Observations of the Committee on the information submitted by Afghanistan

1. The Committee welcomes the submission by Afghanistan of its Article 7 report for the calendar year 2017 containing updated information on its victim assistance activities. Based on the information provided, the Committee presents the following preliminary observations.

Mine casualties

2. The Committee observed that Afghanistan reported 2,054 mine casualties in 2017 including 305 women, 1,749 men, 1,137 children with 701 killed and the rest injured. The report indicated that between 2001 and 2013 the number of casualties fell significantly from a monthly average of 175 to 36. However, since 2013, the number of casualties has risen to a monthly average of 171 during 2017, with an average of 29 more casualties per month than in 2016, with 49 percent of casualties caused by improvised anti-personnel mines (Pressure Plate IED) incidents, it is 11 percent less than in 2016, the increased use of anti-personnel mines remains a major cause of casualties in Afghanistan.

Assessment of needs, the availability and gaps in services (Action #12)

3. The Committee observed that Afghanistan has initiated steps towards the implementation of Actions 12 and 13 by reporting that preparations have begun for a nationwide Victim Assistance/Disability survey, including the development of a “survey concept and questionnaire” as well as the establishment of a “technical committee for the nationwide survey”. The Committee welcomes such an effort by Afghanistan and welcomes additional information on the implementation of the Action 12 including on consideration of “sex and age-disaggregated data” in the nationwide survey.

4. The Committee observed that while Afghanistan reported that preparatory work has begun for a nationwide survey, it has also reported that due to lack of funding a needs assessment/survey had planned to start in 2017 was postponed and that the programme is looking for funds. The Committee welcomes a clarification in this regard.

5. The Committee observed that Afghanistan reported on efforts made by the Ministry of Labour Social Affairs, Martyrs and Disabled (MoLSAMD) to create a database on victim assistance and disabilities, which will be followed by training to a number of MoLSAMD’s personnel on IMSMA. The Committee observed that it would welcome additional information on aims, relevance and implementation of the “VA/Disability database”.

6. The Committee observed that Afghanistan reported installation of a biometric system for registration of families of martyred and persons with disabilities to facilitate payments of their pensions and provision other assistance, with financial support by the World Bank.

Time-bound and measurable objectives (Action #13)

7. Afghanistan reported that initial work started by the MoLSAMD on the development of the Afghanistan National Disability Strategy, to be finalized by the end of the third quarter of 2018;

8. The Committee observed that Afghanistan had not reported on time-bound and measurable objectives and welcomes information in this regard.
Enhancement in the integration of victim assistance into broader frameworks, including allocation of budgets for their implementations (Actions #14)

9. The Committee observed that Afghanistan reported that the Ministry of Public Health (MoPH) has made efforts in developing or updating relevant policies related to physical rehabilitation to advance the integration of assistance into broader health services delivered by the Ministry.

10. The Committee observed that Afghanistan reported that it has drafted a “technical note for psychosocial counselling/peer support” and it has been under review by the quality management department of UNMAS/DMAC. The Committee welcomes additional information concerning the technical note.

Increase availability of and accessibility to rehabilitation services, economic inclusion opportunities and social protection measures for all mine victims, regardless of their gender and age (Action #15)

11. The Committee observed that Afghanistan continues to act upon its commitment under Action 15 by reporting on the provisions of physical and economic inclusion services through broader frameworks, as follows:

   a. In 2017 the disability and physical rehabilitation strategy 2016-2020 was revised and continuously updated by the Disability and Community-Based Rehabilitation Task Force at the MoPH. The plan was approved and printed in 2017;
   
   b. In 2017 the MoPH has coordinated community-Based Rehabilitation (CBR) with the MoLSAMD through a well-established strategy for inclusion, provision of equal opportunities and empowerment of persons with disabilities with programmes in 20 out of 34 provinces;
   
   c. In 2017 a physical rehabilitation project was designed and funded to provide rehabilitation services to 11,585 persons with disabilities through three Physical Rehabilitation Centres in Khost, Farah and Kunar and one “Mobile and 2 Fixed” reaching persons with disabilities in nine provinces;
   
   d. Through the Afghan Civilian Assistance Program (ACAP III) a donor-funded programme a “total of 6,799 people received physical rehabilitation and disability awareness services” including 2,575 women and girls and 4,224 men and boys, and;
   
   e. Through ACAP III, rehabilitation services were provided to 2,774 beneficiaries (1,977 males, 797 females) through direct purchasing of high technology devices and referral to physical rehabilitation centres; immediate assistance packages were (food and non-food items) delivered to 45,598 beneficiaries (22,962 males, 22,636 females); and Income Generation packages were (such as cows, motorbike-carts...etc.) delivered to 621 families (2,077 males, 2,662 females); and psychosocial counselling sessions conducted with 7,740 beneficiaries (4,369 males, 3,371 females).

12. The Committee acknowledges Afghanistan’s efforts to provide the information disaggregated by sex and age.

Strengthen local capacities and enhance coordination (Action #15)

13. The Committee observed that Afghanistan reported on its continued efforts to coordinate the victim assistance programme and that it held six coordination meetings in 2017 with the participation of “all key VA/Disability National and International organizations and line ministries representatives, including MoPH, MoLSAMD and [the Ministry of Education] MoE”.

Inclusion and participation of mine victims (Actions #16)
14. The Committee observed that Afghanistan had not reported on efforts under Action 16 concerning capacity building, inclusion and participation of mine victims and their representative organizations in victim assistance programmes, and welcomes information on these efforts.

Removing barriers and raising awareness (Actions #15 and #17)

15. The Committee observed that Afghanistan is acting upon its commitments under Actions 15 and 17 by reporting on awareness raising among school teachers as well as removing physical barriers at schools in 2017 to facilitate social inclusions, as follows:

   a. 1,160 teachers were trained in inclusive education in 20 provinces as an effort to facilitate the participation of persons with disabilities in schools;
   b. 50 schools were made physically accessible through the construction of ramps for wheelchair users;
   c. Agreements have been made with MoE on the integration of inclusive education and messages on victim assistance and disabilities in the new national curriculum of school textbooks (grades 1-6), building on the success of similar efforts for grades 7-12 a few years ago;
   d. 500 children with disabilities and their parents were provided training with inclusive education and on the enrolment of 539 children with mental disability and visual and hearing impairment to schools in Kabul;
   e. 3,808 children with disabilities have been integrated into general schools in 17 provinces with technical and financial support from national and international organizations;
   f. Also, Afghanistan reported on undertaking a number of efforts in coordination with civil society, to raise awareness through public events and media work to promote victim assistance.

Measurable improvements, challenges and priorities for assistance in advance of the next Review Conference (Action #18)

16. The Committee observed that as required by the Action 18 of the Maputo Action Plan, Afghanistan has provided a detailed analysis of the challenges its victim assistance programmes face and a general list of needs and activities based upon the identified challenges, as follows:

   a. Improve access to pre-hospital care by training of 3,200 first responders at 1,600 impacted communities;
   b. Establish 20 mobile and orthopaedic workshops in 20 provinces; mobilize sustainable funds for the existing nine centres and mobile workshops, and train female technicians and physiotherapists in all provinces;
   c. Provide direct support to children with disabilities to enable their access to schools, including through identification of children with disabilities, the creation of referral mechanisms, facilitation of their access to health, rehabilitation and social services;
   d. Raise awareness among community members and teachers on disability issues and rights in order to reduce discriminatory attitudes and practices;
   e. Support mine/ERW victims/persons with disabilities to start income generating activities, entrepreneurship and job creation and employ persons with disabilities in government and NGOs;
   f. Make existing public buildings physically accessible and advocate for amendment in construction legislation to ensure all buildings will be accessible. And raise awareness activities on accessibility;
g. Provide individual psychotherapy sessions, set up mobile multi-disciplinary teams,
therapeutic discussion groups, peer to peer support and therapeutic cultural, sports & leisure
activities in affected communities that positively impact victims’ mental health;
h. Train, support and supervise community and social workers, psycho-social counsellors, and
other persons that provide mental health services;
i. Raise awareness on the victim assistance and the rights and needs of victims & persons with
disabilities among key ministries and stakeholders;
j. Involve victims themselves as partners in awareness-raising activities and in the development
of the National Action Plan from the beginning of the process, and;
k. Identify community workers or community health workers that can be trained to provide
personalized social support at local level.

17. The Committee welcomes information on next steps, including plans for the development of
time-bound and measurable objectives, as per Action 13, for the implementation of these
activities in advance of the upcoming Review Conference.