

4<sup>th</sup> International Conference on the Capability Approach  
“Enhancing Human Security”  
5-7 September 2004, University of Pavia, Italy

*Parallel Session on Disability*

## **Enhancing Security and Social Sustainability, Strengthening Capabilities:**

**The case of Persons with Disability in Afghanistan**

Parul Bakhshi, Jean-Luc Dubois, Jean-François Trani

parulbakhshi@yahoo.com, jlucdubois@aol.com, doc.john@laposte.net

### **Abstract**

As a result of the various conflicts over the last three decades in Afghanistan, a large number of persons with disabilities (PwDs) are currently living in Kabul and in the various provinces. The Afghan Ministry of Martyrs and Disabled has the mandate to develop a programme to find sustainable solutions to re-integrate these people within daily life. Stakeholders working in the field of disability, within the National Disability Commission, a new inter-ministerial body of the Government, will define this program, the National Disability Strategy.

This initiative aims at reducing their vulnerability to risks and enhancing their capabilities in the long term. The main problem is that disability does not have similar consequences and is not perceived in the same way according to gender differences, traditional attitudes and religious motives. Our paper aims to present a holistic perspective to take into consideration a specific issue (disability) according to a given socio-cultural context (Afghanistan) so that the policies and programmes designed to help vulnerable groups take appropriate forms according to the distress and the specific handicaps of these people, with the objective of reducing their vulnerability and improving the sense of personal security, self-esteem and belief in their own capacity to take their life into their own hands. Strengthening their capabilities through adequate policies is, of course, the main means to reach such an objective, but these have to be functional within a context where social opportunities are extremely restrained.

### **Introduction**

As a result of several decades of conflict in Afghanistan, there was a significant increase in the number of existing persons with disability (PwDs)

which was already high due to diseases, accidents, social and family conflicts in Kabul and the regional provinces. Aware of this situation, and under political pressure from former Mujahidin wounded during the war and structured in powerful organizations, the Government of Afghanistan is looking for sustainable solutions able to re-integrate all these persons in the mainstream economic life and in social livelihood, therefore promoting an inclusive society. Specialised non-governmental organisations (NGOs), the United Nations organisations, bilateral and multilateral donors are supporting all its initiatives in this field.

A National Disability Commission (NDC) will be set up as the national body having the mandate and the competencies to address the various needs of the PwDs in Afghanistan. Disability being a cross-cutting issue, the NDC will have to address disability through the various fields of public policies. Consequently, it is in charge of designing the National Disability Strategy, which aims at improving livelihood and social protection of PwDs, eradicating poverty, and fighting for the recognition of their rights. As a specialised and independent structure, it is constituted of all stakeholders involved in the disability issue, i.e. line ministries, specialised organisations, international NGOs, United Nations agencies.

In this context, two issues need to be addressed. The first one relates to the current situation of the PwDs in Afghanistan, i.e. how many are they, where are they, what kinds of disabilities affect them? A problem arises from the fact that disability is not perceived in the same way according to gender differences, traditional or ethnic attitudes and religious motives. Therefore, people suffering from disability are more or less vulnerable in daily life and may not be subjected in the same way to poverty. In fact, they do not constitute a homogeneous group, but various sub-groups facing different needs and opportunities.

Directly related to this situation, the second issue deals with the type of action and policy measures that should be promoted to improve the life of the PwDs. Alternative visions of disability, such as individual vs. social models, the capability approach, etc., may focus on different objectives and lead to alternative action-oriented framework. Understanding these alternatives will help the government to design the policies, which will be part of the National Disability Strategy to be proposed for the support of specialised NGOs, international institutions and development partners.

Our reflections on these two issues are presented in the following parts of this paper.

## **1. Persons with Disability in Afghanistan**

After 23 years of war characterized by combat, landmines, bombarding, which result in populations suffering from conflict, forced displacement, malnutrition, absence of health care, etc., disability has become a crucial issue. We will first examine the current overall situation in Afghanistan, before going

into more details concerning the diversity of the PwDs and their related sub-groups.

### **1.1. An Expected High Prevalence of Disabilities**

Over a population of about 25 millions inhabitants, among which 6.4 millions live in urban areas, the International Labor Office (ILO) has estimated that 4% of the population live with disabilities, that is, about 800,000 people. The Afghanistan Mortality, Injury and Disability Survey (AMIDS), launched in 2002 and recently analyzed, seems to confirm the 4% percentage<sup>1</sup>. Other sources such as the Ministry of Martyrs and Disabled (MMD) indicates over one million persons affected by disability. For UNDP, the numbers were 700,000 in 1999 meaning 3% of the overall population.

Hundreds of thousands of Afghans were made disabled during the wars and by the landmines spread all over the country. Current estimates of the landmine survivors, who are living now with amputations, blindness and paralysis, range from 94,000 to 200,000. But many more people acquired in the meantime impairments from birth, inadequate healthcare, congenital disabilities, accidents, malnutrition and preventable diseases such as polio or tuberculosis. For instance, a high rate of birth complications, especially for undernourished women with inadequate care, is the cause of disabilities such as cerebral palsy.

Regarding the children, a survey carried out in 2003 by the Centre of Disease Control (CDC) indicates that disability among children varies between 1% and 4%. Another one conducted the same year under the leadership of the Italian Co-operation on 65 schools in Kabul province 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 (see appendix 1).

The wars, and the poverty associated to it, also generated large numbers of people with psychological trauma. A World Health Organization (WHO) report estimates, in 2001, that about 5 million people were affected by psychosocial stress such as depression, anxiety and psychosomatic problems. More generally, many people with learning disabilities, mental impairments and multiple disabilities hardly receive any attention from the international community and the disability organisations working in Afghanistan, due to the difficulty to access to them and the lack of infrastructure and appropriate means.

---

<sup>1</sup> The AMID Survey was launch in 2002, under the leadership of the Afghan Ministry of Public Health, UNICEF and the Center for Disease Control and Prevention, to collect information on mortality, injury and disability. A sample of 5 252 households from 50 districts was selected with probability proportional to size. Within this sample 700 households with PwDs were interviewed. Unfortunately, the results are not yet totally available to be included in this paper.

To address the situation of PwDs in Afghanistan at a national level, the Ministry of Martyrs and Disabled (MMD) conducted a survey, in 2002, to describe the key features of disability and better understand the current situation. Unfortunately, the results of which may be not completely reliable (see appendix1).

## **1.2. Definition and Classification Issues**

In Afghanistan, a person is considered as disabled when she/he suffers of any kind of restriction resulting from impairment. This implies a lack of ability to perform an activity in a manner, or within the range, considered normal for human beings.

Such a definition is based on the usual conception of disability promoted by the WHO in its international classification of impairments, disability and handicaps. It defines impairment as an abnormality in the functioning of the body due to any kind of trauma or disease, disability as the restriction in the ability to perform task due to impairment and handicap as the social disadvantage associated with impairment or disability.

This definition establishes a causal relation between impairment, disability and handicap, and clearly considers that the causes of are attributed primarily to biological individual conditions moving away from normal human functioning, which generate handicap and disadvantage. Therefore, it subsumes, ultimately, a vision of human diversity based on the opposition between normality, or normal average human functioning, and abnormality as divergence from this standard. Abnormality is then considered as the key reason for economic or social disadvantages

Table 1 gives the various types of disability found in Afghanistan in 2002 and how they are distributed among the disabled people. It is interesting to note that physical impairment represents 28.1 % and multiple impairment 26.1%. They are the most commonly occurring items. It is important to note that mental impairment is evidently underestimated. This is due to three major causes: first of all the surveyors were not trained and did not have the skills to identify mental disability and, secondly, mental impairment is considered as a curse according to social and traditional beliefs. Moreover, mental disability is almost always considered as war distress, even if the mental impairment is due to congenital disease or other kinds of causes. Families have a tendency to hide away the mentally disabled making this category the most difficult to have access to.

The data entered represents the province of Kabul. The overall survey is composed of 80 000 forms registered in the various provincial offices of the MMD all over the country. The MMD having mainly targeted the beneficiaries of welfare pensions (disabled former soldiers, martyrs' widows and orphans), the data is consequently biased and mainly reflect disability resulting from conflict.

There is an equi-probability of representation of the categories of disability. However for reliability of data see appendix 1.

**Table 1 : Type of Disability**

		Fréquence	Pour cent	Pourcentage valide	Pourcentage cumulé
Valide	Visual impairment	1313	10.1	10.6	10.6
	Physical impairment	3664	28.2	29.6	40.2
	Paralysis	341	2.6	2.8	42.9
	Polio, clubfoot, leprosis	2741	21.1	22.1	65.0
	Hearing impairment	346	2.7	2.8	67.8
	Mental impairment	593	4.6	4.8	72.6
	Multiple impairment	3393	26.1	27.4	100.0
	Total	12391	95.5	100.0	
Manquante	Système manquant	587	4.5		
Total		12978	100.0		

Source: MMD survey, 2003-2004, our own calculus.

It is true that such a view yields pragmatic usefulness for the design of appropriate policies since it determines clearly what constitutes a divergence from normal functionings. But, by individualising disability, it downplays the role of social factors in the generation of specific disabilities, which creates problematic categories of people. This shows that the monolithic assumption of disability as abnormality does not integrate the social reality of human diversity.

The concept of human diversity imposes wider considerations of disability related to age, sex, general intellect and physical abilities, social circumstances, cultural choices, climate differences, etc. More precisely, this means that the disability issue is not perceived in the same way according to gender differences, traditional and ethnic attitudes, and religious motives. It also means that all the persons to be considered as disabled do not belong to a unique and homogeneous group, but to various sub-groups, which are to be determined.

This does not simplify the analytical framework nor the design of appropriate policies, which may need to be more complex in consistency and targeted towards the corresponding sub-groups.

### **1.3. Various Sub-groups within the PwD Population**

The determination of the various disabled sub-groups result from the combination of various factors: first, the type and causes of impairment, second, the social perception of these and, third, the other characteristics of the PwD (sex, ethnic group, age, etc.). This complex issue needs to be understood and each of its components clearly identified for a comprehensive and effective approach of disability in Afghanistan. For instance, if the wounded by war may

be considered as national heroes in Afghanistan, the revenge on poor girls who dare to refuse forced marriage may also be perceived as a shame

For instance, the current perception of disability is strongly linked with martyrdom and war injuries. The importance of physical and multiple impairment as shown in Table 1 is largely due to war injuries as confirmed by Table 2 which gives the causes of disability: war represents 47.5% and mines 17%, two numbers already higher than diseases 16.3% and congenital 13.4%.

**Table 2: Causes of Disability**

		Fréquence	Pour cent	Pourcentage valide	Pourcentage cumulé
Valide	war	6165	47.5	47.6	47.6
	disease	2114	16.3	16.3	63.9
	congenital	1737	13.4	13.4	77.4
	accident	718	5.5	5.5	82.9
	mine	2214	17.1	17.1	100.0
	Total	12948	99.8	100.0	
Manquante	Système manquant	30	.2		
Total		12978	100.0		

Source: MMD survey, 2003-2004, our own calculus.

When aggregated into a unique group, war injuries, landmine and unexploded ordnance<sup>2</sup> victims, represents more than 64% of the PwDs population. This explains mainly why the emphasis is placed on war disabilities. There are also political reasons for this: persons injured by wars are considered as having made a sacrifice for the rehabilitation of their country. They are therefore better accepted and integrated within the national community than any other category of PwD. This is evident in the fact that two terms exist in Dari to name disability: “Malool” for the war disabled and “Mayool” for other disabled.

The people whose disability is due to diseases, accidents and congenital impairment represent the second group with 35% of the disabled. Diseases like poliomyelitis could be eradicated but persist due to a lack of accessibility to health facilities and preventive basic health services.

The number of people suffering from mental health impairment in Table 1 is probably underestimated due to the negative social status of mental distress. Therefore, people don't answer easily to the corresponding questions. For instance, mental retardation resulting from the bomb attacks, children may have been exposed to, is commonly denied and considered as a Post Traumatic Stress Disorder (PTSD). Such a parental attitude is due to the fact that a disabled person in the family not only constitutes an obstacle to a normal marriage and family life for him or her, but may also affect the marriage opportunities of the other members of the family.

<sup>2</sup> Unexploded ordnance or UXO is a bomb which arrives on the ground without exploding and may explode at any time.

In spite of the attempts to define in 50 categories the type of impairment in the MMD disability form, the lack of training of surveyors made it impossible to respect these precise categories during the processing of the findings. There is currently a void in the knowledge regarding PwDs and their situation. Therefore the MMD had decided to launch a NDS, a nationwide survey, which will be carried out shortly. This survey will aim at evaluating the prevalence of different types of disabilities and understanding the situation of PwDs in order to better prioritize political action.

#### ***1.4. Linking Disability with Poverty and Vulnerability***

With a GDP per capita of \$100, Afghanistan is one of the poorest countries in the world. The years of conflict have increased the level of poverty. Around 4.3 million of the rural population is estimated to be critically poor and their livelihoods are considered to be insecure (NRVA 2003). This is exacerbated by the recent droughts in the South, while in winter, the cold temperatures restricts accessibility in most regions. The proportion of these vulnerable households in urban areas is currently being assessed.

The 1996 UNDP Human Development Report ranked Afghanistan 169<sup>th</sup> out of 175 countries on the Human Development Index since 87% of the population has no access to safe drinking water and 99% no adequate sanitation facilities. 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.

Basic demographic indicators are among the worst worldwide. The infant mortality rate is 165 per 1000 live births, with one in four children dying before reaching the age of five (around 300,000 children die annually). The maternal mortality rate is also estimated to be very high, about 6 per 1000 live births<sup>3</sup>. Around half of Afghan children are malnourished, moderately or severely.

Due to the lack of data, it is difficult to relate, at the individual level, disability with the level of poverty. However, there is clear evidence, mostly in qualitative terms that most of the persons living with disability are among the critical poor. Their disability makes it difficult to earn a living on a daily basis. Therefore some live on charity (“dakat”), others become burdens on often restricted family resources. The low level of public services cannot compensate for this situation. The situation is even worse for those whose disability is not the result of an injury of war.

But poverty is not the only issue that contributes to worsening the situation of PwDs. Due to their disabilities and to the hostility of the living environment, they are also more vulnerable than others, i.e. they have a greater

---

<sup>3</sup> For general figures on Afghanistan, see the websites of the WHO: <http://www.who.int/country/afg/en/> and the UNICEF: <http://www.unicef.org/emerg/afghanistan/>.

probability to see their situation worsen and to fall into lower levels of poverty when they are confronted to external shocks, due to the various risks faced.

Generally speaking, the vulnerability of a person is the probability to see her situation worsened when faced with a dramatic event. Therefore, the vulnerability of a person is determined by two key elements: the risks encountered, on one hand, that may generate negative consequences and, on the other hand, the assets, resources and potentialities, that she/he possesses and can use to overcome the difficulties.

Such focus on vulnerability implies identifying the threats and, more generally, the risks that people with disabilities encounter and addressing their capacity to cope when faced with the realisation of such risks. This defines various forms of vulnerability, which are linked to unemployment, to income loss and indebtedness, to food security and hunger, to the deterioration of health, to social disintegration, etc.....

According to the type of their disability, PwDs are more or less concerned by one or the other form of vulnerability. For instance, a person with polio has a greater risk of social exclusion than a disabled from war. For mental impairment, it is even worse: sometimes children are locked away within the house. Even if they are fed, they barely receive any affection or care.

It is only an increase of assets, potentialities, capabilities of the PwDs that may decrease their vulnerability, therefore ensuring their security and allowing them to fight against poverty. In fact, it is the combination of various resources over time which may help them overcome the various forms of vulnerability.

Within the national strategy of development (PRSP) that will increase the social opportunities for all (employment, health, education, infrastructures), there is a need for an action-oriented framework focussing on the capability of the PwDs to seize these opportunities, taking into account their social diversity, within a context marked by wide-spread poverty and various forms of vulnerability. The aim of the new National Disability Programme is precisely to provide financial resources for the inclusion of vulnerable groups in the mainstream programmes of the Government of Afghanistan.

## **2. Conceptual Issues for an Action-Oriented Framework**

The challenge ahead is to design a framework that will guide an adequate policy in Afghanistan, taking into account the current situation, the needs of the people related to disabilities and their perception of this fact.

### **2.1. *The Individual vs. Social Models***

There are several ways of considering disability in a theoretical point of view. The vision developed by the WHO based on a classification of

disabilities focuses on the individual. While useful for pragmatic classifications, this individual model of disability has some limits in taking into account all the social and cultural factors that influence and determine the existing forms of disability. It is less subjective since it refers to the average behaviour of the people, which is supposed to reflect normality. However, the “normal” always implies the “abnormal” which poses some ethical and moral questions.

However, it does not take into account the social perception of disability. As we have already stated, disability is not perceived in the same way according to gender differences, traditional attitudes and religious motives. Some categories of disability are better admitted than others. In Afghanistan, as a general rule, PwDs suffer from stigmatisation, i.e. a social exclusion based on specific individual or social characteristics. The positive perception of war disabled is an exception due to political pressure and religion matters. But, disability is mostly perceived as a curse. Lack of awareness and cultural beliefs lead the population to consider disabilities, especially the congenital ones, as shameful. Disability is often considered as a problem brought on by divine punishment or a person’s bad luck. The lack of awareness leads to stigmatisation, prejudice and discrimination.

“Within this view, in fact, disability is referred to as caused by an individual ‘abnormality’, linked to certain inabilities in performing tasks and, therefore, to disadvantages. Here, the relational aspect of disability, both to individual impairment and to handicap, is fundamentally grounded on the causal link established between natural impairment and disability, and the resulting disadvantage is attributed primarily to specific individual condition. Consequently, as disabled scholars have repeatedly outlined (Finkelstein, 1980 Oliver, 1990, Shakespeare 1997), disability is considered mainly a matter of treatment and rehabilitation to approximate as much as possible the standardised normality.”<sup>4</sup>.

If we take into account the social model of disability, which rejects the concept of standardized “normality” and gives foreground to human diversity, and which, as L. Terzi clearly states, has been defended by PwD groups and scholars, then we are faced with other types of problems.

“The aim of the social model of disability is to redress both, sources and causes of disability, from individual, natural differences, to social arrangements, and to deny any theoretical legitimacy to the notions of normality and abnormality. According to this view, in fact, disability is caused by social structures, which, modeled on the concept of human average functioning, take no account of impaired people, thus ultimately causing disability.”<sup>5</sup>

---

<sup>4</sup> Terzi L., 2003, “A Capability Perspective on Impairment, Disability and Special Needs: Towards Social Justice in Education”, *From Sustainable Development to Sustainable Freedom*, 3<sup>rd</sup> Conference on the Capability Approach, 7<sup>th</sup>-9<sup>th</sup> September 2003, University of Pavia, Italy.

<sup>5</sup> Terzi L., 2003, *idem*

Both the individual and social models are insufficient to counteract the current perception of disability. This is essential for the sake of PwDs since their capacity of overcoming the deprivation and loss of competency to perform daily tasks and of taking part in the public life strongly depends on a favorable cultural and social environment. It is possible to envisage such an environment if we take into consideration the capability approach as a reference for the design of such public policies.

## **2.2. The Capability Approach as a Reference**

As we have stated above, disability and its consequences is a complex combination of various factors. Focussing on improving the Capabilities of disabled may provide a space where not only can individual and social elements be considered simultaneously but also in view of their complex interactions within dynamic cultural and political contexts.

The Capability approach developed by A.K. Sen and M. Nussbaum offers a change of perspective by asking the fundamental question “equality of what”? Here the focus shifts from the actual characteristics of the individual or the social context and brings into light the effects of a given situation at a given time and space.

*“Having so delimited the space of the capability approach, which seeks equality of capabilities and asserts the fundamental importance of capabilities and functionings as value-objects for the assessment of individual well-being, it is now important to address the basis for interpersonal comparisons implied by the space of capability.”<sup>6</sup>*

By definition capability includes a combination of potentialities, individual characteristics (all people are disabled but at different scales), social and economic opportunities. M. Nussbaum takes the reflection one step further by moving beyond the idea of standardized normality and proposing a list of central human capabilities that define a “good human life”. She shifts the focus and proposes to use the list as a set of rights that individuals can demand from their governments.

Developing the capability of PwDs at the individual level, is twofold: it requires enhancing the ‘ability’ of the person, on one hand, and its ‘potentiality’ on the other. Developing the ability allows a person to escape poverty or to get out of it, while increasing her potentiality is what prevents from falling back into poverty in case of dramatic event.

But this may remain ineffective, if in the meantime, at the social level, their living environment is not improve by providing appropriate social and economic opportunities: ensuring accessibility to the key institutions and their buildings, to the labour market and to education, among other things...

---

<sup>6</sup> Sen A., 1992, *Inequality Re-examined*, Oxford University Press, Oxford.

It is thus quite clear that any comprehensive program for people with disabilities must consider at the problem at two levels: the individual and the social levels. Addressing only one dimension may, in fact, jeopardizes the sustainability of any development program addressing the situation of the PwDs.

### ***2.3. Linking with Policy Measures in Afghanistan***

These theoretical thoughts have to be linked to the present National Disability Strategy of the government of Afghanistan and to the related policy measures being implemented by the line ministries. Three steps are to be considered: first, a better understanding of the current situation of the PwDs; second, their agency involvement with other stakeholders in order to express their needs in terms capabilities, and, third, the design of policies measures oriented towards the improvement of their capabilities.

- There is presently a real need of basic knowledge concerning the current situation of the PwDs and their living conditions, in order to define an inclusive national strategy addressing the issues rose in this paper. At present, any policy aiming at alleviating poverty or improving the capabilities of the PwDs is seriously data-constrained.

For instance, information are lacking on: (i) the percentage of people with all kind of disabilities, (ii) a general typology of disability that could be related to the level of income, the assets and more generally the capabilities of the disable, (iii) the access of PwDs to the available services and social opportunities.

To create such a comprehensive database, a specific survey will have to be carried out shortly. It should focus on the living conditions, employment, education and health of the PwDs, but also consider the perception of disability, by themselves and their communities. It will take into account those who may be the most vulnerable, such as women with disabilities for instance. Finally, it will cover their specific needs for capabilities improvement and their expectations for social opportunities.

- The second issue relates to the participating involvement of the persons with disabilities in the design of the national strategy. The issue is that there is no national umbrella organization of PwDs in Afghanistan as yet, which limits their agency involvement. However, a growing number organisations and groups are now emerging, although at a very slow pace. 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 Disabled Shura of Afghanistan (DSA). Several donors, like the European Union, contribute to this emergence.

A community-based approach to handicap and rehabilitation is currently set up. It implies the combination of efforts coming from the PwDs, their family,

and various other stakeholders, such as NGOs, municipalities and line ministries. The feelings and opinions of the PwDs are the inputs to determine lack of access to rehabilitation services, economic resources, health, education, vocational training, which are required to ensure their inclusion as full citizens with equal opportunities. The attitudes of the families, the communities and development organizations also play a key role for the dissemination of methods related to disability prevention, empowerment of PwDs and social integration.

The participation of such a wide range of partners is the best way to enhance the feeling of ownership, to facilitate the development of an expanded response and to help in resource mobilization. However, it implies improving the capacity of coordination and communication among the various stakeholders in the Afghanistan's disability field.

- The third issue concerns the design of appropriate policies measures oriented towards the improvement of the PwDs capabilities. This means following the twofold approach quoted before at the individual level: improvement of their ability and increasing their potentialities.

Reducing the capability poverty, i.e. the lack of adequate capability, by improving the ability to do the things needed for ensuring a correct standard of living: ability to move, to access a job, to control health issues, etc.

Education plays a key role for this dimension. Not only education to be able to read and write correctly which is necessary to have an easy access to information and find a job, but also specific education which teaches the four pillar of a life-skills education oriented towards the re-creation, or the renewal, of the disabled's capability<sup>7</sup>. This means: (i) learning to know what are the new difficulties that PwD has to overcome on a daily basis, (ii) learning to do the usual things in a different manner, (iii) learning to be a new person that will have to a new and different life and, finally, (iv) learning to live together with the others who have a peculiar perception. To really succeed as an inclusive education, the corresponding actions would have to be expressed in adequate psycho-social terms, in order to allow the people to overcome their wounds and begin a different and renewed life. Only by this way, would education contribute to the re-integration of the disabled in the economic and social life.

Increasing the potentialities of the PwDs, i.e. developing their economic assets, as well as their social rights and human endowments, reduces their vulnerability. It is, at the individual level, a way of improving their protection. There again psycho-social abilities would be fundamental to convert potentialities into capabilities. Education as described before, thought in terms of inclusive education, could also help the PwDs to convert these endowments,

---

<sup>7</sup> Bakhshi P., A.M. Hoffman, K. Radja, 2003, "Education and the Capabilities Approach: Life Skills Education as a Bridge to Human Capabilities", *From Sustainable Development to Sustainable Freedom*, 3<sup>rd</sup> Conference on the Capability Approach, 7<sup>th</sup>-9<sup>th</sup> September 2003, University of Pavia, Italy.

rights, and various potentialities, into personal capabilities in a world of extremely restraint social opportunities.

At the social level, disability being a cross-cutting issue, it has to be addressed by the line ministries and other stakeholders focussing on various fields. It is the responsibility of the line ministries in charge of health, mental, psychosocial, social and physical rehabilitation, education, employment, accessibility, etc., to design the appropriate measures aiming at providing the social and economic opportunities required to improve the living environment of the PwDs. The overall coordination is ensured through the National Disability Commission and contributes to the design of a National Disability Strategy with the objective of improving the current life of the PwDs.

## **Conclusion**

Based on the current situation of the disabled people in Afghanistan, this paper is searching for an action-oriented conceptual framework able to relate the issue of disability with the capability approach. It proposes to refer to the life-skill approach as a way to promote an inclusive education that would help re-integrating the disabled in the society by the improvement of their capabilities and the access to social and economic opportunities.

There is behind all this the implicit idea that social sustainability could be partly ensured through an improvement of the situation of the persons suffering from disabilities.

A program has been set up under the leadership of the Afghan Ministry of Martyrs and Disabled, with the active participation of various ministries (Ministry of Labour and Social Affairs, Ministry of Women Affairs, Ministry of Borders and Tribal Affairs) with the objective of tackling the needs of the most vulnerable, including PwDs. In order to help the decision makers, the NGOs volunteers, and the disabled people themselves, all of them being stakeholders because confronted to this difficult issue, an overall policy orientation adjusted to the specific social context and the needs of the people is thus proposed.

## **References**

Alkire S., 2003, *Valuing Freedoms: Sen's Capability Approach and Poverty Reduction*, Oxford University Press, Oxford.

Bakhshi P., A.M. Hoffman, K. Radja, 2003, "Education and the Capabilities Approach : Life Skills Education as a Bridge to Human Capabilities", *From Sustainable Development to Sustainable Freedom*, 3<sup>rd</sup> Conference on the Capability Approach, 7<sup>th</sup>-9<sup>th</sup> September 2003, University of Pavia, Italy.

Dubois J.L., S. Rousseau, 2001, "Reinforcing Household's Capabilities as a Way to Reduce Vulnerability and Prevent Poverty in Equitable Terms", *Justice and Poverty: Examining Sen's Capability Approach*, 1<sup>st</sup> Conference on the Capability Approach, Cambridge University 5<sup>th</sup>-7<sup>th</sup> June 2001.

Government of Afghanistan, 2004, *Securing Afghan Future: Accomplishment and the Strategic Path Forward*, Government and International Agency Report, Kabul.

Mitra S., 2003, "The capability Approach of Disability", *From Sustainable Development to Sustainable Freedom*, 3<sup>rd</sup> Conference on the Capability Approach, 7<sup>th</sup>-9<sup>th</sup> September 2003, University of Pavia, Italy.

Nussbaum M, 2000, *Women and Human Development: The Capabilities Approach*, Cambridge University Press, Cambridge.

Rousseau S., 2003, "Capabilités, risques et vulnérabilité", 2003, in *Pauvreté et développement socialement durable*, 2003, in J-L. Dubois, J-P. Lachaud, J-M. Montaud, A. Pouille (eds), Presses Universitaires de Bordeaux, Bordeaux.

Schütte S., 2004, "Urban Vulnerability in Afghanistan: Case Studies From Three Cities", Afghanistan Research and Evaluation Unit, *AREU Working Papers*, Kabul.

Sen A., 1992, *Inequality Re-examined*, Oxford University Press, Oxford.

Sen A., 1999, *Development as Freedom*, Oxford University Press, Oxford.

Terzi L., 2003, "A Capability Perspective on Impairment, Disability and Special Needs: Towards Social Justice in Education", *From Sustainable Development to Sustainable Freedom*, 3<sup>rd</sup> Conference on the Capability Approach, 7<sup>th</sup>-9<sup>th</sup> September 2003, University of Pavia, Italy.

WHO, 1987, *International Classification of Impairments, Activities and Participation*, WHO, Geneva.