



HUMAN
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WATCH

“Disability Is Not Weakness”

Discrimination and Barriers Facing Women and Girls
with Disabilities in Afghanistan



“Disability Is Not Weakness”

**Discrimination and Barriers Facing Women and Girls with
Disabilities in Afghanistan**

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Map



Summary

The schools do not want girls [with disabilities] to go to the classes. Usually they argue that they are not normal people so they cannot sit in the classrooms and learn like other students.

–Disability rights activist, Kabul, April 2018

Some time ago, my friends and I decided to go to the market in our own wheelchairs and shop ourselves. But people called us “grasshoppers,” which is why we decided to stay at home.

–S.A., Herat, April 2018

Afghanistan has one of the largest populations per capita of persons with disabilities in the world. At least one in five Afghan households includes an adult or child with a serious physical, sensory, intellectual, or psychosocial disability. More than 40 years of war have left more than one million Afghans with amputated limbs and other mobility, visual, or hearing disabilities. Many Afghans have psychosocial disabilities (mental health conditions) such as depression, anxiety, and post-traumatic stress, which are often a direct result of the protracted conflict. Other Afghans have pre-existing disabilities not directly related to the conflict, such those caused by polio.

Violent changes of power, long periods of contested government, endemic poverty, and widespread lawlessness, insecurity, and hostilities have undermined even minimal efforts by successive governments to conceive, adopt, or enforce policies to address the needs of persons with disabilities, even as this population has continued to increase.

The massive internationally funded reconstruction effort that began in Afghanistan in 2002 offered a new opportunity to address this long-standing deficiency. The government has drafted important legislation and ratified core international human rights conventions, but its efforts to address even the most fundamental needs of this population for access to health care and education have fallen far short of promised goals. Donor funding has led to improvements in roads and other infrastructure, but reconstruction efforts have proceeded with little planning for the needs of persons with disabilities, especially as Afghanistan’s cities experienced rapid growth after 2002. Major urban areas have both

public and private transportation in the form of bus systems, but these have no modified services or accessible vehicles for persons with disabilities. Most public buildings lack ramps, elevators, and wheelchair-accessible toilets.

One student who uses a wheelchair described the problem she faced trying to attend school: “Unfortunately, I cannot go to school by myself—I need someone to take me to school and pick me up. The school has no ramp, so it’s hard for me to get in and out of the classroom, and sometimes even that’s impossible.”

Entrenched discrimination means that persons with disabilities face significant obstacles to education, employment, and health care, rights guaranteed under the Afghan constitution and international human rights law. For example, many persons with disabilities in Afghanistan have not acquired a national identity card (*taskera*), without which it is not possible to obtain many government services or to vote in local and national elections. The long distance to the district or provincial centers and lack of someone to help them are the most serious obstacles preventing them from getting a card.

Persons with disabilities are overrepresented among the several million Afghans who are internally displaced, and face greater difficulties gaining humanitarian assistance. Aside from a small stipend available to those who acquired a disability as a result of the war, there are no publicly funded social protection services for persons with disabilities in Afghanistan. Combat veterans receive the bulk of this assistance.

War and corresponding insecurity have greatly undermined efforts to deliver services, particularly outside urban areas. While a number of nongovernmental organizations (NGOs) have provided services to Afghans with disabilities, they have reached only a fraction of the population in need. Donor fatigue with funding social services in Afghanistan since 2002, as well as the withdrawal of most international forces in 2014, has led to reduced support for programs and services.

This report describes the everyday barriers that Afghan women and girls with disabilities face in one of the world’s poorest countries, in which decades of conflict have decimated government institutions and development efforts have failed to reach many communities most in need. As the fighting in Afghanistan has intensified since 2016, research in rural areas—where the vast majority of Afghans with disabilities live—has become particularly

difficult. For this reason, our research is based on interviews with women and girls with disabilities living in the Afghan cities of Kabul, Herat, and Mazar-e Sharif, some of whom relocated to those cities because there was no support or services available for them in their home villages.

Obtaining access to health care, education, and employment, along with other basic rights, is particularly difficult for Afghan women and girls with disabilities, who face both gender discrimination and stigma and barriers associated with their disability. Indeed, Afghan women with disabilities face intersecting forms of discrimination in a society where gender bias and violence against women are endemic. Women with disabilities are generally seen as unfit for marriage. One woman who acquired a disability in an airstrike told Human Rights Watch that her fiancé's parents no longer wanted her to marry their son because they felt she was incapable of carrying out necessary chores on the family farm.

Whether married or single, women with disabilities are often seen as a burden on their families and are at increased risk of violence both in and out of the home. Afghan women who already face significant obstacles in finding work outside the home find those difficulties are compounded if they have a disability. As our research shows, Afghan women with disabilities who have sought government assistance or employment are at increased risk of sexual harassment within government institutions.¹

Girls with disabilities often lose out entirely on education. Many students, especially girls, face long journeys to their nearest government school, and girls with physical disabilities may not be able to make the daily journey without dedicated transportation, which is not available. Public schools are not equipped to accommodate the needs of students with disabilities to attend classes or participate in activities, and very few private schools include children with disabilities. Families who have children with disabilities incur additional costs for treatment if they seek medical care. Even minor costs can mean that treatment is out of reach for many.

¹ This accords with research in other countries. According to a study by the United Nations Population Fund, girls and young women with disabilities face up to 10 times more gender-based violence than those without disabilities, and those with intellectual disabilities are particularly vulnerable to sexual violence. United Nations Population Fund, "Five Things You Didn't Know about Disability and Sexual Violence," October 2018, <https://www.unfpa.org/news/five-things-you-didnt-know-about-disability-and-sexual-violence> (accessed January 24, 2020).

In 2012, Afghanistan ratified the Convention on the Rights of Persons with Disabilities and its Optional Protocol. In 2013, the Afghan parliament approved legislation, the Law on Rights and Privileges of Persons with Disabilities, ensuring the rights of persons with disabilities to participate actively in all aspects of society. However, there are very few services to assist and support persons with disabilities in Afghanistan. The International Committee of the Red Cross (ICRC) and a number of NGOs provide some health and educational services, but the demand far outstrips available resources. Given Afghanistan's many needs, assistance for persons with disabilities has not been a high priority for the government or donors.

On December 3, 2018, United Nations Security Council member countries shone a spotlight on the disproportionate impact of armed conflict on persons with disabilities, leading to the adoption of Security Council Resolution 2475 in June 2019. Persons with disabilities have been invisible on the peace and security agendas of many countries around the world, but are among the people most at risk during conflicts and humanitarian crises. As talks in Afghanistan proceed, it is essential that planned assistance and policies reach communities most affected by the war and make a priority the needs of persons with disabilities who have paid a high price for decades of conflict.

Key Recommendations to the Government of Afghanistan

- Amend existing legislation and policies to ensure that all persons with disabilities, not only those with conflict-related disabilities, are entitled to services and financial assistance.
- Support efforts to develop sustainable solutions to increase access to quality, inclusive education for children with disabilities, particularly girls, including by developing strategies to expand community-based education (CBE), incorporating CBE into the government's education system, making specific arrangements for integrating girls with disabilities into CBE, and ensuring long-term funding for CBE.
- Accelerate measures to ensure all public buildings are accessible by building ramps and making toilets and other facilities accessible, and require all businesses and educational institutions to provide these within a reasonable timeframe.
- Implement a comprehensive review of health services for persons with disabilities to improve outreach and access, particularly in rural areas.

- Increase public awareness on disability and mental health, including through de-stigmatizing campaigns that emphasize the dignity and equality rights of persons with disabilities, and on the availability of services.
- Establish accessible and confidential complaint mechanisms to ensure that any alleged abusive or harassing behavior by government officials is properly investigated and appropriate remedies are provided in the event of a violation. Information about how to use these mechanisms should be distributed in accessible formats.

Methodology

This report is based primarily on research by Human Rights Watch researchers from April 2018 through January 2020 in Kabul, Mazar-e Sharif, and Herat, Afghanistan.

We conducted 23 interviews with women with disabilities and 3 interviews with family members of women and girls with disabilities. We also interviewed 14 healthcare and education professionals, including representatives from the United Nations and international and local nongovernmental organizations providing services to persons with disabilities in Afghanistan. Most interviews were conducted in person, but some interviews with officials were conducted by email.

As the fighting in Afghanistan has intensified in recent years, security outside major urban areas has deteriorated, making it very difficult to interview women in smaller towns or rural areas. The stigma associated with disabilities also deters many women with disabilities from speaking about their situation with people outside their immediate family.

All of the women interviewed were informed of the purpose of the interview and the ways in which the information would be used, and were assured anonymity. This report withholds identifying information for most interviewees to protect their privacy and security. The exceptions were for those women who are already known because of their position within the disability rights movement in Afghanistan. None of the interviewees received financial or other incentives for speaking with the researcher.

In April 2019, Human Rights Watch asked the Afghan government for details on its assistance policy; that information is included in this report. In June 2019 and again in February 2020, we provided government officials with a summary of our findings. At time of writing, we had received no response to these findings.

I. Background

Persons with Disabilities

Accurate statistics are often hard to find in Afghanistan, and there are no official up-to-date statistics on how many of Afghanistan's 35 million people have disabilities. A 2005 government survey was the first effort to assess the needs of this population, but its outreach to rural and less secure areas of the country was limited.² It concluded that approximately one in five households (roughly 1.2 million people) included a family member with a "severe" disability, and nearly two in five (roughly 2.4 million people) had some disability.³ Subsequent government surveys, including one in 2013 that was limited to six of Afghanistan's 34 provinces and focused on physical disabilities, estimated that 2.4 percent of the population, or roughly 800,000 people, had a physical disability.⁴ According to the Community Centre for the Disabled (CCD), nearly 70 percent of Afghans with disabilities live in rural areas.⁵

The most common causes of disability are conflict-related injuries, including from landmines and explosive remnants of war; trauma and psychological distress; and cerebral palsy and polio.⁶ Visual disabilities are common; the World Health Organization

² In 2018, the Asia Foundation launched a new survey to identify the prevalence of disability in the Afghan population and assess progress on access to services. The findings were not available as of February 2020. Asia Foundation, "TAF-Survey/Disabilities-Data Collection-April-2018-009," <http://www.acbar.org/upload/1522565703125.pdf> (accessed May 20, 2019). See also Jean-Francois Trani and Paul Bakshi, "Challenges for Assessing Disability Prevalence: The Case of Afghanistan," *Brown School Faculty Publications*, paper 29 (2008), https://openscholarship.wustl.edu/cgi/viewcontent.cgi?article=1027&context=brown_facpubs (accessed May 1, 2019).

³ *Ibid.*

⁴ The survey's findings illustrate the variations in data about people with disabilities in Afghanistan given different methodologies and definitions for disability: "The results revealed that the prevalence of disability ranges from 0.6 percent to 2.4 percent for the whole population (individuals over 4 years old) and from 11 percent to 33 percent for people aged 69 and older in Kabul and Ghor, respectively. The ... National Disability Survey in Afghanistan (NDSA) ... defines disability as a multidimensional concept. This approach encompasses limitations associated with physical, sensory, intellectual disability, mental illness and psychological distress. The main missing dimensions of disability in [the 2013 survey] data are mental illness and psychological distress, which likely explain the lower prevalence estimated by this study." Central Statistics Office, "Socio-Demographic and Economic Survey Provinces of Kabul, Bamiyan, Daykundi, Ghor, Kapisa and Parwan People with Disabilities," June 2017, <https://afghanistan.unfpa.org/sites/default/files/pub-pdf/UNFPA%20SDES%20Mono%20People%20with%20Disabilities%2028%20%20May%20for%20web.pdf> (accessed May 15, 2019).

⁵ The Community Centre for the Disabled (CCD) is one of the members of Afghanistan's Advocacy Committee for the Rights of Persons with Disabilities, which includes local and international NGOs that implement programs for people with disabilities in Afghanistan.

⁶ Afghanistan is one of three countries, along with Pakistan and Nigeria, where polio has not yet been eradicated. Poor access to prenatal care and other maternal health services represent a significant risk factor for cerebral palsy. See US

estimates that 1.5 million Afghans have either a partial or total loss of vision, caused in 80 percent of cases by treatable conditions.⁷ Poor access to basic health services, especially in rural Afghanistan, is a leading cause of preventable disabilities.

A donor-funded 2005 study was the first to focus on mental health. It found that 67 percent of Afghans reported experiencing impairment as a result of trauma or other psychosocial conditions related to the conflict, with the unemployed, older persons, and widowed women particularly affected.⁸ The study also noted that women with disabilities, regardless of the cause, had a higher prevalence of other mental health conditions.⁹

A 2011 World Bank report estimated that half of the Afghan population age 15 years or older experienced depression, anxiety, or post-traumatic stress.¹⁰ Other studies on mental health in Afghanistan have found that the combined factors of war, poverty, domestic violence, and social marginalization result in women being disproportionately affected by mental health problems and psychosocial disabilities.¹¹ A 2017 study noted that despite an official governmental policy of prioritizing health care for women with disabilities, those surveyed did not report any improvement, and in some areas described a decline in all available health care after 2005.¹²

Afghan Laws and Policies on Disability Rights

In October 2003, the Afghan transitional government drafted its first comprehensive policy on the rights of persons with disabilities, developed in coordination with relevant United Nations bodies. The policy incorporated language and recommendations from the

Centers for Disease Control and Prevention, “Causes and Risk Factors of Cerebral Palsy,” <https://www.cdc.gov/ncbddd/cp/causes.html> (accessed January 24, 2020).

⁷ World Health Organization, “Afghanistan: Eye Care,” <http://www.emro.who.int/afg/programmes/eye-care.html> (accessed May 12, 2019).

⁸ Jean-Francois Trani and Parul Bakhshi, “Vulnerability and Mental Health in Afghanistan: Looking Beyond War Exposure,” *Brown School Faculty Publications*, paper 40 (2013), <https://pdfs.semanticscholar.org/4e05/dfbe7fe9d414c80c397e39fa75eb22f8f8bb.pdf> (accessed May 2, 2019).

⁹ Ibid.

¹⁰ Ghulam Dastagir Sayed, “Mental Health in Afghanistan: Burden, Challenges and the Way Forward,” World Bank, August 2011, <http://siteresources.worldbank.org/HEALTHNUTRITIONANDPOPULATION/Resources/281627-1095698140167/MHinAfghanistan.pdf> (accessed April 2, 2018).

¹¹ Kenneth E. Miller et al., “Daily Stressors, War Experiences, and Mental Health in Afghanistan,” *Transcultural Psychiatry*, vol. 45, no. 611 (2008), <http://tps.sagepub.com/cgi/content/abstract/45/4/611> (accessed May 11, 2019).

¹² Jean-Francois Trani et al., “Assessment of Progress towards Universal Health Coverage for People with Disabilities in Afghanistan: A Multilevel Analysis of Repeated Cross-Sectional Surveys,” *The Lancet*, vol. 5, no. 8 (2017), <https://www.thelancet.com/action/showPdf?pii=S2214-109X%2817%2930251-6> (accessed May 13, 2019).

Standard Rules on the Equalization of Opportunities for Persons with Disabilities and from the Biwako Millennium Framework for Action Towards an Inclusive, Barrier-Free and Rights-Based Society for Persons with Disabilities in Asia and the Pacific, as well as from discussions then underway on drafting the Convention on the Rights of Persons with Disabilities.¹³ The policy established a number of priorities for the Afghan government, among them:

- increasing public education and awareness about disability as a human rights and development issue and the need for disability sensitive terminology;
- the development of a comprehensive national rehabilitation policy;
- the development of a single education system to meet the needs of all learners within an inclusive environment and address the high illiteracy rate among persons with disabilities;
- a comprehensive national employment strategy to address the employment needs of persons with disabilities;
- creating barrier-free access in the urban environment; and
- integrated data collection on statistics and research on disability in Afghanistan.¹⁴

More than 16 years later, progress on these objectives has been extremely limited.

The 2004 Constitution of Afghanistan promotes the integration of persons with disabilities into public and social life. Article 22 prohibits any form of discrimination between Afghan citizens. Article 53 provides for financial aid to persons with disabilities and guarantees their “active participation and reintegration into society.” Article 84 makes provision for two persons with disabilities to be appointed by the president as members of parliament.

Afghanistan ratified the Convention on the Rights of Persons with Disabilities and its Optional Protocol in September 2012. The Afghanistan Independent Human Rights Commission (AIHRC) is responsible for monitoring implementation of the treaty. Afghanistan has also made commitments as part of its obligations as a party to the Mine

¹³ Afghanistan was a member of the Ad Hoc Committee on a Comprehensive and Integral International Convention on Protection and Promotion of the Rights and Dignity of Persons with Disabilities. United Nations, Department of Economic and Social Affairs, Division for Social Policy and Development, First Session of the Ad Hoc Committee, “Documents of the First Session: List of Participants,” <https://www.un.org/esa/socdev/enable/rights/ahc1documents.htm> (accessed October 13, 2019).

¹⁴ Transitional Islamic State of Afghanistan, “Comprehensive National Disability Policy in Afghanistan,” <https://www.who.int/disabilities/policies/documents/Afghanistan.pdf?ua=1> (accessed May 17, 2019).

Ban Treaty and the Convention on Cluster Munitions to provide assistance to persons who acquire a disability as a result of a landmine or explosive remnant of war, specifically by expanding access to physical rehabilitation services; prioritizing physical accessibility, particularly for services and for government buildings; and providing psychosocial and psychological support.¹⁵

In 2013, the Afghan parliament passed the Law on Rights and Privileges of Persons with Disabilities, which prohibits discrimination against persons with disabilities and stipulates that the state is to promote the active participation of persons with disabilities in all aspects of society.¹⁶ The law also states that 3 percent of jobs in government and the private sector are to be reserved for persons with disabilities—a provision that is seldom enforced.¹⁷ NGOs working on disability rights have criticized the Law on Rights and Privileges of Persons with Disabilities for failing to provide assistance to people who have acquired disabilities outside of conflict.¹⁸

The law classifies three categories of persons with disabilities who are eligible to receive financial assistance: military officials, civil servants, and civilians who have acquired a disability as a result of a conflict-related incident. Those determined to have a “full permanent disability” or “partial permanent disability” are eligible for financial assistance.¹⁹ People who have been born with or acquired a disability for reasons other than conflict-related are not eligible for any financial assistance from the government.

An official with the Office of the State Minister for Martyrs and Disabled provided the following chart detailing financial assistance:²⁰

¹⁵ Landmine and Cluster Muniton Monitor, “Afghanistan: Victim Assistance,” October 2017, <http://the-monitor.org/en-gb/reports/2018/afghanistan/victim-assistance.aspx> (accessed May 30, 2019).

¹⁶ Law on Rights and Privileges of Persons with Disabilities, <http://moj.gov.af/Content/files/The%20Law%20on%20Rights%20and%20Privileges%20of%20People%20with%20Disabilities.pdf> (accessed June 14, 2019).

¹⁷ Claire Anderson, “Overcoming Stigma against Disabilities in Afghanistan,” Asia Foundation, November 2, 2016, <https://asiafoundation.org/2016/11/02/overcoming-stigma-disabilities-afghanistan> (accessed June 12, 2019).

¹⁸ Human Rights Watch meeting with the Social Association of Afghan Women with Disabilities, Ministry of Women’s Affairs, Hadafmand Association, and Women with Disabilities Association, Kabul, April 17, 2018. See also Landmine and Cluster Muniton Monitor, “Afghanistan: Victim Assistance,” <http://the-monitor.org/en-gb/reports/2018/afghanistan/victim-assistance.aspx>.

¹⁹ These are based on assessments by the Ministry of Public Health. Human Rights Watch was unable to obtain clarification on how the determinations were made.

²⁰ Human Rights Watch email communication with Zakirullah Zaki, communication and public outreach expert, Office of the State Minister for Martyrs and Disabled, April 11, 2019.

No.	Categories	“Degree of disability”	Payable amount
1	Military armed forces, police, and civil servants	“Full and permanent disability”	100 percent of the final wage
2	Civilian	“Full and permanent disability”	5,000 afghanis (US\$64) per month
3	Military armed forces, police, and civil servants	“Partial permanent disability”	50 percent of the final wage
4	Civilian	“Partial permanent disability”	2,500 afghanis (US\$32) per month

Afghanistan’s State Ministry for Martyrs and Disabled Affairs has overall responsibility for advancing the rights of persons with disabilities and is required to coordinate and consult with representative organizations of persons with disabilities and with the Disability Stakeholder Group (DSG), which includes the ministry and relevant NGOs, UN agencies, and civil society organizations.²¹ However, NGOs working on disability rights have criticized the ministry for failing to adequately consult with organizations of persons with disabilities and their allies.²²

Nongovernmental Assistance Programs for Persons with Disabilities

While there is no national nongovernmental organization representing persons with disabilities in Afghanistan, a number of Afghan NGOs offer programs to support persons with disabilities, ranging from rehabilitative services and vocational training to advocacy. Among these are the Accessibility Organization for Afghan Disabled, Afghan Landmine Survivors Organization, Development and Ability Organization, Afghanistan Association of the Blind, and Afghan National Association of the Deaf. The major international organizations providing support to Afghans with disabilities include the International Committee of the Red Cross, Afghan Red Crescent Society, Swedish Committee for

²¹ United Nations Children’s Fund (UNICEF)-Afghanistan, “Special Information Request,” https://www.ohchr.org/Documents/Issues/Disability/DecisionMaking/UN/UNICEF_Afghanistan.docx (accessed June 12, 2019). On October 7, 2019, the Afghan government issued Presidential Decree 75 creating the State Ministry for Martyrs and Disabled Affairs. Prior to that, the Ministry of Labor, Social Affairs, Martyrs and Disabled had overall responsibility for these issues. Human Rights Watch email communication with Zakirullah Zaki, April 11, 2019. See also “Ministry’s History,” State Ministry for Martyrs and Disabled Affairs, <https://mmd.gov.af/ministrys-history> (accessed March 12, 2020).

²² Human Rights Watch meeting with the Social Association of Afghan Women with Disabilities, Ministry of Women’s Affairs, Hadafmand Association, and Women with Disabilities Association, Kabul, April 17, 2018. See also Landmine and Cluster Munition Monitor, “Afghanistan: Victim Assistance,” <http://the-monitor.org/en-gb/reports/2018/afghanistan/victim-assistance.aspx>.

Afghanistan, Humanity and Inclusion (operating as Handicap International in Afghanistan), and Serve Afghanistan.²³ The ICRC has provided rehabilitative services to adults and children with disabilities in Afghanistan since 1988.²⁴ The organization reported that in 2018, a record number of people—more than 12,000—sought assistance at its physical rehabilitation centers.²⁵

A downturn in funding since 2013 has reduced the number and reach of programs and services available.²⁶ With most donor commitments up for review in 2020, the World Bank has warned that a substantial reduction in funding “would risk a reversal of the gains that have been achieved, driving increased hardship and poverty” throughout the country.²⁷ Afghans with disabilities would be among those hardest hit by such a reversal.

²³ Swedish International Development Cooperation Agency, “Disability Rights in Afghanistan,” 2014, <https://www.sida.se/globalassets/sida/eng/partners/human-rights-based-approach/disability/rights-of-persons-with-disabilities-afghanistan.pdf> (accessed January 24, 2020).

²⁴ Before 1988, the ICRC provided treatment to Afghans from facilities near refugee communities in Pakistan. International Committee of the Red Cross, “International Review of the Red Cross,” no. 225 (1981), https://www.loc.gov/rr/frd/Military_Law/pdf/RC_Nov-Dec-1981.pdf (accessed June 12, 2019), pp. 372-373.

²⁵ These are in in Kabul, Mazar-e Sharif, Herat, Jalalabad, Gulbarhar, Faizabad, and Lashkar Gah. The ICRC also provides vocational training, micro-loans to start small businesses, and sports programs like wheelchair basketball, futsal, and recreational activities. The ICRC also trains and employs people with disabilities in its physical rehabilitation centers; most of its 750 staff are former beneficiaries. International Committee of the Red Cross, “Afghanistan: Record Number of Disabled Afghans Seek Assistance in ICRC’s 30th Year,” January 23, 2019, <https://www.icrc.org/en/document/afghanistan-record-number-disabled-afghans-seek-assistance-icrcs-30th-year> (accessed May 14, 2019).

²⁶ Afghanistan is highly dependent on international assistance. According to the World Bank, as of 2018, international aid comprised 40 percent of Afghanistan’s GDP, and was essential to maintain basic state functions. Rachel Cooper, “Aid Dependency and Political Settlements in Afghanistan,” UK Department for International Development, September 14, 2018, https://assets.publishing.service.gov.uk/media/5d0ced7ae5274a065e721702/428_Aid_Dependency_and_Political_Settlements_in_Afghanistan.pdf (accessed January 24, 2020). Afghan NGOs have reported a decrease in funding for programs supporting people with disabilities since 2013, the year before the withdrawal of most international forces from Afghanistan. Landmine and Cluster Munition Monitor, “Afghanistan: Victim Assistance,” <http://the-monitor.org/en-gb/reports/2018/afghanistan/victim-assistance.aspx>. Donor aid to Afghanistan rose steadily after 2002, peaking in 2011 and declining since then: Afghanistan received US\$6.867 billion in 2011, compared to US\$4.239 billion in 2015, according to a 2018 report by Oxfam and the Swedish Committee for Afghanistan. The report noted that “the challenge to obtain accurate data on how much development aid has been received from 2010-2016 points to a lack of transparency and coordination within the aid sector of Afghanistan where clear financial data is not readily available, and agreed upon.” The report also noted that aid disbursements have been far lower than the pledges. Oxfam and Swedish Committee for Afghanistan, “Aid Effectiveness in Afghanistan,” March 2018, https://swedishcommittee.org/sites/default/files/media/aid_effectiveness_in_afghanistan_march_2018_o.pdf (accessed January 24, 2020).

²⁷ Mujib Mashal, “Afghanistan Needs Billions in Aid Even After a Peace Deal, World Bank Says,” *New York Times*, December 5, 2019, <https://www.nytimes.com/2019/12/05/world/asia/afghanistan-aid-world-bank.html> (accessed January 24, 2020).

II. Barriers and Discrimination against Women and Girls with Disabilities

Barriers to Education

In January 2016, the United Nations Children’s Fund (UNICEF) estimated that 40 percent of all school-age children in Afghanistan did not attend school, and 66 percent of Afghan girls of lower secondary school age—12 to 15 years old—were out of school. For children with disabilities, the numbers are much higher, with an estimated 80 percent of girls with disabilities not enrolled in schools. This is despite children with disabilities having a right to access inclusive education and on an equal basis with others in their communities.²⁸ One government education official told Human Rights Watch that resistance from schools to accommodating children with disabilities and reluctance from families to send children with disabilities are major factors in children with disabilities not attending school.²⁹

The Law on Rights and Privileges of Persons with Disabilities provides for the establishment of a comprehensive education system for persons with disabilities at the levels of basic education, higher education, and professional and technical training. It also compels the Ministry of Higher Education to develop rehabilitative education programs to provide persons with disabilities access to education. However, as of 2019, development of these programs remained in the planning stages.

Afghan government schools have failed to develop the institutional capacity to provide inclusive education or assist children with disabilities. Children with disabilities who attend regular schools generally receive no reasonable accommodations or specific assistance. Very few specialized schools for children with hearing or visual disabilities exist in urban areas, and they are of very limited scope. Major constraints include the long distance from children’s homes to schools and the absence of dedicated transportation and lack of assistants or other persons to accompany a child with limited mobility to

²⁸ Community Centre for the Disabled, “Assessing Participation of Persons with Disabilities in Past Three Elections in Afghanistan,” 2013, https://eaccess.s3.amazonaws.com/media/attachments/resources_mainresource/564/Afghanistan_Assessing_Participation_2013.pdf (accessed May 31, 2019), p. 11.

²⁹ Human Rights Watch interview with director general of general education, Ministry of Education, Kabul, May 8, 2016.

school. Because there is no system to identify, assess, and meet the particular needs of children with disabilities, they are excluded from the education system.³⁰

Some local NGOs work with school officials to allow girls with disabilities to attend school. An official with a humanitarian NGO stressed that for children with disabilities, the physical barriers are only part of the problem: children with certain physical disabilities “attending school cannot go to regular schools due to lack of ramps. In some cases, the school principals do not want to enroll them, because they need to be taken care of.”³¹

The head of a small organization working in Kabul with children with disabilities said she “personally talks with the school principals to accept and enroll these girls to the classes.”³² A representative of another Kabul-based NGO working with women with physical disabilities noted that stigma is an additional problem for girls with disabilities, and their families do not allow them to go to school “because they are ashamed” of them.³³

After Amina Azizi, who now works for the rights of women with disabilities in Afghanistan, lost her right leg in a rocket attack on her home in Kabul when she was a child, her parents kept her at home. When she finally convinced them to let her go to school, the teachers would not let her play with other children. She said that the view of disability in her community was that “death is better than being in this situation.”³⁴

One student described the barriers for students with disabilities who do manage to get to school:

³⁰ Human Rights Watch, *“I Won’t Be a Doctor, and One Day You’ll Be Sick”: Girls’ Access to Education in Afghanistan*, October 2017, <https://www.hrw.org/report/2017/10/17/i-wont-be-doctor-and-one-day-youll-be-sick/girls-access-education-afghanistan>.

³¹ Comment by an official with a humanitarian NGO at Human Rights Watch meeting with the Social Association of Afghan Women with Disabilities, Ministry of Women’s Affairs, Hadafmand Association, and Women with Disabilities Association, Kabul, April 17, 2018.

³² Human Rights Watch interview with I.A., Kabul, April 24, 2018.

³³ Human Rights Watch meeting with the Social Association of Afghan Women with Disabilities, Ministry of Women’s Affairs, Hadafmand Association, and Women with Disabilities Association, Kabul, April 17, 2018.

³⁴ Patricia Chadwick, “Amina Azimi—Raising the Voices of the Disabled in Afghanistan,” *Internews*, May 25, 2016, <https://medium.com/local-voices-global-change/amina-azimi-raising-the-voices-of-the-disabled-in-afghanistan-881defb0b1e4> (accessed May 30, 2019).

When I go to school, some of my classmates do not like me to be in the classroom. Especially when I get into the class with my wheelchair, sometimes the wheels touch their shoes or clothes and make them dirty, so they get angry.³⁵

L.G., who had polio as a child, described her experience at school:

I couldn't walk normally when I was in grade eight in school and I had severe headaches. I couldn't sit normally on the chair—my waist started to ache, and I had to put my head on the desk to rest, but the teachers thought that I was lazy.³⁶

A number of nongovernmental assistance programs provide educational services to children with disabilities, though they reach only a small percentage of those who need them. ICRC orthopedic centers in Herat and Kabul assist families with in-home tutoring for children with disabilities, and skills training for girls over 15 and women with disabilities. One woman described the tailoring course she had enrolled in run by the Herat ICRC center: “This training changed my life so much. From then on, I tailor at home, I sew clothes. I have customers and earn money.”³⁷

D.A., 18, who became partially paralyzed after a car accident in 2005, said that her family moved to Kabul to obtain services that were not available where she lived in Ghazni. In Kabul, she was able to receive lessons through an ICRC program that sends teachers to the homes of children with disabilities.³⁸ She said:

I am alone.... I do not have class discussions, I do not have group work, and the whole education system is different for me ... [but] the teachers treat me like a normal person.... I study and play basketball and get treatment.³⁹

³⁵ Human Rights Watch interview with S.A., Kabul, April 11, 2018.

³⁶ Human Rights Watch interview with L.G., Herat, April 9, 2018.

³⁷ Human Rights Watch interview with G.A., Herat, April 11, 2018.

³⁸ Human Rights Watch interview with D.A., Kabul, December 28, 2019. The ICRC manages these programs for a limited number of students in urban areas. Human Rights Watch interview with Dr. Shayan, ICRC regional office, Herat, April 12, 2018.

³⁹ Human Rights Watch interview with D.A., Kabul, December 28, 2019.

D.A. said that she hopes to study law at Kabul University, saying, “I would ask the government institutions and the Ministry of Labor, Martyrs and the Disabled to build ramps” at the university.⁴⁰

Under the Convention on the Rights of Persons with Disabilities, the Afghan government is obligated to ensure that children with disabilities have access to an inclusive education system at all levels without discrimination, and that the whole school environment is designed to foster inclusion, not segregation. Inclusive education benefits all children. Children with disabilities should be guaranteed equality in the entire process of their education, including by having meaningful choices and opportunities to be accommodated in mainstream schools if they choose, and to receive quality education on an equal basis with, and alongside, children without disabilities. This entails an obligation to ensure that facilities, including toilets, are physically accessible to all students, and an obligation to ensure that the education schools offer is inclusive—that is, the teachers are trained in inclusive education methods and use accessible teaching materials, and the schools provide reasonable accommodations for children with disabilities.⁴¹

Barriers to Health Services and Other Government Assistance

I have no hope for the future, but if I get treatment, I would have hope.

—Rozina, who described getting a disabling leg injury in an airstrike, Jalalabad, December 2017

Although Afghanistan’s healthcare system improved after 2001, access to health care remains poor throughout much of the country, especially in rural areas. Corruption and insecurity have continued to limit the ability of the government to provide even basic health services.⁴² Hospitals and clinics are not easily accessible outside of urban areas,

⁴⁰ Ibid.

⁴¹ “Reasonable accommodation is a key component of the right to inclusive education. Accommodations may include hearing aids; braille textbooks, audio, video, and easy-to-read learning materials; instructions in sign language for children with hearing disabilities; structural modifications to schools, such as ramps for children in wheelchairs; and additional qualified staff to assist children with self-care, behavior, or other support needed in the classroom. The denial of reasonable accommodations constitutes discrimination.” Human Rights Watch, *“Just Like Other Kids”: Lack of Access to Inclusive Quality Education for Children with Disabilities in Iran*, October 2019, <https://www.hrw.org/report/2019/10/02/just-other-kids/lack-access-inclusive-quality-education-children-disabilities-iran>.

⁴² In 2018, Afghanistan ranked 168 out of 189 on the United Nations Human Development Index, the same as Haiti. United Nations Development Programme, “Human Development Reports: 2018 Statistical Update,” <http://hdr.undp.org/en/2018-update> (accessed June 14, 2019).

and poor access to health services, especially in rural Afghanistan, is a leading cause of disabilities. For example, one of the main causes of partial or total loss of vision in Afghanistan are cataracts, a treatable condition.⁴³

Among persons with disabilities, access to healthcare facilities and services may have actually worsened since 2005, according to a 2017 study.⁴⁴ One reason for this is that:

Disability and mental health were second-tier priorities until the BPHS [Basic Package of Health Services] review in 2004. Even after disability rehabilitation became a priority, the resources allocated to health services were insufficient to meet the additional needs.⁴⁵

Physical rehabilitation is not available in all provinces, and because patients have to travel long distances to get services, many forego them altogether. Traveling to obtain services has been, for many families, complicated by poverty, poor quality roads, and danger along the way due to armed conflict. Moreover, government health services lack trained personnel and technical expertise to effectively deliver services to those with disabilities. A lack of female health service providers means that women and girls with disabilities have less access to services.⁴⁶

The lack of female health workers and trained professionals has even further limited access to rehabilitative services for women with disabilities. Due to widespread gender segregation in Afghan society, women and girls, in addition to likely preferring to receive care from a female service provider, are likely to be barred by their families from accessing care from male professionals. Even in urban areas, women with disabilities often do not have access to adequate health care, opportunities for rehabilitation, or support and assistance. For women living in rural areas who have to travel great distances to reach a government or NGO clinic, the “absence of transportation, lack of paved roads, and

⁴³ World Health Organization, “Afghanistan: Eye Care,” <http://www.emro.who.int/afg/programmes/eye-care.html> (accessed May 12, 2019).

⁴⁴ Jean-Francois Trani et al., “Assessment of Progress towards Universal Health Coverage for People with Disabilities in Afghanistan: A Multilevel Analysis of Repeated Cross-Sectional Surveys,” *The Lancet*, vol. 5, no. 8 (2017), <https://www.thelancet.com/action/showPdf?pii=S2214-109X%2817%2930251-6> (accessed May 13, 2019).

⁴⁵ Ibid.

⁴⁶ Landmine and Cluster Munition Monitor, “Afghanistan: Victim Assistance,” October 2017, <http://the-monitor.org/en-gb/reports/2018/afghanistan/victim-assistance.aspx> (accessed May 30, 2019).

distance to clinics constitute specific barriers to accessing health-care facilities.”⁴⁷ If a woman needs to travel to reach a clinic, she often needs a *mahram* (a male relative) to accompany her, which will increase the cost of treatment and make it more difficult for women to seek care.⁴⁸

A young woman with a disability described her experience:

I have benefited from the Red Cross services in Herat, but the Red Cross is only limited to the cities and can't provide any services to the remote areas. I know people who are in remote districts, but since they have no one [to bring them], they cannot come to the Red Cross and benefit from their services.⁴⁹

M.A., 26, relocated with her family to Herat city from an outlying district when she was 7 after she became paralyzed in her legs because of cerebral palsy. In their home district, there were no services available for persons with disabilities. In Herat, she was able to obtain a wheelchair. She said:

If I return to my district and my wheelchair gets any damage, then there's no one who can help me.... Sometimes I feel very sad ... because I cannot get out of the house. In such times, I would love to get out, buy dresses for myself and attend wedding ceremonies. Girls of my age are going out, they go to places of recreation, but I am always at home. There is nothing fun for me. It has been two, three years that I'm having severe depression. I always cry.... There will be no one with me when I get older, and I really worry about this.⁵⁰

⁴⁷ Trani et al., “Assessment of Progress towards Universal Health Coverage for People with Disabilities in Afghanistan,” *The Lancet*.

⁴⁸ Human Rights Watch meeting with Hagar International, Kabul, April 26, 2018.

⁴⁹ Human Rights Watch interview with B.A., Herat, April 10, 2018.

⁵⁰ Human Rights Watch interview with M.A., Herat, April 11, 2018.

Prenatal and maternal health care is particularly poor throughout rural Afghanistan. Maternal deaths remain among the highest in the world.⁵¹ Poor prenatal health care is directly related to some childhood disabilities, including cerebral palsy, which is characterized by motor difficulties, often accompanied by visual, hearing, and learning disabilities.⁵² Cerebral palsy is the most prevalent childhood disability in Afghanistan.⁵³

Mental health services are especially lacking. People seeking government assistance for such services are referred to the Ministry of Public Health, but there are critical gaps in the availability and quality of psychosocial support and mental health services in Kabul and other cities, while in rural areas they are virtually nonexistent. Afghanistan lacks trained personnel in all areas of mental healthcare provision—psychiatrists, psychiatric nurses, psychologists, and social workers. The stigma associated socially with psychosocial disabilities (mental health conditions) is also a significant barrier for people seeking support.

Rozina’s case illustrates the barriers poor women with disabilities from remote areas face in accessing adequate disability support and mental health services. Rozina, a resident of Dehbala, Nangarhar province, was badly injured when her family’s car was hit by an apparent airstrike. Ten members of her family, including a 2-year-old child, were killed. Rozina’s injury to her leg left her with limited mobility; she also lost part of her vision in one eye. Although she received emergency treatment for her injuries at a local clinic, she received no follow-up treatment or care when her wounds became infected. She said, “I’m supposed to get married, but my future in-laws think I cannot now.”⁵⁴ In September 2018, local humanitarian workers convinced Rozina’s brother to take her to Kabul, where doctors were able to treat the infection and fit her leg with a metal rod, greatly increasing her

⁵¹ World Health Organization, “Maternal Mortality,” <https://www.who.int/news-room/fact-sheets/detail/maternal-mortality> (accessed May 5, 2019).

⁵² “Cerebral palsy is a motor disorder caused by brain damage resulting from prolonged or difficult labour, diabetes in the mother, a brain haemorrhage, or lack of oxygen during birth. Very little is known about its causes in Afghanistan.” International Committee of the Red Cross, “First Cerebral Palsy Centre for Afghan Children Opens in Kabul,” May 21, 2004, <https://www.icrc.org/en/doc/resources/documents/news-release/2009-and-earlier/527gxz.htm> (accessed May 5, 2019).

⁵³ Human Rights Watch interview with Alberto Cairo, ICRC Orthopedic Center, Kabul, December 9, 2017.

⁵⁴ Human Rights Watch interview with Rozina, Jalalabad, December 2, 2017. Human Rights Watch documented the case in “Afghanistan: Weak Investigations of Civilian Airstrike Deaths,” May 16, 2018, <https://www.hrw.org/news/2018/05/16/afghanistan-weak-investigations-civilian-airstrike-deaths>.

mobility and reducing her pain. They were not able to treat her eye and told her she would need to get treatment in Pakistan, which the family could not afford.⁵⁵

For those who have acquired a disability as a result of a conflict-related incident, the government's system for determining eligibility for assistance and obtaining financial help has proven onerous. Many victims of insurgent attacks and their family members do not know what assistance is available to them or what steps they should follow to try to claim it.

Mariam, a 25-year-old woman with three children ages 1, 5, and 7, lost her husband, Mohammad Asif, in an insurgent bombing of the Jawadiya Mosque in Herat on August 1, 2017. She said she had no means of support and had been relying on help from other survivors and her husband's relatives to feed her family.⁵⁶ Sima, who was a caretaker at the mosque and was injured in the attack, said she was treated at the hospital and went home, but continued to experience intense anxiety and could no longer work. She said she needed psychosocial support but had no idea where to get assistance.⁵⁷

Barriers in Accessing Public Buildings and Transportation

Wedding halls, parks, shopping malls, universities—none of them have ramps so that I could go to those places with my wheelchair.... I hope one day ramps will be built in recreational places and shopping centers so I can go to those places, and I hope special places will be allocated ... in the buses.

—B.A., Herat, April 2018

Persons with disabilities in Afghanistan face multiple barriers to accessing public buildings and transportation. All women face other cultural barriers in navigating public spaces in Afghanistan, but the difficulties are compounded if they have a disability.⁵⁸ Even

⁵⁵ Human Rights Watch text communication with humanitarian worker in Jalalabad, October 23, 2018.

⁵⁶ Human Rights Watch interview with Mariam, Herat, December 8, 2017.

⁵⁷ Human Rights Watch interview with Sima, Herat, December 8, 2017. Human Rights Watch documented the incident in *"No Safe Place": Insurgent Attacks on Civilians in Afghanistan*, May 2018, https://www.hrw.org/sites/default/files/report_pdf/afghanistan0518_web_1.pdf.

⁵⁸ Within more conservative Afghan communities, women only appear in public if accompanied by a male chaperone. As a result, much of the public space is male-dominated, and harassment of women who venture into it is common. See Samuel

for women in cities, the lack of accessible toilets, ramps, and elevators may prevent them from seeking support, or limit the times they attempt to access services.

According to the Ministry of Labor, Social Affairs, Martyrs and Disabled, the government has initiated plans for all municipalities to add ramps to public buildings and install elevators in new facilities. However, Kabul and other cities suffer from frequent power cuts, leaving elevators inoperable. Very few buildings are equipped with accessible toilets.⁵⁹ In its 2016 report, the AIHRC noted that 0.2 percent of persons with disabilities they interviewed had accessible toilets in their places of work, and 2.9 percent had access to ramps. The AIHRC has called on the government and other institutions to address these needs as priorities.⁶⁰

W.S., 42, was wounded in a rocket attack in Kabul in 1999. She was pregnant at the time and lost the child. Her legs were badly injured, and since then she can walk only short distances with walking sticks. She said:

My home was at the Khairkhana hillside. The doctor advised me that I should live in a flat environment, that is why I moved here. When it's raining and muddy, I can't go out. In the winter and in the snow, the snow freezes the streets and I can't walk.... I wanted to get a card from the Ministry of Martyrs and Disabled, but because it's far away, I can't go.⁶¹

A 26-year-old woman in Herat described the problems she faced:

It is better that I start with this example: the days that I go to the Red Cross Orthopedic Center for my leg massage, I don't drink liquids such as water or tea because I know if I need to go to a toilet, first, there are no special

Hall, *The Challenge of Becoming Invisible: Understanding Women's Security in Kabul*, 2012, <http://samuelhall.org/wp-content/uploads/2012/02/The-Challenge-of-Becoming-Invisible.pdf> (accessed May 15, 2019), p. 11.

⁵⁹ Human Rights Watch interview with government official, Ministry of Labor, Social Affairs, Martyrs and Disabled, Kabul, July 14, 2018.

⁶⁰ Human Rights Watch interview with Latifa Sultani, women's rights program, Afghanistan Independent Human Rights Commission, October 30, 2018. See also Afghanistan Independent Human Rights Commission, "Report on the Situation of the Rights of Persons with Disabilities in Afghanistan 1393," June 2016, <https://www.aihrc.org.af/media/files/report%20on%20the%20situation%20of%20Persons%20with%20Disability1393.pdf> (accessed May 10, 2019), p. 23.

⁶¹ Human Rights Watch interview with W.S., Kabul, December 30, 2019.

toilets, and if there is any toilet, I can't get to it without seeking help. So I must even control my need for a toilet, while it is a very basic need, while the normal people can go to a toilet any time they wish to.⁶²

Another woman, who has received the small government disability stipend after being paralyzed in an explosion, said that even getting her assistance money was very difficult because reaching the bank or accessing public buildings was often impossible for her.⁶³

F.S.'s family abandoned her in front of the ICRC Orthopedic Center in 2013 after they were deported from Iran. In addition to a physical disability, she has developmental and speech disabilities. She said: "I have no one in my life.... I so often wish to go out in the bazaar and shop for myself, but I can't go out unattended."⁶⁴

A 2013 study on participation in Afghan elections found that 67 percent of persons with disabilities had not voted, either because they did not have registration cards, or because of the inaccessibility of polling stations, lack of accessible transportation facilities, and lack of assistance from polling station staff.⁶⁵

Social Stigma and Discrimination

Afghan women and girls with disabilities face particular barriers to their rights, as gender discrimination and discrimination against persons with disabilities intersect. Too often, they describe social isolation, being humiliated in public or within their own families, being considered a source of shame for the family, and being denied access to public spaces and community or family social events. Afghan women with disabilities are often seen as unfit for marriage and a burden on their families. One young woman described the fears of many Afghan women with disabilities: "If you are a girl and a disabled person,

⁶² Human Rights Watch interview with B.A., Herat, April 10, 2018.

⁶³ Farid Tanha, "Afghanistan: Fighting for Disability Rights," *Institute for War and Peace Reporting*, April 6, 2017, <https://iwpr.net/global-voices/afghanistan-fighting-disability-rights> (accessed June 4, 2019).

⁶⁴ Human Rights Watch interview with F.S., Kabul, February 28, 2018.

⁶⁵ Community Centre for the Disabled, "Assessing Participation of Persons with Disabilities in Past Three Elections in Afghanistan," 2013, https://eaccess.s3.amazonaws.com/media/attachments/resources_mainresource/564/Afghanistan_Assessing_Participation_2013.pdf (accessed May 31, 2019), p. 9.

even if you are married, you will always have the fear that you can get divorced from your husband at any moment as he may prefer another woman to you.”⁶⁶

A representative of an NGO working with women with disabilities said: “Young girls with disabilities are ashamed of going out, and their families exacerbate this situation. For example, I know a family who doesn’t let their girl come out of the house, only because she has a disability.”⁶⁷

At the age of 4, M.G. was badly injured in a traffic accident. A brain injury left her with cognitive disabilities, including the loss of speech, and she is partially paralyzed. A close relative described the difficulties the family faces when they try to bring Mina into public places:

When we take her somewhere with ourselves, she gets harassed by neighbors. For example, they say that M.G. is handicapped and should not even leave the house. They say, “Keep this crazy at home and you don’t have to bring it out.” The majority of the neighbors’ children harass and ridicule her. M.G. can’t go to school and study, and she won’t be able to in the future either.... She won’t be able to get married in the future, because no one will be willing to marry a mentally and physically handicapped person.⁶⁸

D.S., 16, was born with congenital physical and intellectual disabilities. She is blind and requires assistance to do any activity. Her mother said that the women in the house take care of her:

In our family, her mother and sisters look after her and try to provide her with daily necessities by turn. But family men do not treat her well and do not want her to go out or be seen by anyone. Because she is a disabled girl

⁶⁶ Human Rights Watch interview with B.A., Herat, April 10, 2018.

⁶⁷ Comment by an official with a humanitarian NGO at Human Rights Watch meeting with the Social Association of Afghan Women with Disabilities, Ministry of Women’s Affairs, Hadafmand Association, and Women with Disabilities Association, Kabul, April 17, 2018.

⁶⁸ Human Rights Watch interview with M.G.’s relative, Kabul, December 29, 2019.

and it is shameful to have a disabled person in the family in Afghanistan, especially if the disabled is a girl. Because of this, [D.S.] stays at home.⁶⁹

Barriers to Employment

Women with disabilities face enormous obstacles in getting a job. According to the Community Centre for the Disabled, 90 percent of persons with disabilities are unemployed.⁷⁰ Under the Law on Rights and Privileges of Persons with Disabilities, 3 percent of jobs in government and the private sector are to be reserved for persons with disabilities.⁷¹ However, the AIHRC found that the number of employees with disabilities working in government offices was less than 1 percent.⁷²

Amina Azizi, the head of a small advocacy organization working on behalf of women with disabilities in Afghanistan, lost her right leg in a rocket attack on her home in Kabul when she was a child. When she first attempted to find a job, she said she was told, “Why are you seeking work, when those who are without disabilities are jobless?” When she eventually found work as a radio presenter and advocate for persons with disabilities, she said the main focus of the programs “was to inform the public that persons with disabilities are active members of society and should be treated like everyone else. Disability is not weakness.”⁷³

⁶⁹ Human Rights Watch interview with D.S., Kabul, December 30, 2019.

⁷⁰ Community Centre for the Disabled, “Assessing Participation of Persons with Disabilities in Past Three Elections in Afghanistan,” 2013, p. 11, https://eaccess.s3.amazonaws.com/media/attachments/resources_mainresource/564/Afghanistan_Assessing_Participation_2013.pdf (accessed May 31, 2019); see also Afghanistan Independent Human Rights Commission, “Report on the Situation of the Rights of Persons with Disabilities in Afghanistan 1393,” June 2016, <https://www.aihrc.org.af/media/files/report%20on%20the%20situation%20of%20Persons%20with%20Disability1393.pdf>, p.16 (accessed May 10, 2019).

⁷¹ Claire Anderson, “Overcoming Stigma against Disabilities in Afghanistan,” Asia Foundation, November 2, 2016, <https://asiafoundation.org/2016/11/02/overcoming-stigma-disabilities-afghanistan> (accessed June 12, 2019).

⁷² Afghanistan Independent Human Rights Commission, “Report on the Situation of the Rights of Persons with Disabilities in Afghanistan 1393,” June 2016, <https://www.aihrc.org.af/media/files/report%20on%20the%20situation%20of%20Persons%20with%20Disability1393.pdf>, p.22 (accessed May 10, 2019).

⁷³ Patricia Chadwick, “Amina Azizi—Raising the Voices of the Disabled in Afghanistan,” *Internews*, May 25, 2016, <https://medium.com/local-voices-global-change/amina-azimi-raising-the-voices-of-the-disabled-in-afghanistan-881defb0b1e4> (accessed May 30, 2019). In 2007, Azizi founded the Women with Disabilities Advocacy Committee. In 2011, she created Empowering Women with Disabilities (EWD), an organization that provided training to women and girls with disabilities. When Human Rights Watch interviewed Azizi in Kabul, the organization had closed for lack of funding. Human Rights Watch interview with Amina Azizi, April 15, 2019.

Parwana Sama Samadi, interviewed by the AIHRC, described a similar experience: “I tried my best to find an employment, but I received a negative and illogical response from any door I knocked. In spite of that, I did not lose my hope.”⁷⁴

A government official responsible for social and support services acknowledged the problem:

Unfortunately, the percentage employing people with disabilities, especially women, is very low. Although men with disabilities face similar problems, in general it is much more difficult for women with disabilities, because in a male dominated society, employment of women is less common.... An extensive and appropriate awareness program about the qualifications of people with disabilities has not been conducted for the public institutions to assure them that disability is not incompetence and that disability does not impede their working potential.⁷⁵

The ICRC and some NGOs working with persons with disabilities have a policy of hiring persons with disabilities in order to help overcome entrenched societal biases.⁷⁶

Sexual Harassment of Women Seeking Assistance

When you get into the ministry, everyone looks at you as a sexual toy. They think that as you are not a healthy girl, you will never marry someone, and it makes it easier for them to have sex with you.

–M.I., Kabul, April 2018

Harassment of women is defined in Afghanistan’s Elimination of Violence against Women Law as “using words or committing acts by any means, which causes damage to the personality, body and psyche of a woman.” Anyone convicted of this offense can be

⁷⁴ Afghanistan Independent Human Rights Commission, “Report on the Situation of the Rights of Persons with Disabilities in Afghanistan 1393,” June 2016, <https://www.aihrc.org.af/media/files/report%20on%20the%20situation%20of%20Persons%20with%20Disability1393.pdf>, p. 18 (accessed May 10, 2019).

⁷⁵ Human Rights Watch interview with Sayid Aalam Hashemi, director of the Regulation of Social and Supportive Services to the Martyred and their Heirs, Ministry of Labor, Social Affairs, Martyrs and Disabled, Kabul, July 14, 2018.

⁷⁶ Human Rights Watch interview with Alberto Cairo, ICRC Orthopedic Center, Kabul, December 9, 2017.

sentenced from 3 to 12 months in prison. In cases in which the person who committed the harassment misused a position of authority, the sentence cannot be less than 6 months. The Anti-Harassment of Women and Children Law prohibits “hostile action or physical contact with women; publication of posters, pictures, audio and video clips that are against ethics; verbal or non-verbal abuse or illegitimate demands; intimidating or abusing a woman by threatening a demotion, transfer, termination, withholding of promotion, or withholding of a positive evaluation.”⁷⁷

Sexual harassment is widespread in Afghanistan. A 2016 study found that 90 percent of the 346 women and girls interviewed said they had experienced sexual harassment in public places, 91 percent in educational environments, and 87 percent in workplaces. Afghanistan’s Elimination of Violence against Women Law and Anti-Harassment of Women and Children Law criminalize sexual harassment, including in the workplace.⁷⁸ The laws have had little effect, however, because there has been no political will to seriously investigate most reported cases of abuse.

According to NGOs advocating for the rights of women with disabilities in Afghanistan, sexual harassment against women with disabilities is a serious problem, particularly in government offices, including the Ministry of Labor, Social Affairs, Martyrs and Disabled.⁷⁹ In order to qualify for government assistance, a person who has acquired a disability must get a statement from the Ministry of Public Health to determine the percentage of their disability and the date it occurred, bring this to the Ministry of Labor, Social Affairs, Martyrs and Disabled, and then obtain a disability certificate. One NGO representative described the process:

For women, getting this certificate is a disaster. Those who have applied have been harassed by the ministry staff, but we cannot talk about this issue publicly as it will make us more vulnerable.⁸⁰

⁷⁷ Ehsan Qaane, “Harassment of Women in Afghanistan: A Hidden Phenomenon Addressed in Too Many Laws,” *Afghanistan Analysts Network*, April 2, 2017, <https://www.afghanistan-analysts.org/harassment-of-women-in-afghanistan-a-hidden-phenomenon-addressed-in-too-many-laws/> (accessed May 27, 2019).

⁷⁸ Patricia Gossman, “#MeToo in Afghanistan: Is Anyone Listening?” Human Rights Watch, December 20, 2017, <https://www.hrw.org/news/2017/12/20/metoo-afghanistan-anyone-listening>.

⁷⁹ Human Rights Watch interview with M.M., Kabul, April 17, 2018.

⁸⁰ Human Rights Watch meeting with the Social Association of Afghan Women with Disabilities, Ministry of Women’s Affairs, Hadafmand Association, and Women with Disabilities Association, Kabul, April 17, 2018.

A.G., a woman with a disability who had organized an advocacy group for other women with disabilities, said:

My own experience was this: I went to the ministry to see the minister and talk with him about my association.... When I went to his secretariat office and asked them to arrange a visit for me, the administrative staff who were working there asked me about the purpose of the meeting, and I told them that I want to talk about the challenges that small girls with disabilities face in going to schools.... I was sitting there for more than two hours and asking them every 30 minutes when the minister will be free.... The man looked at me and told me: “You are neither beautiful nor young. Even you have not applied a red lipstick! How come you are so confident to meet the minister?” I tore my proposal and my hope and threw them in the trash bin. My hands were shaking. I couldn’t believe a man could be as rude as he was.⁸¹

Another woman, M.R., described her experience:

I went [to the ministry] to get my disability certificate because the ministry pays up to 5,000 afghanis [US\$64] per month based on the level of disability. I faced a very rude offer when I wanted to register myself at the ministry. The administrative employee who was working there told me that he will process my certificate if I sleep with him. He asked me to sleep with him for a night while standing in front of his colleagues, and they just started laughing at me, loud and louder.... One of them told me, “Then what do you want? You want to be registered and get paid by the government without paying our share? How do you want to get your disability card when you don’t want to sleep with us?” I started crying and left. Later, when I shared this story with other friends and women with disabilities, most of them had similar experiences. Even some of them told me that they will never visit the ministry because they will be harassed.⁸²

⁸¹ Human Rights Watch interview with A.G., Kabul, April 24, 2018.

⁸² Human Rights Watch interview with M.R., Kabul, April 18, 2018.

P.F. described a similar experience:

I went to the ministry to get this certificate. They asked me whether I am married and when I said no, they told me that they can find me a husband. When I refused, the ministry employee told me that I can get this certificate only if I agree to be his girlfriend.⁸³

In response to questions about sexual harassment, one official who met with Human Rights Watch said that he had not received any complaints about the sexual harassment of women with disabilities. A second official responded by email:

The MMD [Ministry of Martyrs and Disabled] has a reliable system, transparent functionality and believes that [the] system prevents ... such issues. The MMD leadership is committed and has developed very reliable and applicable procedures for prevention of any kind of fraudulent actions such as bribes, sexual harassment, and any deeds which are against any applicable laws of the country.⁸⁴

The stigma associated with reporting harassment of this kind—and the likely futility of doing so—means that few women, especially women with disabilities, report cases of abuse.

⁸³ Human Rights Watch interview with P.F., Kabul, April 17, 2018.

⁸⁴ Human Rights Watch email communication with Selanay Ahmadi, advisor to the Minister for Martyrs and Disabled, Office of the State Minister for Martyrs and Disabled, April 11, 2019.

III. Recommendations

To the Government of Afghanistan

- Implement a comprehensive review of legislation and policies to ensure they are in line with the provisions of the Convention on the Rights of Persons with Disabilities.
- Amend existing legislation and policies to ensure that all persons with disabilities, not only those with conflict-related disabilities, are entitled to services and financial assistance.
- Increase public awareness on disability and mental health, including through de-stigmatizing campaigns that emphasize the dignity and equality rights of persons with disabilities, and on the availability of services.
- Support efforts to develop sustainable solutions to increase access to quality, inclusive education for children with disabilities, particularly girls, including by developing strategies to expand community-based education (CBE) programs which provide home-based teaching for children unable to attend government schools, incorporating CBE into the government's education system, making specific arrangements for integrating girls with disabilities into CBE, and ensuring long-term funding for CBE.
- Facilitate the equal access to education for children with different types of disabilities by training teachers and supporting efforts to make classrooms fully accessible.
- Ensure that all persons with disabilities have the opportunity and accessible information to register as a person with a disability with relevant state agencies.
- Establish accessible and confidential complaint mechanisms to ensure that any alleged abusive or harassing behavior by government officials is properly investigated and appropriate remedies are provided in the event of a violation. Information about how to use these mechanisms should be distributed in accessible formats. Those responsible for sexual harassment should be prosecuted under the applicable law.
- Fund and accelerate measures to ensure all public buildings are accessible by building ramps and making toilets and other facilities accessible, and require all

businesses and educational institutions to provide these within a reasonable timeframe.

- Implement a comprehensive review of health services for persons with disabilities to improve outreach and access, particularly in rural areas.
- Develop and publish uniform standards on accessibility in line with Universal Design Principles, and ensure that these standards address the needs of persons with different disabilities and other stakeholders. Coordinate and consult with persons with disabilities and disabled persons' organizations on the standards and their distribution.

To Afghanistan's International Partners, including the European Union and its Member States

- Include human rights, including the rights of persons with disabilities, in all bilateral and multilateral discussions with Afghanistan.
- Ensure that funding for civil society and economic and social development include benchmarks and reporting regarding progress in ensuring the rights of persons with disabilities.

Acknowledgments

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“Disability Is Not Weakness”

Discrimination and Barriers Facing Women and Girls with Disabilities in Afghanistan

Afghanistan has one of the largest populations of people with disabilities in the world. Forty-one years of war have left millions of Afghans with amputated limbs, visual or hearing disabilities, and psychosocial disabilities such as depression and post-traumatic stress. Efforts to meet the needs of people with disabilities for access to health care and education have fallen far short of promised goals.

“*Disability Is Not Weakness*” documents the everyday barriers that Afghan women and girls with disabilities face in a country where decades of conflict have decimated government institutions and development efforts have failed to reach communities most in need. Afghan women with disabilities face intersecting forms of discrimination amid widespread gender bias and violence against women. Obtaining access to health care, education, and employment, along with other basic rights, is particularly difficult for Afghan women and girls with disabilities, who face both gender discrimination and stigma associated with their disability. Afghan women with disabilities who have sought government assistance or employment are at increased risk of sexual harassment within government institutions.

The Afghan government should ensure that all people with disabilities are entitled to services and financial assistance. It should develop sustainable solutions to increase access to quality, inclusive education for children with disabilities. It should also establish accessible and confidential complaint mechanisms to ensure that any abusive or harassing behavior by government officials is properly investigated and those responsible held accountable.



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