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Objective B1: Develop, for submission to the GoA, an inclusive strategy and legislative framework that represents the challenges of the persons with disability community

C. SHORT TERM STRATEGIC OBJECTIVES

Objective C1: Commission and supervise the national Strategic Needs Survey in cross cutting issues: rehabilitation sector, education, employment, accessibility.

Objective C2: Raise the public profile of disability and act as a multi-forum public advocate for disability, rights of the disabled, across all Governmental and Non-Governmental entities

Objective C3: Develop communication mechanism/Network between central and regional level as part of disability and right awareness in all civil and political institutions

Objective C4: Through the coordination Committee, provide necessary support to programming, monitoring and Evaluation Unit in the NDC to establish a participatory monitoring and evaluation system to ensure better coverage and better services for the benefit of pwd.

Annex 2: Disability Action Council (Dac) Of The Kingdom Of Cambodia

Annex 3: The Disability Rights Commission (Drc) Of The United Kingdom

Annex N 4: State High Council For Coordination Of Disabled Persons Affairs (Hecdpa) Of The Islamic Republic Of Iran
# List of Abbreviations

1. ADF  Afghanistan Development Forum  
2. AMI  Aide Medicale Internationale  
3. ARCS  Afghan Red Crescent Society  
4. BPDS  Basic Package of Disability Services  
5. BPHS  Basic Package of Health Services  
6. CAHD  Community Approach to Handicap in Development  
7. CDAP  Comprehensive Disabled Afghans’ Program  
8. CBO  Community Based Organisation  
9. CBR  Community Based Rehabilitation  
10. CBRW  Community Based Rehabilitation Workers  
11. DAC  Disability Action Council  
12. EU  European Union  
13. GoA  Government of Afghanistan  
14. HI  Handicap International  
15. IARCSC  Independent Administrative Reform and Civil Service Commission  
16. ICRC  International Committee of Red Cross  
17. INGO  International Non Government Organisation  
18. IRC  International Rescue Committee  
19. ISA  Islamic State of Afghanistan  
20. LSP  Livelihoods and Social Protection  
21. MDG  Millennium Development Goals  
22. MMD  Ministry of Martyrs and Disabled  
23. MoH  Ministry of Health  
24. MoLSA  Ministry of Labour and Social Affairs  
25. MoWA  Ministry of Women’s Affairs  
26. MoPW  Ministry of Public Works  
27. MRRD  Ministry for Reconstruction and Rural Development  
28. NDC  National Disability Commission  
29. NDS  National Disability Strategy  
30. NDF  National Development Framework  
31. NEEP  National Emergency Employment Programme  
32. NGO  Non Governmental Organization  
33. NSP  National Strategic Plan  
34. PIP  Public Investment Programme  
35. PNA  Preliminary Needs Assessment  
36. PRR  Priority Reform and Restructure  
37. PSU  Policy Support Unit  
38. PwD  Persons With Disabilities  
39. PwDO  Persons with Disabilities Organization  
40. SGAA  Sandy Gall’s Afghanistan Appeal  
41. SCUK  Save the Children United Kingdom  
42. SERVE  Serving Emergency Relief and Vocational Enterprises  
43. STA  Senior Technical Advisor  
44. ToR  Terms of Reference  
45. TOT  Training of Trainers
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<th></th>
<th>Acronym</th>
<th>Full Form</th>
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<tr>
<td>46.</td>
<td>UNDP HDI</td>
<td>United Nations Development Programme Human Development Index</td>
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<td>UNOPS</td>
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Executive summary

A large number of Afghan people suffer from poverty and deprivation resulting from more than two decades of conflict and the Afghan infrastructure and administration need to be rebuilt. The basic public services have collapsed and the Government of Afghanistan (GoA) faces a huge challenge in order to meet the population’s basic needs such as health, water sanitation, housing, education and employment. This becomes more difficult amongst the most vulnerable groups such as Persons with Disabilities (PwDs). In Afghanistan, the problem of accessibility to a certain number of basic goods and services necessary for functioning is closely related to the lack of basic rights.

One may, therefore, speak of a ‘poverty of access’ which has to be overcome first. In this context, priorities have to be put on whatever fulfills a particular lack, especially for the most vulnerable groups: employment, housing, health and education, but more generally, participation in collective decisions, security in all its forms, the right to belong to a community, the respect of human rights, etc. These issues are addressed in the ‘Livelihoods and Social Protection Public Investment Programme’ whose overall goal is “to contribute to an effective and affordable social policy which enhances human security and supports sustainable rural and urban livelihoods, thereby promoting the elimination of poverty.” The present Priority Reform and Restructuring project reflects this approach and outlines the procedure and the means needed to tackle the major issues of the situation of PwDs.

The National Disability Strategy (NDS) fits within the LSP PIP (Livelihood and Social Protection Public Investment Programme) general framework and targets one of the poorest and most vulnerable groups of Afghan people. It is a general poverty reduction strategy framework for the benefit of PwDs, which is elaborated, monitored and evaluated through a new structure called the National Disability Commission (NDC), an independent and inter-ministerial structure of the Government of Afghanistan. This new governmental body will have the appropriate mandate and competencies to address the various needs of the PwDs in Afghanistan. The NDS described in this document is based on the principles encompassed in the National Development Framework. The overall goal of the NDS is to improve livelihood and social protection of PwDs in Afghanistan, eradicate poverty and fight for the recognition of their rights.

The existing governmental organizations and services have failed to address social protection for groups at risk and the most vulnerable members of the Afghan society. At present, they lack both the mandate and the capacity to deal with poverty reduction issues. Therefore, the NDC is an inter-ministerial administrative body created to enable a more effective approach to disability, by:

- improving the delivery of services to PwDs,
- addressing their needs and enlarging their capabilities through a policy development framework for the next decade,
- strengthening and enhancing the capacity of the GoA by developing skills and public services and by forging links with other stakeholders in all relevant sectors and at all levels,
- achieving awareness and creating a positive legal and social environment,
- encouraging the creation and strengthening of organizations of PwDs
- re-evaluating orientations taken and functioning of the NDC on a regular basis in order to ensure its continued relevance and effectiveness,
- establishing and promoting a comprehensive monitoring and evaluation system to ensure that programmes and services in the disability sector are reviewed and assessed to determine their impact and effectiveness.

The NDC is expected to become a major cooperative organization in Afghanistan and to make significant contributions in the different areas of disability. The major goal will be to develop a global framework and guidelines for inclusion and integration of PwDs into mainstream development programmes of the NDF, including health, education, vocational training and employment.

1. Elements for a National Disability Strategic Plan

1.1. Context and background of disability in Afghanistan

1.1.1. The Afghan context

The 1996 UNDP Human Development Report placed Afghanistan 169th out of 175 countries on the Human Development Index. Due to lack of data, Afghanistan’s status has not appeared in subsequent reports. However, though there is little confirmed data on national health indicators, there is clear evidence of poor health conditions and a high rate of persons living with disability.

Years of conflict have increased the level of poverty in the country and this has been exacerbated by the recent drought. Poor access to health, education, safe drinking water and income generation is endemic in rural and urban Afghanistan. Around 4.3 million of the rural population is estimated to be critically poor and their livelihoods are considered to be insecure. The proportion of such households in urban areas is currently being assessed. The cold temperatures and restricted accessibility in much of Afghanistan during winter bring additional risks to an estimated 1.3 million critically poor. At the same time, the ongoing drought in parts of the South continues to threaten lives and livelihoods.

Basic demographic indicators are among the worst worldwide. The country is characterized by high levels of birth, mortality and infant mortality rates. For instance, the infant mortality rate in Afghanistan is 165 per 1000 live births, with one in four children dying before they
reach the age of five (around 300,000 annually). The maternal mortality rate is also estimated to be very high, about 19 per 1000 live births\(^4\). Around half of Afghan children are moderately or severely malnourished. One of the key contributing factors to this crisis is the lack of access to safe drinking water for 87% of the population and the absence of adequate sanitation facilities for 99% of the population.

Education data shows very low levels of literacy, especially among women, with rates of 51% for men, 21% for women and 36% for the overall population.

1.1.2. Disability background: vulnerability of a disadvantage group

1.1.2.1. Persons with disabilities are a diverse subgroup

The situation of PwDs, defined by any restriction or lack resulting from impairment, of ability to perform an activity in a manner or within the range considered normal for human beings\(^5\), is generally poor. International Labor Office (ILO) has estimated that 4% of the population lives with disabilities, that is, 800,000 people. The Ministry of Martyrs and Disabled (MMD) sources indicate that there are over one million persons in Afghanistan who are affected by disability. UNDP/UNOPS estimations in 1999 were of 700,000 Afghans with a disability, or 3% of the population\(^6\). CDAP has also said that 4-15% of the population are affected by disability\(^7\). While hundreds of thousands of Afghans were made disabled by war and landmines (estimates of landmine survivors with amputations, blindness and paralysis range from 94,000 to 200,000), many more have acquired impairments from birth, inadequate healthcare, congenital disabilities, accidents or malnutrition and preventable diseases such as polio or tuberculosis. “A high rate of birth complications, especially in undernourished women with inadequate care, cause disabilities such as cerebral palsy\(^8\).” Large numbers of people who were psychologically traumatized receive minimal services if any. A 2001 World Health Organization (WHO) report estimates that about 5 million Afghans have been affected by psychosocial stress such as depression, anxiety and psychosomatic problems\(^9\). In addition, there are many people with learning disabilities, mental impairments and multiple disabilities that hardly receive any attention from the international community and disability organizations working in Afghanistan. Because of lack of consolidated national data, there is no real accuracy of disability figures. Therefore a National Disability Survey in Afghanistan (NDSA) is a priority and has been launched in September 2004. At the macro level it is essential (i) to have information of the percentage of Afghan population which represents persons with disabilities (PwDs), (ii) to develop a general typology concerning this population in terms of types of disability, means and level of income, etc. (iii) to understand what services are actually available to PwDs and how they access these.

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\(^7\) Coleridge Peter: “What is CDAP”,

\(^8\) In Salamati, A distance Learning Magazine for Afghan Health Personnel and Educative Staff, Aide Medicale Internationale, vol. 23, last quarter of 2003, p. 3.

\(^9\) [www.usinfo.state.gov](http://www.usinfo.state.gov).
Although no national survey has been done before, there are a few local surveys\textsuperscript{10} and research that address the situation of PwDs in Afghanistan. According to a Center of Disease Control (CDC) survey carried out in 2003, disability among children, varies between 1\% and 4\%. Among youth, the 2003 Italian Cooperation survey in 65 schools showed that congenital disability accounts for over 30\% of overall causes, highlighting the lack of access to antenatal care and inadequate treatment of infectious diseases. This also raises concerns about the poor awareness about issues related to family life and the traditional practice of marriage inside the family in cases of physical and mental impairment.

1.1.2.2. Persons with disabilities are marginalized members of society

With the exception of war disabled, PwDs suffer from stigmatization from the Afghan society. Persons injured during the war are often considered as having made a sacrifice for their country. Therefore they are better accepted and integrated within the national community than the others. Most of the time, disability is perceived as a curse in Afghanistan. Lack of awareness and cultural beliefs lead the population to consider other causes of disabilities, especially congenital ones, as shameful. For instance, mental retardation is commonly denied and considered as a Post Traumatic Stress Disorder (PTSD) resulting from past bomb attacks children may have been exposed to. Actually, this parental attitude may be due to the fact that the presence of a disabled person in a family not only constitutes an obstacle to a normal marriage and family life for him or her, but might affect the marriage opportunities of other members of the family. The lack of awareness leads to stigmatization. Disability is still often considered as a problem brought on by divine punishment or a person’s bad luck. Counteracting this perception of disability is essential for the sake of PwDs as deprivation or loss of competency to perform daily tasks and to take part into public life strongly depends on favorable cultural and social environment.

1.1.2.3. Persons with disabilities are a vulnerable subgroup

“The vulnerability of a person is the probability of having his/her situation worsen when faced with a dramatic event. Such focus on vulnerability implies identifying the threats and, more generally, the risks that people with disabilities encounter; addressing their capacity to cope when faced with the realization of such risks can help define the means required to overcome the social consequences related to this realization\textsuperscript{11}. Developing the capability of PwDs comprises two dimensions: enhancing the ‘ability’ and the ‘potentiality’. The ability is required to escape poverty or get out of it and the potentiality is what prevents persons from falling back into poverty. Addressing only one dimension jeopardizes the sustainability of any development programme addressing the situation of PwDs. It is thus quite clear that any comprehensive programme for people with disabilities must look at the problem at two levels:

- first, from the individual perspective (developing ability as well as potentiality)

\textsuperscript{10} A collaborative national survey has been conducted in 2002 by the MoH, the MMD, UNICEF, the IRC and some other INGOs based on a sample of 707 households (6026 persons) located in 321 districts throughout the 32 provinces of the country.

- second, from the perspective of the social and economic opportunities that their living environment provides (ensuring accessibility of building and institutions, to the labor market and to education, among other things).

1.1.3. Basic needs to be addressed

Disability, currently among the most pressing priorities in Afghanistan, is being given attention by the Government of Afghanistan as a crucial issue. PwDs are among the most vulnerable subgroups in the country. They are challenged at many dimensions of poverty: first of all poor health, but also lack of access to education, low income, low level of employment (an estimated 85% of persons with disability of working age are unemployed), gender inequities, absence of participation in public life and in social and political choices mainly because of stigmatization and discrimination.

Some of the major problems are:
- A lack of a long-term strategic plan for the disability and rehabilitation sector.
- The absence of legislative instruments to protect the rights of PwDs.
- The existence of discrimination, non-respect of rights, especially for women with disabilities who face additional constraints due to cultural beliefs and practices.
- A lack of services and programmes in remote and rural areas, which have a high rate of person with disabilities, including those who have sustained landmine injuries.
- A lack of adequate services to address the needs of persons with various types of disabilities.
- A lack of quantitative data on the numbers of PwDs as well as qualitative information on their situation within the Afghan society.
- A lack of technical and financial resources needed to provide adequate services.
- A very limited amount of employment and income generating opportunities for PwDs.

Identifying priority policy areas for interventions including the need for employment, rehabilitation, education and access to health facilities is of great importance. A fundamental problem is the lack of knowledge, awareness, expertise and trained human resources in the area of disability. The technical expertise, credibility and capability needed to develop a national plan on disability and to implement, monitor and evaluate it, is currently lacking. This problem extends throughout government and non-governmental agencies, communities and individuals. Better coordination and cooperation between Government departments and other stakeholders working in the field of disability and rehabilitation is required in order to improve the efficiency and sustainability of disability programmes.

A short list of priority needs for interventions can be identified:
- Support for PwDs organizations and groups.
- Capacity building of the Afghan state.
- Coordination of actions.
- Inclusive education and higher education.
- Vocational training.
- Employment support.
- Accessibility.
- Health prevention.
- Physical rehabilitation.
- Mental health and psychosocial rehabilitation for traumatized person.
- Information and legislation on disability.
- Development of research.

1.1.4. Current responses

The number of projects addressing the needs of PWDs are limited in their impact and lack sustained funding to develop further. Potentially there are many more disabled, especially children, who could benefit from greater access to physical rehabilitation, mental health, employment support services and, education. There is little inclusion of disability issues and needs in current mainstream government policies.

1.1.4.1. The mission of the Ministry of Martyrs and Disabled

The MMD is designed and structured to provide welfare. It has been given the overall responsibility to cater to the needs of all PwDs, but it currently lacks the capacity to truly address the challenges of disability as a cross-cutting thematic issue. A few attempts have been launched to organize responses to disability issues by the MMD. Especially, coordination of implementing agencies and local government actions has not been led. The existing coordination is informal, limited to personal links between INGOs’ teams and sometimes in some geographical areas with the MoH. These links concern mainly physical rehabilitation.

But the traditional perception of disability in Afghanistan is clearly linked with martyrdom and war injuries. This perception has led to the situation where emphasis has been placed on war disabled for political reasons. These persons injured during the war are often considered as having made a sacrifice for their country. They are therefore better accepted and integrated within the national community.

1.1.4.2. The activities of other ministries

Very few ministerial programmes focus on the welfare of PwDs in the country. The ministry of Education has decided to support inclusive education and access to schools for children with disabilities. Until now, neither the decision of allocating one room for children with disabilities in all the schools nationwide, nor the construction of ramps and accessible toilets have been put into action. The MoE is responsible for the only governmental special education facility in the entire country, a non-residential school for children with a visual
impairment in Kabul. About 90 children attend, both boys and girls. A positive signal has been launched in June 2004 with the decision taken by the MoE to create an inclusive education unit within the Ministry.

In the Basic Health Package, the Ministry of Health has mentioned the health of persons of disabilities as one of the key elements to focus upon in order to improve the health status of the Afghan people. The decision to include specific measures to take into account the situation of PwDs, with regards to accessibility, training of medical staff and integration of physiotherapy and orthopaedic rehabilitation programmes into Health Services in Afghanistan, is still under discussion. Health prevention is currently insufficient and access to hospitals for PwDs is challenging. Both of these problems result in more disability.

The Ministry of Labour and Social Affairs (MoLSA) does not address disability on the grounds that this responsibility lies with the MMD. PwDs do not benefit from the services of employment centers to help them to find work.

The Ministry of Rural Rehabilitation and Development (MRRD) is responsible for the National Emergency Employment Programme (NEEP) which is a social protection and infrastructure rebuilding program. The Minister, himself disabled, has a particular concern for these issues, and inclusion of disabled people in these activities is under discussion.

1.1.4.3. Role of the international community and national associations

The international community has greatly helped advance the cause of persons with disability through various agencies, such as the United Nations Comprehensive Disabled Afghan Programme, the International Committee of the Red Cross (ICRC), the International Assistance Mission (IAM), Sandy Gall’s Afghanistan Appeal (SGAA), Handicap International (HI), Serving Emergency Relief and Vocational Enterprises (SERVE) and Swedish Committee for Afghanistan (SCA).

A few Afghan NGOs and PWDs also provide services for Afghans with disabilities. Among them are Afghan Amputees Bicycle for Rehabilitation and Recreation (AABRAR), Guardians, the Hearing Impaired Foundation for Afghanistan (HIFA), the Afghan National Association of Deaf (ANAD), Afghan National Association of Blinds (ANAB) and the National Association of Disabled Afghans (NADA).

1.1.4.4. Paucity of services

Health care and Rehabilitation

Despite the conflict and upheaval, services for the disabled have been established all over the country in the past twenty years. In 2003, CDAP was supporting, through its implementing partners such as SCA, 50 physiotherapy centers in five regions of Afghanistan (Herat, Kandahar, Ghazni, Mazar and Takhar). Access to hospitals and health centers is sometimes organized through linkage between rehabilitation centers and hospitals. There are currently twelve orthopaedic workshops in nine different cities in Afghanistan with parallel physiotherapy services in the same cities as well as in many rural areas through CBR programmes. Over 400 Afghan orthopaedic and physiotherapy technicians have been trained.
to reach high standards of manufacturing and fitting of orthopaedic appliances and to treat injuries and disabilities through physiotherapy. Orthopaedic rehabilitation services provide one of the important parts of the rehabilitation package and enable PwDs to move with the help of devices such as orthoses, prostheses, wheelchairs, crutches and other mobility aids. Currently some of the INGOs involved with disability are training their staff to a standard level of qualification through upgrading courses linked to the Institute of Health Sciences (formerly Institute of Intermediate Medical Education) in Kabul, Jalalabad and Herat. Both physiotherapists and orthopaedic technicians study a two year curriculum based on international standards, followed by post-graduate supervision and in-service training. The CDAP, through its implementing partners, offers clinic centers and home-based services through programmes such as outreach and CBR services. Physiotherapy is at the center of rehabilitation efforts in Afghanistan. Many INGOs (HI, ICRC, SGAA, PARSA) have important activities of physical rehabilitation. IAM has established a Physiotherapy School in Kabul employing local trainers. Eye-care is managed by IAM, who run five eye-care units including the government eye hospital in Kabul and Mazar. Audiology services are virtually non-existent. In response to a critical need, particularly for children with a hearing impairment, the Hearing Impaired Foundation of Afghanistan (HIFA) recently established a unit to test hearing and to provide hearing aids. The large number of orthopaedic workshops is a result of widespread mine and war injuries suffered by Afghans in the last 25 years. The main functions of the workshops are to manufacture prostheses for amputees and orthoses for patients with paralysis or deformities as a result of injury and diseases such as polio and tuberculosis.

**Education**

Access to education remains a major obstacle for children with mental impairment and physical disabilities. Absence of ramps and of adapted premises prevents physically impaired children from attending classes: 70% of the schools are still in need of repairs and this constitutes an opportunity to implement accessibility. Access to education necessitates also awareness programme targeted towards teachers, children with disabilities’ parents and non disabled children and their parents. Over-crowded classrooms and poor quality of education prevent children with sensory impairments from attending as there is little chance of learning. Three organizations are active in the field of special education: IAM, SERVE and CDAP. Activities include centers for children with hearing and mental impairments, services for people with a visual impairment, and support to the government-run school for people with a visual impairment in Kabul. The CDAP promotes inclusive education and has 3 or 4 officers who support the provision of training for special education teachers in each area of its operation. A major problem in developing knowledge and skills in special education is the lack of expertise among speakers of the two languages spoken in Afghanistan that is Dari (Persian) and Pashtu. ICRC runs home classes for children with disabilities; it is not special education, as they do not have learning impairment. It is ordinary education for severely disabled children that cannot attend public schools.

**Employment**
An almost non-existent formal sector and a saturated informal sector constitute major challenges for people with disabilities in terms of access to employment. Vocational training programs targeting vulnerable groups are limited in the range of trades, especially where women are concerned, and follow-up mechanisms are inadequate. Micro-credit is largely unavailable, especially as a follow-on to vocational training. This, combined with the lack of a banking system, and confusion over Islamic banking practices for micro-credit increase the complexity of these challenges.

The National Emergency Employment Programme (NEEP) encourages community ownership and local capacity to rebuild infrastructure for improving agricultural production and market access. This program is carried out through inclusive and labor intensive projects, targeting vulnerable groups in the choice of persons to employ. Demand for participation in the program continues to grow, and a highly committed team is moving the program forward in spite of significant obstacles, in particular the lack of local capacity and security concerns. But so far, PwDs are not directly targeted as beneficiaries of the NEEP.

The following organizations implement employment programs for people with disabilities: Afghan Amputees Bicycles for Rehabilitation and Recreation (AABRAR), International Rescue Committee (IRC), ICRC, CDAP, SCA, Solidarité Belgium.

Community Based Rehabilitation and Community Approaches to Handicap in Development, Awareness and Advocacy

The new Constitution of the Islamic State of Afghanistan (ISA) recognizes equal rights for PwDs in article 53. But this positive step is not enough to materialize equal rights for PwDs. Action must be taken to promote equal rights and fight against stigmatization and discrimination. An important part of the services are the dissemination at national and local levels of ideas through information, education and communication campaigns about disability. Many mechanisms are used in order to create interaction between PwDs and their community in order to promote a participatory society where PwDs would be totally integrated. Community Based Rehabilitation Approach (CBR) in particular is an efficient process to promote attitude and behavior changes towards PwDs as well as awareness about disability.

Community based rehabilitation (CBR) in Afghanistan is a comprehensive service which includes physical rehabilitation support, awareness of disability and integration of disabled into education and social services. CBR is based on the membership of local health workers, teachers, PwDs, parents of children with disabilities and other volunteers. PwDs and their families contribute to promote rights and acceptance of the former within society. Yet, CBR programmes have not gained wide acceptance in Afghanistan. Few INGOs or UN agencies are engaged in CBR, it is expensive and requires a lot of staff and good management structures. SCA has a huge programme of CBR working in the north of the country. HIB has a CBR programme in the South of the country (Province of Kandahar) based on the activity of 1500 volunteers. The CDAP program in 2003, through implementing partners, provided a range of services including awareness, physiotherapy, orthopedic appliances, employment support, home-based rehabilitation training, and special support to children and adults hearing, visually and mentally impaired. It employs about 400 people and draws on 2000 volunteers. The SERVE program is similar, and it runs a school for hearing impaired children
in Jalalabad. Since 1996 the ICRC has run a special program for paraplegics called "Home care program". A multi-approach program offering medical, social, economical and psychological support. Teams of physiotherapists and nurses visit and treat the paraplegics at home, train the families, teach jobs, gives micro-credits.

Community Approaches to Handicap in Development (CAHD) is a wider variant of CBR. The CAHD methodology has been developed to enhance effective implementation of Community Based Rehabilitation. CAHD does not aim to set up specialized organizations which focus only on the needs of PwDs. CAHD focuses on enabling existing organizations and networks to include PwDs within their programmes. In order to do so, organizations are supported with trainers, experts in different issues to help them to include PwDs in their programmes. The existence of specialized services is however vital. This approach is perhaps better suited to Afghanistan where resources are limited (i.e. integrate existing community and health resources).

PwDs their families and their organizations are supposed to act themselves to change their daily life. Links with the communities create knowledge which changes attitudes. Therefore community practices will include PwDs, provides them with services and assistance. The recognition of PwDs permits their inclusion in society and the elimination of disability by a full participation to the society itself.

However, existing means are not sufficient to meet the needs of the population and the current organization is inadequate. It is therefore necessary to develop guidelines for a NDS, part of the Afghan social risk management strategy, that addresses these needs, defines priorities and establishes benchmarks.

1.2. Guidelines for the National Disability Strategy

The NDS is focused on implementing a national policy for persons with disability, targeting priorities and based on human rights. Despite the initiatives already taken in Afghanistan, a lot has to be done to fully integrate PwDs in the Afghan society. The NDS developed by the NDC aims at fulfilling the lack and inadequacy of the current functioning of policies and programmes. A few main priorities can be listed: delivering services through a basic disability package, promoting legislation and policy mechanisms, developing governmental and institutional capacities and raising awareness and providing advocacy.

1.2.1. Political Purpose and Guiding Principles

1.2.1.1. National Disability Strategy and Human Rights

The vision of this policy is to create a barrier free society for all based on the principles of participation, integration and the equalization of opportunities, defined by the United Nations in their World Programme of Action concerning PwDs; the Standard Rules for the Equalization of Opportunities for PwDs; The Biwako Millennium Framework for Action towards an Inclusive, Barrier-free and Rights-based Society for PwDs in the Asia and Pacific region and the on-going elaboration for the International Convention to Protect and Promote the Rights of Disabled Persons. The Government of Afghanistan accepts the principles of participation, integration and equalization of opportunities
defined in the UN’s World Programme of Action Concerning Disabled Persons (WPACDP) and The Standard Rules on the Equalization of Opportunities for PwDs. The Government of Afghanistan also accepts the principles of a rights based approach to disability in the proposed international convention on disability as well as the principles of a society for all cited in the Biwako Millennium Framework. The NDS shall also respect the principle referred to in Article 2 of ILO Convention No. 159 on the Vocational Rehabilitation and Employment of Disabled Persons.

Therefore, the NDS will be based on the principle of equal rights for PwDs and will ensure that every individual has equal opportunity for participation.

1.2.1.2. National Disability Strategy principles in line with the National Development Framework and Millennium Development Goals

The NDS for Afghanistan must be underpinned by a number of basic guiding principles for the framework’s more specific goals, objectives, strategies and interventions to be fulfilled. These guiding principles are based on social, political and ethical values which are considered important throughout Afghanistan, in combination with best professional practices in preventing and fully addressing disability issues. They are therefore firmly rooted in the Country’s National Development Framework and the Mission, Values and Principles Statement of the Transitional Islamic Administration of Afghanistan which states, in its working principles, equity, dignity and respect for all people, capacity building and setting priorities. To translate these in the context of disability issues the following principles are formulated.

- All PwDs must have the benefit of the same rights and same access to education, employment, healthcare and social services as the rest of the population. PwDs should receive the support they need within the social structures in these areas.

- PwDs must be involved in all strategies for equal rights, awareness and access to standardized and good quality services.

- The vulnerable position of PwDs and especially women with disabilities must be addressed to ensure that they do not experience discrimination, nor remain unable to access public services such as education, vocational training, health care and employment opportunities.

- All interventions and implementation of projects for PwDs must be subjected to critical evaluation and assessment. Continued efforts should be made to constantly improve disability programmes, taking into account lessons learned at provincial, regional and/or global level.

- Efforts must be focused on complementary actions taken by stakeholders, avoiding the overlapping of services, working towards the maximization of resources and monitoring the fulfillment of the various needs of PwDs. Government and donors, INGO’s and DPO’s should examine their programmes and policies to ensure that PwDs have access to services under the same circumstances as a person without disability.
- Afghan capacity building must be emphasized in order to accelerate disability prevention and awareness, to prepare a seven to ten years NDS and to implement it.
- PwDs, their families and friends must not suffer from discrimination.
- The formulation of socio-economic development policies and programmes must include some consideration of the situation of PwDs.
- All efforts towards improvement of the situation of PwDs are essential, and be sensitive to the socio-economic and cultural context of Afghanistan.

The NDS must be built on the principle that disability is above all a social issue and is a concern for the Afghan society as a whole. Thus, disability should be viewed as a societal issue, resulting from social values and culture. Therefore, the NDS will be based on the human rights of PwDs and will lay emphasis on equal opportunity and full participation of all citizens in society. It will work towards removing the disabling barriers and firmly believe in the full abilities and potentials of person with disability. It will encourage equal and active participation of PwDs in the development process. The principle of self representation by PwDs’ groups is essential; the NDS will therefore support these groups and empower them.

### 1.2.2. Defining priorities for the National Disability Strategy

#### 1.2.2.1. Enhancing governmental structure to define a strategy and coordinate efforts

Capacity in the GoA remains weak despite many improvements and the building of a national administrative capacity is a critical step. The NDC will contribute to strengthening the administration capacity in order to define, implement and evaluate a global policy for disability in Afghanistan. One of the main challenges is to coordinate interventions of relevant ministries and other stakeholders especially implementing agencies. The GoA, through the NDC, needs to be in close link with the other actors.

The need for a document laying out a broad strategic plan, designed to guide the country’s response in order to address disability issues is of great importance. The definition of a global strategic document will contribute to a real coordination of actors to deal with the question of disability in Afghanistan. It will constitute a guide for a wide range of stakeholders, involved with or wanting to be involved in actions for PwDs in the country, to develop their own strategic plans.

This will promote harmonization of initiatives inside the country to maximize efficiency and effectiveness. This document will be based on available data and analysis based on situation and response, and will take into account the country’s resource constraints in both human and financial terms. It will establish fundamental principles and identify clear priority areas, in which increased attention is likely to have the greatest impact on improving the individual situation of PwDs in Afghanistan. Finally, it will recognize that disability is a cross-cutting development issue, and requires a broad multi-sectoral response that addresses the complex network of underlying causal factors as well as its equally complex consequences.

The actual organization of the MMD is not adapted to respond to the urgent need to define a NDS adapted to the specificities of disability. First, the MMD is traditionally focused on
support to the families of martyrs. Second, the MMD has established a few links with the concerned ministries through individual advisers. Third, skills and knowledge about disability issues need to be improved within the different line ministries for an effective delivery of public services addressing the various dimensions of disability. But, awareness and advocacy, education, employment, rehabilitation, rights of PwDs must be addressed together. Therefore, coordination among ministries, implementing agencies and other stakeholders requires a coordination body able to:

- Clarify institutional roles of relevant ministries and other stakeholders,
- Enhance synergies, communication tools and coordination between relevant ministries, implementing agencies and PwDs,
- Build civil servant capacity to plan, monitor and report actions for PwDs in the different fields and with a global approach.

1.2.2.2. Defining a legal framework to address all disability issues

Almost three years after the signing of the Bonn Agreement, and within the legal framework based on the new Constitution of Afghanistan, the need to launch the process of legislation reform in the disability sector as one of the ways of bringing social change and improvement in the condition and situation of Afghan women, men and children with disabilities, is stronger than ever before. The GoA has to contribute, in coordination with all the other stakeholders and especially PwDs organizations (PwDOs), to the elaboration of a legislation taking into consideration various approaches (e.g. Afghan culture, relevant international law and Islamic principles should all be taken into consideration) in order to deal with the more frequent problems faced by PwDs in Afghanistan. This legislation should enforce the rights of people with disabilities and penalize discrimination. Attention should be paid to minimizing the disadvantages that PwDs face and to ensure equality and human rights. This legislation should authorize and promote the insertion of PwDs into the mainstream of social and economic development. Therefore, the legislative work has to address all the issues that have not yet been taken into consideration in the existing legal framework: these include prevention and early detection of disability, rehabilitation, education, employment, affirmative action, promotion of rights and non-discrimination, recognition and regulation of institutions for PwDs.

1.2.2.3. Delivering global and nationwide services

The delivery of services must be coordinated, extended to the entire territory of the country. Services have to deal with the wide range of needs of people with disabilities. The NDS must focus on this vulnerable population and integrate this concern into the national health, education, labour, access to public services, rural development and gender equality policies.

1.2.2.4. Developing advocacy, awareness and a participatory approach

Stakeholders, especially the ISA must rise to the challenge and address disability from a human rights perspective based on PwDs’ participation and involvement in rehabilitation

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12 See CDAP, Project proposal, Legislation Reform in the Sector of Disability.
issues. This NDS is elaborated through a participatory approach to planning. In other words, points of view of PwDs are a key issue, not only in the identification of their own needs and priorities, but also in the organizational process for the implementation of the policy. The support to the creation by PwDOs themselves of a national union of PwDOs with federate organizations in all the provinces is a central point.

The National Development Framework stipulates that the “first set of nationally owned policies and strategies, requires institutional structures and implementation mechanisms in each sector” and that « the country should have the capacity to design programs and projects that are part of a coherent developmental strategy”. Therefore disability concerns are included in the National Development Framework.

1.2.3. Defining key benchmarks for the National Disability Strategy

A five to ten year NDS is needed in order to meet the priorities defined above as a social risk management strategy. During this timeframe for programming and enforcing a disability policy, a certain number of key benchmarks need to be established. These include:

- Establishing the needs of PwDs.
- Defining the ways to assess the needs.
- Establishing a strategic framework outlining the key priority areas and overall objectives necessary to address the disability issues in the country.
- Promulgating a law promoting equal rights and opportunities within the society for PwDs within a year, and addressing all the issues related to disability within the NDS timeframe.
- Highlighting the role of PwDOs in disability issues and the need for their capacity building.
- Providing an estimation of financial resources required for disability actions in different fields (physical rehabilitation, special education, labor integration, legislative process, etc.) in Afghanistan.
- Setting up a mechanism for coordination between partners.
- Guiding international partners in channeling their financial and technical assistance to support national objectives.
- Identifying the institutional framework, the human resource development and the management plan for implementing the objectives.
- Providing direction and basis for preparation of annual operational plans.

The above mentioned benchmarks are addressed through a NDS focusing mainly on the following components: delivery of BPDS, legislation and policy development and awareness and advocacy including gender issues. A specific national body is in charge of defining intervention strategies and driving the overall process. The development of the National Disability Strategic Plan will be carried out by Technical Committees within the National Disability Commission (NDC).
2. Proposed National Disability Commission, a national body for the National Disability Strategy

(This proposed structure has been discussed by disability stakeholders including the MMD and has been referred to the cabinet for approval.)

2.1. Key issues for a fully effective National Disability Strategy aiming at reducing poverty and promoting social protection

The NDC is an inter-ministerial and autonomous body, chartered by the Transitional Islamic State of Afghanistan, in charge of advocating the rights and needs of PwDs, mainly through the designing of a country strategy, in order to alleviate poverty. This mission will be conducted according to the priorities defined in the National Development Framework (NDF) adopted in 2002 (1381) and in close link with international standards with regards to disability (among them the future UN Convention on the rights of PwDs).

As stated above, disability is a cross-cutting issue. The NDC will be required to address disability in the different fields of national policies.

The NDC will define the NDS, and then provide orientations and technical support to the following areas:

- National Development Programmes, such as NEEP, DDR, BHPS and others, on employment, integration, education, health and rehabilitation for PwDs.
- Projects, policy and legislation at the request of the Executive Board, GoA, or in support of the goals and objective of the NDS.
- Field implemented programmes to provide continual improvement in the quality the service delivered.

Therefore, the NDC has a mandate and functions that differ from the one of the MMD:

- It is clearly a disabled strategy development and services coordination and evaluation mandate.
- It is an integrated approach based on an inter-ministerial work of highly skilled civil servants familiar with policy conceptualization and management.
- It associates non governmental actors contributing to both the definition and the implementation of the NDS.

Thus, actions of the different line ministries dealing with various political issues (health, mental, psychosocial, social and physical rehabilitation, education, employment, accessibility, etc.) will have to be defined and coordinated within the NDC. The definition and implementation of the NDS requires coordination with implementing agencies and the PWDOs themselves. All the stakeholders in the field of disability will be part of the process in order to provide technical input in the development of the NDS and ensure its implementation through a monitoring process for better coverage and better quality of services for the benefit of PwDs in Afghanistan.
2.1.1. Involvement of persons with disabilities

2.1.1.1. Involvement in the definition of the NDS

The NDC’s role is to promote human rights of PwDs through full participation, equalization of opportunity and development. To do so, the NDC relies on technical expertise provided both by the secretariat’s PRR status staff and by the Policy Support Unit (PSU) staff. This high skilled staff animates and facilitates the work of the proposed technical committees composed of all the stakeholders and main representatives of PwDs in order to define the principles, the priorities and the general content of a multi-issue NDS. As stated above, a policy for PwDs is best defined by PwDs themselves. This participatory process and recognition by Afghan PwDs of the fact that the GoA is committed to establishing the transition to a peaceful society will ensure the effectiveness of the GoA. Therefore, the NDS should be elaborated on an inclusive basis, according to international standards and agreements on disability issues and in close link with actors involved in these issues, in other words, Ministries, INGOs and PwDOs.

Realizing the need to bring all key stakeholders into partnerships for disability issues, it is essential that they actively participate in the review/formulation of the National Strategic Plan. The participation of a wide range of partners will lead to enhanced feelings of ownership, will facilitate the development of an expanded response and will help in resource mobilization. Thus the draft framework document has to be further shared with all partners and stakeholders; this consultation will take around three months. A variety of comments are expected and to a possible extent these will be incorporated into the document.

Although there is no national umbrella organization of PwDs in Afghanistan as yet, a growing number of PwDOs and groups are now emerging, although at a very slow pace. Different donors like the European Commission which funds implementing agencies are contributing to this emergence. This includes the Afghan National Association for the Deaf (ANAD), the Afghan National Association for the Blind (ANAB), the National Association of Disabled Women in Afghanistan (NADWA) and the National Union for Disabled (NUD). The NDC will back these organizations located in the capital Kabul and be their “spokesperson”, supporting the emergence of new organizations in the country, ensuring that they defend the rights of the PwDs. Furthermore, the NDC will give full attention to these organizations in the provinces so that the above national organizations become representative of the entire disabled population. NDC must also be a forum for the national PwDOs to express their point of view.

2.1.1.2. Involvement in the implementation

One of the possible implementation strategies that NDC may promote is Community Approach to Handicap in Development (CAHD) and Community-based rehabilitation (CBR) to achieve the key points of the NDS and especially the delivery of a BPDS. CBR is a sectoral strategy within community development for the rehabilitation, equalization of opportunities and social integration of people with disabilities. CBR must be implemented through the combined efforts of community stakeholders with the active participation of PwDs themselves, their families and communities, to facilitate their access to appropriate
health, education, social, vocational training and other services. CBR mainly being medically oriented, it must also take into consideration the human rights, social and economic needs of individual PwDs through CADH programmes. In other words, not only is their input requested, but their opinions have as much importance as that of professionals. It is a request to include PwDs in development, to increase the resources made available to assist them and to create the social changes that will ensure their inclusion as full citizens with equal opportunities and full access to participation. Implementing CAHD will result in improved:

- Attitudes of families, communities and development organizations.
- Methods of disability prevention.
- Access to rehabilitation services, economic resources and education.
- Social integration, influencing policy and decision making.
- Empowerment of PwDs.

2.1.2. Involving the public administration in programming, coordinating, monitoring and evaluating the NDS

The NDC, for the GoA, will take up the task of programming, managing and coordinating the disability policy in a field where actions were previously planned by different ministries and carried out in isolation by various local governmental bodies or implementing agencies, especially INGOs. In fact, the existing capacity of implementation has to be linked to national leadership and priorities. For this reason, line ministries, at both central and local levels are to be involved in the whole process of definition and implementation of the NDS.

2.1.2.1. Clarifying the role of the different stakeholders

As a first step toward improving coordination and communication among the different actors in Afghanistan's disability field, the NDC will clarify their specific roles. An update of the survey of organizations operating at the central and local levels is necessary.

Before creating new activities, and along with the building of the NDS, the NDC will also take over coordination and supervision of the implementation of policies, ensuring effective monitoring, commitment of resources, development of effective reporting strategies, and evaluation of existing activities and services for PwDs, in collaboration with the CDAP. Originally created to cater to the needs of Martyrs and persons disabled by war, the MMD is currently the main government agency responsible for disability coordination, advocacy and information dissemination in Afghanistan. The MMD has been unable to develop and deliver a comprehensive package of services to the disabled community in order to enable effective participation in economic life. It is proposed that the NDC take over the leading role in the development of a National Disability Policy and Strategy so that the needs of PwDs are better served and their rights are ensured by associating and coordinating the different stakeholders (Ministry of Education, Ministry of Martyrs and Disabled, Ministry of Public Health, Ministry of Information, Ministry of Labor and Social Affairs, Ministry of Public Work, Ministry for Reconstruction and Rural Development, Ministry of Women Affairs) and other governmental and non-governmental organizations, national PWDOs which deal with matters relating to PwDs.
The Commissioner will be in charge of managing a Coordination Committee, meeting on a regular basis, constituted of the disability representatives (inclusive education officer in the MoE, the national manager of disability care and national manager of mental health in MoH...), from all the stated ministries, one member of CDAP, the NDC advisor and members invited according to the subject of discussion. It is essential that the means available in the country to implement the NDS are used effectively and in a complementary way in order to address the various needs and provide services in all the provinces of the country. The cross-cutting nature of disability requires an inter-agency coordinated effort for effective service delivery and better impact towards PwDs. The availability of limited resources should lead stakeholders to build up cooperation priorities and influence overall disability planning in different fields. Therefore, in consultation with them, the NDC will review the donor agencies’ funding policies from the perspective of the impact on PwDs.

Monitoring and evaluation are essential elements to guaranty the success of a policy. It is also a means to ensuring the respect of rights of PwDs and to fight against discrimination. It is a means of checking the actions led by stakeholders during implementation. The National Disability Commission will also have a specific responsibility in order to fulfill this task.

Situated at a strategic place within the GoA and being largely autonomous, the NDC will have the responsibility of guiding the process of the NDS in cooperation with all stakeholders and for coordinating the implementation of the NDS. It will be the key structure within the GoA to monitor not only the implementation process of the NDS, but also its impact on the governmental general policy, on the situation of PwDs and their rights.

2.1.2.2. Embedding relevant Ministries in the NDS’ process and reforming public administration work

There are several mechanisms that need to be implemented in order to ensure the definition and monitoring of the NDS. The main one concerns the role of the public administration which is subjected to an in depth reform in its habitual functioning. The NDS requires that the different relevant ministries, and departments and provincial services inside these ministries collaborate in order to build the NDS and evaluate the policy implemented. Despite the fact that the NDS will be established at the pace of the different ministries and in close collaboration with them, as well as with PwDOs and NGOs involved in the field, it will be a major change with regards to the procedures: civil servants belonging to the different line ministries will be asked to join efforts, and collaborate with the NDS under the direction of the NDC.

The NDS comprises a Basic Package of Disability services (BPDS) composed of core services that must be implemented in an exhaustive geographic basis with priorities established by the NDC with stakeholders. As the NDC is not an implementing body, its role is not to directly monitor disability programmes in the field but to delegate this role to other administrative and implementing agencies. Provincial services of the MoH, the MoE and the MoLSA will be particularly concerned by the BPDS defined to answer basic needs of PwDs.

For instance, the MoH has to promote the BPDS in the BPHS: hospitals at different levels are required to integrate the BPDS in the BPHS. In the hospital policy, “District, provincial, and regional hospitals are required to form an integrated referral system providing a range of
needed services: from health promotion to disease prevention to basic treatment to specialized inpatient care. This policy establishes the guidelines for the redevelopment of hospitals as a key element of the Afghan health system. PwDs also have health problems like other Afghans, therefore elements for the integration of the health needs of PwDs have been integrated in the new hospital policy framework. The lack of equitable access to hospital services throughout the country is a major concern for PwDs. The MoH is also in charge of disseminating standards of reference for health care services: it will be in charge of developing, with the help of the NDC, standards for the BPDS services in the country. Disability issues must be integrated in the MoE’s activities in coordination with the NDC. The programmes at medical school should integrate a course for future doctors on disability in its different dimensions including mental health. The MoE will have to integrate trainings for teachers to take care of children with disabilities within their classrooms: Braille, sign language, awareness, etc. Physical accessibility is also an issue which comes within the field of competency of the MoE and where the NDC will provide support.

The NDC will rely on a team of disability representatives. These disability representatives of the NDC in each line ministry will have a central role at different levels. They will be responsible for ensuring the integration of the PwDs’ rights and concerns in the legislative texts. They will be in charge of dealing with disability advocacy, checking that the specific conditions of PwDs are taken into consideration within the political frameworks and implementations developed by the line ministries.

In the first phase, the NDC will rely on line ministries, at the central and local levels to follow implementation of policies. The administrative services will also have an essential role in the follow-up/monitoring, the implementation and the evaluation of the NDS. Disability representatives will provide training, advice and support to the provincial administration of their ministry on these issues. Therefore, the NDC needs to comprise of highly skilled civil servants from line ministries who earn higher wages and work in better conditions. These civil servants will benefit from training on disability issues. The BPDS in particular will comprise of different training packages on disability issues.

In the second phase, after a 5 year period, disability representatives will contribute to the building of a local administrative system in charge of regulating the field of disability by rationalizing the creation of structures for PwDs and by implementing a global administrative system of recognition of disability. The various disability representatives will be in charge of inter-ministerial cooperation to improve the outputs of their ministries on these topics. The Commissioner, with the help of his/her secretariat, will coordinate the work of ministries’ disability representatives. They will refer to him/her for their action.

2.1.2.3. Monitoring and evaluating key actions

The secretariat of the NDC will monitor the relevance and the coherence of the different policies, programmes, legislation and projects with the NDS, in a first phase through the relevant unit of the DPS. It will also provide technical expertise to different stakeholders, INGO’s, NGO’s and PWDO’s. The NDC will work with the international community in

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order to take forward the cause of PwDs. Already, various initiatives are underway with the CDAP under UNDP. The NDC will involve international partners in the task of defining the NDS, among them, the International Committee for Red Cross (ICRC), International Assistance Mission (IAM), HI, SGAA, SCA and SERVE. The NDC will cooperate with subsequent organizations which already provide quality services for disabled Afghans: Afghans Amputees Bicycle for Rehabilitation and Recreation (AABRAR), and the Hearing Impaired Foundation for Afghanistan (HIFA) and the National Association of Disabled Afghans (NADA).

Monitoring must be done in collaboration with all stakeholders. The objective is to establish a general monitoring system enforced at the different levels of implementation. This system will be implemented in both the private and public sectors, at central and provincial levels, including the community level. Formal monitoring must be guided by key performance indicators, regular reports, on-going and final evaluation. In other words, progress must be measured in order to compare the results with the objectives defined.

Effective monitoring and pertinent evaluation are based on research practices and accurate data. The NDC will work on the establishment of a reliable database system and on the developing of the agenda for disability research and the use of proper terminology with regards to disability. Dissemination and coordination of the monitoring process and its findings is essential to all partners. Results of evaluation and research will be shared with all stakeholders to adapt actions and services’ provision to the evolution of the needs of PwDs.

### 2.2. Structure and organization of the NDC

The NDC, being an autonomous national mechanism for coordination, should be structured to reflect an inter-sectoral and multidisciplinary approach, in view of the goal pursued.

The NDC is composed of different components (see figure).
2.2.1. The Executive Board

The executive board must be constituted and legally recognized within 3 months. The composition and the functioning of the board are as follows:

- 7 representatives of ministries, one per line ministry (MoE, MoF, MMD, MoH, MoLSF, MRRD, MoWA, MoPW).
- 1 representative of UNDP eventually delegating its representation to the Comprehensive Disabled Afghans’ Programme (CDAP).
- 2 representatives of two INGOs involved in Afghan disability projects.
- 2 representatives of two Afghan PwDOs.
- The Commissioner.

The executive board could meet on a quarterly basis and decide any extra meetings when required. It would be in charge of approving the main political orientations elaborated by the Commissioner and his/her secretariat. The decisions or recommendations are adopted at majority plus one.

2.2.2. The secretariat

The secretariat is a central component of the NDC. It is composed of a team which is in charge of the papers and recommendations for the NDS.

(i) The Commissioner is the executive director/chairman, but also a member of the Executive Board where he/she leads the debates. The Commissioner is responsible before the office of the President of the GoA for defining the NDS. He/she manages the Secretariat and areas offices. Therefore, he/she will have the authority for recruitment, sanctions, work implementation and evaluation of the staff. He/she will receive by decree the authority for general management in the name of the Executive Board. The Commissioner leads the meetings of the Executive Board. He/she proposes the agenda of the meetings, organizes the debates and proposes the votes. He/she is responsible for the delivering of minutes of meetings, reports, green and white papers within the timeframe defined by the Executive Board.

(ii) The support staff composed of people specialized in a given field of activity (health and rehabilitation, education, employment, legal issues, accessibility, etc.) and an international advisor to the Commissioner. The advisor seconds the Commissioner in his/her mission. He/She provides:

- Technical support to the Technical Committees.
- Advice to set up the information flow mechanism between INGOs, NGOs, relevant Ministries and NDC.
- Advice to develop a mechanism that would enable close collaboration with the Policy Support Unit and Technical Committees to advocate for the NDC and the inclusion of relevant Ministries at all levels (Technical Committees/working groups and the Executive Board).
- Advice to develop a mechanism that would promote the participatory monitoring and evaluation system to ensure better coverage and better services for the benefit of PwDs in Afghanistan.

In a first phase, the Secretariat will be composed of 3 units, designed to charter the definition of the NDS and the delivery of the BPDS. The NDC will charter the DSP. It will be primarily supported by UNDP, but also by the NGO community at large, and focused on developing capacity for policy process and financial management among civil servants. The DSP is composed of 3 components which are in charge of participating or in technical
support for the definition of the NDS, either in its implementation or in its evaluation. In a second period, after a complete transfer of knowledge, the management will belong entirely to the NDC.

2.2.2.1. The Programme and Contracts Management Unit (PCMU)

The PCMU will work with the MoH JCMU staff on the contracting of elements of the BHP defined in the NDS and agreed by the NDC, that will most likely fall within the eventual purvey of MoH. This will ensure MoH administration to get familiar with operating and sub-contracting procedures for these activities to facilitate a smooth transition to government ownership.

The PCMU would liaise with the NDC and the Policy Support Unit (PSU, below) in order to develop programmes and request and manage funding on behalf of the GoA through the NDC for the implementation of programmes. Terms of reference for programmes congruent with the NDC will be written in conjunction with the Secretariat of the NDC and relevant technical specialist in the PSU, the disability representatives in line ministries with appropriate authority, as well as a technical working group or standing committee of the NDC.

The PCMU staff will all be twinned with government staff from appropriate line ministries, to ensure that contract management could move to a civil service managed function, within a 2-3 year time-frame, for all appropriate sectors. It is important to note that CBR is an NGO-driven methodology and, as in many countries, community level services would continue to be delivered by NGO’s in the foreseeable future, in conjunction with NDC prioritizations. But sustainability supposes that responsibilities for the disability policy are transferred to the public administration after a defined period of time. Therefore, capacity building is one of the main tasks of the PCMU.

2.2.2.2. Monitoring Evaluation and Training Unit (METU)

In the first period, the NDC will also be supported by the METU. The METU will be a quasi-independent unit within the DSP whose mandate is to carry out regular monitoring and evaluation of programmes as implemented against their Terms of Reference. The aims of these activities will be to:

- Monitor the effectiveness and the outreach of programmes.

- Evaluate the quality of implementation.

- Identify technical and project design flaws and provide a feedback loop to the PCMU to ensure that these are rectified in subsequent TOR’s.

- Identify areas of technical weakness that are either urgent or across multiple implementation agencies and within the scope of the TOR’s of the METU with relation to the IAs provided training.

METU’s mandate will include the identification of failed implementation and the recommendation of appropriate action in accordance with this. It is, however, considered
more important to identify and rectify technical and design weaknesses through appropriate structure or provision of expert input.

METU would integrate staff from the new Monitoring and Evaluation Unit being set-up under the auspices of the Office of the President, as well as staff from the line ministries as appropriate (eg. the special education officer(s) from the Ministry of Education to monitor special education programmes).

**2.2.2.3. Policy Support Unit (PSU)**

The Policy Support Unit is supposed to participate in the definition of the NDS by providing support to the NDC, especially through the technical committees. It will transfer knowledge and skills to the civil servants working in the secretariat and within the relevant ministries. It will physically reside within the NDC, but be administratively supported by the DSU until the NDC has developed appropriate administrative capacity. The NDC will be staffed with technical experts seconded on a long-term basis from the NGO community and short-term experts recruited by the DSU at the behest of the NDC. The technical orientations for which the PSU will be solicited are defined by the Commissioner and the secretariat.

Five National Policy Development Officers, with different skills and expertise, will provide the NDC with the adequate technical support:

a. one expert in health prevention, mental and physical impairment with rehabilitation knowledge, community based rehabilitation,

b. one expert in employment and vocational training with a labor insertion background,

c. one expert in inclusive and special education,

d. one psychiatrist or psychologist,

e. one legal adviser.

Other positions may appear to be useful according to the needs of the secretariat in order to define the NDS and provide support to the partners: a therapist for accessibility and ergonomic issues, a social worker able to do disability advocacy, a specialist in health prevention and community healthcare, etc. Advisors and consultants can be contracted by the Commissioner on the NDC budget line, the final decision resting with the funding agencies.

The secretariat will provide support to the Commissioner in the pursuing of the goals of the NDC. It will also provide recommendations for policy and strategy development, draft work plans and reports to the GoA. It will provide timeframe to ensure that the programmes are implemented on time.

The secretariat will also have disability representatives in relevant ministries in charge of introducing disability concern in the ministry action plan. These disability representatives will participate to the activities of the NDC, first of all the elaboration of the NDS, within the secretariat and the technical committees. They will be the advocates of PwD's rights and concerns in their own ministry. They will be in charge of controlling the respect of NDS principles in the relevant ministries actions.
2.2.3. Technical Committees

Technical Committees of the NDC will support the action of the secretariat by providing policy documents on a permanent or temporary basis. Relevant ministry representatives, PWDOs’ and INGO’s representatives will be part of the Technical Committees (standing committees and working groups). These committees will also be in charge of helping the secretariat to examine projects on the following basis: geographic distribution of services, duplication of services and addressing a defined need of the disabled population.

The NDC secretariat will work on the NDS with the different stakeholders from the technical committees and working groups. It will provide guidance to the Technical Committees, ensure the flow of communication and act as a focal point. Among them, the NDC will create Standing Committees created on a long term basis to continually investigate and address a specific theme or issue. These bodies will exist until specifically dissolved. Initial Standing Committees could address different topics such as Accessibility, Special Education and Gender. Initial Standing Committees may focus on one of the following main topics:

- The Educational Committee will be responsible for establishing an overview of the present situation and make proposals on inclusive and special education for PwDs. It will especially focus on the access to education for girls and women with disability.

- The Rehabilitation Committee will also be responsible for establishing an overview of the existing situation in the country and making proposals for legislative reform and political strategy for the next 5 to 7 years. This committee will prepare the health content of the BPDPS and will deal with the issue of integrating this package within the Basic Health Package (BHP). This Committee will focus on health issues, integrating mental health and psychological issues.

- The Employment and Labor Market Insertion, Vocational Training and Poverty Reduction Committee will make a similar overview of preexisting policies regarding labor market access (ie the employment support centers run by INGO’s) and will make recommendations for the integration of unemployed PwDs in the existing programmes. The committee will work on the identification of a new inclusive action plan for PwDs within a general framework of labor market access.

- The Legislative Advisory Group on Disability which is responsible for fostering and advancing the process of legislation reform in the sector of disability. This committee will integrate the legislative proposals of the other committees. Accessibility should be one of the major concerns of this committee.

The terms of reference and the objectives of the Technical Committees will be discussed by the committees themselves but in full agreement with NDC objectives and by focusing on the delivery of Policy Development Green Papers. The decision of creating sub-committees on a specific topic, like mental health or special education will be taken by the committee itself.

However, one common issue for all groups to think about would be the ways and means of establishing coordination and complementary work between field organizations implementing the NDS. All the documents elaborated and ideas raised by the committees will be incorporated within the legislative process.
2.2.4. Provincial representation

Provincial representation and disability delegations shall be created within a period of five to seven years. The NDS needs to be taken over by representatives of the GoA on the field, members of the NDC, closer to the population. The coordination of provincial services is the key factor to ensure the involvement of public, private and civil society organizations in a successful poverty, risk and vulnerability reduction policy. This presence outside the capital will permit reporting and evaluation of the implementation of the priority public measures defined in the NDS.

The GoA is in charge of the definition, implementation and evaluation of the NDS. An efficient policy needs to be coordinated at a grass-root level. Therefore, the provincial level of Government must be involved in the implementation and evaluation of the NDS. The organization of a future Afghan National Disability Network is based on a network of governmental inter-ministerial services in the 32 provinces of the country.

In the first phase, the aim is to create a certain number of National Disability Delegates, area officers at the local government level, in the main cities representing all the provinces:

- Western Region (Badghis, Farah, Ghor, Herat, Nimruz Provinces), based in Herat
- Southern Region (Ghazni, Helmand, Kandahar, Khost, Paktika, Paktya, Uruzgan, Zabul Provinces), based in Kandahar
- Eastern Region (Kunar, Laghman, Nangarhar, Nuristan Provinces) based in Jalalabad
- Northern Region (Balkh, Faryab, Jowzjan, Samangan, Sar-i-Pul Provinces) based in Mazar-i-Sharif
- North Eastern Region (Badakhshan, Baghl an, Kunduz, Takhar Provinces) based in Kunduz
- Central Region (Bamyan, Kabul, Kapisa, Logar, Parwan, Wardak Provinces) with an office in Kabul and Bamyan.

These area officers are beneficiaries of the PRR programme. They are working on monitoring and evaluation in close link with the DSU, implementing agencies and local governmental entities, and under the authority of the Commissioner.

In the second phase, the main idea would be to expand this geographical coverage to the rest of the nation with one area officer in each province, according to financial means and security issues, for a better coverage of services, a coordination of actions and a public control of service delivery. These delegates must be included in the provincial level administration. They will have a role of expertise, legal and administrative support and, as soon as possible, technical support in different fields (mental health and physical rehabilitation, accessibility, employment and education issues). They will work in close relation with civil servants from different ministries represented in the province. They will participate in future disability local authorities in-charge of:

- recognizing the disability state of a person with disability;
- approving the establishment or continuation of any institution for PwDs.
These authorities will deliver a certificate of registration after a process of inquiry. The delivery of such a certificate will be temporary and renewed regularly after an evaluation of the institution’s work. The revocation of the certificate under certain circumstances (breach of rules for instance) can be decided after the holder of the certificate has been able to defend his/her cause.

2.3. Priorities of the advisor and NDC secretariat

These priorities are defined according to a possible and plausible time schedule:

- Establish an effective secretariat and an executive board (first 3 months)
- Identify the suitable premises for the center (provided by the ISA), taking into special consideration accessibility, proximity and dignity issues with regards to the beneficiaries (first 3 months).
- Create and provide support to NDC working groups/technical committees in order to develop recommendations for the NDS submitted to the executive board (first 6 months).
- Provide the same support for a longer term action plan defined for 5 to 10 years (first 9 months).
- Contribute to the preparation of a legislation taking into consideration various approaches to deal with the most common problems faced by PwDs in Afghanistan (1 year).
- Develop capacity building in the monitoring and evaluation fields for civil servants (6/7 months).
- Increase awareness of all institutions about disability issues that need to be taken into account by each of them (1 year).
- Promote the sharing of information and the establishment of communication channels between line ministries and departments as well as the establishment of alliances and working partnerships with local administrations and non-governmental organizations. Sharing of experiences, information and best practices should be actively encouraged among the many partners of the NDC (1 year).

2.4. Expected Outputs

2.4.1. General and global outputs

- The working groups/technical committees (TC) and the coordination committee will be assisted by the NDC secretariat to identify, analyze prioritized issues and provide a needs assessment and recommendation document.
- A draft document for the NDS and for a legal text will be prepared within 6-7 months. This document should include elements/reflexion about access to healthcare services for PwDs, schools, access to vocational training programmes, employment policies
encouraging PwDs to participate in the labor force and anti-discrimination policy, etc. This document should prioritize the services for PwDs within a period of 5 years.

- The definition of a BPDS will be established. It will stipulate the minimum level of services provided to the PwDs along with the basic health package. A wide array of basic service needs are not addressed at present.

- A decade action plan will be prepared within working groups and technical committees with the guidance of the NDC’s secretariat.

- A network will be set-up between provincial and central levels with awareness of the NDC mandate and functioning at central and regional levels in order to provide quality services to PwDs and ensuring geographical coverage.

- The coordination of field actors will be supported between international NGO and DPOs that are implementing health education and awareness campaigns on disability specifically targeted towards local communities.

This activity should reach an increasing number of people in the next 5 years.

### 2.4.2. Delivery of a Basic Package of Disability Services

The lack of services is one of the main issues the NDC has to address through a well-defined and a well implemented NDS. Key issues will be dealt with through an adapted BPDS.

The development of a BPDS will allow the government to begin to take control of prioritization within the sector of disability, and allow the UN and the international community to initiate the knowledge transfer and capacity development processes that will be required for the government to eventually take full ownership of BPDS management.

The BPDS could consist of the following primary services, functional to differing extents by region. The definition of the package can be modified according to the proposals of the NDC in the coming months.

1. Mobility Centers
   1.a. Manufacture of orthopaedic devices
   1.b. Manufacture of wheelchairs and mobility aids
   1.c. Mobility Training
   1.d. Repair of previously manufactured devices

2. Special Education Resource Centers
   2.a. Special Education support to the
   2.a.1. Blind
   2.a.2. Deaf
   2.a.3. Intellectually disabled
   2.a.4. Emotionally distressed
   2.a.5. Training of teachers
   2.a.6. Accessibility of Centers.

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14 This section was developed with the help of Darryl Barret, HI, Fiona Gall, SGAA and Jeffrey Tynes, CDAP.
3. Employment Support Centers
   3.a. Job-placement liaison units
   3.b. Vocational training liaison units
   3.c. National micro-credit liaison units

4. Physiotherapy Centers
   4.a. Training of home-based physiotherapy assistants and community workers
   4.b. Integration of physiotherapists into hospitals and relevant MOH structures
   4.c. Provision of remedial physiotherapy
   4.d. Provision of preventative physiotherapy

5. Awareness and Advocacy Units
   5.a. Community training
   5.b. Area-based advocacy campaigns
   5.c. Parental outreach and organisational initiatives
   5.d. Prevention Awareness campaigns

6. Community Based Rehabilitation Units
   6a. Home based physiotherapy and prevention
   6b. Home based vocational training
   6c. Home based special education
   6d. Community based support

7. Health services
   7a. Sensitization and training of medical doctors and other medical staff
   7b. Psychological support to PwDs and their families
   7c. Psychiatric services for mentally disabled

2.4.2.1. Health, disease prevention, mental and physical rehabilitation

The NDC will have to focus a major part of its means on the policy for a better coverage of the country regarding services addressing health issues. The policy will focus not only on proposals for a new legislation but also for the implementation of rehabilitation centers and support services, awareness regarding preventing disability and involvement of PwDs and their families in taking care of their own health. The aim is to change the lives of PwDs by providing them with the tools to benefit from a higher level of independence. Rehabilitation may include measures to provide and restore a function, or compensate for the loss or absence of a function or for a functional limitation.

Many of the causes of impairments and injuries are preventable by increasing the level and quality of antenatal care, improving women’s health education, developing safe living/work environments, improving safety measures in the community including road safety, which can prevent disabilities resulting from traffic accidents. Similarly, improving immunization, eliminating malnutrition and awareness regarding a balanced diet and other daily practices to improve health can also decrease the incidence of certain types of disabilities. For example, vaccination must be made compulsory. In brief, priority focus should be placed on prevention.
rather than cure, using a multidisciplinary approach which includes local leaders and other communication tools such as radio broadcast or video cassettes.

Within the context of a policy addressing physical rehabilitation, rehabilitation is defined in agreement with the standard rules. It concerns not only persons with physical impairment but extends to persons with visual impairments, those with hearing impairments and persons with intellectual disability. Therefore, there is a need for specific provisions for each category of disability.

Provisions for persons with a physical disability for instance, should include physiotherapy services and orthopedic rehabilitation centers providing assistive and mobility devices. These services should be close to a regional or provincial hospital equipped with orthopedic surgical services so that the local population has easy access to them. They should be ideally located within cities with medical teaching faculties such as Kabul, Mazar, Herat, Kandahar and Jalalabad. Future services should provide for an expansion in orthotics as this is underserved.

All PwDs have the right to receive assistive devices. These should be standardized, well-made, well-fitting, using local materials whenever possible and repairable locally. Appropriate technology should be standardized throughout the country. A mechanism for national standardization should be created with relevant experts in collaboration with the MoH. Mobility is of crucial importance. If a person with disability is a head of household, his or her mobility becomes of extreme economic importance for the rest of the family. In a poor country, where the majority of the population lives precariously from subsistence farming or small business, mobility is vital. Effectively, the burden of one member with disability in a family reduces the collective capacity of the family to survive. For instance, if a girl with poliomyelitis can learn to walk with calipers, she can assist in household chores and have a better chance of marrying. If a man with disability, because he is provided with a wheelchair, can sell food to the market, he is transformed into a breadwinner.

Persons with a visual impairment on the other hand, require services including visual assessment, rehabilitation (orientation and mobility daily living skills, manual dexterity skills, communications skills, social skills and recreation), family and community integration, counseling and mobility devices.

Persons with a hearing impairment require services that include hearing assessment provision and fitting of hearing aids, maintenance and repair of hearing aids and rehabilitation (communication skills, social skills and integration). Regional/provincial/district resource centers for hearing impaired persons should include research, training, and development of educational and other materials, as well as special education for specific cases.

Finally, persons with intellectual impairments require services including assessment of their capacity to learn and of their development level, daily living skills, social skills, manual dexterity skills and social integration.

Mental illness should also be taken into consideration in the BHPS. Therefore, the hospitals’ staff should be trained and services offered. Mental illnesses include such disorders as schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorder, obsessive-compulsive disorder, panic and other severe anxiety disorders, autism and pervasive developmental disorders, attention deficit/hyperactivity disorder, borderline
personality disorder, and other severe and persistent mental illnesses that affect the brain. Without appropriate resources to create mental health services as a separate sector, we will observe a trend towards increased utilization of all health services by people with mental health problems. Psychiatric and mental hygiene services should therefore be created or reintegrated into the public health services sector. A community-based approach to mental health would be an advantage: education of the community on mental health issues, on how to support persons with mental health problems and when and where to refer them. At present, WHO is working with a regionally based primary care approach to mental health services in 12 Western Pacific nations. This approach combines regionally and community based healthcare systems with mental health to deal with a variety of mental health issues in the context of overall healthcare. When implemented at the local level through training and education (by mental health professionals) and reinforced by an active community-based health promotion and case management system, the combined effort reduced acute care visits and served the patients, families, and communities in a manner that was more humane than most care systems of developing nations.

The NDC will build a policy based on this approach, coordinating the different stakeholders in order to improve the delivery of services and by better addressing the cited issues. The Rehabilitation Technical Committee will focus on a work plan to develop services (prosthetics, orthotics, wheelchairs and physiotherapy) available at provincial rehabilitation centers (which could be linked with the provincial hospital or a provincial clinic) and will also discuss the role of healthcare professionals, and ways to develop links with other health service providers. The BPDS, which has to be clearly defined and is broader than only health related services, will be linked and if possible health related services integrated into the BPHS on the regional and district level. Although these are extremely specialized services, they are also part of general health care and should not be left to INGOs to support on a long term basis.

The NDC with the MoH will work together on setting up a focal point or rehabilitation unit in each regional directorate which will support and coordinate these services initially and the MoH will eventually administer the financial support. In a perspective of sustainability, the staff currently employed in these rehabilitation centers, especially the physiotherapists, should be recognized by the MoH and included in civil servants staff and salary grades.

The expansion of physiotherapists throughout the health services in Afghanistan can be relatively inexpensive because they don’t need very expensive equipment. It provides an additional link between the community and the health centers as physiotherapists are trained to work in the community, to carry out home visits and also promote prevention of disability by training other health workers (CBRW).

An important challenge of the integration of the BPDS in the BPHS is the delivery of services for all users, which means better access for women with disabilities. In fact, women and

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16 The BPDS consists in a wide range of services, including health, education, employment, welfare and poverty reducing services.
children with disabilities are the most neglected of the rural poor. The integration of at least 50% of women in physiotherapy staff in health services is an important challenge. It will allow a significant reduction in unnecessary suffering and deformities (club foot, scoliosis of the spine, polio contractures, etc.) due to neglect and lack of access to services. The MoH has decided to integrate disability as a priority in the revised BPDS version of 2004. Hereafter, Comprehensive Health Centers and District Hospitals should provide disability services mainly through physiotherapy. The National Hospital Policy official document also takes into consideration accessibility of PwDs to hospitals, physical rehabilitation and mental health care (Cf. Ministry of Health, Hospital Policy for Afghanistan’s Health System).

2.4.2.2.Education

The NDC will be in charge of planning and implementing a policy with the MoE and other stakeholders, such as UNICEF, DPOs and specialized INGOs, who work towards facilitating equal access to education and the development of a single education system that will meet the needs of all learners within an inclusive environment. Special schools should be reserved for children who require special education not deliverable by existing teachers, even with adequate training and after special training. This policy will address different issues including the lack of access to school for children with disability, especially girls, and the high level of illiteracy among PwDs. Education programs will be adapted, if necessary, to the needs of children with disability.

The NDC, in complete coordination with the MoE, will work on different issues to allow children with disability to attend class:

- Grants to facilitate transport of children with disabilities to schools.
- Grants to support children with disabilities in school with an attendant if necessary.
- Grants for respite care and camps for carers of children with disabilities to allow them to rest.
- Ramps of access to new and existing school.
- Adapted classroom and toilets facilities for children with disabilities.
- Appropriate curriculum when necessary, taught by special education teachers.
- Training of teachers and support workers on awareness and special education.
- Peer support for children with disabilities and awareness raising for non-disabled children at school.

An important way to strongly support inclusive education is to make schools accessible to children with disabilities and change legislation in order to include children with all types of disability, including the most severely disabled, in schools for the compulsory education period. Responsibility for the education of children with disabilities will be placed upon the MoE and the NDC. A major issue is awareness to convince both families of children with disabilities and parents of other children of the relevance of inclusive education. Because integration of children with disabilities into the general educational system requires planning
by all parties concerned, the NDC will ensure effective coordination work of all stakeholders, from conception of the law to training of teachers, awareness of community and designing of buildings.

In the second phase, when the facilities of the general school system are inadequate for some children with disabilities, schooling for these children should be provided for an appropriate period of time in special facilities. The quality of the special schooling should be equivalent to that of the general school system and closely linked to it. A way of sustaining such a school model would be to attach special education centers to common schools where severely disabled children can attend. At present, there is a need for assistance for families during the day, particularly mothers, in order to allow them to work while people in centers take care of their disabled child. The institution of respite care centers are similar to day centers for mothers to place their disabled child so they can work. During their daily stay, children learn to socialize. Furthermore, the existence of special education centers close to schools, is a way to sensitize schools’ staff, non-disabled children and the community. The proximity of such centers to school makes contacts possible between children with disabilities, other children, and thus constitutes stimulation for children with disabilities. Creation of camps is a good way of building networks for the groups and to educate individuals on different issues. It also gives the family respite for a period of time to rest from the task of taking care of a disabled person. Finally, the existence of respite care centers should permit involvement of parents at all levels of the educational process, through specific training and knowledge delivered to them by the staff. Therefore, school and care centers’ staff should be trained to work with the parents of children with disabilities. Training of special education teachers is also a means to identify problems early and deal with them appropriately. Early intervention is essential in educating children with disabilities.

2.4.2.3. Employment

Labor, for the majority of the Afghan population, is the primary source of income on which everyday survival depends. A great majority of PwDs are denied employment or relegated to poorly paid jobs. They are also the last to be employed in times of economic distress and the first to be dismissed. Above all, employment is a critical component in enabling PwDs, especially women with disability, to support themselves financially and to maintain their self-esteem and social recognition. When asked, first thing PwDs claim for is a job to earn their living.

There is no objective reason for such a situation as many studies and experience show that, once appropriate training has been delivered and adaptation of the work place has been ensured, PwDs can do jobs with the same standard of production as that of other workers.

While progress is being made towards employment for PwDs, many barriers remain, especially for women with disabilities and persons living in remote rural areas. In spite of their desire to participate in the workplace, the unemployment rate among PwDs is staggering ---up to 80 percent according to common estimations.

The NDC will work closely with all social partners in Afghanistan, such as the MoLSA, the private sector, INGOs and DPOs and UN agencies especially ILO, on an employment
development programme for PwDs. Here again, close coordination between stakeholders ensured by the NDC is one of the keys to the effectiveness of the policy in this area.

Efforts will be focused on fostering equal rights and access for PwDs and to remove barriers to the participation of PwDs in the employment sector.

The new legislation will have to ensure the following rights:

- The right to work, to choose the kind of work and to accept conditions of work.
- The right to benefit from just and favorable protective conditions of work.
- The right to join trade unions.
- The creation of conditions for equal employment without discrimination.

Thus, the law should support the integration of PwDs into open employment through a variety of measures:

- Incentive-oriented quota schemes.
- Reserved or designated employment in both public and private sectors.
- Loans or grants for small business and cooperatives.
- Exclusive contracts or priority production rights.
- Tax concessions.
- Contract compliance or other technical or financial assistance to companies employing persons with disabilities.

The NDS promoted by the NDC in the field of employment will emphasize the principle of equal opportunity between workers with disabilities and other workers and remove obstacles to their occupational integration, using positive measures if necessary. Women with disabilities should benefit in priority from the policy for access to the labor market, satisfaction at work and individual achievement. Services to counteract unemployment should include vocational assessment and guidance, vocational training, placement and follow-up. Sheltered employment should be made available especially in the public sector for those who, because of their special needs or a particularly severe disability, may not be able to cope with the demands of competitive employment. Such provision could also be in the form of production workshops, home-working, and self-employment schemes, and small groups of severely disabled people employed in sheltered enclaves within a competitive industry.

Therefore, NDC’s strategy for promoting the livelihoods of PwDs must direct its efforts towards organizing all means of employment support for easier access to the labor market for PwDs: help in placements, training and education, development of skills, awareness-raising campaign towards employers and MoLSA staff, promotion of integrated employment, entrepreneurial development with small business loans and micro-credit programmes, promotion of various types of sheltered employment, reservation of a quota of vacancies and positions in the public administration and other establishments.
2.4.3. Taking up the cause of persons with disabilities

The NDC will be in charge of the interests of PwDs with the relevant authorities and the national and international organizations in order to provide schemes and projects for the PwDs in the NDS and other programmes and policies set-up by the national and international agencies. The NDC will actively work to implement equal rights for PwDs and a barrier and discrimination free Afghan society. The NDC will support DPOs in their effort to improve relations between PwDs and service providers, including policy makers. The general scope is to promote and protect the full range of the rights of PwDs including their right to accessibility, education, employment, rehabilitation and health, and welfare support. PwDs have a central role to play in the formulation of the NDS in different issues (e.g. health and rehabilitation, education, transport, housing, employment, etc.) that affect their lives directly. Afghan disability experts as well as disabled Afghans themselves agree on this central issue. The NDC will encourage Afghan PwDs to get involved actively in all stages of policy development as equal partners and as owners of this policy.

2.4.4. Enhancing awareness on disability among the population at large

The NDC will enforce the necessity of equal rights and social participation for PwDs, especially for women with disabilities or members of minorities with disabilities. Building a society for all implies that the NDC will be in charge of promoting the establishment of an inclusive environment where all citizens are valued, regardless of their situation. In such a society all persons take active part in the development process, including those with impairments. The concept of a society for all, encompassing human diversity and the development of all human potential, captures the spirit of the human rights instruments of the United Nations.

The NDC will be in charge of this cross-cutting issue which consists of awareness-raising in the Afghan society. The NDC will have to find the ways and means to deliver this message widely to the population. First of all, the NDC should define the target groups of an awareness campaign. These could be:

- Political leaders, policy makers and government staff, at central and local level.
- Community leaders and especially Mullahs.
- Teachers and parents of schools’ children.
- Women’s groups.
- Female healthcare workers & traditional birth assistants.
- Hospitals’ Medical Staff.
- Families and community members.
- PwDOs.
- Local NGOs and INGOs.

Then, the NDC will have to define the adequate approaches to create awareness about the rights, the needs, the role of PwDs and their organizations in civil society and in
communities. The awareness policy, led by the NDC could take different and complementary approaches:

- Targeting different actors of the Afghan society to inform them about the rights of PwDs.

- Leading public education programmes to promote full equality of rights for PwDs, with particular emphasis on gender equality, employment, education and empowerment.

- Collecting information about existing services and programmes and making it available for PwDs and their families and organizations.

- Launching media disability prevention campaigns directed towards health workers and community based workers and organizing trainings on this topic.

- Encouraging PwDs to defend and promote their rights and interests through their own organizations and promote their own achievements.

- Developing programmes, ensuring specific training for teachers and promoting sensitization campaigns to increase and improve children with disabilities’ access and integration into schools.

- Providing disability awareness training for civil servants in line ministries.

Finally, the NDC will have to define the means of communication:

- Radio broadcasting programmes.

- CD Rom.

- Booklet.

- Leaflets.

- Posters.

- Pamphlets.

- Discussion flipcharts.

- Street drama.

- Celebration of disability days.

- Awareness-raising workshops.

The NDC structure will include a specific committee in charge of preparing and monitoring awareness campaigns. It should initiate a public awareness programme as soon as possible. The programme goals would be to assess current activities on disability awareness, identify existing gaps, provide coordinating services, and develop a national strategic plan for a disability awareness programme in Afghanistan. In order to help with public awareness the NDC could also negotiate with Afghan newspapers to establish a regular column concerning disability issues in their papers, and with the Afghan radio broadcasting to have a regular transmission on disability issues.
2.4.5. Spreading accessibility: taking other such steps to ensure a barrier-free environment in public places, work places, public utilities, schools and other institutions.

It is widely recognized that physical barriers prevent full participation and reduce the economic and social contribution and productivity of person with disability. Environmental barriers create disability, limit opportunities and deprive people of their human rights. Lack of environmental adjustments and the absence of accessible buildings hinder PwDs from enjoying freedom of movement around and between different geographical areas and different parts of the man-made and natural environment. The NDC will have to promote legislation and a policy that ensures free access to public places for PwDs:

- Adopt a policy of considering accessibility aspects in the planning of human settlements, including programs in the rural areas.
- Work towards making the physical environment accessible to all, including persons with various types of disability.
- Adopt a policy that ensures persons with disabilities’ access to all new public buildings and facilities, public housing and public transportation.

A building code containing requirements for access for PwDs is urgently needed. The NDC will work together with the MoPW to revise the existing National Building Code (NBC). In a first phase, a decree could be taken stating that accessibility must be taken into account as a matter of principle in all public building decisions. In fact, an active building reconstruction policy is being decided right now and accessibility is not being taken into account. No provisions exist for PwDs, so it will be the role of the NDC to ensure that PwDs take an active part in the future process to make accessibility provisions. A larger approach, linked with awareness and advocacy and all disability issues (see above), is to remove psychological and sociological barriers in the society to permit PwDs to be full citizens of Afghan society and to have effective access to all services (education, employment, health, etc.)

**Conclusion**

The functions of National Disability Commission identified to alleviate poverty are diverse:

- To design, define and implement a NDS for the next decade with all stakeholders.
- To facilitate, coordinate, monitor and evaluate the implementation of the NDS.
- To provide a link between GoA and civil society via various PwDOs.
- To develop a management system for the coordination of disability planning, implementation and monitoring for the line ministries.
- To provide advice to the various line ministries on disability matters.
- To ensure wide public education.
- To enhance capacity building for the PWDOs and government authorities.
- To promote a new legislation.
The NDC will share grassroots level experiences in order to convey the important lessons that can be learned from culturally appropriate interventions. The approach that has been taken here focuses on the key priority areas and examines models, based on international best practices that will be useful to address the needs in Afghanistan. This document does not provide an exhaustive list of the disability issues that Afghanistan faces. However, the first step of our approach is to identify priorities and continue to work on issues and problems arising from these on an ongoing basis with the stakeholders identified throughout the process.

The direct beneficiaries of the NDS should be:

- The Afghan administration targeted by the capacity building approach.
- Communities, PWDOs and Afghan NGOs that will be guided and supported and will benefit from technical expertise, capacity building programmes and financial support.
- PwDs themselves that will have better access to improved services and benefit from programmes.

The NDC should be directly linked to the office of the President. The purpose of this is to ensure that the NDC has sufficient access to all ministries and to ensure that it impacts positively on all government legislation, policies and programmes.

- To facilitate and coordinate public awareness programmes aimed at changing fundamental stigma and discrimination in society.
- To facilitate budget analyses in order to identify whether sufficient resources are targeted towards disability and particularly towards the integration and empowerment of PwDs; and facilitate financial resources in support of the implementation of this policy.
NDC Executive Board
(line ministries representatives+Commissioner+INGO+
PWDO+CDAP+UNOPS)
- One representative of MMD
- One representative of each relevant Ministry (MMD, MoH, MoE,
MoSLVA, MoF, MoWA)
- Two representatives of the UN
- Two representatives of the INGOs
- Two representatives of the PWDOs
- Commissioner

NDC Secretariat
- Director/Chairman
- Administrative staff
- National Support staff
- NDC Advisor.

NDC secretariat provides
- recommendations /drafts for Policy and Strategy Development
- guidance to the Technical Committees, ensures the flow of communication and acts as a focal point.

Technical Committees
- Education,
- Health issues and Rehabilitation,
- Employment, Vocational Training and Poverty Alleviation
- Distribution of services/research
- Awareness, advocacy, etc.

Objectives of the Technical Committees:
1. To develop a draft policy
2. To develop a 5-7 year action plan as part of the National Disability Strategy

Policy Support Unit (PSU)
International Staff
Rehabilitation advisor
Special education advisor
Employment support advisor
Gender and Legal advisor

GoA
Presidency

Provincial delegation
Composed of Area National Officers
In charge of promoting the disability policy in the province in collaboration with local administrations and other stakeholders (implementing agencies, PwDOs, etc.)
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Annex n 1: National disability Commission one –year action plan

**A. Short-term institutional objectives**

Objective A1: Establish the national disability commission and its secretariat.

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<td></td>
<td>X X</td>
<td>2</td>
<td></td>
<td>Disability Advisor.</td>
</tr>
<tr>
<td></td>
<td>A1.1.2. A decree of the Presidency of Afghanistan establishes legally the NDC.</td>
<td></td>
<td></td>
<td>IARCSC, Presidency</td>
</tr>
<tr>
<td></td>
<td>X X X</td>
<td>3</td>
<td></td>
<td>Disability Advisor.</td>
</tr>
<tr>
<td></td>
<td>A1.1.3 The executive board is formed and legally recognized.</td>
<td></td>
<td></td>
<td>disability Advisor.</td>
</tr>
<tr>
<td></td>
<td>X X</td>
<td>4</td>
<td></td>
<td>Relevant ministries</td>
</tr>
<tr>
<td></td>
<td>A1.1.4. The NDC finds new accommodations.</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td>X X</td>
<td>5</td>
<td></td>
<td>disability Advisor.</td>
</tr>
<tr>
<td></td>
<td>A1.1.5. NDC ToR and structure reviewed and sent to relevant NGOs and PwDOs</td>
<td></td>
<td></td>
<td>disability Advisor.</td>
</tr>
<tr>
<td></td>
<td>X</td>
<td>6</td>
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<tr>
<td></td>
<td>A1.1.6. Relevant NGOs and DPOs are visited to be informed about NDC. An information</td>
<td>X X X</td>
<td></td>
<td>disability Advisor.</td>
</tr>
<tr>
<td></td>
<td>workshop might be organized if needed.</td>
<td></td>
<td></td>
<td>Commissioner.</td>
</tr>
<tr>
<td></td>
<td>A1.1.7. The advisor visits the programmes on the field to improve its knowledge of</td>
<td>X X</td>
<td></td>
<td>disability Advisor.</td>
</tr>
<tr>
<td></td>
<td>the disability issues in Afghanistan.</td>
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</tbody>
</table>
2. The secretariat is established.

<table>
<thead>
<tr>
<th></th>
<th>A1.2.1. Recruitment of the Commissioner and support staff both through the DSP and through the PRR.</th>
<th>X</th>
<th>X</th>
<th></th>
<th>CDAP, relevant ministries, INGOs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A1.2.2. Internal regulations are set up</td>
<td>X</td>
<td>X</td>
<td></td>
<td>Commissioner, advisor (HI)</td>
</tr>
<tr>
<td></td>
<td>A1.2.3. Office space in a GoA building</td>
<td>X</td>
<td>X</td>
<td></td>
<td>GoA</td>
</tr>
<tr>
<td></td>
<td>A1.2.4. Material, equipment are provided</td>
<td>X</td>
<td></td>
<td></td>
<td>CDAP.</td>
</tr>
</tbody>
</table>

3. A 2 year action plan of the NDC is developed

|   | A1.3.1. A 2 year action plan developed and submitted to GoA and UNDP for approval         | X |   |   | Commissioner + disability Advisor |

### Objective A2. Develop communication mechanism at central level

<table>
<thead>
<tr>
<th>Outputs</th>
<th>Important Activities</th>
<th>Schedule</th>
<th>Responsible</th>
<th>Input</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>A communication mechanism is set up at central level between INGOs, NGOs, relevant</td>
<td></td>
<td>Commissioner, disability Advisor.</td>
<td>Minutes of the Technical Committees are sent regularly to NDC secretariat</td>
</tr>
<tr>
<td></td>
<td>ministries and NDC.</td>
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<tr>
<td></td>
<td>A2.1.1 Different meetings are held to identify disability representatives in the</td>
<td>X</td>
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<tr>
<td></td>
<td>relevant ministries and INGOs and PwDOs to be included in the Technical Committees.</td>
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<td></td>
<td>A2.1.2 A three-lingual (English, dari and Pashto) monthly NDC information letter is</td>
<td>X X X X X X X X X</td>
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<tr>
<td></td>
<td>developed and distributed to the technical committees members, relevant ministries.</td>
<td></td>
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<tr>
<td></td>
<td>A2.1.3 Relevant Ministries representatives are part of the TC and involved in need</td>
<td>X X X X X X</td>
<td></td>
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<td></td>
<td>assessment activities</td>
<td></td>
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<tr>
<td></td>
<td>A2.1.4 A bi-annual general meeting is conducted to inform NDC progress.</td>
<td>X</td>
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</tbody>
</table>
2. A mechanism that enables close collaboration between the NDC and its disability representatives in relevant ministries is set.

<table>
<thead>
<tr>
<th></th>
<th>A2.2.1. Regular meeting between disability representatives and NDC are held to involve relevant Ministries at all levels + information sharing.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A2.2.2. Regular meetings between area officers and NDC are held for follow up of policy implementation + information sharing</td>
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</table>

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<tr>
<th></th>
<th>X</th>
<th>X</th>
<th>X</th>
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<td>X</td>
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<td>X</td>
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</table>

External relation advisor, disability Advisor and NDC Commissioner. Same.
**B. Short-term policy objective**

Objective B1: Develop, for submission to the GoA, an inclusive strategy and legislative framework that represents the challenges of the persons with disability community

<table>
<thead>
<tr>
<th>Outputs</th>
<th>Important Activities</th>
<th>Schedule</th>
<th>Responsible</th>
<th>Input</th>
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<tbody>
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<td>1 2 3 4 5 6 7 8 9 10 11 12</td>
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<tr>
<td>1. Policy directions are developed with the stakeholders (INGOs, DPOs, CDAP…)</td>
<td><strong>B1.1.1.</strong> Meeting with the stakeholders to discuss on policy directions and legal issues.</td>
<td>X</td>
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<td></td>
<td><strong>B1.1.2.</strong> Meeting with stakeholder to decide of the relevant TC.</td>
<td>X</td>
<td></td>
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</tr>
<tr>
<td>2. The Technical Committees are assisted in developing and finalizing their first Strategy Development Green paper.</td>
<td><strong>B1.2.1.</strong> Attendance of the TC meetings with guidance given to the chairpersons.</td>
<td>X X X X</td>
<td>disability Advisor, PSU, Secretariat staff</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>B1.2.2.</strong> Final drafts from the working groups/TC are gathered and compiled in one document.</td>
<td>X</td>
<td></td>
<td>disability Advisor</td>
</tr>
</tbody>
</table>
### 3. Final Green Paper is presented to GoA for “adoption”

<table>
<thead>
<tr>
<th><strong>B1.3.1</strong></th>
<th>A specialized Working Group is formed to write the definitive NDS Green paper</th>
<th>X</th>
<th>UNCDAP / Commissioner , disability Advisor</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>B1.3.2</strong></td>
<td>An external consultant reviews and finalizes the Policy Development Green paper in collaboration with the Specialized Committee during a short seminar ???</td>
<td>X</td>
<td>Commissioner , disability Advisor</td>
</tr>
<tr>
<td><strong>B1.3.3</strong></td>
<td>Final policy Development Green Paper is disseminated among TC members and presented to the GoA for approval.</td>
<td>X</td>
<td>Commissioner , disability Advisor</td>
</tr>
<tr>
<td><strong>B1.3.4</strong></td>
<td>All donors and implementing agencies receive an exemplary of the NDS and are asked to put their on strategy in coherence with the NDS priorities.</td>
<td>X</td>
<td>NDC staff</td>
</tr>
</tbody>
</table>

### 4. The Technical Committees are assisted in developing and finalizing legislation on disability.

<table>
<thead>
<tr>
<th><strong>B1.4.1</strong></th>
<th>Attendance to Technical committees meetings on legislation with guidance given to the chairperson.</th>
<th>X</th>
<th>X</th>
<th>X</th>
<th>disability Advisor, Legal officer, Sharia expert</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>B1.4.2</strong></td>
<td>An external consultant reviews and finalizes the legal text on disability in collaboration with a working group during a short seminar ???</td>
<td>X</td>
<td>UNCDAP /</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>B1.4.3</strong></td>
<td>Final legal text is disseminated among TC members and presented to the GoA for approval.</td>
<td>X</td>
<td>Commissioner , disability Advisor</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Existing National and international Legal Texts
## C. Short term strategic Objectives

**Objective c1:** Commission is informed of the NDSA lead by HI, MMD and MoH in cross cutting issues: rehabilitation sector, education, employment, accessibility.

<table>
<thead>
<tr>
<th>Outputs</th>
<th>Important Activities</th>
<th>Schedule</th>
<th>Responsible</th>
<th>Input</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The commission is assisted by HI to conduct the NDSA</td>
<td><strong>C1.1.1.</strong> Information is gathered on already experienced processes in a participatory assessment of the rehabilitation sector.</td>
<td>X X</td>
<td>disability Advisor</td>
<td>DAC experience information/questionnaire.</td>
</tr>
<tr>
<td></td>
<td><strong>C1.1.2.</strong> A general meeting is conducted to plan the need assessment in education, employment and rehabilitation sector (Who, What, How)</td>
<td>X X</td>
<td>NDC Commissioner + disability Advisor + CDAP</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>C1.1.3.</strong> Budget is allocated to conduct the need assessment, an expert is recruited through HI for data collection and analysis and one national data expert.</td>
<td>X X</td>
<td>Commissioner + disability Advisor</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>C1.1.4.</strong> HI develop <strong>guiding principles</strong> and questionnaire. One working group is specially constituted to gather all the work done and prepare the material for the survey.</td>
<td>X X</td>
<td>disability Advisor + Data experts</td>
<td>DAC questionnaire Census questionnaire other country questionnaire?</td>
</tr>
<tr>
<td>2. A survey is launched on the field, data is collected, entered, processed and analyzed.</td>
<td><strong>C1.2.1.</strong> Survey on the field with provincial civil servant staff (CSO, MMD MSU, MoE….) including data collectors, survey supervisors.</td>
<td>X X X X X X X X X</td>
<td>disability Advisor, Data Experts.</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>C1.2.2.</strong> One sub-committee is formed to monitor the survey and compile all information and recommendations in one global document to be submitted for approval of the GoA.</td>
<td>X X X X X X X X</td>
<td>disability Advisor and Data Experts.</td>
<td></td>
</tr>
</tbody>
</table>
### ANNEXES

| 3. The working groups/TC and coordination commission are assisted to identify, analyzed, prioritized issues and provide a need assessment and recommendation document based on the survey results. | C1.2.1. Chairpersons of TC are guided, monitored by the advisor through regular meeting. |  |  | X | disability Advisor
Data experts

disability Advisor to facilitate and data experts |

| 3. Recommendations for the National Strategy development future steps | C1.3.1 A workshop to present the result of the need assessment of rehabilitation sector and recommendation is organized. Discussion on the need to develop action plans in disability sector. |  |  | X | disability Advisor to facilitate with NDC Commissioner and data experts |
### Objective C 2: Raise the public profile of disability and act as a multi-forum public advocate for disability, rights of the disabled, across all Governmental and Non-Governmental entities

<table>
<thead>
<tr>
<th>Outputs</th>
<th>Important Activities</th>
<th>Schedule</th>
<th>Responsible</th>
<th>Input</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Advocacy at National Level for the inclusion of disability issue in the National Development programs initiatives</td>
<td><strong>C2.1.1.</strong> Information given to the relevant ministries enables them to actively include pwd issues in the National programs.</td>
<td>X X X X X X X X X X</td>
<td>NDC Commissioner, NDC staff/newsletter/Reviewed disability Advisor</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>C2.1.2.</strong> Informations on the development of the disability policy are channeled from ministries and NDC technical committees.</td>
<td>X X X X X X X X X</td>
<td>NDC Commissioner, NDC staff/newsletter/Reviewed disability Advisor</td>
<td></td>
</tr>
<tr>
<td>2. Public awareness on pwd is raised among development project implementers (not only involved in rehabilitation sector)</td>
<td><strong>C2.2.1.</strong> Dissemination of the NDC newsletter to the main stakeholders.</td>
<td>X X X X X X X X</td>
<td>NDC Commissioner, NDC staff/newsletter/disability Advisor</td>
<td></td>
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<tr>
<td></td>
<td><strong>C2.2.2.</strong> UN agencies and main NGOs such as Acted, Care, Save the Children… are visited to inform about NDC</td>
<td>X X X</td>
<td>NDC Commissioner, NDC staff/newsletter/disability Advisor</td>
<td></td>
</tr>
<tr>
<td>3. Awareness campaign organized and launched through media and implementing agencies</td>
<td><strong>C2.3.1.</strong> TC work with the expert staff to plan a first awareness campaign: message, type of support, public addressed, etc.</td>
<td>X X</td>
<td>PR expert and legal and gender expert on behalf of the Technical Committees</td>
<td></td>
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<tr>
<td></td>
<td><strong>C2.3.2.</strong> Delivery of the message through media, posters, reviews... action led through implementing agencies, PwDOs, local government, radios, TV…</td>
<td>X X X X</td>
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</table>
### Objective C3: develop communication mechanism/network between central and regional level as part of disability and right awareness in all civil and political institutions

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<tr>
<th>Outputs</th>
<th>Important Activities</th>
<th>Schedule</th>
<th>Responsible</th>
<th>Input</th>
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</thead>
<tbody>
<tr>
<td>1. Awareness of NDC mandate and functioning at Regional level Coordination is preceded by mutual information.</td>
<td><strong>C3.1.1.</strong> NDC news letter on NDC is sent to selected regional/provincial governments through area officers</td>
<td>X X X X X X X</td>
<td>NDC Secretariat</td>
<td>Facilities to communicate with provinces.</td>
</tr>
<tr>
<td></td>
<td><strong>C3.1.2.</strong> Area officers are trained on awareness issues.</td>
<td>X</td>
<td>NDC secretariat and expert staff</td>
<td></td>
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<tr>
<td></td>
<td><strong>C3.1.3.</strong> Area officers organize local workshops on awareness with PwDOs and INGOs for local civil servants</td>
<td>X X X X X X X X X</td>
<td>NDC Secretariat staff/Reviewed by disability Advisor</td>
<td></td>
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<tr>
<td></td>
<td><strong>C3.1.4.</strong> INGOs involved in the NDC and working in other provinces are the links to inform area officers of the NDC of their needs, difficulties, outputs.</td>
<td>X X X X X X X</td>
<td>INGOs working at provincial level</td>
<td></td>
</tr>
<tr>
<td>2. Increased participation and coordination of the stakeholders at provincial level.</td>
<td><strong>C3.2.1.</strong> Implementing agencies and local government inform the NDC area officers at provincial level to participate to the need assessment in rehabilitation sector and all disability programmes (CADH, …).</td>
<td>X X X X X X X X</td>
<td>disability Advisor + INGOs working at provincial level</td>
<td></td>
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<tr>
<td></td>
<td><strong>C3.2.2.</strong> Ensure, through monitoring, that NDC at provincial level participate to the need assessment.</td>
<td>X X X X X X X X X</td>
<td>disability Advisor + INGOs working at provincial level</td>
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<td></td>
<td><strong>C3.2.3.</strong> Reports on disability actions in the provinces are regularly transmitted to the Commissioner.</td>
<td>X</td>
<td>Area officers and INGOs</td>
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</tbody>
</table>

Note: Communication mechanism/network between central and regional level can be piloted in the easiest regions (infrastructure, relationships…) to start with.
**Objective C4: Through the coordination Committee, provide necessary support to programming, monitoring and Evaluation Unit in the NDC to establish a participatory monitoring and evaluation system to ensure better coverage and better services for the benefit of pwd.**

<table>
<thead>
<tr>
<th>Outputs</th>
<th>Important Activities</th>
<th>Schedule</th>
<th>Responsible</th>
<th>Input</th>
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</thead>
<tbody>
<tr>
<td>1. The Secretariat meet as a Coordination Committee under the leadership of the Commissioner focusing on services coverage and quality (BPDS), monitoring and evaluation.</td>
<td><strong>C4.1.1.</strong> The Coordination Committee ToR are finalized and approved by the Commissioner</td>
<td>X X</td>
<td>Commissioner</td>
<td></td>
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<tr>
<td></td>
<td><strong>C4.1.2.</strong> The Coordination Committee organized devolution of services to INGOs (writings of ToR…)</td>
<td>X X X X</td>
<td>Commissioner, disability Adviser, PCMU</td>
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<td></td>
<td><strong>C4.1.3.</strong> The Coordination Committee elaborates a methodology (tools, goals, means and definition of factors) to ensure monitoring and coordination of services, evaluation and recommendations.</td>
<td>X X</td>
<td>Commissioner, disability Adviser, METU</td>
<td></td>
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<tr>
<td></td>
<td><strong>C4.1.4.</strong> Recommendations (coordination, service coverage…) on a regular basis are provided to area officers and other stakeholders.</td>
<td>X X X X X X X</td>
<td>Commissioner, disability Adviser, METU</td>
<td></td>
</tr>
<tr>
<td>2. Data on services (localization and types) are collected.</td>
<td><strong>C4.2.1.</strong> The Coordination Committee/TC is actively involved in the assessment of rehabilitation.</td>
<td>X X X X X X X</td>
<td>NDC Experts (PSU)</td>
<td></td>
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<td></td>
<td><strong>C4.2.2 A questionnaire on services is developed to be used during the assessment as one of the needed tools.</strong></td>
<td>X X</td>
<td>Data advisor/</td>
<td></td>
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</tbody>
</table>
### 3. Data base on services is developed and Coordination Committee staff trained.

- **C4.3.1** A database on services is developed facilitated by the data advisor.
- **C4.3.2** Coordination Committee/TC including NDC national staff are trained in database use.

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<th>Data Advisor/</th>
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<tbody>
<tr>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>Data Advisor/</td>
<td></td>
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### 4. Information are entered in the database and available for the NDC

- **C4.4.1** Data entry
- **C4.4.2** Participate to the workshop organized to present recommendations for the national strategy and its improvement

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<th></th>
<th></th>
<th>Coordination Committee</th>
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<tbody>
<tr>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>Data advisor and HI advisor+ Commissioner</td>
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<td></td>
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<tr>
<td>X</td>
<td>Data advisor and HI advisor+ Commissioner</td>
<td></td>
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Annex 2: Disability Action Council (DAC) Of The Kingdom Of Cambodia

Cambodia offers a good comparison with Afghanistan because of the similarity of the nature of the problem of both countries. Like Afghanistan, Cambodia's tragic and recent history of war has left it with one of the highest proportions of PwDs in the world.

It has also left it without the full economic and social contribution of many of its citizens. The indiscriminate use of land mines by fighting factions during the country's internal conflict caused losses among both the military and civilian population, and continues to do so. In 1999, decades after the end of fighting, Handicap International's Annual Report stated that around 80 new mine victims were still being reported each month.

Between two and three per cent of the population, between 200,000 and 300,000 person have physical disabilities. Approximately 40,000 to 50,000 are landmine survivors, many of them young men and women in their most productive years. About 60,000 persons have paralysis as the result of polio, a disease that is far from eradicated in the developed world.

A further 100,000 person are blind and 120,000 are deaf.

Like in Afghanistan, the high prevalence of disability within Cambodian society is a result of three factors:

• Past war casualties;
• Permanence of risks related to mines;
• Lack of prevention or primary care for various disabling diseases.

In response to this situation a Ministry of Social Affairs, Labour and Veterans Affairs (MSALVA) task force recommended the establishment of the Disability Action Council (DAC). The Disability Action Council is a semi-autonomous national coordinating body, with representatives from government, non-government organizations, international agencies and individual members who are committed to the work of the Council in promoting the development of PwDs in Cambodia. This council has the mandate and the neutrality to undertake this vitally important coordinating role, and to promote the collaboration and cooperation of all key participants working in the field of disability and rehabilitation.

The guiding principle of the Disability Action Council is to promote the rights of PwDs to full participation and equality in Cambodian society. The Council's role is to work hand in hand with all groups working with PwDs, and at the same time to serve the Cambodian Government's policy makers and legislators in a professional advisory capacity. The aim is to bring together government, national and international organizations, business, religious and local community leaders, and person with disabilities, to develop, implement, monitor and evaluate a national plan on disability issues.

The goals of the Disability Action Council are:

• To promote and encourage the development of policy recommendations including policy coordination, planning, monitoring of programmes, information utilization and dissemination, research and training;
• To review and evaluate all existing policies, programmes and activities concerning PwDs on a continuous basis, and to improve and extend services to areas previously not reached;

• To play a key role in the development and implementation of a comprehensive national plan and in the development of a national policy and legislation on disability and related issues which will serve as the basis of a network of services that can benefit all PwDs within their communities;

• To promote the participation of PwDs in all activities and to strive to remove the obstacles and inequalities they face, and to do this through awareness raising activities and advocacy;

• To encourage and facilitate national and international exchanges of experience on disability issues;

• To advocate for, and participate in, the allocation of resources to improve the living conditions of person with disabilities;

• To encourage the creation and strengthening of organizations of person with disabilities;

• To forge links with decision makers in all relevant sectors and at all levels, in order to promote effective coordination of policies, programmes and activities concerning person with disabilities;

• To re-evaluate the Disability Action Council's structure and function on a regular basis in order to ensure its continued relevance and effectiveness;

• To establish and promote a comprehensive monitoring and evaluation system to ensure that all programmes and services in the disability sector are reviewed and assessed to determine their impact and effectiveness;

• To initiate a dialogue among concerned individuals and organizations to ensure that policy development is undertaken in a participatory manner and is appropriate for the Cambodian context;

• To implement and develop appropriate communication networks between the Council, the secretariat, the technical and specialized committees and working groups, the relevant ministries, national and international organizations, and donor agencies.

Since its establishment in 1995 the Disability Action Council has become one of the largest cooperative organizations in Cambodia, with 35 government and non-government organizations under its umbrella. The Council has made significant contributions to development in the areas of disability and rehabilitation. Positive changes have taken place since the Council was established, through the actions of the secretariat and the advisory, technical and specialized committees and working groups, and through collaboration with many partners working in the disability field in Cambodia. There has been improved coordination of services and programmes for PwDs among the relevant service delivery agencies, and services are reaching a growing number of PwD, particularly in remote areas.

Some of the major achievements of the Council include the development of a draft plan of action and draft legislation. The law contributes to developing a policy framework and guidelines for inclusion and integration of PwDs into mainstream development programmes, including education, vocational training and employment.
The aim of the law is to ensure the protection of the rights of all PwDs and prohibition of abuse, neglect and discrimination. This legislation is being enacted, widely disseminated and effectively enforced.

The National Cambodian Plan of Action for the Disability and Rehabilitation Sector has currently been developed with input from government agencies and non-government organizations, through the process coordinated by the DAC.

The implementation of the national plan has lead to the integration of PwDs into the mainstream of social and economic development. It has also revealed sector-wide needs and assisted in attracting additional funding. It has been working towards improving service coordination, minimizing overlapping and duplicated services, and extending services to more remote geographical areas.
Annex 3: The Disability Rights Commission (DRC) of the United Kingdom

The Disability Rights Commission (DRC) is an independent body, established by Act of Parliament to eliminate discrimination against PwDs and promote equality of opportunity. The DRC works with PwD, their organizations, employers and service providers to achieve practical solutions adapted to everyone. The DRC advises PwD who are not aware that their disability entitles them to rights and assistance in their daily lives. It also supports employers and service providers that are often unsure of how to implement best practices.

The DRC has been created to:

- provide an advice and information service for person with disability, employers and service providers,
- support PwDs in securing their rights under the Disability Discrimination Act (DDA),
- help solve problems - achieving solutions, often without going to a court or employment tribunal,
- support legal cases to set new precedents and test the limits of the law,
- provide an independent Disability Conciliation Service for PwDs and service providers through Mediation UK,
- campaign to strengthen the law so that it works better and protects more person with disability,
- carry out campaigns - such as the Educating for Equality campaign - to change policy, practice and awareness so that PwDs get a fairer deal,
- organize events and conferences to raise public awareness on disability issues,
- produce publications about rights for PwDs and best practices for employers and service providers,
- publish policy statements and research on issues which affect PwDs.
Annex n 4: State High Council for Coordination of Disabled Persons Affairs (HCCDPA) of the Islamic Republic of Iran

The recent establishment of the State High Council for Coordination of Disabled Persons Affairs (HCCDPA), presided over by the President of the Islamic Republic of Iran and represented by the Ministers of Health and Medical Education, Labour and Social Affairs, Home Ministry, Housing and Urban Development, Industries, Education, Culture and Higher Education, as well as the authorities of the Organizations of Welfare, Planning and Budget, Administration and Employment, Radio and Television Broadcasting and the PwDs Organization. The Council, as the highest decision-making body in the country, is in charge of coordinating the state’s PwDs’ affairs. Accordingly, in order to speed up decision making, the Minister of Health and Medical Education has been vested with presidential authority;

The State High Council for Coordination of Disabled Persons Affairs (HCCDPA) was established as part of the Agenda for Action for the Asian and Pacific Decade of PwDs in 1996. It coordinates issues relating to PwDs