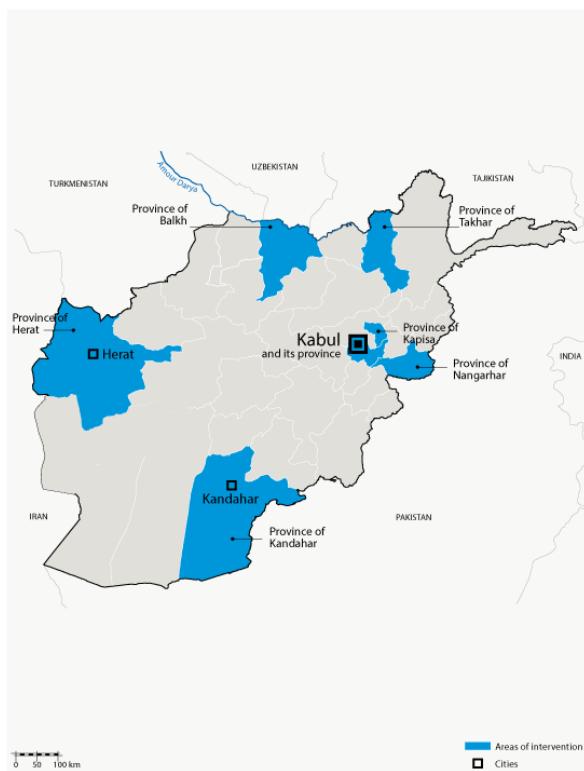


# Afghanistan 2016

## Afghanistan



## MANDATE

Handicap International's mandate in Afghanistan is to improve the living conditions of people with disabilities, including by facilitating access to sustainable, better quality services. The organisation also aims at reducing the number of accidents caused by mines and explosive remnants of war.

## SITUATION

Despite the extensive involvement of the international community, Afghanistan is one of the poorest countries in the world. It is also one of the world's most mined countries and one of the most prone to natural disasters. Many people continue to suffer from insecurity, poor housing and limited access to drinking water, electricity, medical care, education and employment. The internal situation remains very volatile. Under these difficult circumstances, disabilities resulting from armed conflict or poverty are extremely common.

## INITIAL ACTIONS

Handicap International has been present in Afghanistan since 1995. Its work initially centred on mine actions, particularly in the South and West regions, and physical rehabilitation via an orthopaedic-fitting and rehabilitation centre in Kandahar. It has since expanded the scope of its work to include support to disabled people's organisations and victim organisations as well as the economic and social inclusion of people with disabilities.

From the beginning, Handicap International has supported local stakeholders to promote the rights of people with disabilities including CW/IED (Conventional Weapons/Improvised Explosive Devices) survivors. Handicap International has improved service delivery and provided capacity-building for local actors, and is now moving forward by helping the Government of Afghanistan develop a curriculum and training courses for physiotherapy professionals and prosthesis and orthosis technicians based on recognised international standards.

More recently, following the bombing of the MSF Kunduz Trauma Centre on 3 October 2015<sup>1</sup>, all quality emergency rehabilitation care was stopped and casualties no longer had access to quality care. Casualties were subsequently referred to the military hospital at the airport, the regional hospital of Kunduz and to private health facilities. Handicap International launched a response to provide support to the regional hospital in order to meet the specific needs of the population.

## STAFF

- National staff members: 166
- Expatriate staff members: 4

## KEY FACTS

|                                   |                                |
|-----------------------------------|--------------------------------|
| Human development index (HDI)*    | 171 out of 187 countries rated |
| Life expectancy*                  | 60.4                           |
| Gross National Income per capita* | \$1,885 PPA per annum          |
| Population**                      | 31.3 million inhabitants       |
| Surface area**                    | 652,864 sq.km                  |

|                                                              |                             |
|--------------------------------------------------------------|-----------------------------|
| Convention on the Rights of Persons with Disabilities (CRPD) | Ratified: 18 September 2012 |
| Convention on cluster munitions (Oslo)                       | Ratified: 8 September 2011  |
| Mine ban treaty (Ottawa)                                     | Ratified: 11 September 2002 |

\*Human Development Report 2014

\*\* World Bank 2013

<sup>1</sup> 42 killed, more than 30 injured

## Current projects 2016

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### Victim Assistance Advocacy

**“Supporting the operational transition of victim assistance to human rights and development frameworks: from international advocacy to national implementation (Afghanistan, Yemen and Laos)” project**

#### GOAL

The project's goal is to develop practical tools to support the implementation of victim assistance and to increase coordination between victim assistance and disability stakeholders. It also aims at improving synergies between disabled people's organisations (DPOs), survivor organisations and Handicap International, who will support them in their advocacy and communication efforts.

#### METHOD

Handicap International is also working to ensure that all action plans resulting from the ratification of the Convention on the Rights of Persons with Disabilities (CRPD), the Convention on Cluster Munitions (CCM) and the Mine Ban Treaty (MBT) are linked in order to promote the better comprehension and coherent implementation of victim assistance in the country.

- To follow up on this action plan and the implementation of the victim assistance framework, Handicap International supports the Ministry of Labor, Social Affairs, Martyrs & Disabled (MoLSAMD) to develop monitoring tools in order to evaluate progress throughout the country. Handicap International will also organise training on victim assistance concepts/frameworks and their implementation for focal ministries and for national authorities including MoLSAMD, the Ministry of Public Health, the Ministry of Women's Affairs and the Ministry of Education. The organisation is also seeking to provide support aimed at influencing policy formulation in focal ministries such MoLSAMD and MoPH.
- Handicap International is supporting ministries and humanitarian organisations in their work to mainstream disability, through conducting capacity-building workshops on the concrete implementation of a disability-inclusive approach to development, focusing on outcomes.
- Handicap International facilitates technical discussions with relevant stakeholders on key identified issues (such as developing indicators for disability to include in the MoPH health management information system, disability degree revision and the amendment of the national law on the rights and benefits of people with disabilities etc.) and arranges billboards and media coverage on disability-specific events.

#### BENEFICIARIES

The direct beneficiaries of this project include a wide range of individuals, social groups and institutions from grassroots to international level:

- People with disabilities, including mine/explosive remnants of war (ERW) survivors, affected families and communities;
- National authorities in Afghanistan;
- National and international civil society organisations and their members in Afghanistan;
- European advocacy networks;
- States parties to the MBT, CCM and CRPD, other affected states, EU non-states parties, international and regional organizations

#### PARTNERS

##### At international level:

- The International Campaign to Ban Landmines (ICBL)
- The Cluster Munitions Coalition (CMC)
- The International Disability Alliance (IDA)
- The International Disability and Development Consortium (IDDC)
- The European Network of NGOs in Afghanistan (ENNA)

##### At national level:

In Afghanistan, Handicap International proposes a comprehensive approach to victim assistance, working to mobilise governmental bodies, major service providers, associations of mine/ERW survivors and people with disabilities, and mine/ERW-affected communities to meet overwhelming short-term victim assistance needs. To address national ownership and local capacity issues, we need to mobilise, coordinate, build the capacities of and empower government, mine/ERW survivors and DPOs/SOs to plan, implement, monitor and evaluate victim assistance at different levels.

#### LOCATION

Afghanistan



## Preventing harm from conventional weapons and providing response to the needs of people with disabilities and the most vulnerable people

### GOAL

Prevent civilian harm from conventional weapons and ensure an appropriate and comprehensive response to the needs of people with disabilities, including among refugees, internally displaced people and other highly vulnerable people, in situations of conflict, post conflict or protracted crisis.

### METHOD

The activities of this project aim to influence international and national policies and practices on victim assistance and disability (encouraging countries contaminated with anti-personnel mines and cluster bombs resulting in a significant number of casualties to support the upgrade of the current victim assistance system). Specifically, Handicap International aims on the one hand to ensure that victims of explosive remnants of war are among the beneficiaries of disability programmes, and on the other hand, to support efforts towards more disability-inclusive development cooperation in donor countries. In affected states, we also support the development and implementation of national policies that take into consideration the realities faced by people with disabilities, including survivors.

Hence, our method is to:

- Increase the awareness of states, donors and humanitarian actors on the need to include people with disabilities and the most vulnerable people in crisis response.
- Ensure that a significant number of states acknowledge and support a political declaration aimed at ending the use of explosive weapons with wide area effect in populated areas.
- Strengthen collaboration between victim assistance and disability-inclusive development actors.
- Support initiatives to bridge gaps in policy guidance, access to services and resource allocation in countries affected by mines and explosive remnants of war.
- Support civil society at national and provincial levels in order to enable them to represent and advocate for victim assistance and disability
- Ensure that the implementation of the Mine Ban Treaty and Convention on Clusters Munitions remains a priority for the international community

### BENEFICIARIES

- People with disabilities, including ERW/IED (Explosive Remnants of War / Improvised Explosive Devices) casualties
- Service providers, disabled people's organisations, community structures and partner organisations
- States, donors and humanitarian actors

### PARTNERS

- International Campaign to Ban Landmines (ICBL)
- Cluster Munitions Coalition (CMC)
- International Network on Explosive Weapons (INEW)
- International Support Unit through the Mine Ban Treaty Victim Assistance Committee
- International Disability and Development Consortium (IDDC)
- International Disability Alliance (IDA)
- International, regional & national NGOs networks (ICVA, Interaction, Voice, Bond, Coordination Sud, Venro)
- World Humanitarian Summit Secretariat

### LOCATION

- Provinces of Kandahar and Kabul



## Improving the accessibility and quality of rehabilitation services

### GOAL

The overall aim of this action is to improve the rehabilitation services provided by three projects to reduce the vulnerability, restore the dignity and increase the resilience of women, girls, boys and men survivors of CW/IEDs (Conventional Weapons/Improvised Explosive Devices), as well as other people with physical and psycho-social impairments, by providing access to life-saving support and to quality physical rehabilitation in Afghanistan.

### METHOD

Since 1996, Handicap International has managed a rehabilitation centre in a regional hospital in Kandahar, in the south of the country. The centre runs physiotherapy sessions for patients (people with disabilities and injured people requiring rehabilitation) and produces prostheses, orthoses and mobility aids for people with disabilities in its workshop. Patients from the country's four southern provinces (Kandahar, Helmand, Zabul and Uruzgan) are treated by male and female staff members (which allow women to benefit from care and orthopaedic-fitting); an accommodation centre enables people from remote rural districts and those accompanying them to stay at the centre if their care requires them to do so. The medical teams also train colleagues from the hospital and the region's rural clinics in order to strengthen their understanding of disability and the system for referring patients to appropriate health facilities.

In 2016, the activities run in the PRC will gradually be handed over to the national health system. Economic and sustainability studies have been conducted to produce a roadmap agreed between the Ministry of Health and HI for the gradual handover of ownership and management.

At national level, Handicap International is working to promote the recognition and inclusion of rehabilitation in the Ministry of Health's policies on basic care, to ensure their development, quality and sustainability. In 2016, Handicap International began working with the Government of Afghanistan to develop a curriculum to train quality professional physiotherapists, and prosthetists and orthosis technicians. Tailored training and technical support are being provided to the Government of Afghanistan for:

- Setting up physiotherapy training centres in seven provinces (Kandahar, Herat, Nangarhar, Balkh, Takhar, Kapisa and Kabul) with a revised recognised national curriculum
- Ensuring collaboration with the Ministry of Public Health and key institutional stakeholders in the field of rehabilitation and health through the creation of an Advisory Board
- Training targeted at teachers, trainers and students for CAT II Prosthetics and Orthosis (P&O) National Diploma
- Provision of new orthopaedic equipment, repair of existing equipment and guidance on the use of new/repaired equipment
- Multi-sectorial collaboration for the effective inclusion of newly graduated professionals into national rehabilitation services
- ToT training for PT and P&O teachers to enhance their technical and educational capacities.

### BENEFICIARIES

- 7,500 men, women, boys and girls, survivors of CW/IEDs (Conventional Weapons/Improvised Explosive Devices) will have benefited from physical rehabilitation services (including physiotherapy, prosthetics, orthotics and mobility aid devices) on a yearly basis
- 104 health professionals from basic health clinics in rural areas are trained in the early detection and referral of people with disabilities. 210 physiotherapy students, 23 PT teachers and course coordinators, AAPT professional organisation.
- 7 decentralized physiotherapy training facilities
- 30 P&O students, 8 national P&O teacher members of 3 professional P&O organisations

### PARTNERS

National institutions, in particular line ministries

Kandahar Regional Hospital, Kandahar Institute of Health Science, Herat Institute of Health Science, Herat Regional Hospital

Consortium's partners: Norwegian Afghanistan Committee (NAC) and Swedish Committee for Afghanistan (SCA)

Physiotherapy training centres at provincial level

### LOCATION

- Provinces of Kandahar, Herat, Nangarhar, Balkh, Takhar, Kapisa and Kabul

## MAIN FUNDING BODIES

|                                                                                                                                                                                                                    |                                                                                                                                       |                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| <p><b>European Commission</b></p> <p>EUROPEAN COMMISSION</p>  <p>Humanitarian Aid and Civil Protection</p>                        | <p><b>Norwegian Ministry of Foreign Affairs</b></p>  | <p><b>French Development Agency (AFD)</b></p>  |
| <p><b>Swiss Solidarity</b></p>  <p>Chaîne du Bonheur  <br/>Glückskette  <br/>Catena della Solidarietà  <br/>Swiss Solidarity  </p> |                                                                                                                                       |                                                                                                                                   |