

FACTSHEET 2026

Left Behind Twice – The Double Sidelining of Persons with Disabilities and Organisations of Persons with Disabilities (OPDs)

Afghanistan continues to face multi-faceted challenges, that continuously hinder its recovery from decades of conflict. The lack of inclusive governance and policies have significantly **worsened the already dire humanitarian situation** for the most vulnerable, including persons with disabilities, women and girls. Added to this, institutional funding cuts have made it increasingly difficult for aid actors and especially **Organisations of Persons with Disabilities (OPDs)** that are at the forefront of the aid delivery, to meaningfully address the acute needs of persons with disabilities.

Overview: Situation of Persons with Disabilities in Afghanistan

Disability Prevalence in the country

The prevalence of disability in Afghanistan is high, with an estimation that **nearly 80% of the adult population experiencing a form of functional, sensory or other impairment**, according to a 2019 report issued by The Asia Foundation.¹ This figure reflects the decades long legacy of conflict, which has notably led to high rates of physical injury and psychosocial trauma and the absence of systemic screening, registration and early intervention. Six years on from this report, the actual number must even be higher, given the underreporting and lack of reliable nationwide data.

In addition to this overall prevalence, disaggregation by age, gender and other intersecting factors of discrimination is essential to capture specific vulnerabilities and understand the marginalisation faced by persons with disabilities. For example, **women and girls with disabilities experience multiple and compounded layers of exclusion and discrimination**. They face greater barriers than their male counterparts or women without disabilities, in accessing education, healthcare, livelihoods or protection services. The gender norms, laws

¹ The Asia Foundation, [Model Disability Survey of Afghanistan 2019](#), 13 May 2020

and stigma further marginalise them within both the Afghan society and the disability community. Moreover, persons with **intellectual and psychosocial disabilities** are among the least visible and most stigmatised, often excluded from community life and institutional support.

Children with disabilities are also particularly invisible in **both national statistics and social protection systems**. They face extreme barriers to accessing inclusive education and early childhood development services, especially in rural and conflict-affected areas.²

As such, any effective and meaningful assistance must be age, disability and gender inclusive to address the specific vulnerabilities and rights of diverse subgroups within the disability community.

Persistent Discrimination and Threats

Persons with disabilities in Afghanistan continue to face **systemic exclusion and discrimination**, starting with many challenges to be recognised as a person with disability and accessing appropriate services or entitlements. Differences in the Afghan pension system made between combat veterans and civilians only exacerbate discrimination against the latter.

This exclusion is further compounded by the **absence of accessible and inclusive public services and infrastructure** throughout the country.³ Schools, health facilities or administrative buildings are poorly equipped with very few ramps, adapted toilets or signage for persons with sensory impairments. **Women and girls with disabilities are the hardest hit**, facing intersecting layers of exclusion and discrimination.⁴ Ethnicity, minority status (e.g. *Hazara*) and displacement can also exacerbate risks of marginalisation or discrimination. This structural exclusion persists even though accessibility is recognised as a fundamental pre-condition for participation and inclusion in society, under **the UN Convention on the Rights of Persons with Disabilities**⁵ (UNCRPD), to which Afghanistan is a Party since 2012.

Persons with disabilities in Afghanistan still face significant barriers in **accessing justice and exercising their legal rights**. A foundational challenge lies in obtaining a national ID card (*Tazkira*),⁶ which is often a prerequisite for accessing public services, humanitarian aid, education, voting rights, and other civil entitlements. Many persons with disabilities particularly those in rural, conflict-affected, or displaced settings, encounter physical, procedural, and attitudinal barriers at civil registration offices.⁷ **Without legal identity, individuals are rendered invisible in the system**, excluded from essential services, and denied legal recognition and protection. Strengthening inclusive civil documentation

² UNICEF, *Children with Disabilities in Afghanistan: Situational Analysis*, 2022

³ Protection cluster Afghanistan, *Protection Analysis Update*, December 2024

⁴ Human Rights Watch (HRW), *Disability Is Not Weakness – Discrimination and Barriers Facing Women and Girls with Disabilities in Afghanistan*, 28 April 2020

⁵ UN Convention on the Rights of Persons with Disabilities, adopted 12 December 2006 (A/RES/61/106)

⁶ Samuel Hall, *Documentation & Legal ID: Securing access to humanitarian aid and the financial sector in Afghanistan*, 11 December 2023

⁷ UK Government, *Country policy and information note: unaccompanied children, Afghanistan*, November 2024

processes is critical to ensuring equal access to justice and upholding the rights of persons with disabilities in Afghanistan.

“In most families, a person with disability is seen as useless. We need to conduct awareness-raising sessions within families on how to take care and acknowledge the potential of persons with disabilities, and invest in them”, an OPD representative said in Herat

Economically, persons with disabilities are **disproportionately affected by poverty, unemployment and debt**. Many face challenges in securing formal or informal employment due to discrimination, inaccessible work environments or limited access to vocational trainings. According to the **2024 Whole of Afghanistan Assessment (WoAA)**,⁸ persons with disabilities report higher levels of economic vulnerability, including indebtedness and food insecurity, forcing them to adopt negative coping mechanisms such as child labour and selling or open street sales. This economic exclusion is not only a violation of human rights but also undermines broader recovery and resilience efforts.

Discrimination against persons with disabilities also applies in the response to the dire and protracted **humanitarian crisis** in Afghanistan. While around **13% of people in need**⁹ of humanitarian assistance have a disability, they are at best not prioritised, at worst **overlooked in emergency responses**, despite their heightened vulnerability, leading to their invisibility in both project design and implementation.

Additionally, **explosive ordnance (EO) contamination** remains a persistent threat and barrier of mobility, especially in rural and former conflict zones. At least **6.4 million Afghans** (one in five) **remain at risk of exposure to landmines** or other explosive remnants of war¹⁰ in the country. Clearance operations have slowed drastically since August 2021, due to both funding shortfalls and a lack of coordination with humanitarian demining actors. The result is an **expected rise in new cases of EO-induced injuries causing physical disabilities**. With medical and rehabilitation services already overstretched, the country is ill-equipped to handle the long-term consequences of these avoidable injuries.

Access to Services

The collapse of Afghanistan’s health system following the withdrawal of international funding has had devastating consequences for persons with disabilities. Decades of conflict had already left the country’s health infrastructure fragile, but since the shift in governance

⁸ REACH, [Whole of Afghanistan Assessment 2024 \(Analysis\)](#)

⁹ OCHA, [Afghanistan Humanitarian Needs and Response Plan 2025](#)

¹⁰ <https://www.halotrust.org/news/one-in-five-afghans-at-risk-of-landmines-and-explosives/>

in 2021¹¹ and the withdrawal of US funding in early 2025¹², many United Nations and NGO run clinics and health centres were forcibly closed.

Rehabilitation – Services Gaps and Gendered Barriers

Rehabilitation services in Afghanistan remain extremely limited and fragmented. Only a handful of actors, including INGOs and NGOs, continue to provide tailored services such as physiotherapy, prosthetics and orthotics (P&O), occupational therapy (OT), mental health and psychosocial support (MHPSS) or protection assistance. Moreover, these **services are concentrated in urban areas**, leaving large portions of the population, particularly those living in remote and hard-to-reach areas, without any functional rehabilitation support.¹³

Access to services for **women and girls with disabilities** is even more limited. Laws on gender segregation currently in force significantly hinder women's ability to reach available services, especially when male staff predominate, or where facilities lack female professionals.¹⁴ In many provinces, women with disabilities are confined to their homes, denied both rehabilitation and the basic right to move freely in public space. According to a survey¹⁵ led by HI with 155 households across 6 provinces in late 2024, 66% of women respondents stated the fear, retaliation or stigma as one of the main obstacles to seek or receive services in their communities. These constraints not only reduce access to care but also undermine **mental health, social inclusion and the right to live independently**, once again, in breach of the UNCRPD provisions.

The current lack of priority for services related to physical and functional rehabilitation leaves thousands of persons with disabilities without essential access to P&O, physiotherapy, MHPSS, or assistive devices. This gap is also evident in the **2023-2024 report¹⁶ of the Ministry of Martyrs and Disabled Affairs (MoMDA)**. The report emphasises cash assistance to over 612,088 registered persons, including orphans and widows, but reveals that only **3885 individuals** received rehabilitation services, representing a mere **0.6%** of the caseload. Additionally, the report makes **no mention of infrastructure**, such as investment in physical rehabilitation centres (PRCs), procurement or equipment, or any capacity-building initiatives like training of new physiotherapists, P&O technicians or mental health workers.

Equally concerning is what appears to be the absence of reference to **partnership with the Ministry of Public Health (MoPH)** or integration of services into the national health system, which were key pillars of the **2017-2020 Strategic Plan for Disability Prevention and Physical Rehabilitation**.¹⁷ This plan had envisioned a comprehensive approach to rehabilitation, including notably the extension of services to all provinces, integration of the Basic and Essential Package of Health Services (BPHS/EPHS) and development of a trained workforce. The omission of these commitments in the current authorities planning

¹¹ WHO, [Afghanistan's health system is on the brink of collapse: urgent action is needed](#), 24 January 2022

¹² <https://www.unocha.org/publications/report/afghanistan/afghanistan-impact-us-funding-suspension-humanitarian-response-22-apr-2025>

¹³ HI, [Afghanistan Multi-Sector Needs Assessment \(MSNA\) Report](#), January 2025

¹⁴ An order from the Supreme Leader issued early December 2024 banned women to attend medical education and forbade them to be treated by male medical professionals.

¹⁵ HI, [Afghanistan MSNA](#), *op. cit.*

¹⁶ RTA, [Ministry of Martyrs and Disabled Affairs Presents Annual Performance Report](#), 21 August 2024

¹⁷ [Afghanistan National Disability Prevention Rehab Plan 2017-2020](#)

documents suggests that this strategy has been shelved, and with it, the prospect of building a **sustainable and inclusive rehabilitation system for the country**.

Livelihood and Social Protection – Widespread Economic Exclusion

The economic exclusion of persons with disabilities in Afghanistan is nearly total, with **unemployment rates estimated at around 90%**¹⁸ among working-age persons. Most face insurmountable barriers to entering the workforce, including lack of accessible workplaces, limited vocational training opportunities, social stigma, and discriminatory hiring practices. Although an existing national regulation stipulates that **3% of public sector jobs should be reserved for persons with disabilities**, this provision has not been fulfilled, even though it has not been officially repealed. The majority are forced to rely on informal or precarious work, such as open street selling or small-scale home-based activities, which offer little stability or protection.

Social protection mechanisms have also proved **inadequate and poorly adapted**. Disability-related pensions, once offered to those injured in the war, have become increasingly unreliable. In many cases, the distribution of such pensions has been politicised, delayed, or even suspended for opaque reasons. For example, former soldiers who fought with the current regime receive fixed payments of 10,000 Afghani (approximately 120 €) per month, **while civilians with disabilities receive significantly lower and inconsistent amounts** – between 2,000 (24 €) and 10,000 Afghani for those under 18, and 3,000 (36 €) to 10,000 Afghani for adults. These figures vary based on degree of disability, but the system is widely viewed as unfair. Concerns have been raised about the transparency and equity of the disability certification process, with some individuals reporting challenges in accessing disability cards despite genuine needs. Strengthening oversight and accountability mechanisms is essential to ensure the system is equitable and trusted by all. Furthermore, there are **no structured disability-sensitive cash assistance programs** in place to address the costs associated with disability, such as medical care, assistive devices, or personal support. As a result, persons with disabilities remain economically marginalised and heavily dependent on family members or OPDs assistance, which severely compromise their autonomy and dignity.

Inadequate Inclusion of Persons with disabilities in Humanitarian Responses

In many cases, humanitarian actors do not include disability-disaggregated information, resulting in programming that overlook the specific needs and barriers of persons with disabilities. For instance, during the **Herat earthquake response in 2023**, persons with disabilities were neither identified in needs assessments nor prioritised in the distribution of shelter, health or hygiene kits.¹⁹ Similarly, the ongoing border returnee crisis which has seen millions of Afghans forcibly returned from Pakistan and Iran has failed to address the specific needs of persons with disabilities. There is **currently no disaggregated data collection**, nor tailored services available at zero points and transit centres. Even key situation reports by agencies such as the International Organization for Migration (IOM) lack disability-specific information. Therefore, persons with disabilities are left facing challenges

¹⁸ HRW, *Disability is Not Weakness*, *op. cit.*

¹⁹ HRW, [Afghanistan Earthquake Response Overlooks People with Disabilities](#), 10 July 2022

in accessing humanitarian aid and never consulted on what would be appropriate programming.²⁰

Moreover, **barriers are also physical and communicational**. The inaccessibility of distribution points, health centres or shelters prevents individuals with mobility impairment from reaching services. Similarly, the absence of sign language interpretation or Braille materials in many humanitarian programmes excludes persons with sensory disabilities from receiving information and participating in decision-making. A striking example of accessibility barriers was at the Islam Qala zero point²¹, where persons with disabilities among the thousands of Afghans pushed back from Iran arriving each day, find no accessible facilities or tailored services at the registration camp.



Registration camp at the Afghan Iranian border, Islam Qala zero point – 7 July 2025 © Célia Faure, HI

Yet this situation runs counter to established international guidance. **The IASC Guidelines on the Inclusion of Persons with Disabilities in Humanitarian Action**²² emphasise that inclusive response requires both **mainstreaming disability across all sectors** and **providing targeted interventions**, to ensure the rights and needs of persons with disabilities are met in emergencies. Although these recommendations have been endorsed at the global level, their operationalisation in Afghanistan remains extremely limited.²³ The gap between policy

²⁰ Recently, Humanity & Inclusion (HI) has launched an ECHO-funded initiative to begin addressing this critical data and response gap.

²¹ Visited in July 2025

²² Inter Agency Standing Committee Guidelines, [Inclusion of Persons with Disabilities in Humanitarian Action](#), 19 November 2019

²³ Afghanistan Disability Inclusion Working Group (DIWG), [Guidance Note on Disability Inclusion for Afghanistan Humanitarian Fund](#), April 2024

and practice underscores the urgent need for capacity-building, accountability and resource allocation to **make humanitarian action truly inclusive**.

By neglecting the inclusion of persons with disabilities from their programming, **the humanitarian community in Afghanistan could contribute to their invisibility in the public and humanitarian spaces, hence perpetuating a cycle of marginalisation and discrimination**, where those already most at risk remain underserved even in crisis settings.

Challenges faced by Afghan OPDs

Since August 2021, the operating environment for OPDs has **drastically deteriorated**. Beforehand, OPDs had a minimum level of **legal recognition**, some **opportunities for partnerships** with international actors, and a **legal framework**, however limited, within which they could operate. Today, that framework has collapsed. There is no formal public support for disability inclusion, no active regulation governing the operations of OPDs, and no functioning institutional channel through which OPDs can advocate, coordinate, or receive resources.

Legal and Political Barriers

The absence of a clear legal and political mandate has left OPDs in a state of uncertainty, further compounded by **massive cuts in international funding**, which have led many INGOs to withdraw direct support to grassroots disability organisations altogether, further isolating and weakening the OPD community throughout the country.

Impeded Registration and Access to Funding

One of the most pressing operational barriers facing OPDs is their challenge to **register officially** under the Ministry of Economy (MoEc). Registration fees are prohibitively high – amounting to 50,000 Afghanis (approximately 600 €) in initial fees, plus an additional 5,000 Afghanis (approximately 60 €) per year in taxes. During a recent consultation²⁴ in Herat, it was found that out of five active OPDs, only one was registered, as the others simply could not afford the costs. Without official registration, **OPDs are ineligible for institutional funding**, unable to sign **partnership agreements** with INGOs, and often **excluded from coordination** mechanisms.

“The next meeting you will convene in the coming months, it is likely that one or two OPDs will have disappeared”, an OPD representative said in Herat

²⁴ Convened by HI Advocacy Advisor on 9 July 2025

Even though OPDs remain at the **forefront** of supporting persons with disabilities and often serving as the only providers of assistance in their communities, **they are structurally excluded from the humanitarian funding ecosystem**. Without formal recognition and financial support, they are unable to sustain their activities, despite being among **the most trusted, embedded, and effective actors** on the ground. Moreover, when funding is available, it is rarely directed towards core operational costs but is often limited to short-term or project-based grants, which do not allow OPDs to invest in institutional growth, staff retention, or long-term service delivery.

Compounded Challenges faced by Women-led OPDs

For the past four years, women-led OPDs face heightened challenges, especially when it comes to registration of their organisation, or projects. They have also faced **severe mobility and access restrictions** and the limitations placed on women's freedom of movement are also part of the barriers women encounter. They are limited in traveling without a male chaperone (*mahram*), attend public meetings, or work in mixed-gender environments. These rules significantly restrict the ability of female OPD leaders and staff to participate in coordination forums, conduct outreach activities, or monitor and implement programs. In some cases, **women-led OPDs have been forced to suspend operations** entirely, or to operate covertly with minimal public engagement.

Shrinking visibility of OPDs

In addition to gender-based restrictions, a number of OPDs have reported being summoned for interrogation or facing pressure to cease their activities due to questionable reasons. Together, these restrictions severely undermine the ability of OPDs, especially women-led, to function safely, advocate publicly, or maintain community presence, further marginalising persons with disabilities who rely on their services.

Lack of Localisation and Representation

Limited Capacity to Take Action

In the current context, OPDs have a severely **limited ability to carry out activities**, even when they identify pressing needs and have the motivation to respond. A primary constraint is the chronic lack of funding, which prevents them from implementing sustained programming or reaching persons with disabilities beyond small, localised efforts and which only allow them to operate through dedicated volunteers. But beyond financial limitations, OPDs also face **formal and informal restrictions** on the **types of activities** they are allowed to conduct and uncertainties about the future of some of their projects remain. For example, some OPDs have raised concerns that one of the few remaining schools for blind children in Herat province may soon be converted into a *madrassa* (Koranic school), which would severely limit access to formal education for children with visual impairments. These restrictions not only shrink the operational space for OPDs, but also undermine long-term goals of inclusion, empowerment, and self-reliance for persons with disabilities. As a result, many OPDs are left in a state of paralysis: aware of the growing needs around them, but unable to respond in a meaningful or sustainable way.

Symbolic Participation in Humanitarian Coordination

OPDs face systemic **exclusion from decision-making spaces** within the humanitarian and development sectors. Despite playing a vital frontline role in identifying needs and

supporting persons with disabilities, OPDs are rarely invited to contribute meaningfully to planning, coordination, or resource allocation processes. When consultations do occur, they are often symbolic carried out to meet procedural requirements rather than to genuinely incorporate the voices, priorities, and expertise of OPDs into policy and program design. As a result, the needs of persons with disabilities are **frequently overlooked** or **misunderstood** in both emergency response and longer-term development strategies.

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