

# Afghanistan



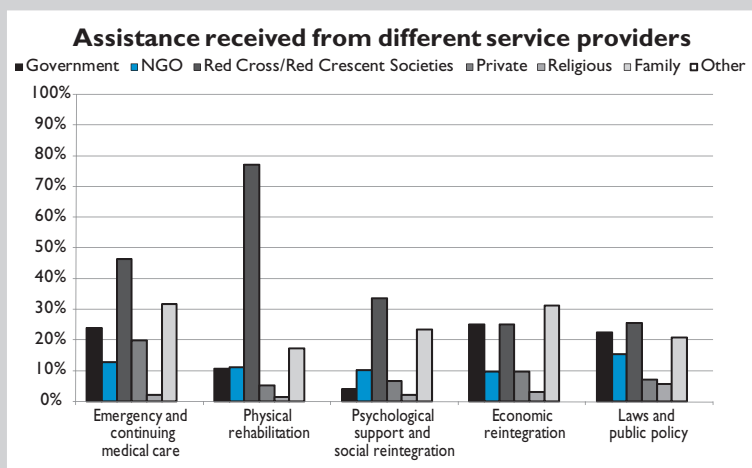
## Country indicators

- **Conflict period and mine/ERW use:** Mine, cluster submunition and ERW contamination dates back from the 1979-1989 Soviet invasion and, subsequently, from use by the Taliban/Northern Alliance (1992-2000), the US (2001-2002), and Taliban and other opposition forces in 2002-2009.<sup>1</sup>
- **Estimated contamination:** Remaining contamination was 722.3km<sup>2</sup> as of July 2008, estimated to affect more than 4 million people.<sup>2</sup>
- **Human development index:** Unknown; but the last known value was estimated at 0.345 in 2007. This would rank Afghanistan lower than all but one country (Sierra Leone ranked 179<sup>th</sup> in 2008).<sup>3</sup>
- **Gross national income (Atlas method):** Unknown (US\$237 in 2004).<sup>4</sup>
- **Unemployment rate:** 40% in 2008 (unknown in 2004).<sup>5</sup>
- **External resources for healthcare as percentage of total expenditure:** 20.1% (compared to 5.9% in 2004).<sup>6</sup>
- **Number of healthcare professionals:** Seven per 10,000 population.<sup>7</sup>
- **UNCRPD status:** Non-signatory as of 1 August 2009.<sup>8</sup>
- **Budget spent on disability:** A budget of unknown size provided largely by international sources exists. Some 210,000 persons with disabilities received pensions of US\$6-US\$10 per month.<sup>9</sup>
- **Measures of poverty and development:** Afghanistan is an extremely poor country, devastated by decades of conflict. Half of the population lives below the poverty line and 20% is at risk of falling into poverty. Average life expectancy is less than 45. Afghanistan is highly dependent on foreign aid and this will continue in the mid to long term.<sup>10</sup>

## VA country summary

Total mine/ERW casualties since 1980: Unknown – at least 52,000-60,000 survivors			
Year	Total	Killed	Injured
2004	911	140	771
2005	1,122	195	927
2006	906	138	768
2007	842	217	625
2008	992	266	726
<b>Grand total</b>	<b>4,773</b>	<b>956</b>	<b>3,817</b>

- **Estimated number of mine/ERW survivors:** 52,000-60,000.<sup>11</sup>
- **VA/disability coordinating body/focal point:** The Ministry of Labor, Social Affairs, Martyrs and Disabled (MoLSAMD) is the lead ministry through its deputy minister and the Disability Stakeholder Coordination Group. Several other coordination mechanisms exist.
- **VA/disability plan:** The Afghanistan National Disability Action Plan 2008-2011 (ANDAP), developed under the Mine Ban Treaty framework, became the *de facto* work plan for the entire disability sector.
- **VA/disability profile:** Access to services for the entire population of Afghanistan is hampered by a severe lack of services, poor to non-existent infrastructure, ongoing conflict and poverty. Between 2005 and 2009, Afghanistan made progress in VA/disability issues, but the general state of the country meant overall service quantity and quality remained low and significant international funds were needed for improvement. Most services are urban-based, and most are run with the support of international organizations. Movement restrictions because of conflict, a lack of roads and the cost of transport are further obstacles. Access to services for women was even more problematic due to cultural barriers. Throughout 2005-2009, a lack of awareness and professionalism, poverty, ethnic and political divisions and prejudice against disability were also obstacles. While geographic coverage of healthcare expanded, only basic assistance was available in rural areas and emergency care was dependent on the location of an incident. Physical rehabilitation coverage was insufficient throughout 2005-2009 and services were (almost) entirely operated by international NGOs and the ICRC. Psychosocial support was almost non-existent, as were peer support groups. Some self-help groups existed through the community-based rehabilitation (CBR) network. However, the network needed to expand its geographical coverage. CBR also needed strengthening and improved coordination, which started to happen in 2008. Economic reintegration projects were limited and carried out



mostly by NGOs, while ministries paid some disability pensions and ran some vocational training. Increased attention started to be paid to inclusive education, but still most persons with disabilities did not have access to schools or vocational training. Disability legislation had been developed but not approved as of August 2009. Ministries have shown more ownership and integrated disability more in their policies over the years. National NGOs and DPOs also became increasingly active, and were included more often in VA/

disability planning. However, DPO and ministry capacity remained weak.<sup>12</sup>

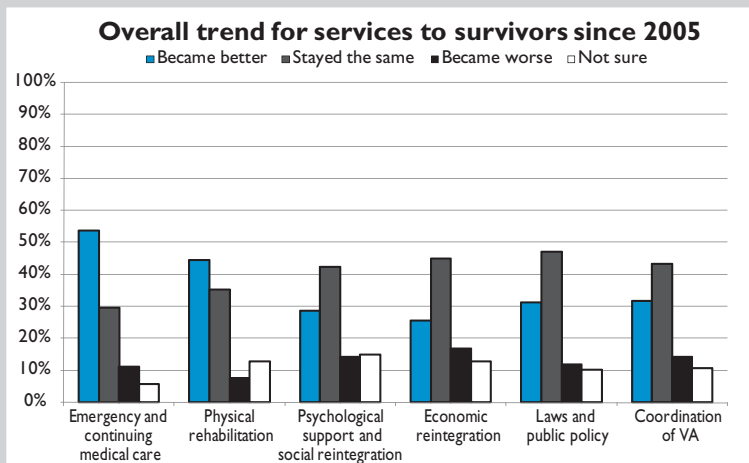
## VA progress on the ground

### Respondent profile

By July 2009, 196 survivors aged between 15 and 70 responded to a questionnaire about VA/disability progress in Afghanistan since 2005: 178 men, 11 women, four boys and three girls. Half of the respondents were between 18 and 35. Most (70%) were heads of households (no women) and 38% owned property. In total, 45% of respondents had not received any formal education (71% of women) and 11% of respondents had completed secondary education or higher. Some 43% of people lived in villages with limited services; 7% in remote areas without services; 24% in the capital Kabul; and 22% in large cities with a variety of services.<sup>13</sup> For 22% of respondents, their household income was sufficient; 9% of respondents were unemployed before the incident and another 2% were beggars. This increased to 20% (and another 2% beggars) after the incident and the vast majority of people changed jobs. For women, the percentage of unemployed decreased from 29% to 7%. In reality, figures are thought to be higher. The respondent profile corresponds with casualty information indicating that the vast majority of casualties are young males (mostly boys) with low education levels, usually injured by ERW during their daily activities. A significant number of people were also injured while traveling. Several respondents, who had incidents in remote areas, moved to less remote areas to obtain services.

### General findings

Overall, survivors noted improvements in all areas of VA/disability service provision, but mostly in medical care and much less so in psychosocial support and economic reintegration. Some 36% of respondents thought that they received more services in 2009 than in 2005 and 38% thought that services were now better. Practitioners' responses often mirrored survivor responses. The areas where opinions converged the least were physical rehabilitation and economic reintegration, where practitioners were more positive than survivors. It should be noted that, while some progress was seen, services in Afghanistan are still among the least developed in the world, hampered by conflict and a lack of infrastructure. Some 39% of people thought that women received services "equal" to those available to men; 22% thought they were "a bit worse"; 16% said "absent" and 10% said "better". Women reacted more negatively: 21% said services were equal; 29% said services were absent and all the others said services were worse. This confirms reports throughout 2005-2009 that women systematically received fewer services due to cultural barriers and a lack of skilled female professionals. Some 44% of respondents said that services for children were "never" or "almost never" adapted to their age, a finding that should be accurate, as most respondents were young when they experienced their incident.



Most survivors (69%) had not been surveyed by NGOs or the government in the last five years and 16% had been surveyed three or more times. Of those surveyed (57 people), 53% felt more listened to; 44% said it had resulted in more information about services; and 32% found that they had received more services as a result. Some 28% of respondents had been able to explain their needs to the government in the last five years and 26% had participated in workshops about VA. Most practitioners felt survivors did not receive more

services as a result of survey activity (86%). These results sound rather negative, but are not, because of the sheer number of survivors to be reached (up to 60,000) in Afghanistan. Considering the terrain and security circumstances in Afghanistan, data collection has been relatively good and a significant number of people would have had their incident data collected. Additionally, since 2006 Afghanistan has exerted considerable effort to include DPOs and survivors in VA/disability workshops and planning.

### Emergency and continuing medical care

More than half of survivors (54%) found that, overall, healthcare had improved since 2005 and 30% believed it had remained unchanged. One-third of respondents thought that survivors “sometimes” received the medical care they needed; the second largest group (18%) said this was “never” the case. Most advances were seen in the fact that there were more centers (65%) and better facilities (64%). Respondents saw less progress in the availability of emergency transport and follow-ups (40%); affordability and capacity to carry out complex procedures (41%) and the availability of equipment and supplies (42%). Least progress was seen in increased government support (36%). Practitioners were in complete agreement with survivors, with 55% reporting progress. They saw the least progress in the availability of supplies/equipment (27%); and no one saw progress in emergency transport or the capacity to carry out complex procedures. The areas where practitioners saw progress were also those where they thought that the government had increased its efforts.

The survivor and practitioner responses confirm the government’s efforts to increase the geographic coverage of basic health services, which has gone up from 9% coverage in 2002 to 77% in 2006 to 85% in 2008. Many of these services are still run in cooperation with or by NGOs. The number of disability services in this Basic Package of Health Services was also increased. In 2008-2009, an increasing number of people did not have access to healthcare due to conflict (600,000 in 2009 and 360,000 in 2008).<sup>14</sup> Complex procedures are only available in major cities, and mostly only at one NGO-run hospital in Kabul, which is struggling to find funding.<sup>15</sup> The cost of continued medical care and transport, as well as of medication and accommodation, is often prohibitive. In 2008, the government also reported that it would take five to 10 years to train enough medical staff, many of whom might not want to work in rural areas. Emergency transport and first response remained problematic and could still take up to three days. Many hospitals suffer from shortages of supplies, water and electricity.<sup>16</sup>

### Physical rehabilitation

Some 44% of respondents believed that, overall, physical rehabilitation services had improved since 2005 and 35% said they remained the same. However, the largest group of respondents (28%) thought that survivors “never” received the physical rehabilitation they needed, closely followed by people saying the needed services were “always” received

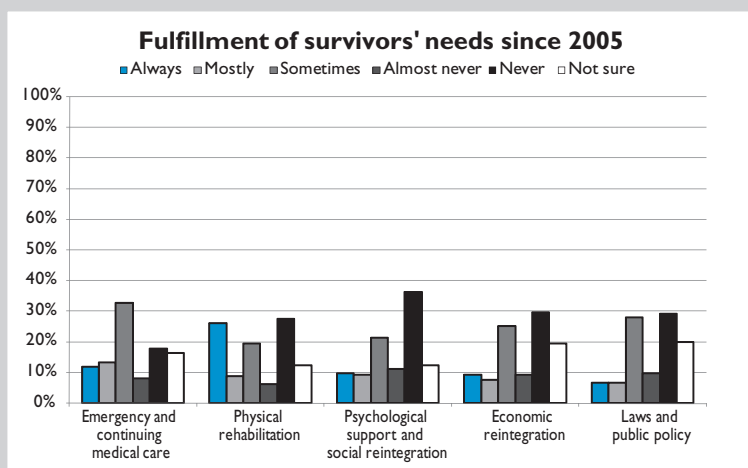
(26%). Interestingly, in villages and remote areas the responses were 50-50, but most negative responses were received from the capital. This is probably due to the over-concentration of persons with disabilities living in the capital. The largest percentages of survivors saw progress in the quality of mobility devices (52%), the availability of free repairs and better-trained staff (51% each). Least progress was seen in the availability of mobile workshops (20% saw progress), an increased number of centers (29%) or services closer to home (35%). Only 18% of respondents thought that the government increased its support for physical rehabilitation. Among practitioners a markedly higher percentage (64%) saw progress, but their insider perspective might have led them to witness more advances first-hand. Practitioners saw the most progress in the availability of more types of devices and of free repairs, better quality services and better infrastructure. The least progress was noted in the number of centers. Practitioners found that the government had increased its efforts most in staff training, but in many areas, such as number of centers and more types of and better devices, they noted the government “did nothing.”

The responses confirm the situation in Afghanistan, where all but one physical rehabilitation center are run by NGOs or international organizations (mainly the ICRC), and it has been reported that the government was reluctant to take on more responsibility.<sup>17</sup> NGOs also carried out most of the community-based and mobile services, as well as covering transport, treatment and accommodation costs, and providing training for staff. Service providers have reported throughout 2005-2009 that there were only centers in 10 provinces and physical therapy services in 19. In 2005, Afghanistan reported that rehabilitation centers were needed in at least 30 of 34 provinces.<sup>18</sup> The Ministry of Public Health (MoPH) acknowledged in 2009 that service provision in the 15 uncovered provinces remained problematic.<sup>19</sup> Two main international rehabilitation providers noted in 2009 that no end dates were envisioned for their support, because the government or local organizations were not in a position to take over services.<sup>20</sup> While access to services improved from 1% in 2004 to some 40% in 2006, operators still noted that the rehabilitation needs of survivors were seldom met. In late 2007 and in 2008, progress was made on capacity building, awareness raising and the regulation of the sector through the integration of physiotherapy in health packages, staff training, and the development of guidelines and training curricula in close cooperation with the government. These measures would have contributed to the practitioners' sense of improvement but might have been too recent for survivors to see.

### Psychological support and social reintegration

Just over 42% of respondents found that, overall, psychological support and social reintegration services had remained the same since 2005, while 29% saw progress. By far the largest group of respondents (36%) said that survivors “never” received the psychosocial assistance they needed and an additional 11% said the needed services were “almost never” received.

Survivors saw most advances in feeling more empowered (49%) and in their own involvement in community activities (50%). Some 35% thought that survivors were considered to be “charity cases” less often. But 30% or fewer saw improvement in the creation of peer support groups, the number of social workers, awareness about the importance of psychosocial services, opportunities to get services and assistance closer to home. Just 10% thought that the government provided more support to psychosocial services. Practitioners agreed with survivors: 45% said psychosocial support remained



the same and 30% or less saw progress in specific areas, such as staff training, reduced stigma or more services. Most progress was noted in the involvement of survivors in psychosocial services (45%).

Although conflict-related trauma is common in Afghanistan, psychosocial services remained limited, as was the awareness of their importance. Since 2008, just one DPO has provided peer support and systematic counseling to new survivors in Kabul. The CBR network provided some unsystematic services. Other one-off projects or peer support on the work floor in organizations where significant numbers of persons with disabilities work also existed. Services were uncoordinated and largely confined to Kabul. There is no formal training for social workers. However, the government has started to acknowledge the problem by including it more in its basic health package and some training has been started. A mental health unit was started at the MoPH in 2008 and the ministry also started to raise awareness, but due to a lack of actual service implementation, survivors would not have benefited from these recent changes.<sup>21</sup>

### **Economic reintegration**

Nearly half of survivors (45%) felt that, overall, economic reintegration opportunities had remained the same since 2005 and 26% saw improvement. But the largest group of respondents (30%) said that survivors “never” received the economic reintegration they needed. Some 77% said that unemployment was so high that survivors were the last to be chosen for a job. This is a lower percentage than other countries, maybe because quite a few respondents were employed in the VA/disability sector. Most progress was seen on decreased educational and professional discrimination (44%) and increased pensions (42%). In the employment sphere, progress was low: only 21% said it was easier to get a bank loan; and 22% thought that employment quotas were better enforced. Just 17% thought that the government increased its support for economic reintegration.

Some 55% of practitioners found that economic reintegration opportunities had improved. Areas of most progress for practitioners were: availability of vocational training (64% compared to 37% of survivors) and of teacher awareness (55% compared to 27% of survivors). Areas of least progress according to practitioners were: job placement and vocational training meeting market demand. Overall, practitioners thought that the government had maintained its efforts.

The government acknowledged that economic reintegration of mine/ERW survivors and persons with disabilities remained a challenge and that high general unemployment and stigma severely limited economic opportunities.<sup>22</sup> More than 70% of persons with disabilities were unemployed and 73% did not have access to education. Government vocational training programs existed but were of variable quality due to capacity gaps and because of the lack of employment opportunities afterwards. Most projects were carried out by NGOs, but were not able to reach sufficient numbers of survivors. Women were particularly hard to target as they were often not allowed to study or work. In 2008, employment of persons with disabilities even decreased slightly compared to previous years.<sup>23</sup> During the period under review, pensions did indeed double, as noted by survivors, but the amount was still insufficient and many survivors were not registered.<sup>24</sup>

### **Laws and public policy**

Almost 47% of survivors thought that, overall, the protection of their rights had remained the same since 2005 and 31% saw an improvement. Some 29% said that the rights of survivors were “never” respected; another 10% said this was “almost never” the case and 28% said rights were “sometimes” protected. Most improvement was seen in the decreased use of negative terms about persons with disabilities (53%) and in decreased discrimination (49%). Fewer people thought that legislation relevant to survivors had been developed (38%) or that legislation was increasingly enforced (34%). Some 76% did not think that the rights of survivors were a government priority. Some 55% of practitioners

saw improvements in the rights of survivors, but they remarked that the improvements were in the development (64%) not the implementation of legislation (9%).

Survivor responses partly confirm the situation in Afghanistan where disability legislation has been developed but not approved as of August 2009. Developing legislation was a slow process, due to institutional problems: inactive government disability coordination (2002-2005), weak coordination (2005-2007), because of ministerial rearrangements as well as an ineffectual UNDP supporting program (the National Programme for Action on Disability, NPAD) in 2005-March 2008. Another obstacle was that, initially, DPOs and civil society were not involved. The situation was the same for the disability policy developed in 2003, which was said to have been poorly understood and, therefore, not implemented.<sup>25</sup> Afghanistan also has not signed the UNCRPD, while NGOs and DPOs saw the UNCRPD as an opportunity to put pressure on the government to support the disability sector. They also noted that the rights of persons with disabilities were generally not ensured due to the lack of a legislative framework. A disability terminology guide was developed and circulated. It was noted that the disability movement was in its “infancy” and that DPOs still did not have enough capacity to effectively lobby for the rights of survivors.<sup>26</sup>

When asked to respond preliminary survey findings, one government representative said that changes have been made but that survivors do not care about policy developments as long as no real steps on the ground follow. A UN representative agreed with this and added that rural Afghanistan had seen little change in access or additional service provision. All representatives noted that awareness had been raised,<sup>27</sup> disability had become more of a priority, and coordination mechanisms had been established at ministries. Several representatives noted that this should further improve services in the future as disability/VA was a long-term issue in a country with many other challenges.

## VA process achievements

Year	Form J with VA	ISC VA statement	MSPVA statement	VA expert	Survivor on delegation
2005	YES	YES	YES	YES	NO
2006	YES	YES	YES	YES	YES
2007	YES	YES	YES	YES	NO
2008	YES	YES	YES	YES	NO
2009	YES	YES	N/A	NO	NO

Note: In 2008 a mine survivor working for the UN participated and, at four meetings, a Deputy Minister was the VA/disability expert.

Afghanistan, as one of the 26 countries with the greatest number of survivors, and, therefore, “the greatest responsibility to act, but also the greatest needs and expectations for assistance,” has made strides in implementing the 2005-2009 Nairobi Action Plan. National ownership increased, policy frameworks were improved, coordination mechanisms were set up and functioning, and NGOs and survivors were more included in coordination. But the very low development level, intensified conflict, many competing challenges, the overall weak government capacity, and frequent political infighting have been severe complications to rapid progress. It was rightly noted throughout 2005-2009 that progress in Afghanistan should be measured in decades. Nevertheless, in many cases, real-life change for survivors was lagging.

One representative added that, at first, Afghanistan did not have clear ideas of what to expect of and did not understand the so-called VA26 process. All representatives noted that through the process they had expected to draw the international community’s attention more towards the mine problem in Afghanistan. While Afghanistan received significant mine action support in 2005-2009, only a small percentage went to VA. DPOs

confirmed low donor interest in disability, and said that this led to a lack of progress in services.

However, most of the benefits of the VA26 process – even if not coined as such – have been seen nationally. Several representatives stated that Afghanistan and its VA/disability sector had benefited a great deal in that disability has been raised to a higher level of awareness thanks to mine action and Mine Ban Treaty obligations. Under the impetus of what essentially is a disarmament process, the “doors were opened” to the disability actors and VA planning resulted in an integrated approach to disability. A UN representative hoped that this would also result in increased donor funding for something that is “far more sustainable” than traditional mine action.

As one of the co-chairs of the Standing Committee on Victim Assistance and Socio-Economic Reintegration in 2005-2006, Afghanistan said it aimed to “lead by example to show other affected States what can be achieved with political will and commitment from all actors...” and focused on inter-ministerial coordination.<sup>28</sup>

The Deputy Minister for Disability Affairs stated that “some of the most significant achievements have been in the transition of responsibility for victim assistance from the UN to the Government of Afghanistan.”<sup>29</sup> MoLSAMD is the lead ministry for disability, but coordination with the disability/VA sector in Afghanistan is carried out through various coordinating bodies at the relevant ministries. All are functioning relatively well and have been strengthened or given a stronger mandate throughout 2005-2009. Disability has been integrated into the work of the ministries, but all ministries still needed to build a lot of capacity and had little or no national budgets, making them dependent on external funding, and suffered from constant internal changes (for political reasons). For example, MoLSAMD had little funding for anything but paying out disability pensions and could do little more than keep disability on the radar of other ministries. Survivor responses also reflected this, as 72% said the government lacked resources.

The government has needed significant technical support from the Mine Action Coordination Center of Afghanistan (MACCA) and other UN bodies. Where the disability initiatives under the UN, such as NPAD, were not able to create momentum, MACCA's support and interest in the VA26 process managed to give the necessary impetus.

As part of its implementation of the Nairobi Action Plan, Afghanistan developed its 2005-2009 objectives, and revised them several times which fed into the Afghanistan National Disability Action Plan 2008-2011 (ANDAP), which was approved by the government in the second half of 2008. Two components, inclusive education and CBR, were added. Compared to the preceding objectives, ANDAP in places was made “less ambitious to take into account the particular challenges faced by the disability sector.”<sup>30</sup> ANDAP is linked to other relevant strategies, such as the Afghanistan National Development Strategy.<sup>31</sup> A complex monitoring system for ANDAP was developed but MoLSAMD did not yet have the capacity to implement it; ANDAP was monitored through indicators of the development strategy.

Owing to the late approval of the plan and delays in its translation, most stakeholders conducted their activities without it. But since many stakeholders, including survivors and DPOs, had been involved in the plan's development, their activities were in line with and contributed to fulfillment of the plan. Implementation of ANDAP has been left to mainly international non-governmental operators, but national NGOs and DPOs were gradually taking on more substantial roles.

Most stakeholders saw the development of the plan itself as a major success. But implementation is still in its early stages and success continues to be very dependent on existing NGO capacity and fluctuating government involvement and capabilities. The

weakest component of ANDAP is economic reintegration – the area where survivor respondents were also least optimistic. In many ways survivors do not appear to have experienced ANDAP yet. Just 39% said the government had become more involved and 29% found that the needs of survivors were taken into account when developing VA priorities. Practitioners – all involved in the planning process – were much more positive with 82% believing that the needs of survivors had been taken into account. While overall confirming increased government responsibility (55%) and improved coordination particularly with NGOs and the broader disability sector (82%), few practitioners thought that this had already led to implementation improvements.

UN and government representatives highlighted the increased participation of persons with disabilities and their organizations in planning. Consistent efforts have been made to involve at least some of the large number of survivors and DPOs. But practitioners noted markedly less improvement (45%) in government coordination with DPOs and survivors than in other areas of coordination. This corresponds with DPOs and survivor organizations' remarks that coordination with the ministries remained challenging, as in some cases the government was reluctant to involve "the more activist disability organizations" in its activities. Some of this is reflected in survivor responses to the survey. Just 37% knew who was in charge of VA/disability coordination; 23% received information on VA progress; 24% thought that survivors were involved in coordination; and 28% thought that survivors and representatives were involved in planning.

DPOs also added that, in real life, survivors were not usually included in social, political, cultural issues and that negative attitudes persisted. This might confirm the government and UN representatives' statements that the foundations had been laid and that awareness had been raised but that improvements might not have reached much farther than the major cities. An issue that was also raised in a European Union evaluation of the mine action program said that VA "seemed overly focused" on policy and awareness raising and that "for mine survivors it is unlikely that such initiatives will generate much in the way of tangible benefits in the short term."<sup>32</sup>

# Conclusions

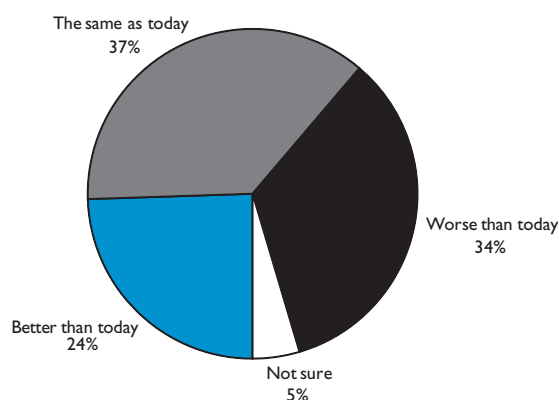
- VA/disability service provision remained severely hampered by generally poor security and development conditions.
- Despite increased national involvement, most services depended heavily on international support and will continue to do so in the medium to long term.
- Economic reintegration and psychosocial support services were the most lacking.
- Government efforts in increasing health coverage in cooperation with civil society registered high on the improvement scale; the government's lack of commitment in the physical rehabilitation sector resulted in more negative survey responses.
- Mine Ban Treaty efforts and the continuous support of the MACCA resulted in the prioritization of disability issues.
- Opening up to the broader disability sector and its actors gave the VA process a much-needed impetus and a variety of resources.
- Significant coordination and policy framework progress was made and experienced as such by the government and practitioners, but much less by survivors and their representatives.
- National NGOs and DPOs as well as ministries became more involved, but all continued to face significant capacity and funding problems.
- Despite efforts to involve survivors in planning and coordination, many DPOs and survivors still felt excluded or not treated equally.
- Disability legislation was still pending as of August 2009.

## Suggestions for the way forward

When asked about their expectations for their situation in the next five years, 37% of survivors felt that it would be the same as today; 34% thought it would be worse; and 24% thought it would be better.<sup>33</sup> To assist in a better future ahead the following suggestions may be taken into account:

- Continue to rigorously implement and revise ANDAP as needed, particularly reinforcing economic reintegration.
- Develop peer support mechanisms as part of government policy and further strengthen community-based initiatives.
- Expand physical rehabilitation services to achieve adequate geographical coverage by increasing government involvement, replicating lessons learned from healthcare expansion where appropriate.
- Maintain and improve coordination mechanisms as necessary, and assist the MoLSAMD in diversifying its mandate to cover a broader package, including comprehensive coordination and guidance of other ministries, implementation and monitoring.
- Ensure that the technical advisors to ministries (provided by the MACCA) can remain in place and, in the near future, become integrated long-term ministry staff.
- Put structures in place at ministries that can withstand political infighting and changes.
- Increase capacity building among DPOs and survivor organizations, particularly through NGOs who, in some cases, have worked with these local partners for significant periods of time but have not always included capacity building.

### What do you think your situation will be like in five years?



- Continue to increase survivor and DPO involvement in all parts of the country, even if DPOs and survivors are critical, perceived as activist or not well-organized.
- Start monitoring ANDAP, with a monitoring mechanism more suitable for the Afghan context if needed.
- Urgently adopt and implement pending disability legislation, and sign and ratify the UNCPRD.
- Ensure that women and children with disabilities receive equal services.



Rahmatullah Ghulam Reza (right) interviewing another survivor  
© Afghan Landmine Survivors' Organization

### In their own words...

Survivors described themselves as: hard-working, incomplete, disabled, unlucky, good, a servant, speechless, honest, confident, unemployed, a beggar, peace-loving, unhappy...

### In their own words...

The main priority for VA in the next five years is:

- Vocational training.
- Professional training centers.
- Schools for survivors' children.
- Protecting the rights of survivors and raising their awareness of their rights.
- Job creation schemes.
- Creating alternative, less physical work for survivors in villages.
- Appointing trusted NGOs to distribute aid to civilians.
- Capacity building for survivors through education, vocational training and micro-credit.
- Higher pensions.
- Mobile workshops.

### In their own words...

If countries really cared about survivors they would:

- Find them employment.
- Provide more clinics and hospitals, as well as other facilities.
- Provide us with complete support, from healthcare and psychological assistance to vocational training and employment.
- Create opportunities for survivors.
- Support survivors by passing new disability laws.
- Raise people's awareness of the situation of survivors.
- Give survivors justice.
- Not forget us like this.
- Appoint survivor representatives in every region.

## In his own words: the life experience of Rahmatullah Ghulam Reza

Rahmatullah Ghulam Reza (23) from Panjshir Province stepped on a mine on the way to school 14 years ago and lost both legs. He was in hospital for five months and underwent seven operations. With the help of his family, he received further treatment and his first prosthetic legs in Germany. After a year, Reza came back to Afghanistan but had to face a whole different set of problems. He says, "I was not so happy to go out and back to school, I was not able to play or run, like other children."

In high school, he had some difficulties with the attitudes of his fellow students. But Reza adds, "I said to myself I am an able person and I can do anything I want." He also figured out he had a real talent for languages. So he decided to take matters into his own hands. In addition to his regular schooling, he took English and IT courses. When he graduated, he became a teacher himself.

Reza also started working as a peer supporter at the Afghan Landmine Survivors' Organization (ALSO). He says that a person who has to experience the limitations and barriers imposed upon him by the community really feels disabled. But one does not need to rely on others one's entire life, and should strive to be self-reliant. Reza assisted in conducting interviews for this report.