

HOUSEHOLD WITH DISABILITY IN AFGHANISTAN - MULTISECTORAL NEEDS ASSESSMENT



Save the Children

EVIDENCE
TO
ACTION

Sample Characteristics:

1409 households surveyed under
AFG-Multisectoral Needs
Assessment

7 provinces - Balkh, Faryab, Kabul,
Jawzjan, Sari-Pul, Kandahar,
Nangarhar

262 households headed by a
person with disability (19%)

- 22 households headed by female with disability (8%)
- 240 households headed by male with disability (92%)
- 99 boys (age 11-17 years) living in households headed by people with disability
- 169 girls (age 11-17 years) living in household headed by people with disability

Data collection: 17 November to 2
December 2021

KEY MESSAGES

Food security: Over 7 in 10 households headed by a person with disability were severe food insecure and a significant number of them implementing a coping strategy, i.e. increased daily labour, relying on charity/begging, having early marriage of daughter.

Health: A vast majority of household heads with disability faced challenges to access the nearest health facilities. Nearly 9 in 10 of them reported needing medical assistance, but only 44% of them were able to get medical assistance.

MHPPS: Family member of households headed by a person with disability were more likely to face mental health and psychological issue than those without disability and a vast majority of them cited lacking of information and knowledge of service as main barrier to access the child protection service.

Child Education: Households headed by a person with disability were more likely to report having non-school going girls aged 10-18 years; and non-school going boys aged 10-18 years. Likewise, a higher proportion of girls compared to boys (35% vs 18%) living in the household headed by a person with disability reported neither attending school nor enrolled in school.

Child Wellbeing: The girls from the households headed by a person with disability were more likely reporting that their family was unable to provide what they need to survive such as food, shelter, and water, than the boys from the same households. A higher proportion of girls than boys from the households headed by a person with disability (80% vs 66%) reported negative feeling either more worried, or sadder, or more scared, or angrier, or more bored.

Key recommendations

- Ensure inclusive and equitable humanitarian supports and interventions that include households of with disabilities, their families and children.
- Response and preparedness programming that consider the capacities and needs of all persons with disabilities and make deliberate efforts to remove physical, communication and attitudinal barriers to their access and participation.

Aabhas* (10 years) and his brother Cachi* (5 years) stand outside their home in Balkh province, Afghanistan. The siblings are forced to collect rubbish and twigs to burn, and cans and other bottles to sell in the bazaar for tiny amounts of money.



INTRODUCTION

Afghanistan has one of the largest population per capita of person with disabilities in the world, with one in five Afghan households having either an adult or a child living with a disability (Human Rights Watch, 2020).

More than four decades of war, violent changes of power, endemic poverty, political insecurity have left more than one million Afghans with physical disabilities, including amputations. Many Afghans also have physical disabilities as a result of polio which remains endemic in the country and have been further exacerbated during the Covid-19 pandemic due to interrupted vaccine campaigns and spread from South, Southeast and East regions to North and Northeast regions of the country in 2020 (Initiative Afghanistan 2021). Many Afghans also live with sensory disabilities such as hearing loss and loss of vision, intellectual disabilities and psychosocial disabilities.

Persons with disabilities are often neglected and discriminated against in Afghanistan and experience a number of barriers to community participation and services. This results in reduced access and use of appropriate care, education, healthcare and participation in their community and exposes them to severe risks of exploitation and violence.

This report is based on primary data collected from 262 household headed by persons with disabilities across 7 Provinces¹. It is noted that our data measured the disability status of the household head and did not include the disability status of household member (other adults or children living in the household). The data was collected between November and December 2021 as part of Save the Children Afghanistan's Multi-Sectoral Needs Assessment (MSNA) survey covering 1409 households in seven provinces and 39 districts of the country. The MSNA aimed to understand the impact on household of the current crisis and to identify needs for humanitarian assistance in the area of health, nutrition, WASH, food security and livelihood, children's education, protection, and mental health and psychosocial support (MHPSS), and recommendations for policy and priorities for emergency humanitarian responses.

This report lifts out the specific situation reported by households headed by at least one person with disability in order to spotlight the specific responses given by members of these households and inform a targeted and disability-inclusive humanitarian response in Afghanistan. The findings and recommendations will help International and local NGOs, Organisations of Persons with Disabilities, Humanitarian actors and other disability focused organisation to design activities addressing the specific barriers and needs for humanitarian assistance for households with disabilities.



PHOTO: JIM HUYLEBROEK/SAVE THE CHILDREN

¹The Washington Group Short Set (WG-SS) of Questions on Disability was used to identify disability of household head (Washington Group, 2020). It provides the information on difficulties a person may have in undertaking basic activities. A disability is present if the household head or their proxy, who was a vast majority of them were the spouse (89%), responded “a lot of difficulties” or “cannot do at all” in at least of the six domains, i.e. Seeing, Hearing, Mobility, Remembering or concentrating, Self-care and Communication.

DISABILITY STATUS MEASURE

Households headed by a person with disabilities was identified using the Washington Group Short Set (WG-SS) that measures difficulties across six functional domains, i.e., Seeing, Hearing, Mobility, Remembering or concentrating, Self-care and Communication. Heads of households were counted as household heads with disabilities if they answered “a lot of difficulties” or “cannot do at all” in at least one of the six domains (Washington Group, 2020). On the other hand, a person without disabilities is defined as anyone who do not respond “a lot of difficulties” or “cannot do at all” across all domains.

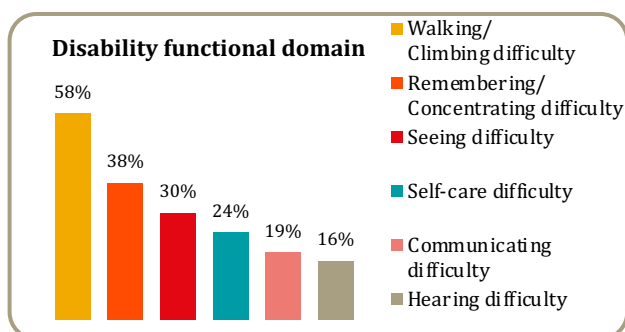
The WG-SS were administered to the household heads themselves and also to the proxy respondents², the majority of whom were the spouse (93%). The intention for collecting the information from the proxy is to ensure gender balance of the respondents to the household survey questions. Disability information was not collected about children in the child survey nor the household survey. The report did not collect disability data about the children in the household.

Article 1 of the Convention on the Rights of Persons with Disabilities defines persons with disabilities as:
“Those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.”



Characteristics of Households Headed by A Person with Disability

- Out of 262 households headed by persons with disabilities, 22 households are headed by females with disability (8%) and 240 households headed by males with disability (92%).
- Over half of them reported having difficulty walking or climbing (58%) and more than 1 in 3 of them reported having difficulty remembering/concentrating (38%) and seeing (30%).
- A vast majority of the households headed by those with disability were found in Faryab (27%), Jawzjan (23%), Balkh (23%), Sari-Pul (20%) and Kabul (17%). While only 1 in 10 households in Kandahar (11%) and Nangarhar (9%) were headed by a person with disability.
- A vast majority of the heads of household with a disability were illiterate (84%) compared to heads of households without disabilities (70%). Only 16% of them were literate.
- Households headed by a person with disability were more likely to be identified as “relatively poor”³ than those headed by persons without disability (59%vs 41%).
- A higher proportion of households headed by a person with disability as compared to those without disability were IDPs (26%) and documented/undocumented returnee (24%) than those of host community (16%).



²The study team was aware that they were designed to be administered directly with an adult data subject – the head of the household – for self-reported disability status. However, as a vast majority of proxy respondents were the spouse of the head of household, we expect only minimal bias in the data.

³The poverty score was measured from a poverty assessment tools using several low-cost indicators adapted from Afghanistan 2007/08 National Risk and Vulnerability Assessment (Schreiner, 2012). The relatively “poor” indicator was measured from their poverty scores below the median value.

Children of households headed by a person with disability

- A higher proportion of the households headed by a person with disability reported having been separated from their children (15%) than those without disability (10%).
- It is common for households headed by a person with disability to have a higher number of girl children than boy children living with them (23% vs 15%). It may suggest that boys are brought up by others or living outside the household. Indeed, overall adult respondents reported that boys were more likely to engage in risky migration for work than girls (19.2% vs 9.1%)



Household With Disability: Situation, Needs and Assistances

Key findings

A significant proportion of households headed by a person with disability experience life-threatening circumstances and are in need of urgent life-saving humanitarian assistance to survive.

- A higher proportion of households headed by a person with disability as compared to those without were living in unfinished or abandoned buildings (3% vs 2%), shelters or temporary settlements (10% vs 8%) and rented apartments (25% vs 17%).
- A higher proportion of households headed by a person with disability were more likely to use low quality energy from grass and/or animal waste and/or branches for their heating (64% vs 47%) and for cooking (56% vs 39%) than those headed by a person without disabilities
- Household headed by a person with disability were more likely to report having unstable supply of water for domestic use as compared to those without (51% vs 30%). The same was true for unavailable water storage facilities (47% vs 30%) and not having access to sufficient drinking water (44% vs 35%).
- A higher proportion of households headed by a person with disability reported needing longer time - more than 30 minutes - to collect the water compared to households where the head did not have a disability (23% vs 18%). Over half of the households headed by a person with disability also reported not having clean water container or container with cover lid (53%), while a lower proportion of the households without disability reported the same (41%).
- A slightly higher proportion of the households headed by a person with disability reported not having a functional latrine than those without disability (20% vs 15%). Over half of them also reported not feeling safe using the latrine (40%) and only feeling safe during the day (12%).
- There was no significant difference in the key needs reported by the households headed by a person with disability or those headed by a person without disability. Regardless of their disability status, a vast majority of the household heads surveyed reported needing food, non-food items and cash assistance; however only a few of them reported receiving assistance.

Recommendations for policy and practice

Ensure disability-inclusive and equitable humanitarian supports and interventions that include households of with disabilities, their families and children, such as:

- Providing safe and accessible shelters or accommodation for households with persons with disabilities.
- Improved basic water supplies for drinking water and domestic uses and access to sanitation services, including water delivery to households with persons with disabilities who may not be able to access distribution points.
- Multipurpose cash to enable access basic needs, including energy for cooking and for heating and water sanitation and hygiene items, with clear eligibility and identification criteria for households that has a member with a disability, including heads of households.

"I have concern for lack of water and food."

-A girl (13 years), living in a household with disability, Sari-Pul

"I'm worried about insecurity, lack of food items and water."

-A girl (17 years), living in a household with disability, Sari-Pul

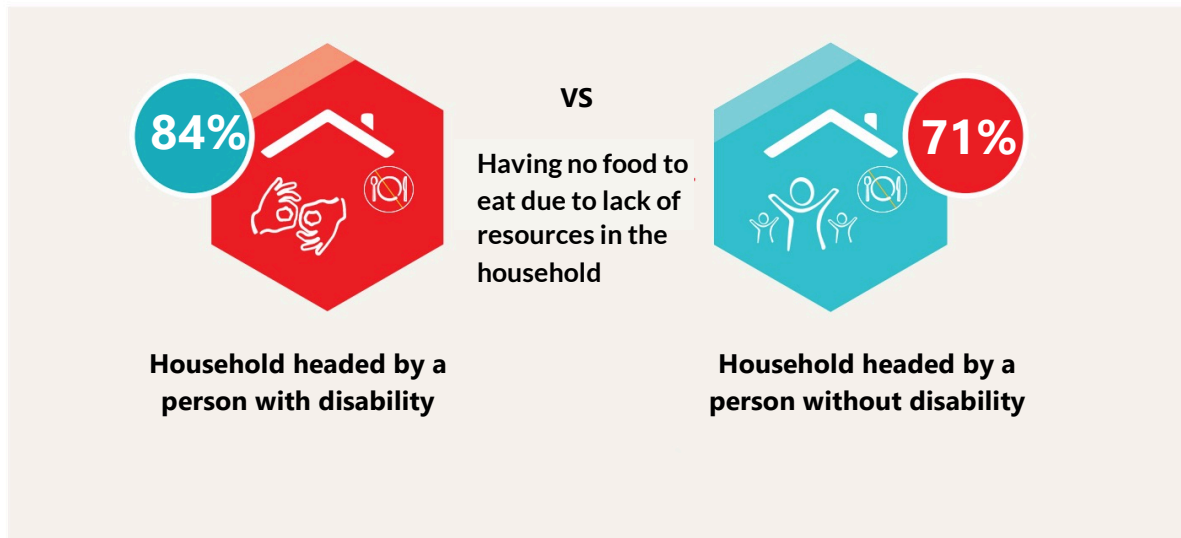


Key findings

The households headed by a person with disability are increasingly having difficulties to access food, feed their family members and cover their food expenses.

A vast majority of households headed by a person with disability reported they were now depending more on credit and/or borrowing from family to purchase food for the household (68%), in comparison to before the transition of power (47%).

- A much higher proportion of the household headed by a person with disability than those headed by a person without disability reported often and/or sometime having no food to eat due to lack of resources to get food (84% vs 71%).



- 7 in 10 households headed by a person with disability experience severe (71%) and moderate food insecurity (23%) compared to households headed by a person without disability with severe (56%) and moderate food insecurity (31%).
- A slightly higher proportion of respondents from households headed by a person with disability reported having lost jobs compared to those from households headed by a person without disability (51% vs 48%). Likewise, a higher proportion of those from households headed by a person with disability than those from household without disability reported their household had lost most and/or all of their income sources since the transition of power (69% vs 61%).
- A higher proportion of households headed by a person with disability reported implementing a coping strategy compared to households headed by a person without disabilities. This included increased daily labor (47% vs 39%), relying on charity/begging (10% vs 7%), having early marriage of daughter (7% vs 4%).



I don't have father to provide our needed things, like food or another materials...often we go to sleep without eating something. My mother is also unable to provide food for us. I am so worry

-A girl (14 years), living in a household headed by a female with disability



Recommendations for policy and practice

- Ensure disability-inclusive and equitable access to immediate food assistance and timely provision of humanitarian food distribution/aids to households with members with disabilities who experience severe food insecurity and provide delivery in case they cannot reach the distribution point.
- Guarantee access to basic food and safe access to obtain food by considering long-term plan that takes into consideration different types of impairment and accessibility requirements.
- Ensure safe and nutritious food is accessible, available and affordable for all households with persons with disabilities particularly, alongside some measures to address their livelihood and food resourcing challenges, and also support their food/crop production such as providing seeds and tools
- Design programme and budgeting that is disability-inclusive and takes into consideration the specific needs and requirements of households where there have been persons with disabilities to ensure safe access to food and nutrition programme and information without barriers.



PHOTO: JIM HUYLEBROEK/SAVE THE CHILDREN

Noori* (12 years) lives in Kabul with her parents, grandfather and siblings. Save the Children is working with the family to provide Community Based Education (CBE) classes. These classes have been set up in communities where school age students don't have access to education, because either there are no schools available or they are too far away.





Key findings

- A slightly higher proportion of the household headed by a person with disability compared to households headed by a person without disability reported noticing visible signs of thinning, slowly growing and being malnourished in their child (53% vs 51%).
- Although 89% of the mothers living in household headed by a person with disabilities with children under 2 years reported breastfeeding their children, a vast majority of them also reported having difficulties to breastfeed their children (70%). While, only 38% of the mothers living in household headed by a person without disability reported difficulties to breastfeed their children. The common causes reported by mothers living in household headed by a person with disability as compared to those headed by a person without disability were due to not having enough time to breastfeed (43% vs 20%), lacking adequate foods or milk supply (30% vs 24%) and being away from their baby (16.4% vs 3%).
- Over half of the pregnant and lactating mothers from households headed by a person with disability (55%) also reported eating less than usual. Common reasons for the pregnant women and lactating mothers in Afghanistan to eat less were due to unavailability of food to eat in their household and lack of money to buy the foods. Yet, a higher proportion of pregnant women and lactating mothers in the households headed by a person with disability compared to those headed by a person without disability cited other reasons, such as the market was too far or dangerous to access it (17% vs 11%) and they had to give food to other family members (13% vs 7%).

Recommendations for policy and practice

- Prioritization of households with a person with a disability for cash transfers given that these families will have compromised financial resources already.
- Identification and management of nutritionally at-risk mothers and children particularly from the household with disability.
 - ✓ Training health workers in early identification of disability using new born screening checklist and developmental milestone monitoring
 - ✓ Training health workers in strategies to ensure children who have difficulty with feeding and swallowing get adequate nutrition.
 - ✓ Providing information to households with a child with a disability on how to manage eating and drinking when there are feeding and swallowing difficulties, including how to use nutritional supplements.
- Stronger community awareness on the importance of good nutrition for both mothers and babies during the 1st 1000 days.



PHOTO: JIM HUXE/BROOKS/SAVE THE CHILDREN



Key findings

- A vast majority of the household head with disability⁴ faced challenges to access the nearest health facilities. As compared to those without disability, a higher proportion of household head with disability reported their access to nearest health facilities was very hard (44% vs 35%) and requiring longer travel time - more than 60 minutes - to reach the nearest health facilities (23% vs 21%). Only 70% of them reported availability of basic health services in the nearest health facilities, while about 78% of the household head without disability reported the same.
- The household head with disability as compared to the head without disability reported only seeking medical assistance when illnesses are serious (48% vs 45%) and/or during life-threatening situation (34% vs 31%).
- 86% of the household heads with disability reported needing medical assistance in the last three months, but only 44% of them were able to get it. The most common reasons for not getting medical assistance reported by the household head with disability (as compared to those without disability) were due to inability to pay the cost (67% vs 56%), far distance of the health facilities (49% vs 44%), transport cost issues (24% vs 21%), unavailability of female doctor (21% vs 7%), non-functional health facilities (15% vs 5%), and related services not delivered (12% vs 7%).
- The household head with disability respondents include their proxy - the adult respondents who on behalf of the household head answered the survey questions.



Recommendations for policy and practice

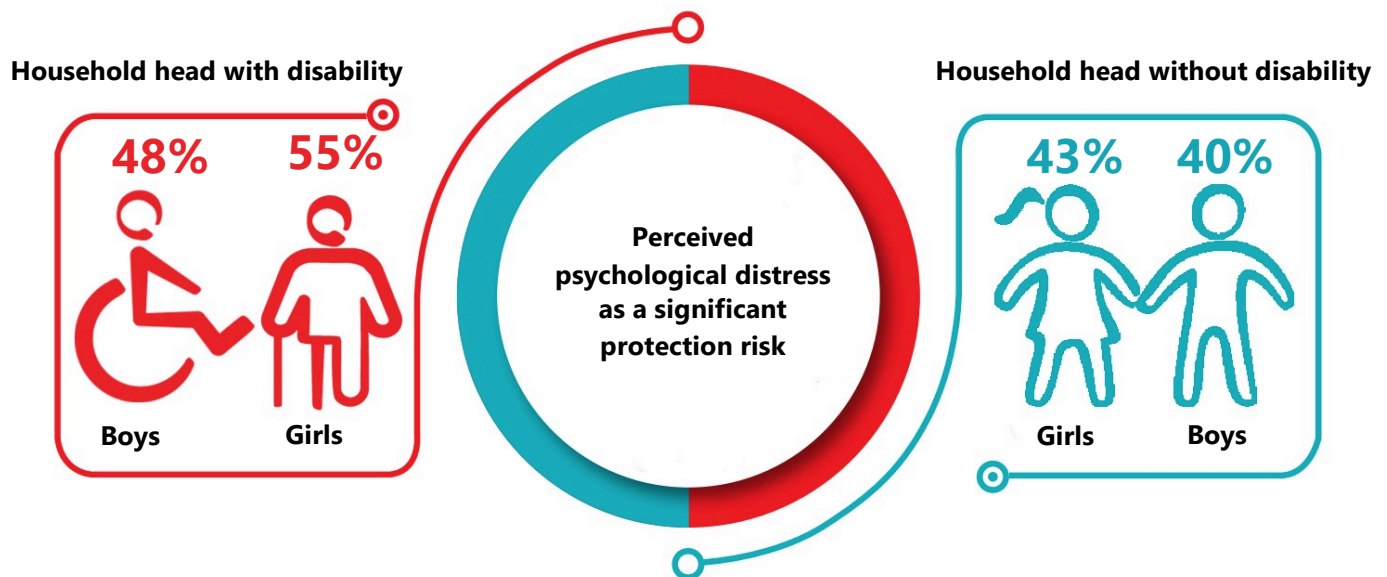
- Ensure inclusive and equitable access to and quality of health/medical assistance for persons with disability and their family members:
 - ✓ Prioritize households with a person with a disability to receive healthcare via mobile outreach services
 - ✓ Provide free patient transport services for households with a person with a disability
 - ✓ Carry out an accessibility audit of health facilities to increase the likelihood that a person with a disability can access the service independently.
 - ✓ Train and deploy more female healthcare workers
 - ✓ Provide cost free medical care to households with a person with a disability
 - ✓ Provide health related information in at least two formats in addition to increasing the simplicity of content and key messages.
 - ✓ Train health workers in basic disability awareness and communication
 - ✓ Establish a social accountability framework with an Organization of People with Disability to regularly review whether the health service is meeting the needs of people with disability in the community
- Provide information on health and rehabilitation services to all households with a person with a disability
- Advocate to the international community (including the World Bank) and/or the de-facto Ministry of Health for the delivery of Universal Healthcare for all, with a key emphasis on the provision of high quality rehabilitation services at community, provincial and national levels.

⁴The household head with disability respondents include their proxy - the adult respondents who on behalf of the household head answered the survey questions.



Key findings

- A Three-quarter of respondents (76%) reported any of their household member experienced mental health and psychosocial issues during last two months. The households headed by a person with disability were more likely to report any of their member experienced mental health and psychosocial issues than those headed by a person without disability (84% vs 74%). The most common issues experienced by the member of households headed by a person disability as compared to the members of those without disability were feeling down, depressed or hopeless (63% vs 59%), anxiety or nervousness (61% vs 56%), trouble of staying asleep (58% vs 53%) and trouble concentrating (27% vs 22%).
- The common strategies implemented by households headed by a person with disability to overcome the household members' mental health and psychological issues were by connecting with friends and family (56%), doing self-care (32%), and seeking support from religious leaders or professionals (31%). Yet, a higher proportion of the household head with disability than household head without disability reported not knowing what to do (17% vs 13%) and also reported using drugs or substances (12% vs 8%) for relief.
- There was no statistically significant difference between households headed by a person with disability and without disability in receiving MPHSS support. The most common support or services available for their children and family reported by the households headed by a person with disability were from school (44%), religious leaders/Mullah (43%) and from INGOs (32%).
- A higher proportion of household head with disability than those without disability perceived psychological distress as a significant child protection risk both for their boys (48% vs 40%) and also for their girls (55% vs 43%).



- Specific to girls, a higher proportion of household head with disability compared to those without disability perceived the main child protection risks to be forced marriage (55% vs 49%), girls being out of school (54% vs 47%), and gender-based-violence (30% vs 24%).
- A higher proportion of household head with disability than those without disability reported not having access to community-run mechanism for child protection (81% vs 71%) or authority responsible for child protection (79% vs 69%).
- The household head with disability were more likely to cite lacking of information and knowledge of service as main barrier to access the child protection service compared to the household head without disabilities (82% vs 70%)



Household With Disability: Mental Health and Psychosocial Support (MHPSS) and Child Protection

Recommendations for policy and practice

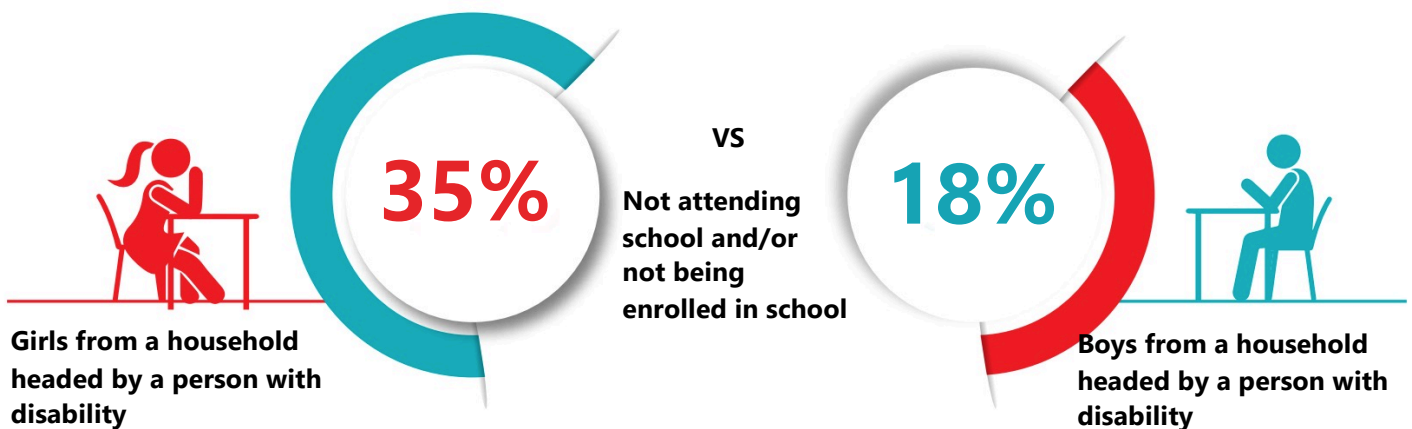
- Expand access to social protection services and strengthen quality of services to provide more comprehensive MHPSS to communities, particularly for persons with disabilities and their families.
- Support families with disability to access the services and information on MHPSS and eliminate their barriers in accessing service/support.
- Ensure inclusive and well-resourced protection services for families and children with disabilities and increase the number of child protection workers who are trained and skilled at disability-inclusion to support those families.



Household With Disability: Child Education

Key findings

- A high proportion of households headed by a person with disability compared to those headed by a person without disability reported having girls (44% vs 37%) and boys (31% vs 24%) aged 10-18 not going to school. They also reported that the school distance was relatively far for both girls (35% vs 29%) and boys (38% vs 28%).
- The households headed by a person with disability were also more likely than the households headed by a person without disability to report perceived expensive school cost (52% vs 38%), issue of distance and transportation to school (26% vs 21%), school fee issue (22% vs 12%), cultural restriction (20% vs 13%) and language used for teaching (3% vs 1%) as the reasons to why their boys were not in school.
- Similarly, they were also more likely to report perceived expensive school cost (47% vs 35%), school fee issues (18% vs 10%), lack of proper latrine for girls (14% vs 10%), and language used for teaching (4% vs 1%) as the reason to why their girls were not in school
- A higher proportion of girls compared to boys living in households headed by a person with disability reported neither attending school nor being enrolled in school (35% vs 18%).



- A higher proportion of children from households headed by a person with disability compared to headed by a person without disability reported not attending school due to security concern (36% vs 28%), perceiving education as not important (9% vs 4%), and restricted access to school by the government/authority (7% vs 2%).

Recommendations for policy and practice

- Provide access to different disability-inclusive learning spaces, opportunities, programmes and resources, with particular attentions to learners with disabilities or learners from household with adults (caregivers) with disabilities.
- Strengthen the ties between education and multipurpose cash assistance to help with the families with cover costs related to education such as school fees, transportation and other education-related costs.
- Continue to gather information and data on the requirements of children with disabilities or children with parents/caregivers with disabilities relating to education and mental health and conduct barrier analyses and needs assessment as a priority for humanitarian assistance



PHOTO: JIM HUYLEBROEK/SAVE THE CHILDREN



Household With Disability: Child Wellbeing

Key findings

- A slightly higher proportion of children from households headed by a person with disability compared to those from households headed by a person without disability reported that their family was unable to economically provide things they need to survive, such as shelter, water and foods (44% vs 40%).
- The girls from households headed by a person with disability were 1.3 times more likely to report that their family was unable to provide these things than the boys from the same households (49% vs 37%).
- A higher proportion of girls than boys from households headed by a person with disability reported that they were asked to do housework or caregiving (64% vs 49%) and to get married (3% vs 0%).
- On the other hand, a higher proportion of boys than girls from households headed by a person with disability reported being asked to do farming or home business (34% vs 22%) and to work a paid job (33% vs 17%).
- A much lower proportion of girls than boys from households headed by a person with disability reported positive feelings such as being happier, more hopeful, or safer (31% vs 52%). Correspondingly, a higher proportion of girls than boys from the households headed by a person with disability reported negative feeling such as being more worried, sadder, scared, angrier, or bored (80% vs 66%).
- A higher proportion of girls than boys from households headed by a person with disability reported being unable to hang out with their friends in person (33% vs 19%) as well as being unable to rest (33% vs 20%).
- A higher proportion of the households headed by a person with disability than those without disability reported noticing changes in their children's behavior, such as changes in sleep (61% vs 54%), emotional regulation (47% vs 37%), or withdrawal (16% vs 11%).
- A higher proportion of the households headed by a person with disability than those without disability reported implementing negative coping strategies to respond to the changes in their child's behavior, such as being less patient with them (22% vs 15%), resorting to physical punishment (18% vs 12%), resorting to yelling (16% vs 11%), showing less affection toward them (13% vs 7%), being more aggressive toward them (12% vs 8%), spending less time with them (11% vs 7%), and feeling less confident in their parenting ability (6% vs 3%).

Recommendations for policy and practice

- Ensure child protection services are disability-inclusive and well-resourced to support children with disabilities and children with parents/caregivers with disabilities.
- Develop programmes to ensure messages of positive parenting or parenting without violence are accessible, and take into consideration the realities of families with either children or parents/ caregivers with disabilities and provide adequate solutions.
- Future research on how children living in households with disabilities and separated from their family members receive appropriate care placement and what support is needed.



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This Evidence to Action Brief provides a summary of key disability-related findings from Afghanistan Multisectoral Needs Assessment 2022 ([Full report](#) / [Factsheet](#))