the public and commercial sectors. However, the law has been under fire for not being sufficiently founded on human rights and favouring war victims over other people with disabilities.

The National Policy for Persons with Disabilities of 2004 stipulates strategies for fostering the participation of people with disabilities and their

representative organizations. This policy was developed with input from numerous stakeholders, including disabled people's organizations (DPOs), and it was coupled with the revised Afghanistan National Disability Action Plan (ANDAP) 2008-2011.

Further recognizing disability as a crucial cross-cutting issue, Afghanistan's National Development Strategy aims to enhance the rights of people with disabilities in various fields. Disability indicators have been a part of many development programs since 2007. The Ministry of Labour, Social Affairs, Martyrs and Disabled (MoLSAMD), is in charge of furthering the rights of people with disabilities in Afghanistan. Coordinating and consulting with representative organizations of people with disabilities is another duty of MoLSAMD. In MoLSAMD, a Disability Stakeholder Group (DSG) with a clear mandate has been established. The DSG comprises NGOs, INGOs, civil society, the media, and groups representing people with disabilities. The policy framework calls for establishing a National Disability Commission, affiliated with the Office of the Deputy President, whose responsibility is to advance the framework of an environment that is welcoming to people with disabilities. The commission should also work with regional, national, and international organizations to track how the policy is implemented, including groups representing people with disabilities. However, no such commission was ever formed, and the MoLSAMD still oversees all issues about disabilities. The government has few resources, thus, attempts to increase the ability of groups that speak for people with disabilities to make it easier for them to participate in legislative, policy, and other decision-making processes are typically project-based and sponsored by donors. As a result, keeping track of who has done what and for whom is difficult using official and trustworthy information, for instance, by providing fake lists. According to anecdotal evidence, funders and other organizations have sponsored capacity-building interventions (local or foreign NGOs, INGOs, or others). These interventions frequently take the form of one-time events or are based on a fund-recipient strategy, with little oversight of their execution and no evaluation of their effectiveness.

There is no special independent system in Afghanistan that allows people with disabilities to take part in the monitoring of the

CRPD's implementation. However, in accordance with their mandate and areas of specialization at the national and local levels, the Afghanistan Independent Human Rights Commission (AIHRC) is keeping an eye on the CRPD's implementation. The AIHRC has a policy of employing disabled people in their department for work involving disabilities.

At the national, regional, and municipal levels, the following issues hinder the participation of a diverse group of people with disabilities in decision-making processes:

- i. lack of experience in advocacy and negotiating for PWD rights
- ii. lack of coordination abilities and expertise in network construction
- iii. within their representative organizations, there is a lack of effective democratization
- iv. limited ability to pay associations' membership fees
- v. Their representative groups' failure to maintain their financial stability
- vi. lack of proper access to information and communication (inaccessible website formats, communication); societal barriers, including attitudes, preconceptions, and paternalistic behaviour;

3. AFGHANISTAN AND INTERNATIONAL LEGAL FRAMEWORK

"Afghanistan ratified the resolution for the extension of the Asian and Pacific Decade of Disabled Persons, 1993–2002, for an additional decade, 2003–2012, in October 2002 at the UNESCAP High-Level Intergovernmental Meeting. The Biwako Millennium Framework (BMF) for Action Towards an Inclusive, Barrier-Free, and Rights-Based Society for Persons with Disabilities" [8]. "The BMF has urged all Asian and Pacific governments to create a national disability policy" [9]. The Ministry of Martyrs and Disabled aimed to use the BMF as a guiding framework for building its ongoing National Disability Policy with eight priority areas after extensive interactions with the international community, including leading regional initiatives on disability policy. The following eight main policy action areas are included in this Comprehensive National Disability Policy based on BMF: assistance for disability groups and women with disabilities, awareness-raising, rehabilitation, education, employment, accessibility, and national coordination. The

establishment of particular procedures for the efficient implementation of each policy area is required to formulate the Comprehensive Disability Policy's core actions and strategies.

Similarly, Afghanistan is the signatory of the International Labour Organisation (ILO) [10] convention (C 159 [11] Vocational Rehabilitation and Employment (Disabled Persons) Convention, 1983) in 2010; Convention on Cluster Munitions CCM on September 2011 [12]; Convention on the Rights of Persons with Disabilities CRPD and its Optional Protocol on September 2012 [13], both CCM and CRPD also published in Afghanistan the official gazette number 1052.

There was a need to create capacity-building initiatives to attain the goal above, notably coordinating, implementing, and monitoring this policy. As a cross-cutting issue, disability called for interagency and coordinated efforts to address the diverse needs of those with disabilities, with MMD serving as the primary coordinator. This policy also placed a particular emphasis on several special targeted populations, such as women and children with disabilities, parents of children with disabilities, elderly people, people living in rural areas who are disabled, people with mental and intellectual disabilities, people who have severe and multiple disabilities, people who have been injured in war, and disabled refugees.

"This Comprehensive National Disability Policy was developed collaboratively by all parties [14], primarily disabled people's organizations and self-help groups, disability NGOs on a national and international level, central line ministries like the Ministries of Education, Public Health, Labor and Social Affairs, Women's Affairs, and Martyrs and Disabled (MMD), as well as related UN organizations like UNOPS/CDAP, WHO, ILO, and UN" [15]. This national policy seeks to advance, as a collection of policy directives, the objectives of an inclusive, barrier-free, and rights-based society for Afghans with debilitating handicaps. In the context of a new Constitution, it also aims to defend and advance the rights and dignity of individuals with disabilities. Therefore, Afghans with disabilities are entitled to the full range of civil, political, socio-economic, and cultural rights embodied in the Afghan Constitution (to be adopted by December 2003) and in international human rights treaties (like CEDAW, CRC, etc.) without experiencing any form of discrimination. The policy laid down a

broad objective and a set of objectives for the government to work toward in collaboration with civil society, which includes grassroots organizations and community organizations like self-help organizations for people with disabilities, parents' associations, Islamic organizations, non-governmental organizations, the private sector, social groups, and professional associations, to remove obstacles that prevent the integration of disabled people into society. The initial policy is anticipated to develop a more thorough and prioritized action plan to accomplish its ultimate goals. Based on this policy, it might be necessary to adopt national laws soon.

This strategy addresses all facets of life since it is focused on the disabled person as an individual and a member of society. According to the priorities and demands of Afghans with disabilities, some critical areas have been highlighted that require special attention. These include developing guidelines for accessible environments and facilities, including access to information, education for all, accessible vocational training programs and facilities, and an affirmative action program. They also include raising awareness to educate and change public attitudes toward disabled people.

Afghanistan's legal system, regulations, and ratification of binding international treaties like the Convention on the Rights of Persons with Disabilities provide evidence of the country's dedication to disability-inclusive education [16]. Article 22 of the Constitution from 2004p [7] emphasized the "general concept of non-discrimination and equality" and ensured that all citizens had access to free education up to the bachelor's degree level (Article 43) .(constituteproject.org, n.d.)

Additionally, the country's comprehensive national disability policy from 2003 established a framework for addressing the rights of people with disabilities, emphasizing expanding inclusive education.(Trani et al., 2012) The definition of disability and the idea of inclusive education significantly guided actions toward disability inclusion. Important legal policy in Afghanistan adopted the social perspective on disability, which would have sparked additional reforms, particularly in disability identification and data gathering.(Trani et al., 2012) Inclusive education aims to protect various kid populations at risk of exclusion by ensuring equal access to school. These discoveries might have influenced

methods of educating children with impairments. The National Education Strategic Plan (NESP) 2017–2021 covered other disadvantaged groups such as internally displaced persons (IDP) and Kuchis and a larger inclusion agenda that included children with impairments. The Education Sector Analysis (ESA) 2016–17, which was released in conjunction with NESP, strengthened the nation's commitment to inclusive education by placing a focus on the implementation of the I&CFE Policy and making explicit connections to global objectives like Education for All and the Sustainable Development Goals (IV - SDG).

The education of children, especially that of children with disabilities, has been significantly impacted as Afghanistan has endured years of hostility, violence, and upheaval. The protracted warfare fostered a view of disability as a military issue that has shaped how disability assistance programming is approached [17]. A complex web of interconnected circumstances, including instability, poverty, widespread migration, rapid population increase, social and cultural standards, and others, have hampered the involvement of children with disabilities in education. Afghanistan is also considered one of the most fragile states, ranking 9 out of 178 nations according to the Fragile States Index. Despite these obstacles, the nation demonstrated dedication and great advancement in educating all children, including those with disabilities.

People with disabilities are more likely to suffer from worse health conditions, employment prospects, and higher poverty.(Trani et al., 2011) Many people with disabilities do not have equitable access to the medical treatment, education, and other resources they require. The main cause of these difficulties is a lack of resources, such as services, transportation, information, technology, physical environment, laws and policies, societal attitudes, and discrimination pose challenges for people with impairments. Evidence demonstrates that removing those obstacles gives people more confidence to engage in society, which benefits the entire neighbourhood. Eighty per cent of people with disabilities live in developing nations, which account for 15% of the global population (UN) [18].

4. CONTEXTUAL DISCOURSE

Disability has come to be seen as a war issue due to Afghanistan's protracted political and

military struggle. War veterans have received more attention than other disabled persons. Because of the focus on injuries from the war, most of the provisions were made for physically handicapped persons and had a professional medical approach to disability. Due to their continued passivity, disabled persons and their families have been pushed to the edges of poverty and social marginalization. Afghans engage with each other during occasions like weddings and funerals; it is challenging for researchers to understand what is "social integration" means. Who is disadvantaged? How is marginalization measured? Afghanistan's disability problem has been connected to the martyrdom problem. The war-veterans have always been seen as disabled individuals who require various support and 'YES.' All disabled people's needs must be met, and that responsibility falls under the purview of the Ministry of Martyrs and Disabled. For political reasons, however, the effects of war on handicapped soldiers are still heavily emphasized. Some of the leading organizations that have helped the disability sector over the years have taken care of the needs of other impaired individuals. This includes organizations like SERVE, the International Committee for Red Cross (ICRC), and International Assistance Mission (IAM), and the local level Afghans with disabilities, including regional groups like Afghan Amputees Bicyclist for Rehabilitation and Recreation (AABRAR) and Hearing Impaired. Disability rights, the ability of people with disabilities to participate fully in society, must be the primary objective. UNESCAP has proposed this organization to safeguard and advance the rights of people with disabilities, and the international world is now taking notice of this shifting viewpoint. This shift in international thinking toward a human rights-based perspective on disability has prompted MMD to work with other partners in advocacy for full inclusion and equitable opportunity for individuals with disabilities. The procedure is taking place as part of the reform and establishment of institutions of self-government with a dedication to the creation of national policy, which is being led by the creation of the National Disability Commission (NDC). NDC was established to supervise general coordination and contribute to developing a National Disability Strategy to enhance the quality of life and protect the PWD. The NDC stipulates that the ministries in charge of education, employment, accessibility, and other areas, such as health, mental health, psychosocial rehabilitation, and social and

physical rehabilitation, are in charge of developing the necessary policies to create the social and economic opportunities needed to enhance the living conditions for people with disabilities.

Disability planning in the envisaged national rebuilding may benefit from developing several regional resource centres and community-based groups serving the disabled. All disability programs should strongly emphasize including disabled people as beneficiaries and employees. These programs should move forward in conjunction with families and disabled persons. Women and children with disabilities have been largely invisible; adult male informants have generally stated that there are extremely few cases.

The Afghanistan law stipulates that a disabled person must meet the following three criteria:

- (1) A sensory impairment or complete or partial physical or mental disability.
- (2) it should be in line with the definition of the International Convention on the Rights of Persons with Disabilities (long-term disability); disability has nothing to do with physical inertia or temporary physiological impairment; instead, it refers to psychological social, economic, and therapeutic effects that have an impact on activities that are considered to be part of daily life. This effect only becomes apparent if the non-biological disability is long-lasting.
- (3) The impairment or handicap makes it impossible for a disabled individual to complete the necessary schooling, training, or employment requirements.

The following are other areas of partial disability that the law addressed:

1. Loss of use of all lower limbs, including paralysis or total and permanent functional disruption of one of them.
2. Amputating the lower limbs, one of them, or a portion of them, as long as the disruption to the lower limbs' functionality is the main factor.
3. Any disease-related impairment of one or lower limbs' ability to operate normally permanently.
4. Being totally deaf.
5. Short stature, so long as the lower and upper extremities are functional, proportionate to the body's size and length, and they do not threaten public safety.

5. APPROACHEST TO DISABILITIES

The idea of human diversity in Afghanistan is not cherished in line with people with disabilities. Due to poverty, illiteracy, and lack of professional and vocational training, people with disabilities are considered burdened in society, particularly in families. The idea of human diversity from a larger perspective, considering factors like age, sex, general cognitive and physical capacities, social conditions, cultural preferences, climate differences, etc. To put it more clearly, this indicates that perceptions of the handicap issue vary depending on gender, traditional and ethnic attitudes, and religious motivations. Additionally, it implies that all those who should be categorized as disabled do not form one large, homogeneous group but rather several smaller, yet-to-be-identified groupings. The type and causes of disability, the social perception of these, and other PwD features are all elements that combine to determine the different impaired sub-groups (sex, ethnic group, age, etc.). For a comprehensive and successful solution to disability in Afghanistan, this complex issue must be addressed, and each of its components must be precisely identified.

5.1 Methods of Education for Children with Disabilities

Access to primary and lower level (basic) education, secondary education, CBE, Islamic education, technical and vocational education and training, and preschool facilities were among the educational options offered to Children with disabilities [19]. Alternative learning options included adult literacy and learning programs, distance and home-based learning, accelerated learning centres, and mosque-based education.

Special schools typically cater to children with particular types of disabilities [20]. With a few smaller satellite learning centres in neighbouring provinces, most of these schools were situated in urban regions. Communities, international and national assistance groups, and specific local governments formed and ran them. Numerous provinces across the nation, including Badakhshan, Baghlan, Balkh, Ghazni, Herat, Jowzjan, Kabul, Kandahar, Kunduz, Laghman, Logar, Nangarhar, Parwan, Samangan, Takhar, and Wardak, offered special education programs. An evaluation of needs and rights conducted in 2009 included information on the MoE's pilot schools in Kabul for inclusive education [21]. The

Ministry of Education (MoE) provided training in inclusive and special needs education for teachers in these schools. However, these prototype programs were not expanded and are no longer used.

Two faculties and six volunteers with physical disabilities founded the Rahyab School for Children with Disabilities as a community project [22]. Community members gave their land and construction supplies to build the school: teaching sign language, fundamental reading, and numeracy skills to disabled children. In the school, there were about 40% of females had disabilities. The Kabul Blind School was the only government special school exclusively for children with visual impairments in Afghanistan [23]. Special schools for children with hearing impairments and developmental disabilities also existed around Kabul and Jalalabad [24].

To give children with disabilities access to educational possibilities, the Swedish Committee for Afghanistan constructed schools in isolated rural areas and supported already-existing community-based programmes. SCA collaborated with MoE on its community-based rehabilitation and integrated education programmes for Children with impairments (CBR). This programme enrolled children with physical limitations in regular classrooms and received rehabilitative assistance. The Afghan National Association for the Deaf offered sign language lessons for teachers and students with hearing impairments [25], whereas the Afghan Landmine Survivors Organization (ALSO) [26] provided literacy and rehabilitative programmes, peer support, and advocacy for rights and social inclusion. Despite the efforts of the government and CSOs, the participation of Children with disabilities in education remained severely constrained, with the majority lacking access to high-quality education. The Comprehensive National Disability Policy of 2003 included action focusing on creating in-service training programmes on disabilities in collaboration with colleges of higher education and teacher preparation programmes [27]. The policy specifically instructed that a "Paralympics component" be added to the curriculum. Additionally, it required higher education institutions to conduct disability research [28].

In Afghanistan, adults with disabilities have relatively high rates of illiteracy. Children with disabilities have meagre rates of school enrolment [29]. Many Afghan youngsters do not

have access to formal education because of a lack of adequate facilities in the education system. According to the National Disability Survey, just 39% of students enrolled in school are girls, and more than 72% of disabled people over the age of six have never attended school.(Afghanistan, 2020) Most of Afghanistan's disabled population comprises deaf or hard-of-hearing individuals.(Trani et al., 2016) The use of Afghan sign language in schools has improved as a result, and Afghan sign language dictionaries have just been published.(Afghanistan, 2020)

5.2 Disabilities and Stigma Issues

People with impairments claim to experience social marginalisation, feelings of disdain, and friendship difficulties. Women with impairments are frequently assumed to be infertile and ineligible for marriage, and mothers are typically held primarily responsible for the disabilities of their offspring.(Afghanistan, 2020) The term disabled (mayoub) is frequently used to refer to those who were born with disabilities and experience a higher amount of stigma.(Trani et al., 2016) Homelessness affects many people with impairments. Due to the belief that people with impairments won't be productive employees, employers frequently express reluctance to hire such individuals. Women with impairments and people with severe disabilities have even fewer career options, especially in Afghanistan's agricultural industry, which accounts for a significant portion of the country's GDP.(Trani et al., 2016)

5.3 Disabilities and Service Issues

Services for people with impairments are ascetically scarce in Afghanistan [30]. Some humanitarian groups offer support to people with disabilities (rehabilitation, victim assistance). However, a large portion of these efforts concentrates on those who have disabilities due to war and do not help people who were born with disabilities or acquired them in other ways. For those with physical disabilities, Afghanistan offers various services, most of which are centred on medical treatment and physical therapy. In Afghanistan's national policy for disability and rehabilitation, intellectual disability is not addressed. Three per cent of employment positions in the public and private sectors must be earmarked for people with disabilities, according to Afghan national law. But there hasn't been much application of this law.

5.4 Gender Issues and Disabilities

Many young girls could not attend school while living under the Taliban's severe rule, which contributed to the high rates of illiteracy among women [31]. Afghan women often wear very modest clothing, and medical professionals should respect their values by seeking permission before touching them. Women were not allowed to be in public without a male relative during the Taliban era.

5.5 Mental Health

Many refugees experience physical or psychological stress from conflict, witness destruction, and lose family members [4]. When working with people, it's crucial to recognise the effects of this trauma because many people with physical disabilities have had injuries from landmine explosions and other forms of wartime violence [32]. Additionally, while talking about mental health, Afghan people tend to mention physical symptoms rather than mental or emotional ones [33].

There is nothing inherent in the Afghan people or their cultures that makes such issues inevitable, even though the position of disabled Afghans is incredibly challenging and the country's health and education services are severely limited, especially for girls and women.

Blindness and physical infirmity are rather common, although deafness and mental retardation are less frequently seen. They are brought to light by issues with communication and comprehension of "what is wrong" and what may be done to fix it. Children with mental retardation have historically been hidden at home in urban areas or assigned basic duties in rural regions, as well as brought to saints' shrines for a religious cure. Modern methods are not always at odds with such customs.

The informal home care and support that has historically been the leading service resource in Afghanistan has been provided by women and girls in a vastly disproportionate amount. They are conditioned to play this role, which is accepted as usual. It hardly ever appears in official planning and is seldom acknowledged or rewarded by the government. However, these "barefoot altruists" and their global counterparts should serve as the key targets and participants in the development of pertinent, conceptually adapted, and self-assurance-inspiring

information about the care and management of disabilities in the home and neighbourhood.

5.6 Poverty versus Disability in Afghanistan

It has been determined that poverty is the main barrier preventing the realisation of such rights and, ultimately, impeding development efforts, particularly in developing nations.(Trani and Loeb, 2012) Disability and poverty are inextricably intertwined and negatively affect the degree of inclusion in society and its overall growth. Both poverty and disability, seen from a social angle, are byproducts of capitalist progress.(Trani and Loeb, 2012, p. 20) They are produced both socially and culturally in a particular society. This implies that since society is the root cause of both poverty and disability, it should be the primary target of intervention. This primarily involves changing society's policies and regulations, including those that affect the economy. Disability caused by poverty eventually results in illnesses and impairments.(Trani and Loeb, 2012, p. 21) Disability also causes poverty because people with impairments incur higher living expenses because of their unique needs. Thus, it is argued that reducing poverty is a key strategy for preventing disability both directly and indirectly, particularly in low-resource nations like the developing world where there is no welfare system to meet the needs of underprivileged groups like people with disabilities, as there is in the west.(Trani and Loeb, 2012, p. 21) The eradication of poverty is necessary to address the issues of social and economic inequality and break the cycle of dependence on the poor. In this sense, it is possible to view the elimination of poverty as a requirement for development. To combat the pervasive poverty experienced by disabled individuals, various initiatives can be viewed as effective tactics. This comprises various paid job programmes, laws, rules, and welfare requirements. Together, they could make it easier to build a society accepting of persons with disabilities, enabling them to maximise their economic potential and ultimately increase their level of independence. But in developing nations, people with disabilities live in constant poverty and social and economic squalor. Their ability to receive various services is frequently limited, and they have little chance of earning enough money to cover their essential needs [34].

There are a variety of notions about development that coexist in developing societies. Evidence from the literature and the practice of NGOs

supports the move from the existing top-down approaches to dealing with disadvantaged groups to a more human rights view of development. This shift can be noted through the government's compliance - in principle - with the United Nation's statements regarding the Universal Declaration on Human Rights, including Article 23 [35] on the rights for economic participation to all human beings, including the right to employment and income [36]. Moreover, this shift can be increasingly noted in the government's compliance with the UN's standards rule for equalising opportunities for disabled people, including their rights to employment and income [37]. In emerging cultures, many different ideas about development coexist. The transition from the current top-down ways of dealing with disadvantaged populations to a more human rights-based view of development is supported by evidence from the literature and NGO experience [38]. This change can be seen in the government's general adherence to the Universal Declaration of Human Rights, which includes Article 23 on the rights to economic involvement for all people, including the right to job and income. The government's increasing adherence to UN norms for equalising possibilities for disabled individuals, including their rights to employment and income, is another indication of this transition [39].

It has been determined that poverty is the main barrier preventing the realisation of such rights and, ultimately, impeding development efforts, particularly in developing nations. Since conventional services cannot be developed or even expanded, it is evident from earlier analysis that there is a gap between the need for development and the availability of development resources.(Trani et al., 2010) The enduring nature of poverty and the widening social and economic disparities experienced by significant portions of society all highlighted the need for new strategies to alleviate poverty and provide necessities [40].

5.7 Disability as a Concern for Human Rights and Development

Disability used to be seen as a problem that needed to be cared for or cured, and families were expected to provide for the needs of those who were disabled.(Rangarajan et al., 2020) When the government intervened, it frequently did so through welfare institutions. It paid little attention to the issues of access to healthcare, education, training, employment, and broader involvement

within other spheres of government responsibility [41]. People with disabilities were rendered powerless by the dependency that this welfare model engendered, and they were also cut off from society. Contrarily, the focus of the disability debate as it relates to human rights and development is on equal opportunity [42]. The process by which the various social and environmental systems are made available and accessible to all citizens is described here [43]. Making provisions to help them take in a broader range of societal obligations should be part of achieving equitable opportunity [44].

6. CAUSES OF DISABILITY IN AFGHANISTAN

Disability can be the cause of both poverty and unemployment, which are essential factors in the marginalisation of disabled individuals [45]. Disability has been associated with dependence and a drain on public resources, a caricature that has been reinforced by political and economic inequality as well as unfavourable societal attitudes. Various reasons might impair someone and make them disabled. Given Afghanistan's prolonged armed and political turmoil, the war and landmine issues are the most prominent [46]. Nevertheless, it must be acknowledged that nature has been unkind to this already impoverished region, where years of drought and extreme poverty have left many people with disabilities, particularly malnutrition [47]. Another factor contributing to Afghanistan's impairments is the rise in traffic and various accidents. A lack of knowledge of disability prevention caused many new cases of impairment that could have been avoided. Furthermore, due to a lack of adequate medical infrastructure, many cases that should have been treated instead resulted in long-term disabilities [48]. The prolonged usage and excessive consumption of poppy derivatives undoubtedly cause a variety of impairments and addictions [49]. Disabilities are perpetuated, and new ones are created due to inaccessible situations. The protracted conflict in Afghanistan has impacted every element of life. Still, because of the vulnerability of the disabled population in society, this impact has been considerably more significant than it has been for other groups. Numerous impoverished people with disabilities that require immediate attention and care result from widespread poverty, drought, and natural calamities. Meeting the diverse and growing needs and aspirations of disabled citizens, particularly women and children with disabilities, presents enormous problems [50,51]. Finally,

environmental variables such as epidemics, accidents, natural disasters, pollution from poisoning and hazardous waste, diseases, accidents, and mishaps all contribute to the development of disability.

6.1 Role of Self-Help Groups and People with Disabilities

The process of planning and making decisions by competent authorities often excludes people with disabilities. People with disabilities must be profoundly involved in developing a national policy on all sectoral concerns (such as health, education, transport, housing, etc.) that directly impact their life to attain equal participation. Hence, these goals can be achieved through self-help group initiatives. Self-help organisations help disabled persons become more powerful as a group by improving their capacity to influence public figures and other members of civil society and actively participate in these organisations' operations.

Those who are disabled themselves make the strongest advocates for people with disabilities. Their quality of life improves when disabled people actively voice their concerns and participate in decision-making. When it comes to the creation and implementation of suitable disability policies, legislation, and strategies, self-help organisations for people with disabilities are the most informed and most motivated. This will guarantee their full involvement in socioeconomic, political, social, and cultural life and give them a chance to help their communities thrive. Achieving socioeconomic goals is time-consuming, and implementation is complex as it requires resources and government policy.

On the other hand, reaching civil and political rights can be accommodated and implemented immediately. Every level of the economy and society benefits when disabled people are included in development efforts. They frequently require financial assistance to better the family's living situation and employment prospects. Families, particularly mothers, spouses, and grandparents, are frequently the most reliable and the sole sources of support and care for individuals with disabilities in Afghanistan, where the family is the core of society. Women and girls with disabilities experience discrimination within the family and are frequently more vulnerable to poverty than boys and men with disabilities. In addition to participating in social and community

activities, women and girls must have equal access to health care, education, vocational training, employment, and income-generating possibilities. Women and girls with disabilities face a variety of forms of discrimination because they are more likely to experience physical and sexual abuse and frequently receive insufficient information on sexual health and reproductive rights. This policy should address these concerns and the larger framework of gender mainstreaming, women in development programmes, and a national council of women (upon formation). Women and girls with disabilities should be actively involved, included, and empowered at the local level. These regulations must, in particular, help families earn enough money to care for their impaired children's requirements.

Early intervention services, such as early detection and identification, are required for young children with disabilities (within the first five years after birth). Support and education for parents and families may be added to this process to help the impaired children in their care reach their full potential.

When parents are not helped in the early detection, identification, and intervention of infants and young children with disabilities, subsequent disabling issues arise that impede the children's future access to educational possibilities and long-term costs to the State for health and welfare will consequently rise.

The Ministry of Health, in particular, is the primary care provider and should work together to provide early intervention. Increasing the quantity and quality of prenatal care, educating more women about health issues, creating safe living and working environments, and enhancing community safety measures like road safety can help reduce the number of impairments brought on by traffic accidents and other causes of impairments. Likewise, increasing vaccination rates, eradicating hunger and iodine deficiency, raising knowledge of the importance of a balanced diet, and engaging in other everyday behaviours that promote health can all help to reduce the prevalence of specific disabilities. Orthopaedic rehabilitation facilities, physiotherapy services, and orthopaedic, assistive, and mobile devices should all be available to those with physical disabilities, for instance. For the convenience of the local community, these services should be located

adjacent to the nearest government hospital that offers orthopaedic surgical services.

On the other hand, those who are blind or visually impaired need services like vision testing, rehabilitation (orientation and mobility daily living skills, manual dexterity skills, communications skills, social skills, and recreation), family and community integration, counselling, and mobility aids like canes and guide dogs.

People with hearing disabilities need services like hearing evaluations, hearing aid provision and fitting, upkeep and repair, and rehabilitation (communication skills, social skills and integration). The development of educational and other materials, training, and special education for exceptional situations could all be part of regional, provincial, and district resource centres for the hearing impaired.

Individuals with intellectual disabilities need assessments of learning capacity and developmental level, daily living skills, social skills, manual dexterity skills, and social integration. A referral should be made for mental disorders, including epilepsy patients. It is advantageous to take a community-based approach to mental health (i.e. education of the community on mental health issues, how to support people with mental health problems and when to refer them). Every child, even those with disabilities, has a right to an education because it is a fundamental socioeconomic human right. The primary cause of poverty and the isolation of all children from more significant community concerns, even those without impairments, continues to be a lack of quality education. Children and young people with disabilities have zero options for furthering personal development due to a lack of schooling and employable occupational training. It restricts their ability to pursue work, other sources of income, and business growth.

People with disabilities have a right to decent employment. Working productively while enjoying freedom, equity, security, and human dignity is considered decent labour. Disability shouldn't determine what disabled persons choose to do because they have distinct qualities and abilities. They need the same access to education, vocational training, employment prospects, and business growth opportunities as everyone else. Some people might need specific support services, assistive technology, or employment

adaptations, but these costs are modest given the lifetime productivity and contribution that might be expected.

The complete inclusion of disabled individuals in community life and the macro setting must be considered when discussing vocational training and employment issues. Disability-related programmes must also regularly and actively include disabled people, not just as customers but also as activists, designers, and service providers, in addition to serving as service recipients. All people must have access to services for employment support, including chances for vocational training, without discrimination based on gender, age, disability, religion, or political affiliation.

The integration of disabled persons into society calls for a free-from-barriers environment that meets the variety of demands and permits all individuals to move about freely and uninhibited, including accessible information systems.

Disabled persons do not have the same possibilities as able-bodied people due to many obstacles. For instance, inaccessible entrances, service locations, bad town planning, and interior design are all structural barriers in the built environment. It must be stressed that barriers also include obstacles to communication, such as oral language, which presents a challenge for sign language users.

The creation and promotion of sign language, finger braille, and other forms of communication need to be prioritised. People with vision and hearing impairments might not have access to these modes of communication, depriving them of their fundamental human right to language and communication in daily life. Sign language should be improved, and the sign language dictionary should be expanded. Providing instruction on the best coping techniques for families with impaired relatives, particularly in cases of severe disability or intellectual impairments, is another communication strategy.

Assistive technology is crucial for increasing independence, the general quality of life, and human mobility. For instance, providing blind people with mobility aids can considerably increase their freedom. Due to a lack of services and follow-up to instruct residents on how to utilise the devices, rural areas present the most significant barrier in addressing mobility

difficulties and delivering assistive equipment. When services are coordinated, the likelihood of duplication is reduced, programmes and services are more likely to be delivered successfully, strategic alliances between agencies are more likely to be formed, and synergies are more likely to be realised. This necessitates information exchange, the development of communication channels between government agencies, the construction of working relationships and alliances with local governments and non-governmental groups, and the establishment of communication channels between these agencies. National coordination, a method focused on outputs, also aids in effectively implementing participatory policies linking policy with action throughout all government programmes.

7. FINDINGS

Afghanistan has a severe lack of up-to-date, accurate information on disabilities and disabled individuals. Having just one agency in charge of their welfare resulted from the perception that disability was a war-related issue. This hampered the easy incorporation of disability issues into widely used government programs, particularly the statistics and surveys required for such programmes' development. The various estimates of the number of disabled individuals in Afghanistan are primarily the result of various definitions of what constitutes a disability. It is challenging to identify and survey all those with disabilities due to insufficient infrastructure, negative attitudes toward people with impairments, and a lack of funding for adequate research. The vast majority of Afghans with disabilities and their families are socially and economically disadvantaged, and institutional structures deny them access to many of their fundamental rights. Due to numerous crippling obstacles have resulted in institutional discrimination against individuals, notably by denying them access to services. Discrimination also results from laws that don't protect the rights of individuals with disabilities. People with severe intellectual, mental, and psychiatric disabilities, those living in rural areas, those displaced by violence, those affected by conflict, and refugees with disabilities are some groups that endure a higher level of exclusion. Due to a lack of data, it is challenging to link a person's handicap to their poverty level. However, most of the qualitative information indicates that most people with disabilities are among the very poor. Some people depend on charity (or "zakat"), while

others drain the often-limited resources of their families. The poor quality of public services is insufficient to make up for this. For those whose disability is not brought on by a combat accident, the situation is even worse. This finding emphasises the superficial level of prenatal care, the inadequate treatment of infectious diseases, the lack of understanding regarding family planning issues, and the elevated genetic risk brought on by the traditional practice of in-law marriage (between cousins). Despite Afghanistan's widespread drug production, this problem and how it connects to disability has received little attention up until lately.

8. SUGGESTIONS

The study minds offer the following suggestions; in order to ensure that all disabled people have fair access to social benefits such as education and employment, there shall be close cooperation between the government, the international community, particularly donors, and the private sector required. To create a comprehensive national rehabilitation programme that addresses all disabled persons and their families and those at risk, the Ministry of Public Health must collaborate closely with other relevant organisations. Health care that is appropriate, available, and affordable at the primary, secondary, and tertiary levels. Such services should be provided in collaboration with NGOs and organisations for disabled persons, encompass family medical, community home care, inpatient, physical, and rehabilitation treatments (DPOs). The Ministry of Higher Education, and the Ministry of Vocational Education, should work together to create policies that support equal access to education and create a single educational system that will meet the needs of all students in a welcoming environment. This immediately starts education programmes for all age groups and includes a strategy for addressing the high percentage of illiteracy among disabled individuals. Additionally crucial to improving views around disability is public education.

The Ministry of Labor and Social Affairs and other organisations should create a comprehensive national employment strategy to address the requirements of individuals with disabilities in the workplace. By doing this, conditions are being created to increase the number of employment and economic development opportunities for persons with disabilities, hence reducing the wage gap

between them and non-disabled people. This should be considered along with sheltered employment, early return to work programmes, and public, independent, and private job possibilities.

The Ministry of Martyrs and Disabled must create a law, the Ministry of Public Works, the Ministry of Transportation, and other interested parties to establish general guidelines, rules, sanctions, and incentives for barrier-free access to the built environment, including workplaces and buildings.

In fact, those with disabilities are incredibly capable and can contribute much to their respective lives. To help Afghans with disabilities become economically independent and contributing members of society, education and training skills are crucial. Future cooperation between the government, the international community, especially donors, and the corporate sector is necessary to guarantee that all disabled individuals have equitable access to social benefits.

9. CONCLUSION

Afghanistan has over a million people with disabilities, and their situation is generally poor. While war and landmines rendered hundreds of thousands of Afghans crippled, many more suffered birth defects, accidents, hunger, and diseases that could have been avoided. Numerous individuals who experienced psychological trauma received little to no care. Equally valid, the international community and disability organisations active in Afghanistan pay little attention to many people with learning disabilities, mental impairments, and other disabilities. The Eastern and Southern Zones were among the regions identified by the service providers' mapping tools as needing further disability interventions. However, given that there is little help in these areas, other parts of Afghanistan have also been designated as priority areas for services (i.e., Nuristan and Wakhan). Other regions, including Khost and Paktika, Uruzgan, Ghor, Bamyan, Sar Pul, Nimroz, and Faryab, were also significantly underserved. Additionally, the mapping revealed that those with physical disabilities receive more services than those with hearing and vision impairments. Most persons with disabilities in distant locations, including those physically impaired, are still not being reached through several initiatives, including the International Committee for Red Cross, International

Assistance Mission, and SERVE, the international community has significantly contributed to the advancement of the cause of disabled people. The UN Comprehensive Disabled Afghan Programme UNOPS also supported the early stages of the development of this policy. However, several encouraging regional programs offer Afghans with disabilities top-notch assistance. This includes the National Association of Disabled Afghans, the Hearing Impaired Foundation for Afghanistan, and the Afghans Amputees Bicycle for Rehabilitation and Recreation, among others. Furthermore, it is crucial to use all available tools in a way that guarantees everyone has an equal chance to participate. This complies with several international declarations, including those made by the UN on human rights. As a result, the Government of Afghanistan accepts the concepts of inclusion, participation, and equal opportunity as outlined in the World Programme of Action Concerning Disabled Persons (WPACDP) and The Standard Rules on the Equalization of Opportunities for Persons with Disabilities (SROEOD). The concepts of the proposed international convention on disabilities, which is based on a rights-based approach, as well as the Biwako Millennium Framework's ideals of society for all, are also accepted by the government of Afghanistan. These principles will act as both guiding principles and the foundation for the Comprehensive National Policy on Disability's implementation. In addition, the Declaration on the Year of Disabled Persons outlines these values (1981). The ILO Convention No. 159 on the Vocational Rehabilitation and Employment of Disabled Persons, referenced in Article 2 of the National Policy, must also be represented by the National Policy. The Universal Declaration of Human Rights, the International Covenants on Human Rights, the Declaration of the Rights of the Child, the Declaration on the Rights of Mentally Retarded Persons, and the Declaration on Social Progress and Development are among the declarations that proclaimed the necessity of protecting the rights and ensuring the welfare and rehabilitation of the physically and mentally disadvantaged. The Government also accepts the principles incorporated within these declarations.

COMPETING INTERESTS

Author has declared that no competing interests exist.

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