

Disability Inclusion Helpdesk Report No: 71

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1. Overview

In August 2021, the Taliban took control of provincial capitals in Afghanistan and Kabul after 20 years of conflict. The UNHCR confirmed on 3 September 2021 that 600,000 Afghans have been displaced internally since January 2021. 80% of these displaced people are women and children. Thousands have fled Afghanistan, crossing borders to neighbouring countries ([Siegfried, 2021](#)). 80% of adults in Afghanistan have a disability, hence disability inclusion is an obvious priority in the humanitarian response -. Afghans with disabilities who are trying to flee the country face many barriers. Disability rights activists, staff of organisations of people with disabilities (OPDs) and women and girls with disabilities are at increased risk of persecution by the Taliban. People with disabilities who remain in Afghanistan may also be at risk in to the future. Previously, persons with disabilities have been targeted by the Taliban to become suicide bombers. Under Taliban rule, people with disabilities' access to services may be reduced further, and progress towards the CRPD is at risk of reversal. Afghans with disabilities who become migrants in the region are likely to experience major barriers to meeting their basic needs unless the humanitarian response is designed to be disability-inclusive.

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2. Key facts on disability in Afghanistan.

- As of 2019, almost 80% of adults in Afghanistan have a disability (24.6% mild, 40.4% moderate, 13.9% severe), and 17.3% of children aged 2-17 years have a mild, moderate or severe disability ([TAF, 2020](#)).
- 79.5% of people in Afghanistan have anxiety (38.1% severe anxiety) and 62.2% have depression (33.4% severe depression) ([TAF, 2020](#)).
- The most common causes of impairments in Afghanistan are: conflict-related injuries, including injuries from landmines and explosive remnants of war; trauma and psychological distress; and cerebral palsy and polio ([Human Rights Watch, 2020](#)). Physical disabilities and mental health conditions among adults in Afghanistan are less likely to be congenital and more likely to be caused by conflict and warfare ([TAF, 2020](#)).
- Poor access to health services, especially in rural Afghanistan, is a leading cause of preventable disabilities ([Human Rights Watch, 2020](#)).
- Severe disability is more prevalent among females with disabilities (14.9%) than males (12.6%) ([TAF, 2020](#)). Women with disabilities have a higher prevalence of mental health conditions ([Trani and Bakhshi, 2013](#)).
- The prevalence of severe disabilities varies across ethnic groups. Turkmen and “other” ethnic groups have the highest incidence, at 16.5% and 16.1% respectively, followed by Pashtuns (14.4%), Tajiks (13.7%), Hazaras (13%) and Uzbeks (11.8%) ([TAF, 2020](#)).
- The vast majority of Afghans with disabilities live in rural areas ([Human Rights Watch, 2020](#)). Incidence of severe disability is particularly high in the South East region (20.5%), the West (25.4%) and the Central Highlands (25.4%) ([TAF, 2020](#)).
- Afghanistan ratified the UN Convention on the Rights of Persons with Disabilities (CRPD) in 2012 and adopted the Law on Rights and Privileges of Persons with Disabilities in 2013 ([TAF, 2020](#)).
- A total of 110 OPDs exist in Afghanistan; 80 of them are officially registered (Expert contribution).
- Donor-funded improvements to infrastructure have not considered accessibility. There are no modified or accessible transportation systems for people with disabilities and most public buildings do not have ramps, elevators or wheelchair-accessible toilets ([Human Rights Watch, 2020](#)).
- Before the Taliban took control, in 2020 there were 1.2 million people with severe disabilities in need of humanitarian assistance due to conflict and poverty in Afghanistan ([UNOCHA, 2020](#)).

3. What are the risks and impacts of the current Afghanistan crisis for people with disabilities in Afghanistan?

People with disabilities are experiencing barriers to fleeing Afghanistan

According to Isabel Hodge, the Executive Director of the United States International Council on Disabilities (USICD), a man with a physical disability went to the airport in Kabul pre-prepared to go to Canada, but he could not find where to go to take his flight, and he ended up in so much pain from moving around the airport for hours that he had to go back home. Another disability rights activist with a physical disability tried three times to leave with his Canadian visa and

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documents but he could not navigate the airport. He requested support from the United States but said that the US evacuation process from the Kabul airport had not considered the rights of people with disabilities. As of 2 September 2021, none of the approximately 50 disability rights activists identified by USICD to the State Department had been evacuated ([Katz, 2021](#)).

Elham Youssefian from International Disability Alliance has highlighted the heightened barriers faced by women with disabilities seeking to escape Afghanistan, such as, for example, the obstacle of social norms that prohibit women with disabilities from leaving the house ([CJBS Cambridge Centre for Social Innovation, 2021](#)). Similarly, Benafsha Yaqoobi, a commissioner at the Afghanistan Independent Human Rights Commission (AIHRC) and prominent blind human rights activist, has expressed concerns that, under the current crisis conditions, desperate families may choose to leave behind more vulnerable family members with disabilities. ([Business Insider, 2021](#)).

Human Rights Watch's research in Cameroon, Central African Republic, Israel/Palestine, Syria and South Sudan has shown that people with disabilities face many challenges when fleeing armed attacks on their communities. People with physical and visual impairments may struggle to flee and find shelter without assistance or access to assistive devices. People with hearing, developmental or intellectual impairments often cannot hear, know about, or understand what happens during attacks. Additionally, people with disabilities are sometimes left behind or choose to stay behind during attacks to avoid complicating their families' effort to escape ([Human Rights Watch, 2021](#)).

People with disabilities are at increased risk of persecution and harm under the Taliban, now and in the future.

The Taliban have targeted workers from non-governmental organisations (NGOs) for many years, and now activists and NGO workers are gravely exposed to violence by the Taliban ([Human Rights Watch, 2020](#); [Ahmad et al., 2021](#)). Disability rights activists are clearly at risk in the current situation.

Benafsha Yaqoobi, a prominent blind human rights activist (cited above), has said she fears the Taliban will neglect and discriminate against people with disabilities due to the common belief that disability is a punishment from God for the sins of their parents. She urged world leaders to protect Afghans with disabilities who are in immediate danger under Taliban rule. **She hopes to arrange a meeting with UK Foreign Secretary Dominic Raab to discuss how to support people with disabilities in Afghanistan** through her organisation [Strong International](#) ([Business Insider, 2021](#)). "I want from the UK and EU to please, please, create a special visa for women whose lives are in danger, people with disabilities whose lives are in danger" she said ([Murray, 2021](#)). Yaqoobi was evacuated by the Danish government and travelled to the UK, after being beaten and pepper-sprayed during her three attempts to flee Afghanistan. She is currently in London.

According to USICD at least 50 disability rights activists and their families are at risk of persecution by the Taliban due to their association with the United States. Their organisations had received funding from the United States for activities such as rehabilitation services, vocational training, leadership training and microfinance for people with disabilities. The Taliban has visited

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the house of one disability rights activist three times and asked security guards at the activist's office where he is. He is moving from house to house to evade them ([Katz, 2021](#)).

According to Isabel Hodge, the executive director of USICD, disability rights activists were not prioritised for evacuation, "But in my opinion, they should [have been] because they really are at risk, and if you think of the stigma and discrimination...the Taliban wouldn't think twice about killing someone with a disability." ([Katz, 2021](#)).

People with disabilities may be at risk of being recruited into the Taliban.

In the past, the Taliban have reportedly recruited people with disabilities to become suicide bombers. In autopsies, Dr Yusef Yadgari, a Senior Assistant Professor at Kabul Medical University, found that more than 80 percent of remains of bombers in Kabul between 2004 and 2007 were people with disabilities or chronic illness. He suspects that because people with disabilities are commonly discriminated against and impoverished, they agreed to become suicide bombers to make money for their families ([Nelson, 2007](#)).

Women and girls with disabilities may be at increased risk of discrimination and violence under the Taliban.

A key informant and disability rights activist reports that the Taliban is likely to reintroduce Shari'a law to govern the country, which is likely to limit or exclude women's participation in education, employment and public life. This would severely set back the social inclusion of women with disabilities. Women with disabilities are likely to be even more invisible and unheard in society, and face increased discrimination and violence. Some organisations of people with disabilities led by women with disabilities have been active in Afghanistan, but their activities are likely to stop as they cannot move freely in society (Expert contribution).

Women and girls with disabilities in Afghanistan experience both gender discrimination and stigma and discrimination associated with disability. They are often seen as a burden on their families, and they are at increased risk of violence in and outside of the home ([Human Rights Watch, 2020](#)). According to Human Rights Watch (2020), 80 percent of Afghan girls with disabilities are not enrolled in school, and women with disabilities experience major barriers to health care, for example women often need a male relative to accompany them to health services, which increases the cost and makes it more difficult for them to seek care. A 2016 study found that 90 percent of the 346 women and girls interviewed said they had experienced sexual harassment in public places, 91 percent in educational environments, and 87 percent in workplaces ([Gossman, 2017](#)).

Elham Youssefian from International Disability Alliance has noted that women and girls with disabilities may be particularly at risk of being forced to marry members of the Taliban during their current pursuit of forced marriages ([CJBS Cambridge Centre for Social Innovation, 2021](#)).

People with disabilities may experience reduced access to services under the Taliban.

Benafsha Yaqoobi, AIHRC commissioner, said she fears the Taliban will neglect and discriminate against people with disabilities: "There are millions of people with disabilities there without any

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support, without food, without clothes, without education, without any basic human rights. We must raise their voices.” ([Business Insider, 2021](#)).

The most recent UN Protection Analysis Update for Afghanistan from June 2021 notes that challenges to physical mobility, health care, community participation, employment and education were expected to increase if conflict were to continue. As the Taliban gains ground, humanitarian access to affected populations, particularly women, girls and people with disabilities, is likely to become restricted. It is expected that women and girls with disabilities will experience greater challenges in the form of increased social isolation and lack of access to public spaces and community or family social events ([Norwegian Refugee Council and UNHCR, 2021](#)).

USICD and a disability rights activist in Afghanistan have raised concerns that under the Taliban disabled victims of war will lose their monthly stipend, provided by the administration of former president Ashraf Ghani, which helps cover the costs of food and basic necessities. There is also a risk that rehabilitation centres will shut down, leaving Afghans with disabilities without critical medical support ([Katz, 2021](#)).

Officials from the Afghan Special Olympics organisation have raised concerns about the likely neglect by the Taliban regime of children with intellectual disabilities and women with disabilities. In response, a Taliban spokesman said to Reuters, “It is the responsibility of any system to provide appropriate services to the people, especially those affected and those who need assistance more than others, so it must be taken care of. You know that we are still in the initial stage or step and, so far, things have not settled accurately. We are trying to serve our people, and this is our responsibility.” Although the Taliban have sought to assure Afghans that they will respect human rights, many people doubt these claims ([Kamel and Mohammed, 2021](#)).

Prior to the current crisis, people with disabilities in Afghanistan commonly experienced significant barriers to education, employment and healthcare due to discrimination. For example:

- Many Afghans with disabilities do not have a national identity card (*taskera*), without which they cannot access many government services or vote in local and national elections ([Human Rights Watch, 2020](#)).
- Afghan government schools have not had capacity to provide inclusive education for children with disabilities; there is no system to identify, assess or meet the requirements of children with disabilities; and children with disabilities do not receive reasonable accommodations or assistance ([Human Rights Watch, 2020](#)).
- Access to health care is poor throughout Afghanistan, especially in rural areas. Physical rehabilitation is not available in all provinces; and poverty, poor quality roads, dangers related to conflict, corruption and a lack of staff trained to effectively deliver services to people with disabilities are major barriers to healthcare for people with disabilities, and to an even greater extent for women with disabilities ([Human Rights Watch, 2020](#)).
- Despite the high prevalence of mental health conditions (79.5% anxiety, 62.2% depression), before August 2021, mental health services in Afghanistan were limited in availability, under-resourced, and under-staffed, particularly services for mental health conditions related to gender-based violence ([Ahmad et al, 2018](#)).

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Over the past two decades, NGOs have continued to provide services to Afghans with disabilities, despite reduced funding since the withdrawal of international forces in 2014. Demand has far outstripped available resources for these services ([Human Rights Watch, 2020](#)). It remains to be seen whether NGOs providing key services will be able to continue operating under the Taliban.

Progress towards disability inclusion and the implementation of the CRPD may be undermined in future.

Despite having ratified the CRPD in 2012 and adopted the Law on Rights and Privileges of Persons with Disabilities in 2013, according to The Asia Foundation and Human Rights Watch, to date there have been few tangible actions to provide services to people with disabilities (TAF, 2020; Human Rights Watch, 2020). The Afghan government had planned to:

- Increase public education and awareness about disability as a human rights and development issue;
- Develop a comprehensive national rehabilitation policy; develop a single inclusive education system and address high illiteracy rates among people with disabilities;
- Develop a comprehensive national employment strategy to address employment of people with disabilities;
- Create barrier-free access in the urban environment;
- Integrate data collection and research on disability in Afghanistan.

However, progress on these plans has been extremely limited. Assistance for Afghans with disabilities has never been a high priority for the Afghan government or international donors and it is unlikely to be a priority for the Taliban ([Human Rights Watch, 2020](#)). Yet another transition in power to the Taliban and potential changes to donor funding are likely to undermine the already halting progress towards full implementation of the CRPD.

Greater insecurity may increase the risk of more people acquiring disabilities

Greater insecurity in Afghanistan under the Taliban may expose more people to life-threatening harm, injury and permanent impairments ([UNOCHA, 2020](#)). Even before the Taliban took power in August 2021, the most common causes of disability were conflict-related injuries and trauma and psychological distress. Poor access to health services, especially in rural Afghanistan, has also been a leading cause of preventable disabilities ([Human Rights Watch, 2020](#)).

Disability and poverty operate in a cycle, with each reinforcing the other ([Banks et al., 2018](#)). The financial situation in Afghanistan is expected to deteriorate rapidly, and there are reports that small businesses owned by people with disabilities are already shutting down, leaving the owners increasingly vulnerable to poverty in the immediate and long term ([Katz, 2021](#); [Ahmad et al., 2021](#)).

4. What are the risks and impacts of the current Afghanistan crisis for Afghan refugees with disabilities moving in the region?

The UNHCR estimates a worst-case scenario of over 500,000 refugees fleeing to the region (including Afghanistan's neighbours, Pakistan, Tajikistan, Iran, Uzbekistan and Turkmenistan) in the coming months. Although five countries have a border with Afghanistan, a recent report from

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UNHCR shows that 97% of Afghans who were recently displaced entered Pakistan mainly in two cities: Peshawar and Quetta. According to this report, 5315 individuals arrived in Pakistan from 1 April to 27 August 2021. 87% of households interviewed indicated that the main reasons for flight are general or specific security threats. 51% reported livelihood challenges as the main reason for leaving Afghanistan and 100% of households indicated that they did not intend to return ([UNHCR, 2021](#)).

The top critical concerns for households currently residing in Pakistan are access to livelihoods (33%), shelter (27%) and food (24%), support for individuals with disabilities (14%) and access to medical assistance (12%). People with disabilities in refugee camps in Pakistan lack support and medical assistance. 78% of households interviewed do not have any family links in Pakistan and 89% are living in urban areas. 84% of interviewed households crossed into Pakistan through Chaman border, and 68% reported that they have no documentation ([UNHCR, 2021](#)).

Atif Sheikh, Executive Director of a Pakistani OPD called STEP, said the refugees should have access to lifesaving assistance that includes food, shelter, WASH, medical services and support of persons with disabilities. He reported that wealthy Afghan refugees arrived in Islamabad by flight, but hotels were closed by an administrative order, so they could not stay in the city. “No agency started humanitarian work for the new arrivals in Pakistan yet,” said Atif. His organisation, STEP, is ready to support refugees with disabilities if the necessary grants are made available for OPDs.

People with disabilities are likely to experience barriers to meeting their basic needs while moving in the region or upon resettling.

People with disabilities are one of the most vulnerable and socially excluded groups in contexts of displacement and conflict (The Sphere Project, 2011; WHO et al., 2013; International Federation of Red Cross and Red Crescent Societies, 2007; Kett et al., 2009; Kett et al., 2010 in Pearce, 2015). When displaced by armed conflict, people with disabilities commonly experience major barriers to meeting their basic needs (including food, sanitation and health care) if humanitarian service provision is not designed to be accessible and inclusive ([Human Rights Watch, 2021](#)).

Common barriers to refugees and internally displaced people with disabilities:

- **Invisibility:** Refugees and IDPs with disabilities are often not identified during registration, which results in their exclusion from most humanitarian interventions ([Light for the World, 2020](#)).
- **Barriers to services:** Refugees and IDPS often experience environmental, attitudinal and institutional barriers to essential services such as health, education, water, sanitation, hygiene and food distribution. For example, within camps health centres, schools and food collection points are often far away and inaccessible for people with disabilities ([Light for the World, 2020](#)).
- **Education:** Children with disabilities who have been displaced by armed conflict often experience barriers to education, support services and assistive devices. For example, in 2015, in M’Poko camp in the Central African Republic out of 3797 children enrolled in schools, only 14 had disabilities ([Human Rights Watch, 2021](#)).
- **Discrimination:** Refugees with disabilities often face discrimination from both host communities and other refugees ([Light for the World, 2020](#)).
- **Lack of participation in community decision making:** Research by Women’s Refugee

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Commission with refugees with disabilities in eight low- and middle-income countries found that people with disabilities are rarely included in refugee committees and associations or consulted by leadership in community decision making processes ([Pearce, 2015](#)).

- **Violence against people with disabilities, including gender-based violence:** The risk of sexual violence against women and girls with disabilities may be more significant in new displacement contexts where there is less cohesion in the community and where community-based protection mechanisms are weak (Pearce, 2015).
- **COVID-19:** People with disabilities in humanitarian contexts are particularly at risk during the pandemic. They may be at greater risk of contracting COVID-19, developing severe illness or dying from COVID-19, and face greater barriers to healthcare and humanitarian assistance ([Clugston and Spearing, 2020](#)).

5. How can the humanitarian response be disability-inclusive?

All partners in the humanitarian response should be guided by the CRPD, especially Article 11: [situations of risk and humanitarian emergencies](#), and Article 32: [International Cooperation](#). FCDO can take the following strategic measures and actions to ensure the humanitarian response is disability-inclusive, which have been adapted from the [IASC guidelines on inclusion of persons with disabilities in humanitarian action](#):

- a) Evacuation:** Prioritise the evacuation of disability rights activists, staff from Organisations of People with Disabilities, and people with disabilities, including women and children with disabilities who are at risk under the Taliban and face barriers to leaving Afghanistan. Ensure information about evacuation is provided in accessible formats through effective channels, including via social media and OPDs. Ensure that evacuation procedures are accessible to, and inclusive of, persons with disabilities and that staff responsible for evacuation are aware of accessibility requirements.
- b) UN Security Council:** Work with the UN to ensure that people with disabilities and their needs are featured in any UN security council resolutions related to the situation in Afghanistan.
- c) Engagement:** Engage with the local disability movement and Afghan disability activists who have left Afghanistan to secure their expert advice on how to support Afghans with disabilities who remain in Afghanistan or who are on the move in the region. Encourage and support OPDs and disability-focused NGOs that represent the diversity of people with disabilities¹ to become involved in humanitarian interventions and coordination mechanisms.

¹ National OPDs in Afghanistan include: Accessibility Organization for Afghan Disabled, Afghan Landmine Survivors Organization, Development and Ability Organization, Afghanistan Association of the Blind, and Afghan National Association of the Deaf. OPDs in Pakistan (Islamabad, Peshawar and Quetta) include: Special Talent Exchange Programme (STEP) in Islamabad, Special Person Development Association in Peshawar, Association for Rehabilitation of the Physically Disabled in Peshawar, Balochistan Disabled Complex for Special Education, Quetta.

INGOs in Afghanistan include: International Committee of the Red Cross, Afghan Red Crescent Society, Swedish Committee for Afghanistan, Humanity and Inclusion (operating as Handicap International in Afghanistan) and Serve Afghanistan.

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- d) Planning:** Ensure that disability inclusion is mainstreamed within the humanitarian cluster system, for example by establishing a disability working group, to ensure that people with disabilities participate in all processes to assess, plan, design, implement, monitor or evaluate the humanitarian response, in all phases and at all levels.
- e) Data:** Ensure all humanitarian partners collect accurate, comprehensive, disability-disaggregated data on refugee populations using the Washington Group Short Set of Disability Questions and the UNICEF-Washington Group Child Functioning Module – and use this data to design, monitor and implement services. Encourage humanitarian partners to share official information about people with disabilities.
- f) Services in the region:** Promote the [IASC guidelines on inclusion of persons with disabilities in humanitarian action](#) with humanitarian partners in the region to ensure that services are accessible to and inclusive of refugees with disabilities (including information, health, mental health and psychosocial services, education, shelter, gender-based violence services, food assistance, and WASH).
- g) Evaluation:** Commission evaluations of the extent to which people with disabilities in all their diversity can access assistance and protection, with the objective of improving their inclusion. Include in all evaluations a component that examines equal access, participation and protection of people with disabilities. Ensure that people with disabilities participate in evaluations and that evaluation recommendations on disability inclusion are followed up. Share lessons learned and good practice on disability inclusion with other donors and partners.
- h) Funding:**
- Include criteria and policies related to disability inclusion in calls, proposals and contract agreements.
 - Ensure humanitarian partners' staff are trained in disability inclusion, that a dedicated disability focal point is appointed, and that disability inclusion guidance is provided.
 - Provide funding that supports capacity development of OPDs and other humanitarian stakeholders to include people with disabilities in the response.
 - Require humanitarian partners to design and include strategies on disability inclusion as part of funding requirements – and assist partners to develop these strategies.
 - Use a disability marker along with other relevant markers, such as the gender and age marker, to assist selection and monitoring of proposals.
 - Create incentives for disability-inclusive programming in line with global participation commitments.
 - Ensure funding appeals are accessible to OPDs that represent the diversity of persons with disabilities. Adapt funding criteria, where required, to make local OPDs eligible.
 - Monitor and assess partners' reports and performance on disability inclusion.
 - To the extent possible, continue to fund disability-inclusive development in Afghanistan and neighbouring countries. The World Bank warned in 2020 that a substantial reduction of funding to Afghanistan "would risk a reversal of the gains that have been achieved, driving increased hardship and poverty" ([Mashal, 2019](#)).

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6. Expert contributors

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