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Towards Well-Being For Afghans With Disability

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HANDICAP INTERNATIONAL
Vivre debout

Islamic Republic of Afghanistan

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THE HEALTH CHALLENGE

NATIONAL DISABILITY SURVEY IN AFGHANISTAN 2005

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Contents

Acknowledgements *x*
Abbreviations *xi*
Message *xii*
Foreword *xiii*
Preface: Why mental health issues are important in the study of disability? *xiv*

Introduction 1

Methodology- Definition- Limitations
The Sampling Process: Choosing a Random Sample 3
Developing Relevant Tools 5
Sampling at the Cluster Level: Selecting the Households 5
Defining, Screening and Categorising Disability: A Matter of Choice 5
Addressing the Limitations of the Survey 7

Understanding Prevalence and Typology: An Ever-Changing Picture
Factors Influencing the Prevalence Rates 11
Measuring Prevalence: One Element within a Wide Spectrum of Information 13

Results on Prevalence and Typology: A Comprehensive View
Facets of Prevalence 17
Various Possibilities for Evaluating and Classifying Disability 29

The Health Status: Challenging the System
Comprehending the Specific Needs of Persons with Disability… 41
The Health Module of the NDSA: Providing a Comprehensive Picture 44

Health Results, Section 1 - Functioning in Everyday Life
Daily Self-Care Routines: a Decrease in Autonomy 47
Performing Daily Household Duties 52
Tasks outside the House/Compound: Limitation of Social Norms and Constraints in Functioning 55
Conclusions and Steps Ahead 57

Health Results, Section 2 - Signs of Mental Distress among Afghans with Disability
Behavioral Problems: Isolation, Sadness, Fear and Violence 59
Communication Difficulties 66
Depression and Anxiety Signs: A Reality for Afghans with Disability 69
Conclusions Regarding Mental Distress 73

Health Results, Section 3 - Dimensions of Functioning-A look at Profiles of Well-Being

Well-being, Functioning and Capabilities 75
Different Profiles of Well-being for Different Types of Disability 81
Conclusions and Recommendations 87

Health Results, Section 4 - Health Services and Treatment: Prospects and Challenges

Existence, Access and Cost of Health Services 91
Use of Traditional Cures: a Widespread Practice 100
Living Conditions: A Serious Threat 101

A Few Recommendations to Tackle the Challenge Ahead

Expected Barriers Identified for Everyday Functioning 105
Mental Disability and Mental Distress…Cause for Concern 105
Improving Access to Health Services: A Comprehensive Response 106
Setting-up Mechanisms, Involving Various Partners 106
Training-Sensitisation-Awareness 106
Preparing for the Future…. 107

Bibliography 118

Annexure

Tables for Prevalence and Typology 113
Tables Related to Health Results Section 1 116
Tables Related to Health Results Section 2 121
Tables Related to Health Results Section 3 131
Tables Related to Health Results Section 4 144

List of Tables

Table 1.	Estimates of Number of Persons with Disability in Afghanistan	13
Table 2.	Rate of Prevalence for a Few Countries in Asia	15
Table 3.	Rate of Prevalence by Groups of Provinces	17
Table 4.	Distribution of Persons with Disability and Non-Disabled by Areas	19
Table 5.	Distribution of Households that Have a Member with Disability according to Geographical Areas	23
Table 6.	Distribution according to Gender	26
Table 7.	Distribution according to Age in 6 Categories	27
Table 8.	Distribution of Persons with Disability Living in Urban and Rural Areas	28
Table 9.	Distribution of Persons according to Gender and Types of Disability	34
Table 10.	Distribution of Persons in Urban and Rural Areas according to Types of Disabilities	36
Table 11.	Causes of Disability according to Gender	38
Table 12.	Causes of Disability according to Type of Disability	39
Table 13.	Distribution of Persons Able/Unable to Carry out Daily Self-Care Routines	48
Table 14.	Distribution of Persons with Disability Able to Carry out Daily Self-Care Tasks by Main Types of Disability	50
Table 15.	Distribution of Persons with Disability Able to Perform Daily Life Tasks by Types of Physical and Sensorial Disability	51
Table 16.	Distribution of Persons with Disability Able to Perform Daily Life Routines by Gender	52
Table 17.	Distribution of Women and Children (Aged 8 to 14) Able to Perform Household Tasks	53
Table 18.	Distribution of Persons Able to Carry out Chores Outside the House	55
Table 19.	Distribution of Persons with and without Disability Reporting Behavioural Difficulties	60
Table 20.	Distribution of Persons with Disability and the Non-Disabled Reporting Communication Difficulties	67
Table 21.	Distribution of Persons with and without Disability above 15 by Depression or Anxiety Symptoms	70
Table 22.	Distribution of Persons with Disability and the Non-Disabled according to Dimension 9 by Living Areas and Gender	86
Table 23.	Distribution of Persons with Disability and the Non-Disabled according to Dimension 9 by Types of Disability	87
Table 24.	Rate of Prevalence according to Different Thresholds of the 27 Screening Questions	88
Table 25.	Rate of Prevalence according to Different Thresholds on 45 Questions of the Well-being Profile	88
Table 26.	Distribution of Persons with Disability and the Non-Disabled according to Health Expenses During the Last Year by Types and Amounts of Expenses	98
Table 27.	Average Number of Visits to Health Services and Number of Times Traditional Cures Used	100
Table 28.	Distribution of Persons with Regards to Food Sufficiency	102
Table 29.	Distribution of Types of Water Supply Available for Persons with and without Disability	103
Table 30.	Distribution of Persons Regarding Access to Toilet Facilities	104
Table 31.	Age Distribution of Persons with and without Disability	113
Table 32.	Distribution of Persons with Disability according to the Types Identified by the Surveyors	113
Table 33.	Prevalence Rates by Types of Disability	114

Table 34.	Prevalence Rates by Types of Disability including Mental Distress	115
Table 35.	Prevalence Rates by Types of Physical and Sensorial Disabilities	115
Table 36.	Prevalence Rates by Types of Mental Disabilities	115
Table 37.	Distribution of Persons with a Physical or Sensorial Disability Reporting an Associated Mental Disability	116
Table 38.	Distribution of Persons Able to Perfom a Set of Chores in the House without Assistance or Equipment by Main Types of Disability	116
Table 39.	Distribution of Persons Able to Perfom a Set of Chores in the House without Assistance or Equipment by Main Types of Physical and Sensorial Disabilities	117
Table 40.	Distribution of Persons with Disability Able to Perfom a Set of Chores in the House without Assistance or Equipment by Major Geographical Areas	118
Table 41.	Distribution of Persons with Disability Able to Perform Routines Outside the House by Main Types of Disability	119
Table 42.	Distribution of Persons Able to Perform Routines Outside the House by Types of Physical and Sensorial Disabilities	119
Table 43.	Distribution of Persons with Disability Able to Perform General Activities Outside the House by Gender	120
Table 44.	Distribution of Persons with Disability Reporting Behavioural Difficulties by Type of Physical and Sensorial Disabilities	121
Table 45.	Distribution of Persons Reporting Behavioural Difficulties by Main Types of Disability	122
Table 46.	Distribution of Persons with Disability Reporting Behavioural Difficulties by Type of Physical and Sensorial Disabilities	123
Table 47.	Distribution of Persons with Disability Reporting Behavioural Difficulties by Other Types of Disability	124
Table 48.	Distribution of Persons with Disability Reporting Behavioural Difficulties according to Gender	125
Table 49.	Distribution of Persons with Disability Reporting Violent Behaviours in the Last 6 Months by Main Types of Disability	125
Table 50.	Distribution of Persons with Disability Reporting Violent Behaviours in the Last 6 Months by Main Types of Mental Disability and Epilepsy/Seizures	126
Table 51.	Distribution of Persons with Disability Reporting Violent Behaviours in the Last 6 Months according to Gender	126
Table 52.	Distribution of Persons Reporting Communication Difficulties	127
Table 53.	Distribution of Persons with Disability Reporting Communication Difficulties by Main Types of Disability	127
Table 54.	Distribution of Persons with Disability Reporting Communication Difficulties by Main Types of Mental Disability and Epilepsy/Seizures	128
Table 55.	Distribution of Persons with Disability Reporting Communication Difficulties according to Gender	129
Table 56.	Distribution of Persons above Age 15 Reporting Depression or Anxiety Symptoms	129
Table 57.	Distribution of Persons with Disability above Age 15 Reporting Depression or Anxiety Signs by Main Types of Disability	130
Table 58.	Distribution of Persons with Disability above Age 15 Reporting Depression or Anxiety Signs by Gender	131
Table 59.	Distribution of Persons with Disability and the Non-Disabled on Dimension 1 by Types of Disability	131
Table 60.	Distribution of Persons with Disability and the Non-Disabled on Dimension 1 by Urban Rural Settings	132
Table 61.	Distribution of Persons with Disability and the Non-Disabled on Dimension 1 by Gender	132

Table 62. Distribution of Persons with Disability and the Non-Disabled on Dimension 2 by Types of Disability 133
Table 63. Distribution of Persons with Disability and the Non-Disabled on Dimension 2 by Urban-Rural Settings 133
Table 64. Distribution of Persons with Disability (Women and Children Aged 8-14) and the Non-Disabled on Dimension 2 by Gender 134
Table 65. Distribution of Persons with Disability and the Non-Disabled on Dimension 3 by Types of Disability 134
Table 66. Distribution of Persons with Disability and the Non-Disabled on Dimension 3 by Urban-Rural Settings 135
Table 67. Distribution of Persons with Disability and the Non-Disabled on Dimension 3 by Gender 135
Table 68. Distribution of Persons with Disability and the Non-Disabled on Dimension 4 by Types of Disability 136
Table 69. Distribution of Persons with Disability and the Non-Disabled on Dimension 4 by Urban-Rural Settings 136
Table 70. Distribution of Persons with Disability and the Non-Disabled on Dimension 4 by Gender 137
Table 71. Distribution of Persons with Disability and the Non-Disabled on Dimension 5 by Types of Disability 137
Table 72. Distribution of Persons with Disability and the Non-Disabled on Dimension 5 by Urban Rural Settings 138
Table 73. Distribution of Persons with Disability and the Non-Disabled on Dimension 5 by Gender 138
Table 74. Distribution of Persons with Disability and the Non-Disabled on Dimension 6 by Types of Disability 139
Table 75. Distribution of Persons with Disability and the Non-Disabled on Dimension 6 by Urban-Rural Setting 139
Table 76. Distribution of Persons with Disability and the Non-Disabled on Dimension 6 by Gender 140
Table 77. Distribution of Persons with Disability and the Non-Disabled on Dimension 7 by Types of Disability 140
Table 78. Distribution of Persons with Disability and the Non-Disabled on Dimension 7 by Urban-Rural Settings 141
Table 79. Distribution of Persons with Disability and the Non-Disabled on Dimension 7 by Gender 141
Table 80. Distribution of Persons with Disability and the Non-Disabled on Dimension 8 by Types of Disability 142
Table 81. Distribution of Persons with Disability and the Non-Disabled on Dimension 8 by Urban-Rural Setting 143
Table 82. Distribution of Persons with Disability and the Non-Disabled on Dimension 8 by Gender 143
Table 83. Types of Health Services Available according to Persons with and without Disability 144
Table 84. Types of Health Services Found the Most Useful according to Persons with and without Disability 144
Table 85. Type of Health Service Used in a Year for Both Persons with and without Disability 145
Table 86. Number of Visits to Health Services in One Year according to Persons with and without Disability 145
Table 87. Duration since the Last Visit to any Health Service 146
Table 88. Time Estimates to the Closest Health Facility according to Persons with and without Disability 146

Table 89. Distribution of Persons with and without Disability Using Different Means of Transportation to the Closest Health Facility 147
Table 90. Types of Difficulties Encountered During the Visits to Health Services 147
Table 91. Distribution of Persons with Disability and the Non-Disabled according to the Types of Health Expenses 148
Table 92. Shares of Expenses for the Visits on one Year to all Health Services 148
Table 93. Distribution of Persons with Disability and the Non-Disabled according to Health Expenses during the Last Year 149
Table 94. Traditional or Religious Cures Tried During the Last Year 149
Table 95. Type of Health Service Used in a Year 150
Table 96. Number of Times the Traditional and Religious Cure is Used 150
Table 97. Distribution of Persons with and without Disability according to Food Sufficiency by Location of Households 151
Table 98. Types of Water Supply available for Persons with and without Disability according to Location of the Household 151
Table 99. Distribution of Persons with and without Disability Reporting Access to Types of Toilet Facilities according to Location of the Household 153

List of Figures

Figure 1. Sampling Stages of NDSA 4
Figure 2. Map of Rate of Prevalence by Groups of Provinces 18
Figure 3. Map of Prevalence by Province (Trends) 19
Figure 4. Map of Distribution of Persons with Disability by Groups of Provinces 20
Figure 5. Map of Distribution of Population by Group of Provinces 20
Figure 6. Map of Distribution of Persons with Disability by Province (Trends) 21
Figure 7. Map of Physiotherapy Services in 2005 and Population Density in 2002 22
Figure 8. Map of Distribution of Households with Persons with Disability 23
Figure 9. Map of Distribution of Households by Groups of Provinces 24
Figure 10. Distribution of Households with Persons with Disability by Groups of Provinces 25
Figure 11. Gender Distribution of Persons with Disability 26
Figure 12. Distribution of Persons according to Age (7 Categories) 27
Figure 13. The Overall Typology Evaluated Through the Screening Tool 29
Figure 14. The Overall Typology according to the Observation of Surveyors 30
Figure 15. Typology Including Mental Distress 31
Figure 16. Types of Physical and Sensorial Disabilities (Section A of the Screening Questionnaire) 31
Figure 17. Other Forms of Disability (Two Positive Answers to Sections B to E of the Screening Questionnaire) 32
Figure 18. Other Forms of Difficulty and Disability including Mental Distress (One Positive Answer to Sections B to E of the Screening Questionnaire) 32
Figure 19. Associated Disabilities: Physical/Sensorial Disabled Reporting a Mental Disability 33
Figure 20. Typology of Disability according to Gender 34
Figure 21. Typology of Disability according to Age group 35
Figure 22. Typology according to Urban-Rural Settings 36
Figure 23. Causes of Disability according to Gender 37
Figure 24. Distribution of Persons Able to Take Care of Themselves 47
Figure 25. Distribution of Persons Able to Perform Tasks Outside the House by Gender 56
Figure 26. Distribution of Persons Reporting Behavioral Difficulties by Types of Disability 61
Figure 27. Distribution of Persons Reporting Behavioral Difficulties by Types of Physical and Sensorial Disability 62

Figure 28.	Distribution of Persons Reporting Behavioral Difficulties by Types of Mental Disability	63
Figure 29.	Distribution of Persons Reporting Behavioural Difficulties by Gender	63
Figure 30.	Distribution of Persons with Disability Reporting Violent Behaviours in the Last 6 Months by Main Types of Disability	65
Figure 31.	Distribution of Persons with Disability Reporting Violent Behaviours in the Last 6 Months by Main Types of Intellectual Disabilities and Mental Illness	65
Figure 32.	Distribution of Persons with Disability Reporting Violent Behaviours in the Last 6 Months according to Gender	66
Figure 33.	Distribution of Persons with Disability Reporting Communication Difficulties by Main Types of Disability	68
Figure 34.	Distribution of Persons with Disability Reporting Communication Difficulties by Main Types of Mental and Intellectual Disability	68
Figure 35.	Distribution of Persons with Disability Reporting Communication Difficulties According to Gender	69
Figure 36.	Distribution of Persons with Disability above Age 15 by Depression or Anxiety Signs and by Main Types of Disability	71
Figure 37.	Distribution of Persons with Disability above Age 15 by Depression or Anxiety Signs and by Gender	72
Figure 38.	Well-being Profile on 8 Dimensions for Non-Disabled and Persons with Disability	81
Figure 39.	Well-being on 8 Dimensions for Physically Disabled	82
Figure 40.	Well-being on 8 Dimensions for Sensorial Disabled	82
Figure 41.	Well-being on 8 Dimensions for Mentally Disabled	83
Figure 42.	Well-being on 8 Dimensions for Persons with Associated Disabilities	84
Figure 43.	Well-being on 8 Dimensions for Persons Reporting Epilepsy/Seizures	84
Figure 44.	Well-being on 8 Dimensions for Women and Men	85
Figure 45.	Well-being on 8 Dimensions according to Urban-Rural Settings	85
Figure 46.	Disability Score for Afghan Population Above Age 4	89
Figure 47.	Types of Health Services Available Vs Type of Health Service Used and Type of Health Service Considered Useful	92
Figure 48.	Number of Visits to Health Services and Frequency of Visits in One Year	94
Figure 49.	Time Estimates and Means of Transport to the Closest Health Facility	94
Figure 50.	Distribution of the Difficulties Encountered During the Visits to Health Services	96
Figure 51.	Shares of Types of Expenses for the Visits Over One Year to All Health Services (in AFAs)	97
Figure 52.	Distribution and Amount of Health Expenses During the Year Preceding the Survey (2004)	97
Figure 53.	Yearly Average Expenses by Type of Disability and Cause of Disability	99
Figure 54.	Traditional or Religious Cures Tried During the Last Year	101
Figure 55.	Number of Times the Traditional and Religious Cure is Used	101

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Abbreviations

AFAs	:	Afghanis
BPDS	:	Basic Package of Disability Services
BPHS	:	Basic Package of Health Services
CDAP	:	Comprehensive Disabled Afghans' Program
CDC	:	Center for Disease Control
DPO	:	Disabled People Organization
EU	:	European Union
GoA	:	Government of Afghanistan
HH	:	Household
HI	:	Handicap International
ICRC	:	International Committee of Red Cross
INGO	:	International Non Governmental Organisation
LSP	:	Livelihoods and Social Protection
MDG	:	Millennium Development Goals
MICS	:	Multi Indicators Cluster Survey
MMDSA	:	Ministry of Martyrs, Disabled and Social Affairs
MoPH	:	Ministry of Public Health
MoWA	:	Ministry of Women's Affairs
MoPW	:	Ministry of Public Works
MRRD	:	Ministry for Reconstruction and Rural Development
NDC	:	National Disability Commission
NDS	:	National Disability Strategy
NDSA	:	National Disability Survey in Afghanistan
NDF	:	National Development Framework
NEEP	:	National Emergency Employment Programme
NGO	:	Non Governmental Organisation
NPAD	:	National Programme for Action on Disability
NRVA	:	National Risk and Vulnerability Assessment
NSP	:	National Strategic Plan
NVP	:	National Vulnerability Programme
PIP	:	Public Investment Programme
PNA	:	Preliminary Needs Assessment
PTSD	:	Post Traumatic Stress Disorder
PwD	:	Persons with Disability
SGAA	:	Sandy Gall's Afghanistan Appeal
SERVE	:	Serving Emergency Relief and Vocational Enterprises
TOT	:	Training of Trainers
UN	:	United Nations
UNDP HDI	:	United Nations Development Programme Human Development Index
UNDP	:	United Nations Development Programme
UNICEF	:	United Nation's Children's Fund
UNOPS	:	United Nations Office for Project Services
UXO	:	Unexploded Ordnance
WHO	:	World Health Organization

Message

When I took post in December 2004, I immediately took action to approve and partner the project of the National Disability Survey in Afghanistan by signing the memorandum of understanding with my fellow minister of the Martyrs and Disabled and with Handicap-International. I was aware that valid and reliable data not being available, the Ministry of Public Health (MoPH) lacked the required knowledge to design its policy on disability. A policy defined without adequate information on the situation of persons with disability would have been a waste of time and resources. I was convinced that we needed to have a comprehensive picture of persons with disability in the country, their lives, their needs and their demands to respond by taking appropriate and well-targeted decisions that would be effective in the long term.

Although knowledge was not available, disability was already part of my Ministry's project of developing an effective and equitable health care system. The interaction and very rich discussions between researchers, experts and policy-makers had led to the setting-up and defining of a Basic Package of Disability Services (BPHS) and of the Essential Package of Hospital Services (EPHS), among other programmes of the MoPH. In 2005, the BPHS content was reviewed and both mental health and physical rehabilitation became first tier priorities.

This volume of results of the NDSA findings gives more precision to what have been beliefs and intuitions of persons working on the field. The first part provides an analysis of who Afghans with disability are and what types of problems they encounter. In the second section, the need for preventive health measures, physical rehabilitation, psychiatric treatment, psychosocial rehabilitation for traumatized person, together with access to health facilities, training of health staff, and sensitisation on disability issues are clearly explained. This report offers both a picture of the health situation of Afghans through an overview of their limitations in functioning, as well as the possibilities and limitations of access to health services, and recommendations for action.

The analysis provided in this document is valuable for all stakeholders, including my ministry, in order to decide and take action that is meaningful and effective. Until now, the inclusion of disability issues and needs in current mainstream government policies has not been as systematic as it should be. My ministry is fully committed to working towards the improvement of the situation of persons identified with severe functioning limitations. A progressive inclusion of disability issues in training of the health personnel including psychology and psychiatrics, the development of guidelines to implement BPHS disability services for the country, improving access to the primary healthcare system in remote rural area, increase the number of trained female healthcare providers…

This initiative is a long-term effort that will require support from all partners working on the field. However, I do believe that we can set the foundation and take the first steps towards ensuring that in the coming years, all Afghans with disability have access to quality health care.

Dr Sayed Mohammed Amin Fatimie
Minister of Public Health

Foreword

I believe that it is compulsory that disability be included from the very beginning in the health services reconstruction process and mainstreamed in health policy: prevention, treatment, medical assistance, physical rehabilitation and psychological support, at all level of services, and in close relationship with all actors of the health system. Knowledge regarding disability needs to be integrated into the curriculum of all medical personnel, from health workers up to doctors. A high quality medical service relies on staff with substantial skills and sensitivity.

I also think that delaying taking into consideration this major issue of public health will make it more difficult to provide the adequate and required responses.This has been observed in several countries, including those with more financial and technical means to address health issues.

Research and studies contribute at par with fieldwork activities to promote the right to an efficient and public health system for all. Putting into place health programmes in the emergency situation of the initial period of assistance must not overshadow the usefulness and relevance of longer term national research programmes such as the present study. Surveys such as the NDSA are essential for a comprehensive and large vision, and for sustainable development. Research usefully complete the knowledge already acquired on the field by the health workers.

Lastly, one must keep in mind that neglecting to consider disability not only leads to delay in taking care of a vulnerable group in society but moreover triggers serious political and social concerns.

The present research work not only presents essential information regarding Afghanistan, but also provides useful methodological insights.These can constitute guidelines for other countries to collect relevant knowledge regarding disability.

Dr Frédéric Tissot,
Conseiller Santé publique,
Ambassade de France.

Preface: Why Mental Health Issues are Important in the Study of Disability?

The National Disability Survey in Afghanistan provides a wealth of information that will enrich the understanding of the needs of disabled persons. As professionals working in the mental health field we are pleased that the NDSA has included mental health aspects in its survey. This is important since mental disorders are still a neglected health priority, though the evidence of their importance on well-being is increasing. The groundbreaking WHO/World Bank Report on the Global Burden of Disease (Murray and Lopez 1996) calculated that of five of the ten leading causes of disability worldwide measured in 'years lived with disability' were psychiatric conditions. Disability related to mental disorders is expected to rise, in both the developed as well as the developing world. A recent study estimates that in low-income countries unipolar depression will be the third leading cause of disability in 2030, after HIV-AIDS and peri-natal conditions, but before malaria, tuberculosis, diarrhoeal diseases and lower respiratory infections (Mathers & Loncar 2006).

In its definition of disability the NSDA concentrates on more severe mental disabilities such as severe learning disabilities and psychotic disorders. The identification of mentally disabled persons was done through screening questions asked to the head of the household. The section on mental health problems comprised of eight questions that focused on psychotic symptoms such as delusions ('Does any member of your family constantly make up imaginary stories, which are not true?), hallucinations ("Does any member of your family see or hear things that are not there?"), disorganised speech ("Does any member of your family talk to him/herself constantly?") and severe behavioural disturbances such as aggression and self mutilation. These screening questions will most probably identify persons with severe mental disorders such as schizophrenia, bipolar disorder or psychotic depression. It is less likely that all mental disorders will be identified. In particular, many people suffering from 'common mental disorders' such as depression, anxiety disorders and post traumatic stress disorders are probably not identified by the screener. It is important to realise this because the implication is that the figures about 'mental disability' cannot be regarded as prevalence figures for mental disorders in Afghanistan. Indeed, compared with the NDSA, studies identifying the symptoms of common mental disorders (Cardozo et al 2004, Scholte et al 2004) find much higher prevalence of such symptoms of common mental disorder in the population than the rates of mental disabilities in the NDSA. This fact is acknowledged by the authors of the report. In fact they discuss the issue in section 3 of the report, which looks at 'well-being in general'. When they use less stringent criteria and include a variety of physical and mental difficulties in the analysis the prevalence of persons with disabilities rises to 36.8%.

As mental health professionals we are particularly struck by the high levels of mental distress reported by persons with disability. These persons suffer tremendously and the robust findings underscore the importance of inclusion of mental health and psychosocial components in disability programmes.

Another striking result is the finding that 0.56% of the population suffers from epilepsy. While this figure is based on self-reporting it does confirm other studies in the region such as in rural Pakistan were high prevalence figures for epilepsy were found (Aziz et al. 1994). The public health implications are significant: Epilepsy fulfils the criteria for a public health priority: it is a chronic condition that is severely disabling and can be very effectively treated against low costs.

The implications of the NSDA are that due attention should be given to disability and mental health (including chronic mental disorders and epilepsy). It underlines that the step of the Afghan Government to include mental health and disability in the Basic Package of Health Services was fully justified. The challenge for both policy makers and health care providers is to develop effective ways to implement mental health and psychosocial services in the intervention package. These interventions could include 1) training of health professionals to identify the mental problems in disabled persons, 2) increase the availability of bio-psycho-social treatment of those individuals who have developed identifiable mental disorders and 3) to encourage persons with similar problems cope better with the limitations due to their disabilities (for example through psychosocial interventions such as counselling and support groups).

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Introduction

At the time of its launch, the NDSA was part of the first sub-programme of the National Vulnerability Programme (NVP), which places specific emphasis on research, studies and reliable data collection. The NDSA aimed to provide scientific knowledge for the National Disability Strategy (NDS). This strategy was part of a larger National Priority Programme (NPP). The NVP was defined within the context of one of the 16 Public Investment Programmes, the LSP-PIP (Livelihood and Social Protection Public Investment Programme). It was a general framework with the aim to target and reach the poorest and most vulnerable groups of Afghan people, by defining a general poverty reduction strategy framework for the benefit of different vulnerable groups, among them persons with disability.

The National Disability Survey in Afghanistan was carried out by Handicap-International on behalf of the Government of Afghanistan. The main objectives of the survey were:

- To evaluate the prevalence of disability;
- To develop a general typology of persons with disability;
- To evaluate the access to public services mainly educational, social and medical for persons with disability;
- To gather quality information which would be relevant and useful for effective decision-making.

This first volume of the findings of the NDSA comprises of two parts: the first one is prevalence and typology, the second one looks at the health picture of Afghans with disability. The overall goal being to provide recommendations based on easily understandable information, the tables analysed in this report are therefore mainly derived from descriptive statistics.

There is on-going debate regarding how many persons with disability are currently living in Afghanistan. Numbers have been thrown around and sometimes used carelessly to serve various goals. However, prevalence, or more precisely the prevalence rate, which is a sole number, cannot say anything about who Afghans with disability are, what their hopes, aspirations and problems are. Moreover, the prevalence number can be misleading in a post-conflict, developing country where health indicators are among the worst in the world. This number can fluctuate dramatically according to the definition and severity of conditions that it encompasses (in Afghanistan this rate varies from 2% to 10%). It also says very little about the incidence of disability. But more disturbingly, it maintains the idea that persons with disability have to be more in number in order to be taken into account. The first section of this document will present the various dimensions that come into play in the prevalence rate. It will argue that this rate depends upon where the severity 'threshold' is set. It will also give an overall typology of disability in Afghanistan.

The second part of this report presents the health situation of persons with disability, their difficulties in performing daily tasks and activities, the aid that they receive from the health services, and their perception of the health system as a whole, through its modern and traditional components. Even though a large majority of Afghans seem to have access to certain kinds of health care services, the health situation still remains a major concern: Afghanistan is characterised by one of the lowest rates of life expectancy at birth in the world (44.5 years old), the highest levels of child mortality rate (between115°/°° and

165°/°° according to estimates[1]) and maternal mortality ratio (1600 for 100,000 live births), and a high proportion of people without a regular access to improved water sources (60%[2]).

The health situation is considered using a classification of the ability to be able perform tasks on one hand, and the extent of problems regarding behaviour, complications of communication and symptoms of anxiety and depression on the other. A score scale is used to measure the level of difficulty of people in Afghanistan, comparing persons with disability and the non-disabled.

[1] The estimates defer between UNICEF/CSO MICS 2003 and Securing Afghan's Future 2004.

[2] All figures come from the UNDP global *Human Development Report 2004*, the UNICEF/CSO *MICS 2003* and the *CSO Statistical Yearbook 2003.*

Methodology- Definition- Limitations

The elaboration of the tools and methodology as well as the fieldwork for the National Disability Survey Afghanistan (NDSA) was carried out between April 2004 and September 2005. This project was conducted by Handicap-International France, in close collaboration with the Ministry of Public Health (MoPH), the Ministry of Martyrs and Disabled and Social Affairs, (MMDSA) and the Central Statistics Office (CSO) under the Ministry of Economy, and in partnership with the Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, USA.

The NDSA methodology, defined in collaboration with various partners, was based on the following principles:

- It was a probability proportional to population size sampling procedure with a nation wide sample of 5,250 households (all 34 provinces) using pre-census data to control sample size of clusters (little size variation);
- A screening questionnaire of 27 questions was used to identify "difficulties" in terms of ability/inability (avoiding direct simple questions on disability) with a large reference to ICF adapted to the Afghan cultural context;
- A one-month training schedule (theoretical and practical) of the team of monitors/supervisors and a three-week training schedule of all surveyors on all disability issues, cluster household survey principles, the questionnaire, and the sampling process;
- A test of all tools, especially the questionnaire (elaborated by specialists and reviewed by experts, Afghan organisations of persons with disability), in both rural and urban areas.

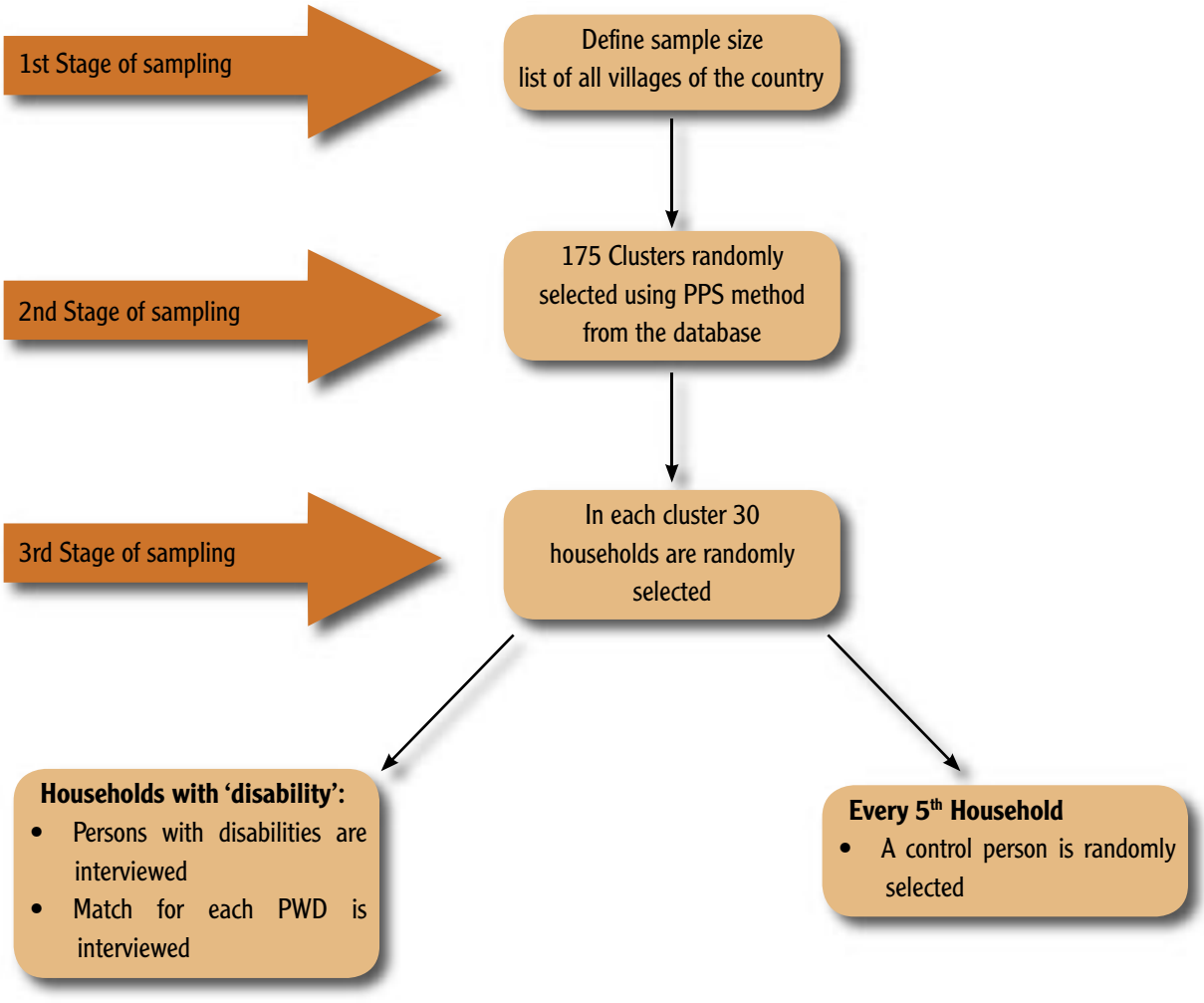
The Sampling Process: Choosing a Random Sample

The NDSA was a household survey that covered all 34 provinces of Afghanistan and surveyed 5,130 households[3], which represents a total sample of 38,320 people. It was conducted in hasardous security conditions. However, the need to provide reliable knowledge regarding persons with disability was essential at a time when national strategies are being defined. Economic and political decisions have been made on local and sporadic estimations, which varied from 3% to 10%. The various stakeholders had recognised the necessity to collect both qualitative and quantitative data on these vulnerable groups. Basic knowledge and understanding of which the most vulnerable are, is clearly a pre-requisite to the defining of priorities and designing of programs for poverty reduction. This is the overall goal of the survey: to provide insights on the living conditions of persons with disability, as well as to understand their status and function in the family, the community, and in society in general. At the macro level, it was essential: (i) to have information on the proportion of the Afghan population which constitutes persons with disability, (ii) to develop a general typology concerning this population in terms of types of disability, means and level of income, etc. (iii) to understand what services are actually available to these persons and their families and how they access them.

[3] Due to bad security conditions, four clusters were not surveyed.

The NDSA was a probability proportional to size (PPS), three-stage random sample survey. This means that at each stage of the sampling process each household had an equal chance of being selected. This is turn ensured that the sample selected for the survey had approximately the same characteristics as the population of the country.

Figure 1. Sampling Stages of NDSA



In order to understand the living conditions and coping strategies of persons with disability we needed to compare their situation to those who were considered less vulnerable. This allowed us to determine whether a given problem was specifically linked to disability, or whether the family or the community as a whole shared it. Two types of control groups were surveyed:

The Match: within the household of a person with disability the surveyors had to interview a member without disability, who was close to the former in terms of sex and age. Interviewing the in-household match allowed us to comparision of the situation of a person with disability and one without disability within the same household. If there was no adequate match found, then the match was randomly selected from among the non-disabled in the same household or among members of same age and sex group of another household without any person with disability.

The Control: a control person was randomly selected within every fifth household where there was no person with disability. This made possible the comparison between the situation of a person with disability and one without disability from a "non-disabled" family. This allows not only for a comparison at the individual level but also between households.

Developing Relevant Tools

The NDSA questionnaire was developed over a period of 5 months with inputs from a number of partners within Afghanistan and around the world. This tool consists of various sections:

- A checklist;
- A household file to collect information about all the members of the household;
- A screening questionnaire that consists of 27 questions and that helps detect the presence of persons with disability within the household;
- An adult questionnaire that is used for the person with disability, the in-household match or the control when the interviewee is age 15 and above;
- A child questionnaire that is used for the person with disability, the in-household match or the control when the interviewee is age 15 and below.

The questionnaire itself is composed of different units offering elements that help understand the opinions and perceptions of persons with disability regarding the following topics:

- Health conditions (9 dimensions of ability to carry out daily activities) and accessibility to existing services;
- Education;
- Labour market, job accessibility, unemployment, under-employment;
- Livelihoods, level and sources of income;
- Social networks and participation.

The data was entered and processed using a scanning software, Teleform Verity®. The analysis was carried out using SPSS®, DAD®, and SPADN® softwares.

Sampling at the Cluster Level: Selecting the Households

At the village level, a first household was selected randomly, and the next 29 households were interviewed following the selection path. In each house, the head of the household was administered the screening questionnaire to identify any person with disability. When the person with disability was identified, then the other sections of the questionnaire pertaining to health, education, employment and income, living conditions and livelihoods, and finally social participation were asked. In every household, which had a person with disability, another member without any disability, but of the same sex and similar age group, was also interviewed. This allowed for a comparison within the household, between members with and without disability. For every fifth household in the selection path, a control person was also interviewed in order to allow comparison, within the village, between the situation of the person with disability with a person without disability coming from a "non-disabled" family.

Household interviews were conducted in either Dari or Pashto, two of the official national languages of Afghanistan. All survey teams were trained for one month in the basics of survey methodology and extensive field-testing was done prior to the start of the survey. The overall rate for refusal to participate was finally 0.3% for the survey.

Defining, Screening and Categorising Disability: A Matter of Choice

The variations that are observed in prevalence rates across countries can be explained by a number of factors. The social beliefs and stereotypes related to disability vary, not only in terms of culture but also depending on the level of awareness and visibility of different types of disability. The decision to include certain forms of disability is closely linked to diverse aspects of policies that are being implemented. Some surveys find very high prevalence rates since they include various conditions (i.e. chronic illness) in the definition of disability. Finally, this prevalence rate varies depending on where the severity threshold is set. If the aim is to identify the persons with disability most in need of services and policy (as was the objective of the NDSA), this threshold

is set low, in order to identify the persons with very severe problems. Other surveys and studies in different contexts may choose to include less severe problems, thus setting the threshold higher: needless to say, this will increase the prevalence rate.

The NDSA screening was based on the International Classification of Functioning, Disability and Health[4] (ICF) as well as the Capability Approach used by the UNDP Human Development Reports (HDR). These frameworks help to look at the impairments, but also at the activities and participation of individuals in order to understand the disabling situation. The definition of disability needed to be adapted to reach the goals of providing policy recommendations for the persons who were most in need. For the NDSA, the following definition was elaborated in line with the aim of providing scientific and factual knowledge and policy guidelines:

Disability is a condition that results from the interaction between an individual impairment in functioning and the community and social resources, and practices that enable or prevent a person from participating in all spheres of social life and taking decisions that are relevant to his/her own future.

Persons with disability were considered according to 5 categories, which were identified through the screening questionnaire composed of 27 queries:

Physical disability refers to persons who lack one or more limbs, who have paralysis (total or partial), other mobility problems, chronic pain and physical deformity. They answer questions 1 to 3 of the screening questionnaire. Having the most visible impairments they were actually the easiest to identify.

Sensorial disability groups together persons with hearing, speech and visual disability who answered "yes" to questions 4 to 6 of the screening questionnaire.

Mental disability refers to persons with learning disability (questions 7 to 10), psychological problems (questions 11 to 18 of the screening questionnaire relate to psychiatric problems, whereas questions 19 to 24 relate to behavioural or communication difficulties that can impede participation of a person within family and community life).

Seizures and epilepsy were identified by questions 25 to 27 of the screening questionnaire.

Associated disabilities, is a term used to indicate that a person has at least two types of disabilities stated above. This category brings together people who answer "yes" to queries in different parts of the screening questionnaire.

The answers in the screening questionnaires were cross-checked with the 13 possible categories identified by the surveyor him/herself in the checklist. Correspondence between the 2 classifications (screening questionnaire and checklist) was verified. This was checked during the field process by the Master Trainer/ Monitor (MTM). In case of difficulty to identify a possible disability, the doctor[5] in the team went to see the person in the house. This way of categorising disabilities is just one among others. It is a simple one that makes cross-table analysis, multidimensional and correspondence analyses[6] possible, and allows other statistical calculations.

[4] WORLD HEALTH ORGANIZATION (2001), *International Classification of Functioning, Disability and Health*, Geneva.

[5] All the MTM with one exception were medical doctors. Each team had at least one MTM. Even if no medical diagnosis was made, in case of doubt on a specific situation/condition of a given person, the MTM would see the person and try to identify the type of disability.

[6] Correspondence analysis is a group of techniques used to create a spatial representation of the rows and columns of a contingency table. For an explanation of multidimensional and correspondence analysis see Benzecri, J.P. (1992) *Correspondence Analysis Handbook*. New York: Marcel Dekker.

Addressing the Limitations of the Survey

For the NDSA, several issues have to be considered when referring to the limitations: the definition adopted for disability, the sample distribution, the difficulty of data collection, and the groups that are difficult to reach with a household sample survey.

Definition Chosen: Relevance to Objectives and Context

The prevalence rate of 2.7% of severe disability detected through the screening tool of the NDSA might be considered as lower than expected. In the international forum, experts usually refer to a disability prevalence rate of 4-5% for developing countries, even though these are not founded on any available scientific evidence[7]. However, surveys carried out in countries such as Pakistan, Laos, India and Cambodia show lower rates.

The NDSA used a strict definition of disability and a questionnaire using multiple specific questions. The screening tool was aimed to identify persons with disability through adequate questions based on abilities and difficulties of the individuals living in the households selected. Items having a good specificity and a high sensitivity ensure that all persons with disability are included for interview in the sample. There are however two symmetrical errors to be aware of : "error of coverage" and "error of targeting"[8]. The hypothesis put forth is that persons with disability have a higher rate of mortality, especially in the early years, since they are more vulnerable and need more resources in order to survive. Considering the poor health statistics of Afghanistan and the limited health care available in the previous decades of war and instability, one possibility is that higher mortality rates contribute to the lower prevalence rate.

If a reliable screening of persons with disability is possible in countries like Afghanistan, identification and diagnosis of impairments are close to impossible. Very limited access to health care facilities and lack of adequately skilled staff being a major constraint, it is not conceivable to breakdown the population solely by categories of the impairments, for instance according to the detailed classifications of body structures and physiological functions[9], or even by types of diseases. However, this was not the focus of the NDSA. In order to design and tailor public policies based on related knowledge concerning livelihood and socio-economic characteristics of persons with disability in the country, the identification of the major types of disability is sufficient information. In addition, the health questionnaire provides an understanding of the nature and the level of limitations observed for persons with disability.

The Sample Distribution: Working with an Incomplete Sampling Frame

A three-stage cluster survey is not a simple random survey, generating specific sampling errors. The clusters selection was done for 31 provinces of Afghanistan out of 34, by referring to the pre-census data for 2003-2004 from the Central Statistics Office (CSO) of the Ministry of Economics, as a sampling frame. This sampling frame was not complete and sometimes presented inaccuracies. For the remaining 3 provinces where there was no CSO population data available, the 1979 census population growth adjusted for 2004 was used. But these projections are not reliable keeping in view the tremendous migratory phases that the country has gone through. However, concerning the sample distribution, results for main indicators such as prevalence rate are valid when comparing the results obtained within the NDSA sample and the results obtained after stratification ex-post by province. There is a high level of similarity between the sample distribution and the total population distribution given by the pre-census of 2004 for 31 provinces.

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[7] The only reference the authors could find for this figure of 5% is a quotation of Helander Einar, "Prejudice and Dignity: an introduction to community-based rehabilitation", United Nations Development Programme, New York, 1992. By ESCAP (Economic and Social Commission for Asia and the Pacific), "Hidden Sisters: Women and Girls with Disabilities in the Asian and Pacific Region". (ST/ESCAP/1548) United Nations, New York, 1995. http://www.unescap.org/esid/psis/disability/decade/publications/publications.asp

[8] Error of targeting is the case of inclusion of the non-disabled in the sample. Error of coverage is to overlook persons with disability, i.e. considered as not disabled.

[9] For a comprehensive classification of body structures, see WORLD HEALTH ORGANIZATION (2001), *op. cit.*

Nevertheless, regarding the sample, one main limitation can be stated. Four clusters out of 175 randomly selected ones could not be surveyed due to security reasons and the remoteness of some locations: this represents non-coverage of 2.2% of the sample. This slightly reduced the representative value of the sample. Since other clusters were surveyed in the corresponding provinces and districts, this issue was addressed by modifying the global weight of the sample without significant impact on the prevalence rate.

Data Collection: Scientific Validity versus Field Realities

Data collection in Afghanistan is not easy due to a variety of factors: difficulties in explaining the scope of the survey, security constraints, and accessibility to the clusters... To limit the impact of such issues on the quality of the data, long training sessions were organised and multiple levels of checks were carried out in the field during data collection, as well as during data entry and cleaning. A one-month training process (theoretical and practical) of the team of master trainers/monitors (MTM) and supervisors was conducted. A three-week training process of the surveyors covering topics including disability issues, cluster household survey principles, understanding of the questionnaire, the sampling, the interview process and security rules, both in Dari and Pashto also took place in the 5 major cities of the country. A test of all tools, especially the questionnaire (elaborated by the NDSA researchers and reviewed by experts, Afghan organisations of persons with disability), in both rural and urban areas, was carried out. A very close control of the field process was organised (review of questionnaires, presence of the NDSA researchers in the field in half of the clusters, sending of a control after field work in 20% of the other half of the clusters).

No persons with disability were found in the only cluster selected and surveyed in one of the provinces. This could be explained by the random selection of the sample, probability proportional to population size, considering the low density of population of the province of Nuristan. However, if a national prevalence rate is calculated, assuming that the Nuristan province has similar prevalence of persons with disability as other provinces; the national disability prevalence rate of 2.7% will increase by 0.03% only. Therefore, this issue can be also addressed by modifying the global weight of the sample.

Three sub-samples were defined within the main sample. A first group was composed of all the persons with disability who were interviewed in the sample. The systematic sampling of households led to a strict equal chance for all persons with disability in Afghanistan in being interviewed. The second group was composed of the matches[10] of the persons with disability. This was a two-stage random selection as persons had to be matched by sex and age. The fact that the population of persons with disability consists of more males and elder people, as our results show, introduces a possible bias regarding the matches. This bias, even if very limited, was partially rectified by weighting the population of matches by the number of the non-disabled in the household. The third group was composed of "controls[11]", individuals living in a household without persons with disability i.e. "non-disabled" households. For them, the selection was a three-stage random one: at the cluster level, at the household level and at the individual level. For a non-biased estimate of this third group of individuals, the selected individual had to be weighted by the number of persons living in the entire given household.

Sections of the Population Hard to Reach through a Household Survey

Finally, another possible source of bias was the one resulting from the choice of a household cluster survey itself, which excluded three groups from the sampling. First of all the nomadic population of Afghanistan,

[10] The match is the non-disabled person of same sex and same age living in the household together with the person with disability. See the Methodology in BAKHSHI P., TRANI J.F. and ROLLAND C. (2006), *Conducting Surveys on Disability: a Comprehensive Toolkit, Handicap International, Lyon.*

[11] The control is a person randomly selected in every fifth household that has no persons with disability. See the Methodology BAKHSHI P. and al. (2006), op. cit.

called the Kuchis[12], was not fully included in the cluster selection. Only in instances where a Kuchi settlement was listed in the CSO dataset did the Kuchi settlement have an equal chance of being included in the survey. Moreover, when Kuchis camps were installed within the perimeter of a cluster, they were included in the random selection of the households. Yet, the Kuchis who are still nomadic, which means they have not settled down within the boundaries of one cluster, are not very numerous. The nomadic part of this group represents a few hundred thousands of people in Afghanistan today[13] who were not included, except when they were temporarily settled within the boundaries of a cluster. This happens often during winter in some areas, when roads and passes and blocked. Completely nomadic people need to be surveyed with a specific methodology and do not fit within the frame of any household cluster survey.

The second group is composed of persons with disability living in hospitals, in other socio-medical institutions or in jail. Except the Marastoons, which are home to a few dozen persons with disability in major towns in Afghanistan, there are no specific institutions with a high proportion of persons with disability living there on a permanent basis.

The last group of persons that could not be addressed by the NDSA was composed of the 'non-responses', the persons who were selected through the sampling frame but refused to answer: these were very limited, under 0.3% of the sample.

[12] Kuchi in Persian means "those who move". They migrate across parts of Afghanistan semi-annually with their caravans of goat, sheep, donkeys and camels. Kuchis are Pashtuns from Southwestern and Eastern Afghanistan.

Afghan nomads comprise two larger groupings: the Western group of the desert Southwest region of the country, largely from the Durrani tribes; and the Eastern group drawn from various Ghilzai tribes associated with better watered, lusher grazing grounds of the East region of the country. In TAPPER R., "Nomadism in Modern Afghanistan: Asset or Anachronism?" in Louis Dupree and Linette Albert (Eds), *Afghanistan in the 1970s*, New York, Praeger Publishers, 1974: 128-9.

The Kuchi's lifestyle has been eroded both by long-term changes associated with "modernization" and by devastating short-term events (drought 1971/2, 1998/2002, wars in the 80s, 90s and again today).

[13] Central Statistic Office figures following 2004 pre-census is of 1.5 million, but this includes all Kuchis, which means also those who have settled down.

Understanding Prevalence and Typology: An Ever-Changing Picture

The prevalence of disability is the proportion of persons in the overall population that is considered to be disabled. This rate is generally given in a percentage of the parent population; in the case of the NDSA, this was the whole population of Afghanistan. However, before presenting the tools through which these calculations were done, it is important to understand how and why prevalence changes and evolves as it is influenced by a number of factors such as:

- Definition of disability and the choice to include/exclude certain forms of difficulties;
- Level of awareness that exists within a given social and cultural context;
- Beliefs and expectations of what these rates should be within a given context;
- Formulation, wording and manner in which the questions are asked;
- Underestimation of certain kinds of disability that may be hidden within a given culture (mental disability is often more difficult to detect adequately);
- Lastly it is essential to differentiate "the incidence (the number of persons who were born or became disabled), and the prevalence rate (the number who survive)"[14]. The NDSA did not ask questions regarding incidence of disability within the family.

Factors Influencing the Prevalence Rates

Disability being a continuum of conditions (characteristics, capabilities) that range from mild to extreme, the rate of prevalence depends largely on where the threshold is set. As a result, prevalence rates fluctuate over time and according to the definition and typology that is used to establish it.

Beliefs and Expectations of what these Rates Should Be

There are very strong beliefs of what these rates should be on the part of the various partners working on the field as well as donors and international agencies. It is interesting to note that internationally there have been attempts to set a standard for prevalence rates, which have so far been unsuccessful. "In 1981 UN/WHO studies estimated that on an average 10% of national populations are disabled. However in 1992, this estimate was modified to 4% for developing countries and 7% for industrialised countries."[15] The discussion still continues worldwide on which statistics are acceptable and which are not.

Definition of Disability

Developed countries often show high prevalence rates for disability. This is partly explained by the inclusion of various forms of disability, as well as a large array of questions that relate to mental and psychological disability. The social beliefs and stereotypes related to disability also vary, not only in terms of the culture but also depending on the level of awareness and visibility of different types. Lastly, the decision to include certain forms of disability is also closely linked to diverse aspects of policies that are being implemented. This impacts on non-physical types of problems such as dyslexia or haemophilia, which are considered as disabilities in "developed" countries. As a result, some surveys find very high prevalence rates since they include various

[14] 1998, "Development, Cultural Values, and Disability, The Example of Afghanistan", Peter Coleridge, paper presented at the conference *Disability issues: Global Solutions and the Role of Community-Based Rehabilitation* Queen's University, Kingston, Canada, March 5-6, 1998.

[15] MITRA S. (2005), "Disability and Social Safety Nets in Developing Countries", *Social Protection Discussion Paper Series* No 0509, May 2005, Social Protection Unit, Human Development Network, The World Bank, Washington D.C.

forms of chronic illness in the definition of disability. The NDSA screening was based on the International Classification of Functioning, Disability and Health[16] (ICF) as well as the Capability Approach used by the UNDP Human Development Reports (HDR). These frameworks help us to look at the impairments, but also at the activities and participation of individuals in order to understand the disabling situation, thus narrowing the definition used in this context. The NDSA looks at the conditions that prevent an individual from taking part in all spheres of everyday life.

Phrasing of Questions

The differences in rates of prevalence can also be influenced by the manner in which questions are asked. Sophie Mitra affirms that prevalence rates may vary greatly based on whether the questions are impairment based or activity based: "Indeed, individuals are more likely to identify activity restrictions because they immediately connect with daily experience; whereas impairment may only be vaguely familiar, and its nomenclature may be unknown"[17]. The author goes on to illustrate this point with the case of Turkey where two surveys carried out by the State Institute of Statistics the same year, in 2002, gave a prevalence rate of 2.58% when the questions were based on impairment and a rate of 12.29% when they were not.

According to UN guidelines, the development of disability statistics and the way in which questions are formulated can greatly affect the results. They found that results could be influenced by different factors: (i) whether the questions were generic or specific in trying to elucidate a difficulty; (ii) absence of ambiguity in the questions; (iii) and finally inclusion of too many items in a single question[18]. The NDSA questionnaire design tried to take these shortcomings into account.

Under-Estimation of Mental Disability in Developing Countries

If detecting disability within the household is a difficult task then finding persons who have a mental disability is even more challenging especially without proper training for data collectors and adapted tools. Surveys that are aimed at providing information regarding disability, more often than not, largely under-estimate the rate of mental forms of disability. This can be explained by various reasons:

- There is a lack of knowledge regarding these forms of disability, which is accompanied by a lack of visibility within society;
- Mental disabilities are often surrounded by lay beliefs and superstitions. This is closely linked to the inability to identify a specific cause. As a result it is believed that there is some mysterious or divine intervention. In traditional cultures, mental disability is often viewed as a punishment that a person has to endure for his/her acts in past lives;
- The common language often uses negative, stereotyped terms to refer to these forms of disability (often the equivalent of 'mad' or 'crazy'), which further enhance stigma and lead to prejudice;
- Like disability that results from congenital causes, mental forms have an effect on the image of the family and can have serious consequences for the marriage of siblings, for instance. Therefore, a family may under-report a disability due to shame or fear of being stigmatised by the community afterwards.

All these reasons result in household members' under-reporting the presence of a person who has a mental form of disability.

Determining the Threshold in the Continuum of Disability

If disability is considered as a continuum in conditions, then the prevalence rate also relies on where the threshold is set in a scalable prevalence rate. If dysfunctioning or lack of ability is widely considered, then prevalence will increase. On the contrary, if only severe dysfunctioning is targeted, for instance because

[16] WORLD HEALTH ORGANIZATION (2001), *op. cit.*

[17] MITRA S. (2005), *op. cit.*

[18] UN Department of Economic and Social Affairs Statistics Division (2001), "Guidelines and Principles for the Development of Disability Statistics", Statistics on Special Population Groups, *Series Y* No. 10.

there is a general need of prioritising the most impaired, then the prevalence will be lower. As a result, the present report will propose, different scores of the measure of disability using the 46 items of the health questionnaire. This question set covers the full spectrum of the disability experience.

Measuring Prevalence: One Element within a Wide Spectrum of Information

There is a lot of discussion regarding what the prevalence rates should be, what would be acceptable and, in consequence what would be unacceptable. This discussion is not just specific to the Afghan context but is open worldwide.

The prevalence of severe disability identified by the screening questionnaire stands at 2.7% (95% confidence interval (CI): 2.5% and 2.9%). The number of Afghans with disability may vary according to population estimates given by various sources. Table 1 gives an estimation of what these numbers might be.

Table 1. Estimates of Number of Persons with Disability in Afghanistan

Population Estimates	Source	Number of Disabled
22.2 million	Ministry of Public Health Afghanistan Health Facts Sheet 2003-2004	599,400
22.4 million	Ministry of Education and UNICEF MICS Survey	631,800
22.6 million	Ministry of Economy Pre-census estimates	637,200
29.9 million	United Nations Population Fund State of World Population 2005 Report	807,300

2.7% of Afghans represent a population between 550,000 and 643,800 Afghans based on Ministry of Public Health Population estimates[19] (see table 1); or a population between 747,500 and 867,100 if one considers United Nations Population Fund population estimates[20]. Analysis based on the number of households and not on the proportion of population shows that 1 out of every 5 households consists of a person with disability.

The prevalence rate is interesting information, but it must be considered with caution. Exaggerated importance and focus given to the prevalence rate can be dangerous for a number of reasons.
The prevalence rate fluctuates and changes over time and is based on a number of factors that are discussed below:

- Prevalence relies on the definition of disability considered, the aim of the survey, and where the threshold is set in a continuum of conditions of functionings;
- Giving excessive importance to one number implies that the disabled have to be a certain proportion in order to be taken into account. This view is in contradiction with a rights-based perspective adopted by DPOs and other stakeholders, which states that every individual has fundamental rights that should be recognised and respected;
- The danger of founding policies, programs and even funding on only a single figure of prevalence often leads to the setting-up of projects that rely on specific structures. This itself has a number of limitations:

[19] Based on total population estimate of 22.2 million according to Afghanistan Health Facts Sheet 2003-2004, Ministry of Public Health finalised November 2004. Official estimates from Ministry of Economy-Central Statistic Office were not yet available at the time this Report was written.

[20] Based on total population estimate of 29.9 million according to *United Nations Population Fund State of World Population 2005 Report*, "The Promise of Equality Gender Equity, Reproductive Health and the Millennium Development Goals", September 2005.

- These structures are costly. Limited resources in a number of developing and transition countries make these structures cost-inefficient and not sustainable in the long-term since they are always dependant on allocation of budgets;
- As priorities of decisions-makers change and other priorities are defined, specialised structures are the first to shut down when policies and programs are faced with cost-cutting measures;
- These structures are always dependant on the number of disabled persons in a given region as well as on a type of disability. This implicit belief itself is the denial of the right to basic services if persons with disability are not considered enough in numbers to justify the setting-up of structures in a context where resources are limited;
- Such structures assume that disability is a 'state' that is permanent and does not account for the dynamics between the individual and society that determines a disabling situation;
- Finally, these structures do not promote social awareness and do not contribute to fighting stigma and discrimination.

Policies that are based on mainstreaming disability take these concerns into consideration by defining broader programs that are more stable and sustainable; these are not and should not be dependent on prevalence rates.

Comparison of Prevalence Rates…

…In the NDSA and in other Surveys in Afghanistan

The rates found by the NDSA seem consistent with other estimates that have already been put forward by other organisations working in Afghanistan as well as with available government estimates:

- UNDP/UNOPS estimates were of 700,000 Afghans with disability in 1999, i.e. 3% of the population[21];
- The MICS (Multi Indicator Cluster Survey) estimated the rate of disability to be 2.5% for children under 5 and that of persons aged 7 to 17 to be 3%[22];
- The National Risk and Vulnerability Assessment (NRVA 2003) estimated the rate of persons with disability in Afghanistan at 2% for physical disability and 1% for mental disability, and "17% of the sample had at least one person who is physically or mentally disabled at home"[23].

…In Different Countries of the Asian Region

A number of surveys, as well as disability data included in some censuses and surveys around the world, have shown a wide range of prevalence rates that vary from 20% (1996 Survey Statistics, New Zealand, Disability Counts, 1998) to 0.6% in Lao PDR (1996) or 1.6% for Cambodia in a 1999 survey. More recently the last Indian Census carried out in 2001, established the national prevalence rate at around 2%.

It is also interesting to note that Australia and New-Zealand showed extremely high prevalence rates: this was mainly due to the inclusion of a number of conditions and very mild levels of difficulty in the definition of disability. This again shows that the prevalence rate relies on where the surveyors choose to set the threshold.

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[21] UNDP/UNOPS (1999), "Comprehensive Disabled Afghan's Program: Integrating Disabled and Marginalized People in Afghanistan", *Journal of Mine Action*, Fall 1999-Volume3, No.3.

[22] Multi Indicator Cluster Survey (2003), Ministry of Education, UNICEF and CSO.

[23] Ministry of Rural Rehabilitation and Development, Vulnerability Analysis Unit (2004), *Report on Findings from the 2003 National Risk and Vulnerability Assessment in Rural Afghanistan*, December 2004, www.mrrd.gov.af/vau/NRVA_2003.htm#WFP. Accessed: November 2-2005.

Table 2. Rate of Prevalence for a Few Countries in Asia

Countries	Source	Rate of Prevalence
Afghanistan	2005 NDSA	2.7%
Cambodia	1999 Survey[24]	1.6%
Lao PDR	1996 Survey[25]	0.6%
India	2001 Census[26]	2.0%
Iran	Welfare Organization[27]	2.3%
Nepal	1999-2000 Survey[28]	1.6%
Pakistan	1998 Census[29]	2.5%
Australia	1998 Survey	19.3%
New-Zealand	2001 Survey	19.5%

Detecting Disability: Identifying Persons within the Households

The estimate of the prevalence of persons with disability in Afghanistan is in accordance with the definition of disability adopted by the NDSA, which is the following:

Disability is the condition that results from the interaction between an individual impairment in functioning and the community and social resources, beliefs and practices that enable or prevent a person from participating in all spheres of social life and taking decisions that are relevant to his/her own future.

The NDSA adopted a definition of disability based on activities and participation, concentrating on the functionings of the individual. This definition was translated into a screening tool of 27 questions identifying all kinds of disabilities. This screening tool consisted of various sections relating to specific aspects of physical, sensorial and mental disability, which are based upon the categories established by the MMDSA. These were asked to the head of each household surveyed. According to this procedure, a person was considered to be disabled if the respondent had at least one positive answer to the physical disability section (Section A) and/or at least two affirmative answers to each of the other sections: learning (Section B), psychological (Section C), social and behavioural (Section D), and lastly epilepsy and seizures (Section E). Each question referred to a specific type of difficulty related to activities carried out in everyday life[30]. Therefore, to be considered as being disabled, the person(s) in the household had to answer "yes" to the physical disability section and/or to the other sections according to the criteria stated above. Each person identified to be disabled was then interviewed in depth[31] with the adult or child questionnaire regarding health, education, employment, livelihoods and social status.

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[24] See LIU W. Statistics Division UNESCAP (2005), "Improving National Statistical Systems for Disability information in the Asia-Pacific Area". Presentation at *Regional Workshop on Comprehensive National Plan of Action on Disability*, Bangkok, Thailand, October 19 – 21, 2005.

[25] See LIU W. Statistics Division UNESCAP (2005), *op. cit.*

[26] See http://disabilityindia.org/mod1.cfm Accessed January 2004.

[27] Welfare Organization Office for Preventing Disabilities "Iran Daily" Newspaper, October 16th 2005. http://www.iran/daily.com/1384/2402/html/panorama.htm Access: 6 December 2005.

[28] UNICEF National Planning Commission and *New Era Report*. "A Situation Analysis of Disability in Nepal". February 2001.

[29] Statistics Division, Ministry of Economics and Statistics, Pakistan. http://www.statpak.gov.pk/depts/pco/statistics/demographic_indicators98/demographic_indicators.html. Accessed December 6, 2005

[30] The questionnaire can be found in the Annexure of BAKHSHI & al. (2006), *op. cit.*

[31] For more detail, please refer to BAKHSHI & al. (2006), *op. cit.*

Lastly, all the questions used to the term difficulty, avoiding stigma and negative stereotypes. The NDSA made the choice, as a number of other surveys have previously made[32], to use the term "difficulty" or "mushkel" in Dari and Pashto. This term is less threatening and constitutes less of a 'label' for the persons concerned, making the reference to disability easier.

The NDSA training of master trainers/monitors as well as the surveyors for Kabul was more than a month long and carried out by a number of persons working in the field in Afghanistan. The surveyors were trained to explain the aims and objectives of the survey to the village leaders as well as in the households. Special emphasis was given to the fact that the survey team needed the help of the people to gather information.

Including Mental and Psychological Distress within the Prevalence Calculation

Mental and psychological distress can be identified by taking into consideration only one affirmative answer in the physical disability section (A) and/or one affirmative answer to learning (Section B), psychological (Section C), social and behavioural (Section D), and fits, crisis, and epilepsy (Section E) of the screening tool which refer to mental forms of disability. This wider approach modifies the threshold and brings the prevalence rate up to 4.6% (95% CI: 4.4% to 4.8%). This translates into 1.38 million Afghans[33] who report having a physical disability and/or some form of mental distress.

The analysis of the NDSA focuses on the situation of the 2.7% Afghans with severe disability identified by the screening tool, and according to the operational definition outlined above for the following reasons:

- The NDSA definition allows for establishment of syndromes based on more than one response. This definition is constructed to make sure that the person who answers 'yes' to two questions out of a series of queries is effectively disabled and not just having temporary difficulties in a given domain.
- The restriction eliminates the temporal aspect of a given difficulty or problem. For example, a respondent who states a child walked later than the other members of the family but does not identify any other difficulties may not necessarily be stating that because the child achieved this developmental milestone later and he/she has no difficulties in functioning as a result of walking late. In the event that the child did walk later than usual and had a difficulty associated with this event, that interviewee would also answer affirmatively in Section A, physical disability.
- Lastly, a single response can be attributed to the presence of a specific cause or situation. An example is when a respondent states that an individual in the household yells for no reason; this alone cannot be considered a disability since many people may occasionally yell for no reason due to frustrations or anger. Supporting responses are required in other sections of the survey to establish that the individual is yelling due to seizures or mental difficulties, and that this is a recurrent behaviour which affects the family and social life.

For the reasons outlined above, the health report will illustrate the living conditions of the 2.7% of Afghans with disability who are in serious need of care and services. There is an urgent need for a comprehensive framework that will improve their living conditions by including them in programs and policies. The numbers have been put forward, now it is essential to look at who these persons with disability are, and better understand their needs and aspirations in order to make policies that are relevant, efficient, understood and sustainable in the long-term.

[32] For different types of tools used please refer to the website: http://unstats.un.org/unsd/demographic/sconcerns/disability/disabmethods.aspx and BAKHSHI & al. (2006), *op. cit.*

[33] Based on a population estimate of 29.9 millions Afghans by the UNITED NATIONS POPULATION FUND (2005), *State of the World Population Report*, New York.

Results on Prevalence and Typology: A Comprehensive View

The aim of this section of the report is to present a comprehensive view of disability in Afghanistan. Bearing in mind the specificities of prevalence rates discussed in earlier sections, the findings presented here look at the main characteristics of persons with disability, i.e. gender, age, location and related breakdowns according to the various types of disability. Tables and figures provide simple and basic information for a better understanding of the overall situation of Afghans with disability.

Facets of Prevalence

The analysis focuses on the distribution of persons with disability according to areas, gender, age, and urban or rural setting. To simplify the presentation, key figures and tables are presented in the text with reference to the secondary tables in the Annexure For national prevalence, various rates can be considered:

- The prevalence rates by area or groups of provinces;
- The number of persons with disability in absolute figures by geographical area;
- The proportion of households with a member with disability by geographical area;
- The proportion of the population of persons with disability compared to the proportion of the overall population by geographical area.

An Unequal Geographical Distribution… at the Individual Level

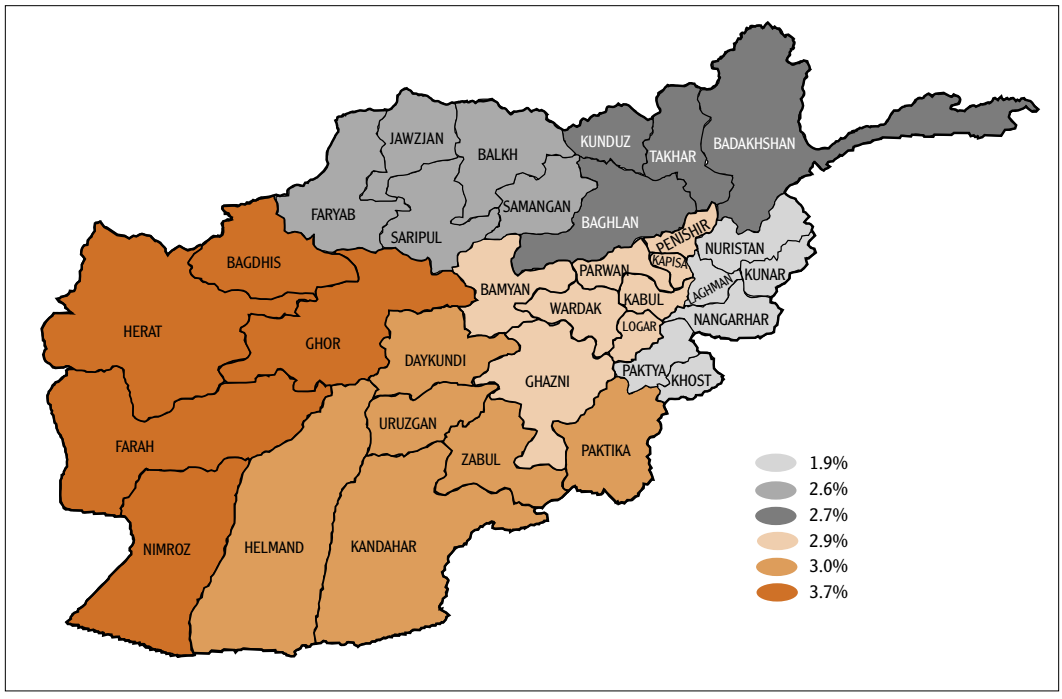
If the national prevalence rate of severe disability is of 2.7%, it varies from one geographical area to another. Table 3 presents rates of prevalence and population estimates by major geographical area within the defined confidence interval. According to Table 3 and Figure 1, it is clear that 3 groups of provinces are above national average: Western area (3.7%), Southern area (3.1%) and Central area (3.0%). On the other hand, three areas are below national average: North Western area (2.6%), Eastern area (1.9%) and the North Eastern area (2.1%). The highest prevalence rates are observed in Samangan (4.4%), Herat (4.1%), Kabul and Ghor (both 3.9%).

Table 3. Rate of Prevalence by Groups of Provinces[34]

	Population Surveyed	Prevalence Rate	Population Estimates	Confidence Interval (95%)		Estimates of Number of PwDs	Confidence Interval (95%)	
Central	11079	2.95%	6983984	2.64%	3.27%	206135	184124	228145
Western	5730	3.66%	3585527	3.18%	4.15%	131407	113962	148851
Eastern	6898	1.93%	4394220	1.60%	2.25%	84724	70465	98984
Southern	4133	3.05%	2602755	2.52%	3.57%	79349	65707	92991
North Western	5023	2.59%	3178258	2.15%	3.03%	82257	68301	96213
North Eastern	5457	2.07%	3471206	1.69%	2.45%	71879	58764	84994
Total	**38320**	**2.71%**	**24215950**	**2.55%**	**2.87%**	**655930**	**616570**	**695291**

[34] The only administrative divisions in Afghanistan are villages or urban municipalities, districts and provinces. By convention, **Central Area** is composed of the following provinces: Kabul, Kapisa, Parwan, Wardak, Logar, Ghazni, Panjsher, Bamiyan. **Western Area** of Badghis, Herat, Farah, Neemroz, Ghor. **Eastern Area** of Nangarhar, Kunarha, Laghman, Nuristan, Paktia, Khost. **Southern Area** of Zabul, Kandahar, Paktika, Uruzgan, Helmand. **North Western Area** of Samangan, Balkh, Juzjan, Sar I Pul, Faryab. **North Eastern Area** of Badakhshan, Takhar, Baghlan, Kunduz.

Figure 2. Map of Rate of Prevalence by Groups of Provinces



Source: NDSA

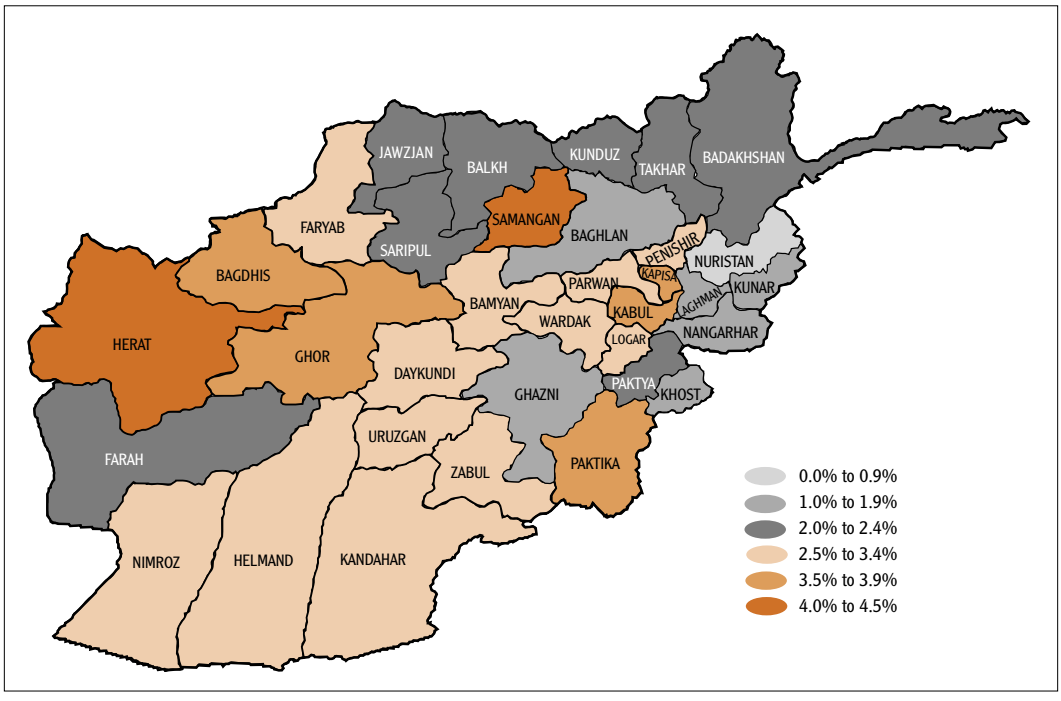
The maps of Figure 2 and Figure 8 (next section) clearly indicate that the Western area has the highest rate of prevalence and the highest rate of households that have persons with disability. On the other hand, the Eastern area has both fewer households with disability and the lowest rate of prevalence. Areas where combat took place in the past decades present the highest rates of prevalence.

More than half of the persons with disability live in the Central and Western areas. This can be explained by the presence of two highly populated cities in these areas, i.e. Kabul and Herat Cities. Table 3 above shows that the proportion of persons with disability is higher in Central, Western and Southern areas, and is above the national prevalence rate. On the other end of the spectrum, Eastern, North Eastern and North Western areas are below national average.

The prevalence rates by groups of provinces are representative of geographical disparities of prevalence in Afghanistan, whereas provincial rates only provide trends. It is interesting to note that Herat province stands out in the West with the highest rate, followed by Ghor and Badghis (See Figure 3).

The rates of prevalence are highest in Herat and Samangan at the province level (these are trends). Whereas if one considers larger geographical areas, Kabul has a higher rate of prevalence. Even if Kabul province does not have the highest prevalence rate, the number of disabled in absolute figures is the highest. Breaking down the numbers of persons with disability according to groups of provinces, as shown in Table 4 and Figure 3 can complement the previous findings.

Figure 3. Map of Prevalence by Province (Trends)



Source: NDSA

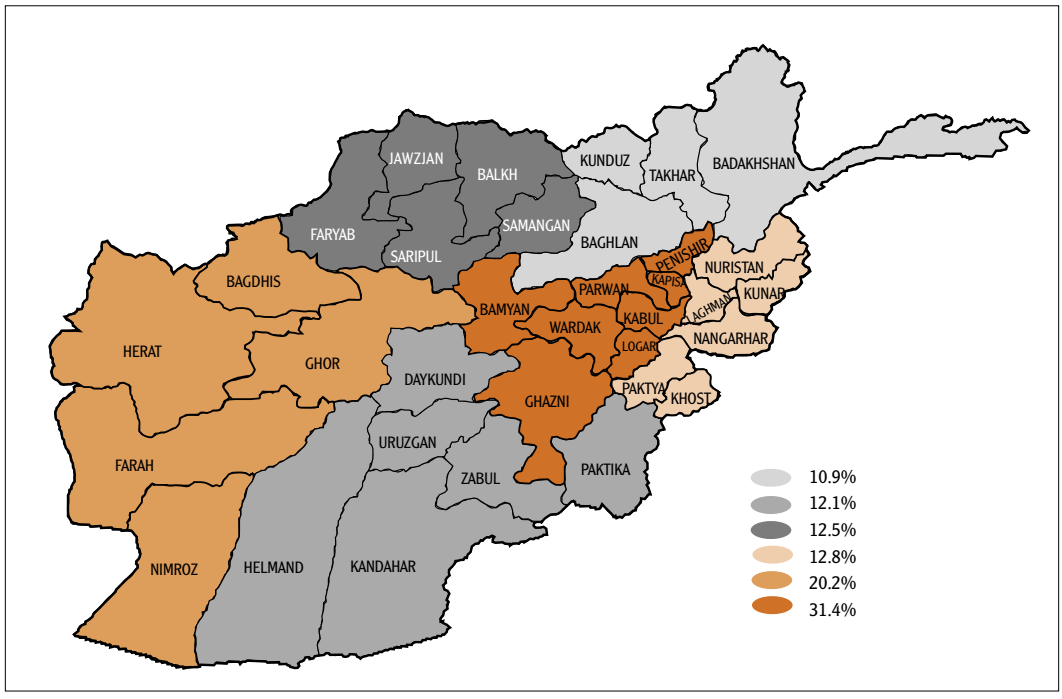
Table 4. Distribution of Persons with Disability and Non-Disabled by Areas

Major Areas of Afghanistan		Persons with Disability	Non-Disabled	Total
Central	Number	326	10753	11079
	% in Area	31.4%	28.8%	28.9%
Western	Number	210	5520	5730
	% in Area	20.2%**(1)	14.8%** (1)	15.0%
Eastern	Number	133	6765	6898
	% in Area	12.8%**(1)	18.1%**(1)	18.0%
Southern	Number	126	4007	4133
	% in Area	12.1%	10.7%	10.8%
North Western	Number	130	4893	5023
	% in Area	12.5%	13.1%	13.1%
North Eastern	Number	113	5344	5457
	% in Area	10.9%**(1)	14.3%**(1)	14.2%
Total	**Number**	**1038**	**37282**	**38320**
	% in Total	**2.7%** (2)**	**97.3%** (2)**	**100.0%**

Source: NDSA. (1)** Test of comparison of proportion. Significant at p<0.01 (2) ** Test Chi 2 of Pearson of independence. Significant at p<0.01

Table 4 shows a high presence of persons with disability in Central and Western areas. For instance, 31.4% of persons with disability live in the Central area, when the proportion of the overall population living there is 28.9%. This gap is particularly high in the Western area: there is a significant difference of 5.2% between the two proportions. The proportion of persons with disability in the Southern area is higher (12.1%) than the proportion of the general population (10.7%). In contrast, the average number of persons with disability is significantly lower than the average population in the remaining areas, with a maximum gap of 5.2% in the Eastern area.

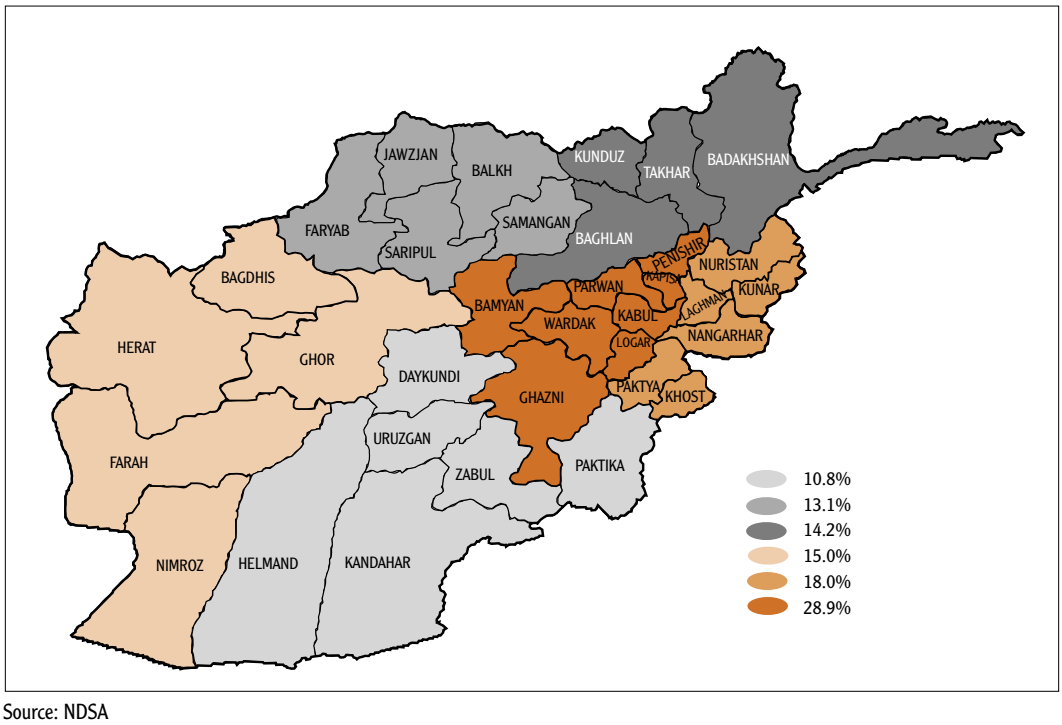
Figure 4. Map of Distribution of Persons with Disability by Groups of Provinces



Source: NDSA

Figures 2, 3 and 4 above show various national distributions of persons with disability. The Central and Western areas are home to the majority of persons with disability. A comparison between Figure 3 and Figure 4 below reflects the direct relationship between population-size and the number of persons with disability. One possible explanation could be that Herat or Kabul cities offer specialised services, such as physical rehabilitation centres, and have better health services for persons with disability and their families. The linear relationship between the number of persons with disability and the global population of Afghanistan shows a very close link confirmed by an adjusted R2 of 0.83 [35].

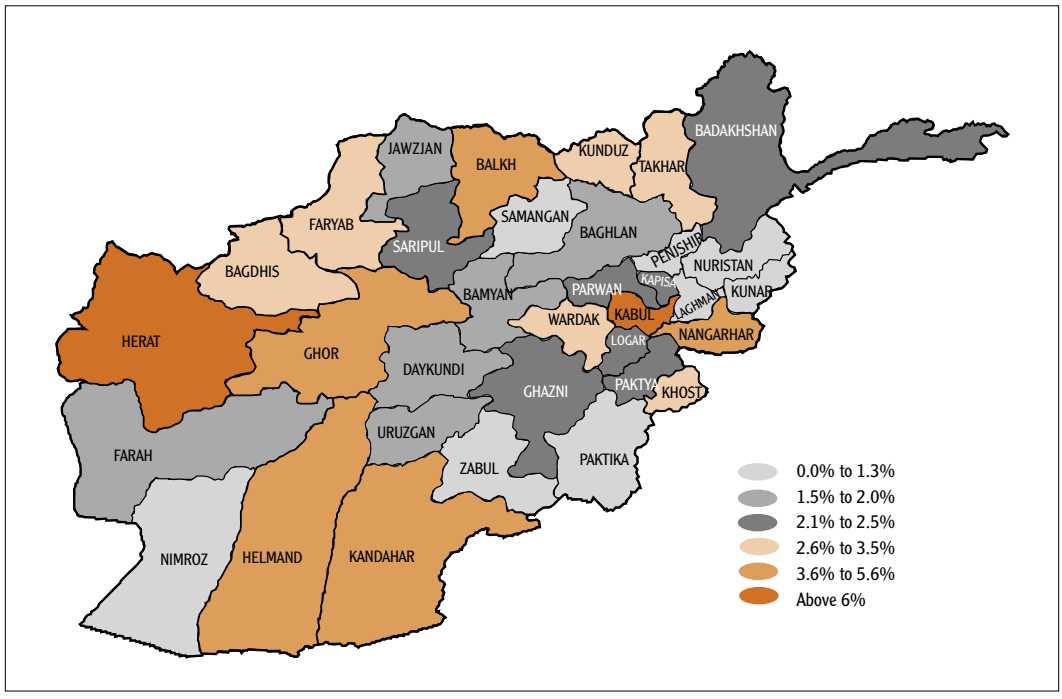
Figure 5. Map of Distribution of Population by Group of Provinces



Source: NDSA

[35] Adjusted R2 closely reflects the adequacy of the fit of the model within the population.

Figure 6. Map of Distribution of Persons with Disability by Province (Trends)



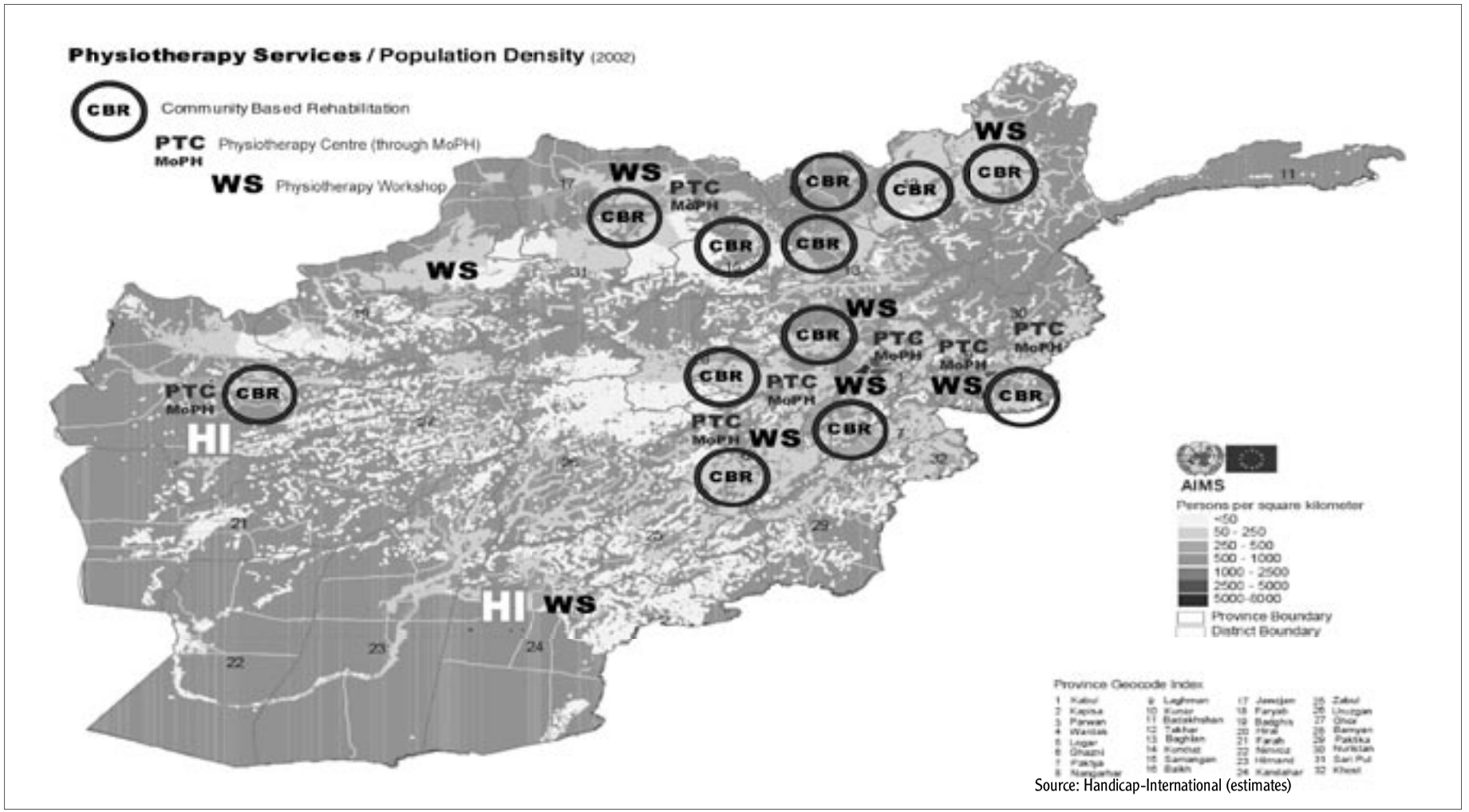
Source: NDSA

The presence of high rates of persons with disability in the two provinces might be further explained by comparing rates of prevalence and density of population. Figures 3 and 4 (above) show that prevalence is higher in the Western area of the country where the overall population is also less. This is even truer in the Southern area. Nevertheless, the relative number of persons with disability is higher in the Western part of the country.

Figure 6 confirms the high number of persons with disability in both Herat and Kabul provinces. The rates are respectively of 10.4% and 17.2% of the total number of persons with disability of Afghanistan. The distribution of persons with disability by province shows a high concentration in the provinces where the main cities are located: Balkh with Mazar-I-Sharif, Kandahar, Nangarhar with Jalalabad, Herat, and Kabul. The gap is particularly wide with Kunar, Laghman, Nimroz, Nuristan, Paktika, Penshir, Samangan and Zabul where the proportion of persons with disability is less than 1.3% of the total population of persons with disability.

Further analysis compares the localities where persons with disability live and their characteristics in terms of socio-economic situation and looks at the specialised services available for them. The aim is to promote access to existing public services by mainstreaming this access, and to initiate specialised services like physical rehabilitation in areas were they do not exist. As an example, one can compare the geographical distribution of persons with disability given in Figures 4 and 6 above and the distribution of physiotherapy services according to Figure 7. The service coverage of North, Central and Eastern areas of Afghanistan is rather high while the Western and Southern areas benefit from fewer services.

Figure 7. Map of Physiotherapy Services in 2005 and Population Density in 2002



Source: Handicap-International (estimates)

Geographical Disparities… at the Household Level

Figure 7 and Table 5 below give the distribution of households affected by disability according to geographical areas. The map shows a high proportion of households with a member with disability living in the Western area.

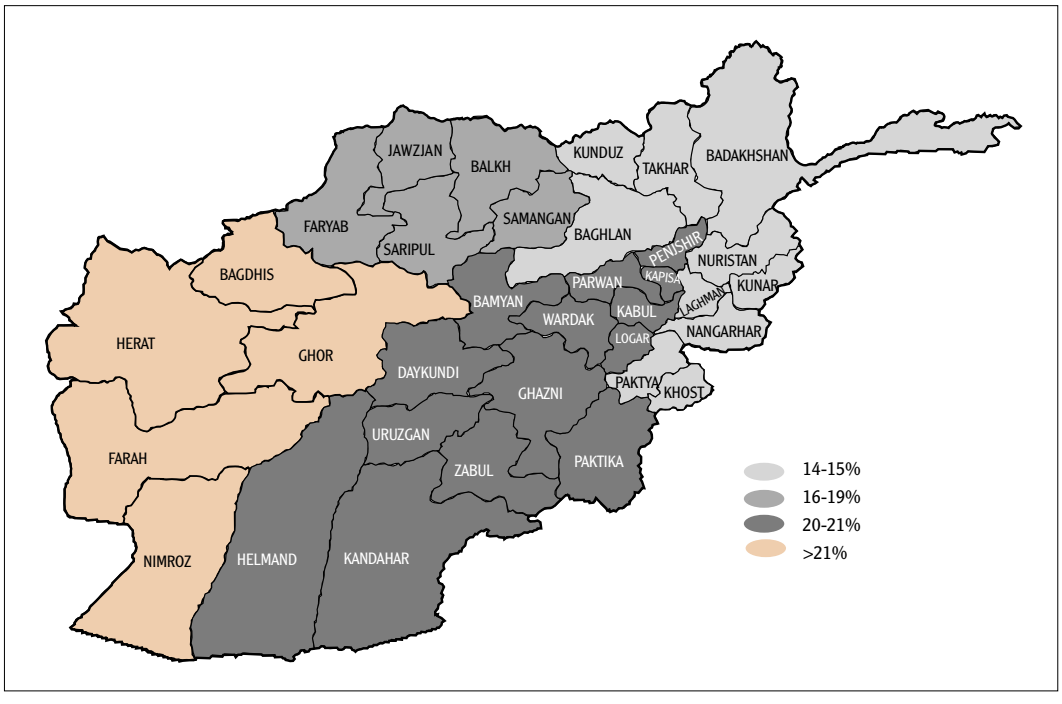
Table 5 is a comparison of the number of households where persons with disability are living with the total households by area. It shows that one fifth of all Afghan families share daily life with a person with disability. Disability appears to be a widespread and probably well-known phenomenon within Afghan families.

Table 5. Distribution of Households that Have a Member with Disability according to Geographical Areas

Geographical Areas			Living in HH without a PwD	Living in HH with a PwD	Total
	Central	Number of Persons	5,590,045	1,606,342	7,196,387
		% of HH in the Area	77.7	22.3	100
		% of all HH	28.1** (1)	32.1** (1)	28.9
	Western	Number of Persons	2,900,250	821,683	3,721,933
		% of HH in Area	77.9	22.1	100
		% of all HH	14.6** (1)	16.4** (1)	15.0
	Eastern	Number of Persons	3,709,592	771,018	4,480,610
		% of HH in Area	82.8	17.2	100
		% of all HH	18.7** (1)	15.4** (1)	18.0
	Southern	Number of Persons	2,049,337	635,262	2,684,599
		% of HH in Area	76.3	23.7	100
		% of all HH	10.3** (1)	12.7** (1)	10.8
	North Western	Number of Persons	2,650,172	612,528	3,262,700
		% of HH in Area	81.2	18.8	100
		% of all HH	13.3	12.2	13.1
	North Eastern	Number of Persons	2,986,640	557,965	3,544,605
		% of HH in Area	84.3	15.7	100
		% of all HH	15.0** (1)	11.1** (1)	14.2
Total		**Number of Persons**	**19,886,036**	**5,004,798**	**24,890,834**
		% of HHs	**79.9** (2)**	**20.1** (2)**	**100**

Source: NDSA. (1)**Test of comparison of proportion between household with a PwD and without a PwD. Significant at p<0.01 (2) **Test Chi 2 of Pearson of independence. Significant at p<0.01.

Figure 8. Map of Distribution of Households with Persons with Disability



Source: NDSA

Table 5 confirms that over 20% of Afghans share their lives with a household member with disability; in absolute figures this represents over 5 million persons.

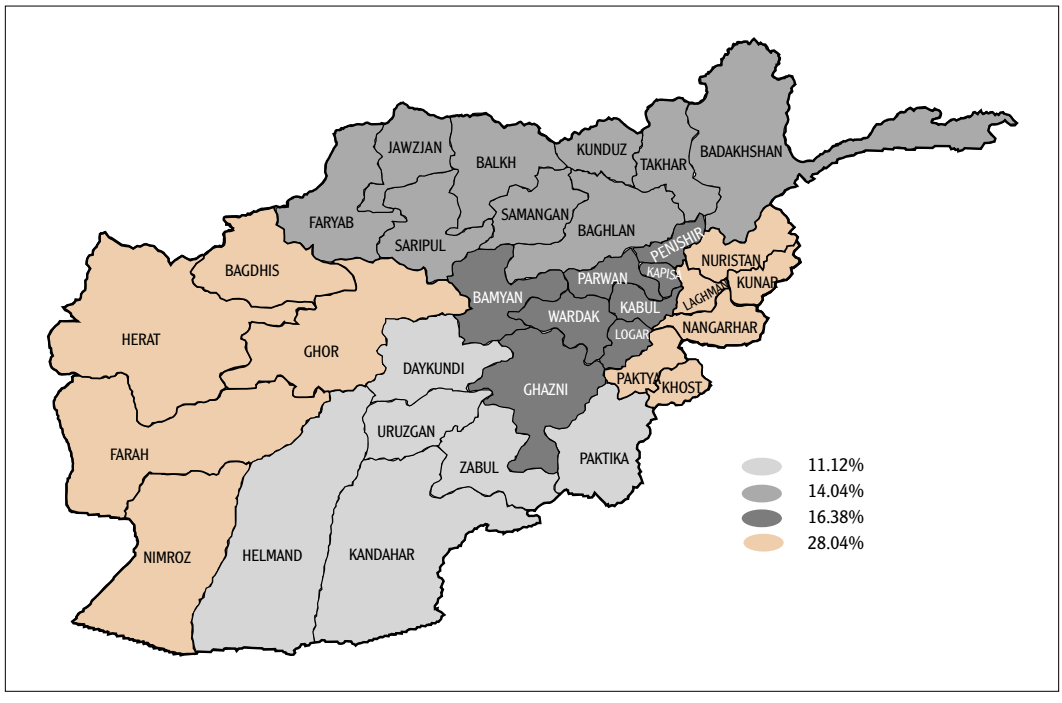
The distribution of households with disability by major areas (Figure 9) differs from the distributions of all households (Figure 8). It is interesting to note that the Central area consists of more than a fifth of all households (28%) and 32.1% of the households with persons with disability.

Table 5 also shows that Central, Western and Southern areas have a proportion of persons living in households with a member with disability, which is above the national average of 20.1% (respectively 22.3%, 22.1% and 23.7%). This proportion is of 18.8% in the North Western area, 17.2% in the Eastern area and only 15.7% in the North Eastern area, all below the national average.

Moreover, the gap between the proportion of persons living in a household with a person with disability and the proportion of total households in the area is lowest in the North Eastern (0.7%) and Eastern areas (1.5%), whereas this gap is highest in the Western (7.5%) and in the Southern areas (13.4%).

Persons living in the Central area with a household member with disability are more numerous in absolute figures than elsewhere. Not surprisingly, geographical areas where the prevalence is the highest also have the highest proportion of households with disability. Yet, the Southern area of the country, with lower density of population, has a relatively higher proportion of persons with disability. This is probably due to a combination of factors: an on-going conflict situation since three decades, lower access to health services than anywhere in the country, lowest level of literacy and access to education in the country, especially for girls.

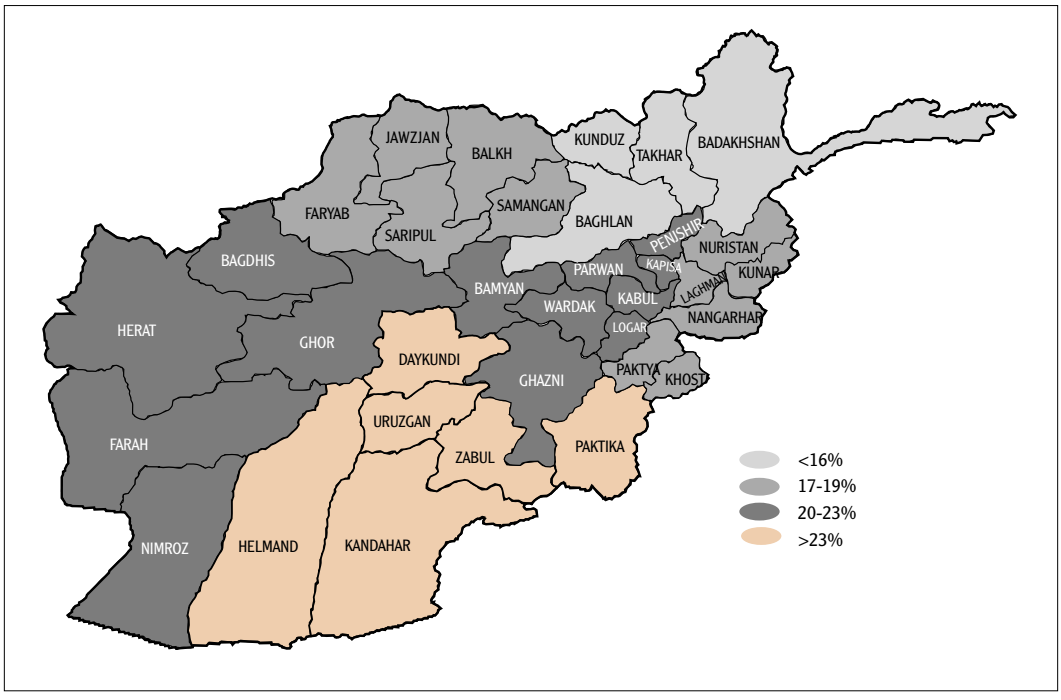
Figure 9. Map of Distribution of Households by Groups of Provinces



Source: NDSA

The comparison between Figures 9 and 10 shows a slight difference in the density of overall population and presence of persons with disability in households.

Figure 10. Distribution of Households with Persons with Disability by Groups of Provinces



Source: NDSA

Provinces of the Southern area, but also, to a lesser extent provinces of Central and Western regions of the country are confronted more often to issues of disability than people living in the North and East of the country. The highest ratio of households with a person with disability are observed in Penshir (28.1%), Kapisa (27.0%), Kabul (26.9%), Logar (26.1%), and Bamiyan (23.1%) for the Central area. Only Ghazni (8.3%) is characterised by a low proportion of households with disability diminishing the average level of the whole area. Provinces of Kandahar (26.8%), Zabul (23.9%), Paktika (23.5%), and Uruzgan (22.8%) for the Southern area and provinces of Herat (23.8%), Nimroz (24.6%) and Ghor (22.4%) for the Western areas have a proportion of households with a person with disability above the national average of 20.1%.

In summary, the findings of the survey show that the geographical distribution of persons with disability present major differences between Southern, Central and Western parts of the country and the rest of Afghanistan. This is interesting information for planners of services and policies: if implementation has to be progressive because of lack of means, then one might choose to address areas where needs are higher because of a higher presence of persons and household members coping on a daily basis with the consequences of disability. This result can provide the basis for deciding where to implement services or launch programmes in mainstreaming persons with disability as a priority.

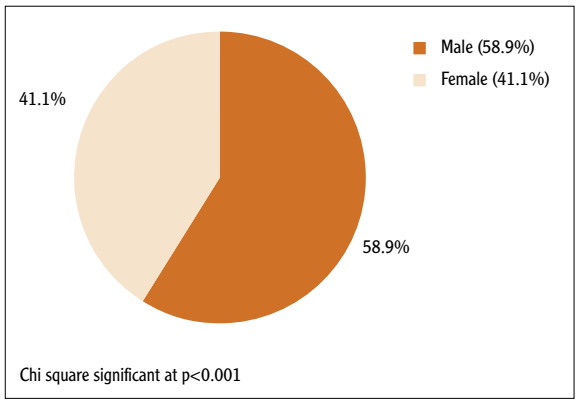
What about the gender distribution of disability? The question whether the policy makers should prioritise programmes towards women with disability is of major concern.

Looking at the Characteristics of Afghans with Disability: Gender and Age

A Majority of Men among the Persons with Disability

Figure 10 and Table 6 show that men account for the majority of persons with disability.

Figure 11. Gender Distribution of Persons with Disability



The proportion of men and women in the sample is slightly above 103 men for 100 women. The pre-census of Afghanistan also found an over-representation of 104.7 men for 100 women in the 31 provinces covered in 2003-2004[36]. Yet, there is a significant over-representation of men (58.9%) among persons with disability in Afghanistan. This can partially be explained by the higher number of war-survivors among men who were wounded during the war.

Table 6. Distribution according to Gender

Gender		Non-Disabled	Persons with Disability	Total
Male	Number	12309661	396876	12706537
	% in Categories	50.9%**(1)	58.9%**(1)	51.1%
	% of Total Population	49.5%	1.6%	51.1%
Female	Number	11904341	278008	12182349
	% in Categories	49.1%**(1)	41.1%**(1)	48.9%
	% of Total Population	47.8%	1.1%	48.9%
Total	**Number**	**24214002**	**674884**	**24888886**
	% of Total Population	**97.3%**(2)**	**2.7%**(2)**	**100.0%**

Source: NDSA (1) **Test of comparison of proportion between PwDs and NDs. Significant at p<0.01. (2) **Test Chi 2 of Pearson of independence. Significant at p<0.01.

The gender gap is statistically significant. The situation of war-survivors is probably specific in many regards partially because of their number, their role in the recent political events and their high visibility in the Afghan society. This is well documented by UNICEF/UNOPS report on perceptions of disability[37]. However, the difficulties to detect more stigmatised forms of disability might explain the fact that women appear less in the sample selected.

Aging People More at Risk, Under-Representation of Children below Age 5

Another interesting breakdown is the age distribution (Table 7). It shows that the majority of the population are in the 0 to 14 age group. The Afghan population is young, 50.3% is under age 15[38].

[36] These figures are based on NDSA calculations using the pre-census database graciously provided by the CSO in application of the memorandum of understanding for the NDSA signed on 9th January 2005.

[37] THAKKAR M., CERVEAU, T., DAVIN, E., (2004), "Afghan Perception on Disabilities, A research project on the perceptions and practices regarding disability in Afghanistan, to inform a communication strategy", Study carried out by ALTAI Consulting for UNICEF, UNOPS, UNDP, Kabul.

[38] UNDP, *Afghanistan National Human Development Report* (2004), "Security with a Human Face: Challenges and Responsibilities", Kabul. Data quoted are from the MICS, 2003, *op. cit.*

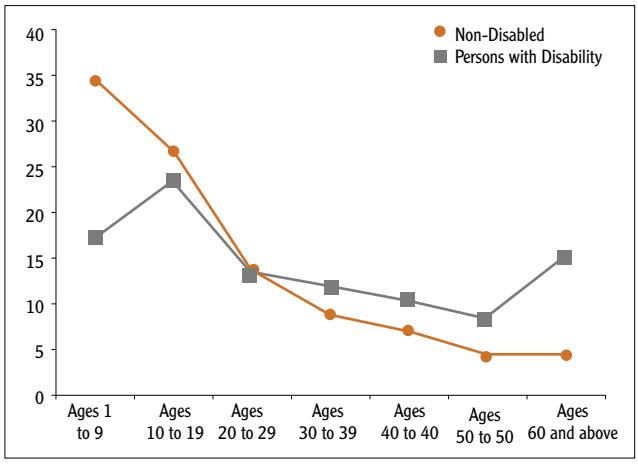
Table 7. Distribution according to Age in 6 Categories

Age in 6 categories		Non-Disabled	Persons with Disability	Total
0 to 4	Number	4984013	53263	5037276
	% in Categories	20.6%**(1)	7.9%**(1)	20.3%
5 to 14	Number	4984013	53263	5037276
	% in Categories	29.7%**(1)	25.8%**(1)	29.6%
15 to 24	Number	4496199	96134	4592333
	% in Categories	18.6%**(1)	14.2%**(1)	18.4%
25 to 34	Number	2669009	85091	2754100
	% in Categories	11.0%	12.6%	11.1%
35 to 44	Number	2051285	85741	2137026
	% in Categories	8.5%**(1)	12.7%**(1)	8.6%
45 and above	Number	2831398	181225	3012623
	% in Categories	11.7%**(1)	26.8%**(1)	12.1%
Total	**Number**	**24213352**	**674884**	**24888236**

Source: NDSA (1) **.Test of comparison of proportion between PwDs and NDs. Significant at p<0.01.

As expected due to the overall age distribution of Afghans, the number of persons with disability under age 15 is also high in absolute figures (33.7%). But, compared to the same age-group in the overall population (50.3%), the proportion of persons with disability under age 15 is lower. **The proportion of children under age 5 with disability is 7.9% of all persons with disability, while the proportion of children under age 5 in the total population is 20.6%.** This high difference in proportion is partly explained by the high mortality rate of children under age 5 in Afghanistan. A case study carried out in Kabul in a one-year period from 18 September 2002 to 17 September 2003 at the Indira Gandhi Institute of Child Health led to the same conclusion. "A total of 17 850 children and neonates were seen at the paediatric emergency centre (...). The most common illnesses were diarrhoea and respiratory infections. Infectious diseases, neonatal illnesses, and cardiac diseases were other important causes of morbidity. Neonatal deaths formed the major proportion of all deaths. Morbidity and mortality attributable to easily preventable/curable diseases was quite high[39]". Of course, another possible and complementary interpretation is the fact that detection of disability among children, particularly mental and intellectual forms, is more difficult to make for parents: children under age 5 do not present easily identifiable patterns/symptoms.

Figure 12. Distribution of Persons according to Age (7 Categories)



[39] PRASAD A. N. (2006) "Disease profile of children in Kabul: the unmet need for health care", *Epidemiology Community Health*.2006; 60: 20-23.

The age distribution of the two groups is visibly different. Figure 12 (and Table 31 in the Annexure) confirms the results of Table 7; the proportion of children with disability under the age of 10 is significantly lower than the proportion of this age-group in the non-disabled population. The proportion of young persons with disability is relatively less than the proportion of disabled adults in the age-group above 45 and even more for the category above age 60. The gap between the two populations is high for the youngest, and decreases with increasing age: the situation is almost at equilibrium for the 25-34-age category and changes after 35. In the 45 and above age category, the proportion of persons with disability is 26.8% of the total persons with disability, when this age category represents only 12.1% of the overall population. The gap is more than 14%. When people survive until the age of 60, the probability of becoming disabled happens to be higher: 15.2% of the persons with disability are older than 60, when this age group represents less than 5% of the overall population.

Older persons are more subject to disability; this is confirmed by the figures of Table 7. The proportion of persons with disability is higher than that of the non-disabled after the age of 45 and higher after the age of 60. This was found to be a statistically significant result.

These trends observed can be explained by a series of reasons. First of all, many disabled children less than 5 years of age die in the first years of life due to lack of adequate health care. This supports the hypothesis that persons with disability might die early because of lack of services and care, and therefore their proportion is not very high at earlier stages of life. Secondly, the probability of acquiring disability increases with age due to deterioration of health and as people are more at risk of diseases and poor access to health care, accidents, and social and economic shocks. Lastly, war-related impairments were more prevalent when the people who are currently over the age of 35 were younger during the two and a half decades of war. An in depth analysis of the situation of persons with disability aged 45 and over might show a significant link with types and causes of disability, discussed further on in this report.

No Significant Influence of Urban or Rural Settings

As with the general population distribution of Afghanistan where the majority of the population live in rural areas, the study found that 69.7% of persons with disability are living in rural settings (Table 8). However, this figure has to be compared to 71.7%, which gives the percentage of the overall population living in rural areas. This shows that there are more persons with disability in rural areas, as a majority of Afghans live in small and remote villages with uneasy access (absence of roads). If Table 8 shows a relatively higher proportion of persons with disability in urban areas, this result is not statistically significant. It is the confirmation of the results found in Table 3 concerning the regional distribution.

Table 8. Distribution of Persons with Disability Living in Urban and Rural Areas

Settings		Non-Disabled	Persons with Disability	Total
Urban	Number	6,853,424	204,609	7,058,033
	% in Categories	28.3%	30.3%	28.4%
Rural	Number	17,362,527	470,276	17,832,803
	% in Categories	71.7%	69.7%	71.6%
Total	Number	24,215,951	674,885	24,890,836
	% in Categories	97.3%	2.7%	100.0%

This first overview of the distribution of persons with disability shows that a majority of persons with disability:

- Live in western and central areas;
- Are men;
- And aged above 25, but with a high representation among children aged 5 to 14.

However, this must be completed by a series of breakdowns according to the type of disability to better understand what the profile of this vulnerable group really is.

Various Possibilities for Evaluating and Classifying Disability

The survey was not carried out by medical doctors and there was no possibility of doing medical exams or tests. Disabilities were identified either by the surveyors, helped whenever possible by the monitors/master trainers, who were mainly medical doctors, but this was done mainly by using the screening tool. This two-fold method for identifying disability made it possible to make comparisons and consistency checks.

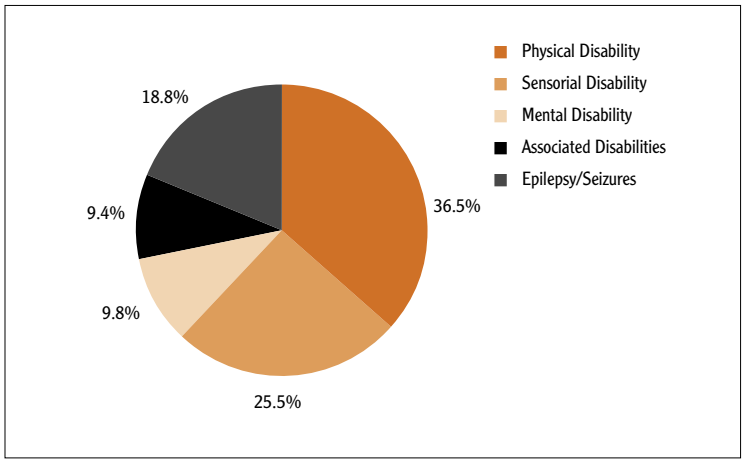
The basic typology of the various forms of disability includes physical disability, sensorial disability, mental disability (mental illness and intellectual disability) and crisis, epilepsy and other forms of seizures. Associated disabilities were a category used to state that a person has more than one type of disability. This corresponds to the definition of disability that was used by the NDSA. Nevertheless, these major types can further be broken down into much more complex categories (see Tables in the Annexure).

However, it can be argued that the inclusion of mental distress as a supplementary item is important. Doing this results in higher numbers of people having a possible difficulty, thus increasing the rate of prevalence from 2.7% to 4.6% of the total population.

Typology according to Various Sources of Assessment

There are different ways in which to consider the distribution of the disabled. This section looks at different types of impairments, based on the 2.7% prevalence rate reported earlier. Figure 13 below shows a first possible breakdown by types of disability found by the screening process of the survey. It indicates that the majority of Afghans with disability have physical impairments (36.5%). Sensorial impairment also affects a considerable section of persons with disability in Afghanistan (25.5%). Analyses below look at the reasons

Figure 13. The Overall Typology Evaluated Through the Screening Tool



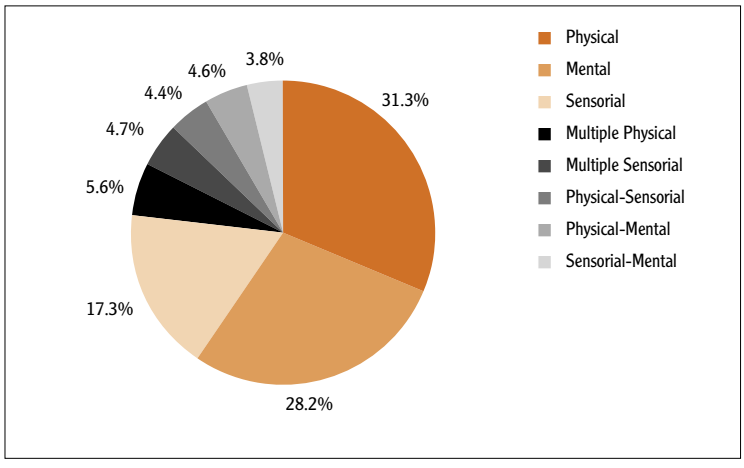
explaining the high proportion of physical disability in depth. Mental forms of disability, including fits, seizures and epilepsy stand for 28.5% of all persons with disability. Associated disabilities, both physical and mental, represent 9.4% of the sample.

In Figure 13, multiple physical impairments are included in the 36.5% of persons with disability when the two impairments are physical. The same was done for multiple sensorial disabilities, which were included in the overall sensorial disability category.

The typology shown in Figure 14 replicates the identification of the disability by the surveyors. Mental disability compounds all forms of intellectual and psychological difficulties as well as epilepsy and other forms of seizures, wherever the surveyors felt that it was a problem. A direct observation of disability did not allow surveyors to identify different types of mental illness and intellectual disability.

The results are similar for both assessments but the identification of physical disability by surveyors is more precise. This is due to two major factors. The first is that the often high visibility of physical impairment makes it easier for the surveyor to notice it compared to, say a mental illness. Secondly, the screening questionnaire

Figure 14. The Overall Typology according to the Observation of Surveyors



aims at identifying impairments with sensitivity, but it was not built to detail all types of signs and symptoms linked to a physical disability; this would have increased the duration of the interview considerably. Therefore, consistency was verified by comparing the appreciation of the surveyors with the findings of the screening tool; this was particularly reliable for physical and sensorial disability.

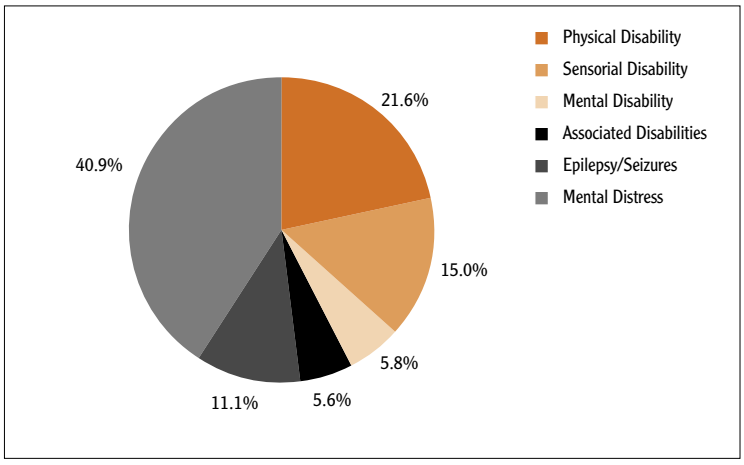
Physical disability still constitutes the main type of disability (31.3%). However, multiple disability accounts for 15.1% of all persons with physical disability, without including associated disabilities[40], and 12.2% if these are included. Mental disability, including epilepsy and other forms of seizures is the second type of disability; this category encompasses a variety of difficulties. The high level of multiple sensorial disabilities (21.4% without including associated disabilities and 15.6% if included) is also striking. This is mainly due to a combination of speech and hearing impairments. Associated disabilities are slightly under-represented: there is 1% less between the two assessments (through the screening tool and the surveyors). One explanation of this gap lies in the limitation to two possible answers for the surveyor, thus excluding the detection of triple associated disabilities.

Focusing on the 4.6% prevalence rate using a single criterion in sections B to E of the screening questionnaire of the survey, increases not just the rate of prevalence, but also the risk of error of targeting, by including the non-disabled persons in the sample. Nevertheless, such a choice would lead to a different typology of disability in Afghanistan (Figure 15). In doing so, the most salient result is that physical disability is no longer the main type of disability; the majority of difficulties are then linked to mental issues. In any case, the eventuality of having a high level of mental distress has been underlined by previous studies[41].

[40] By convention for the NDSA, associated disabilities are represented by two types of disability such as physical and mental or physical and sensorial, or mental and sensorial disabilities for the same individual. Multiple disabilities are two different disabilities of the same type for the same individual.

[41] See CENTRE FOR DISEASE CONTROL AND PREVENTION (2003), *Mortality, Injury, and Disability Survey, Preliminary Report*, April 2003 and SCHOLTE W.F., OLFF M., VENTEVOGEL P., VRIES (de) G. J., JANSVELD E., CARDOSO B.L., GOTWAY CRAWFORD C.A. (2004). "Mental Health Symptoms Following War and Repression in Eastern Afghanistan", *Journal of American Medical Association*, 2004, 292:585-593.

Figure 15. Typology Including Mental Distress



Based on the 4.6% prevalence rate, Figure 14 shows that there is a significant number of Afghans (40.9%) possibly having some form of mental distress. In fact, the Center for Disease Control (CDC) survey concluded that 57.7% of Afghans have some form of neurological, psychological/mental or intellectual condition. This shows that currently there are a significant number of Afghans who have some form or other of mental distress and need to be better identified in order for their needs to be addressed. However the implications of these types of difficulty in terms of policies and programmes are very different. Moreover, the needs with regards to education, health and employment do not consist of the same elements for persons with severe disability and those who show mental distress. For example, the requirements for education are not in terms of access or adaptation of teaching tools but more in terms of sensitisation of teachers and families. Furthermore, during the fieldwork, it appeared that mental distress was something familiar and frequent for families and that they learned during decades of conflict to cope with these difficulties.

Looking more closely at Multiple and Associated Disabilities

A more detailed typology of impairments makes a more complex analysis of disability in Afghanistan possible. Understanding the impact of disability by more detailed types allows for fine-tuning of interventions and for defining of priorities. One way of looking at this picture is by focusing on multiple and associated disabilities. At the present point in time, it might be too demanding to build adapted services for persons presenting both a sensorial and a mental difficulty, than for persons having a limb missing for instance. Medical needs, as well as issues such as accessibility to school will differ considerably. Different kinds of disability call for different actions. However understanding the complexity, as well as the wide range of physical, sensorial and mental conditions that make up the disability picture in Afghanistan is imperative if the goal of inclusion for all is to be achieved in the long-term.

A breakdown of physical and sensorial disabilities by more detailed types is given in Figure 16 below.

Figure 16. Types of Physical and Sensorial Disabilities (Section A of the Screening Questionnaire)

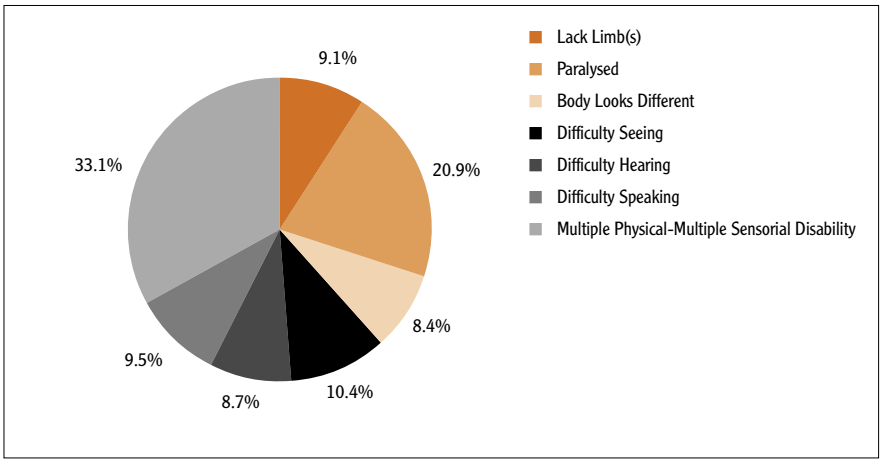
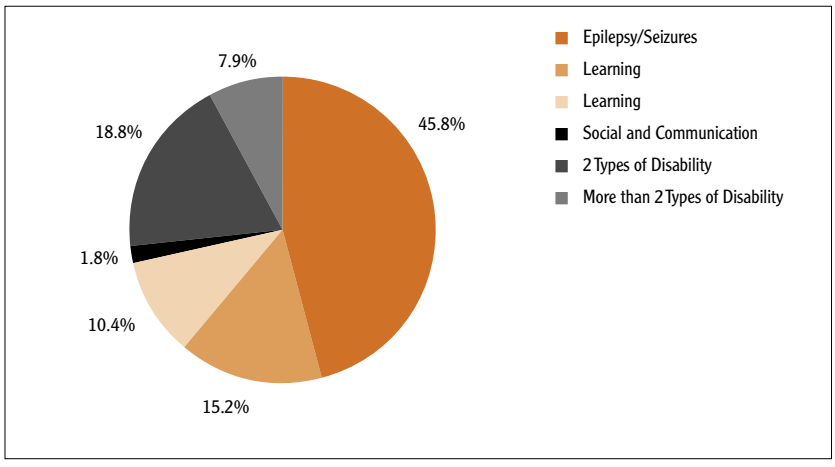


Figure 17 shows that 33.1% of the respondents reported having multiple physical or multiple sensorial disabilities. A further breakdown of that percentage did not yield any statistically significant results. The sensorial difficulties account for 28.6% with an almost equal distribution of vision, audition and speech disabilities, followed by the category of Afghans who are paralysed.

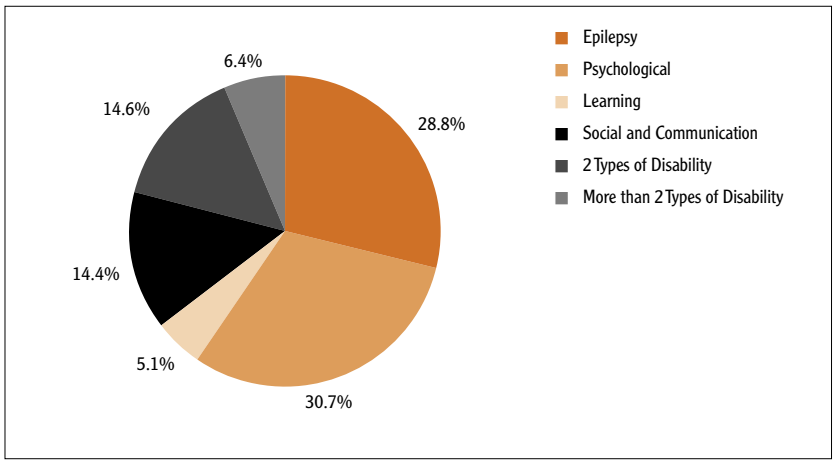
Mental illness and intellectual disability also offer a relative diversity of situations. Two major phenomena stand out: the high level of epilepsy and other forms of seizures and the very low level of 'social' difficulties identified.

Figure 17. Other Forms of Disability (Two Positive Answers to Sections B to E of the Screening Questionnaire)



The high proportion of persons reporting regular episodes of epilepsy and other forms of seizures must be considered with caution. It is usually accepted by epidemiologists that epilepsy represents less than 1% of the population[42]. In Afghanistan, considered together, crises epilepsy and other forms of seizures and associated epilepsy with another type of mental disability account for 0.56% of the population. Some of the symptoms of other forms of seizures can pertain to situations of trance and hysteria. Mental illness and psychological difficulties account for 15.2% and intellectual disability for another 10.4%. Moreover, 26.7% of persons in this category have more than one of these disabilities.

Figure 18. Other Forms of Difficulty and Disability including Mental Distress (One Positive Answer to Sections B to E of the Screening Questionnaire)

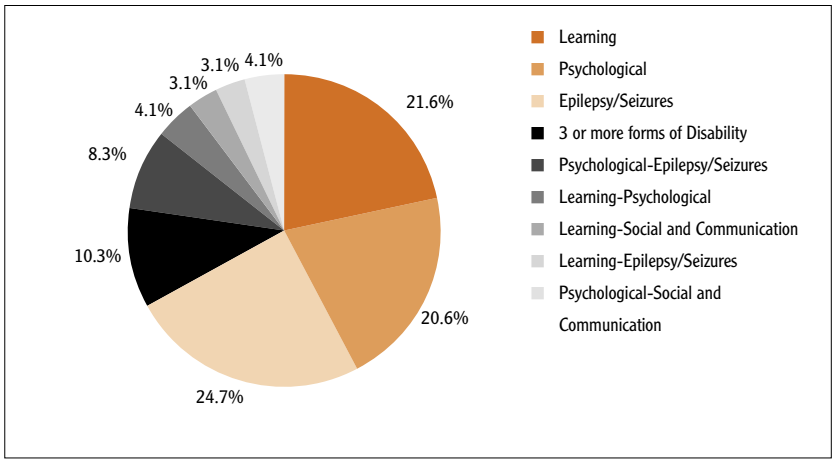


[42] See De JONG E. (1999), « Mental Health Assessment Ghurian and Zendah Jan districts, Herat Province Afghanistan ». Amsterdam/ Kabul, Medecins sans Frontieres Holland. See also DE JONG J.T.V.M., KOMPROE I.H., VAN OMMEREN M., EL MASRI M., ARAYA M., KHALED N., VAN DE PUT W., SOMASUNDARAM D. (2001) « Lifetime events and posttraumatic stress disorder in 4 postconflict settings ». *Journal of American Medical Association*; 286:555-62.

Bearing in mind that the fact that mental forms of disability are more difficult to detect, it seems valid to look at the typology based on less severe criteria. Taking into account at least one answer to the screening questions gives quite a different picture of the disabilities that do not fall under physical or sensorial categories. In this case, psychological and learning difficulties account for the majority of mental disabilities and such difficulties are twice more prevalent than in Figure 18, whereas the proportion of persons reporting fits, epilepsy and seizures diminishes and is only one-third of the proportion in Figure 18. The higher level of social and psychological difficulties confirms that many persons in post-conflict Afghanistan might have symptoms of, for example, depression and post-traumatic stress disorder, but they are not disabled by it, which makes it questionable to label them as having a mental illness (psychological category). People deal with their trauma in everyday life and are not impeded in their functioning by it, but these problems do affect quality of life and well-being. However, as Peter Ventevogel and al. put it, "there is all reason to presume a huge morbidity of mental disorders in this war ravaged country with an extremely incapacitated mental health care system. Afghanistan faces an urgent need to establish effective and culturally appropriate mental health services[43]".

Figure 13 above shows a level of almost 10% of all disabled having associated disabilities. Most common associations are physical/sensorial and mental disabilities. Figure 19 explores the existing links between physical/sensorial disabilities and the associated mental problems that people face. The survey confirms the findings of the previous survey of the CDC that persons with physical disability have a higher risk of showing psychological distress[44].

Figure 19. Associated Disabilities: Physical/Sensorial Disabled Reporting a Mental Disability



When looking at other types of disabilities associated with physical/sensorial disabilities in Figure 19, epilepsy and other forms of seizures (24.5%) and learning difficulties in various combinations (31.7%) remarkably account for half of the associations. In one-third of the cases of learning disability associated to sensorial or physical forms, another psychological difficulty is also present. Psychological disability is also an important associated disability for persons with physical disabilities. In a post war country like Afghanistan, some mental problems are due to other war-related disabilities; for instance, a landmine survivor who develops a depression after she/he has lost her/his legs as this diminishes her/his ability of finding a spouse and a job. The feeling that the event strongly jeopardises her/his future can lead to depression. Lack of hope on one hand and the negative attitudes, and in some cases stigmatisation, on the other hand, linked to physical impairment can partly explain the associated mental problems.

[43] VENTEVOGEL P., AZIMI S., JALAL S., KORTMANN F. (2002), "Mental Health Care Reform in Afghanistan", *Journal of Ayub Medical College*, Abbotabad, December 2002, 14 (4), p.1.

[44] CARDOZO B.L., BILUKHA O.O., CRAWFORD C.A., SHAIKH I., WOLFE M.I., GERBER M.L., ANDERSON M. (2004). "Mental health, social functioning, and disability in postwar Afghanistan". [Electronic version] *Journal of American Medical Association*; 292:575-84

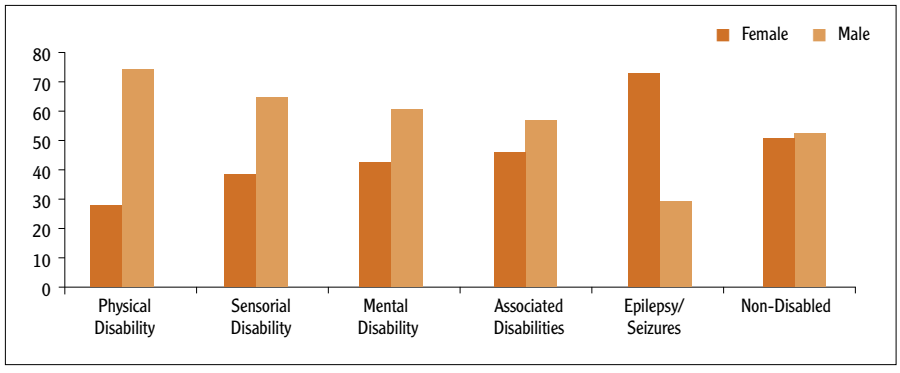
Afghans with Disability: Some Salient Features

Although this report covers a broader span than just a presentation of demographic characteristics of persons with disability, these do give an understanding of the general differences in situation of persons with disability.

Significant Gender Differences in Typology

Figure 19 and Table 9 show that the main type of disability for men and women is physical disability. For women epilepsy/seizures are almost as prevalent. Nevertheless, men and women are not affected in the same way by disability. While men are proportionally more affected by physical and sensorial disabilities, women are also affected_by epilepsy and other forms of seizures.

Figure 20. Typology of Disability according to Gender



For results based on the 2.7% prevalence of severe disability, the typology according to gender shows that while the majority of males with disability fall into the physical and sensorial categories, the highest proportion of females have seizures or epileptic fits that are disabling. For mental and associated disabilities there are also significant differences between the two sexes. It is only for epilepsy/seizures that the proportion of females is significantly higher than that of males. The chi square test of independence shows significant difference between men and women for physical disability, sensorial disability and crisis, epilepsy and other forms of seizure.

Table 9. Distribution of Persons according to Gender and Types of Disability

Gender		Physical Disability	Sensorial Disability	Mental Disability	Associated Disabilities	Epilepsy/ Seizures	Non-Disabled	Total
Male	Number	178627	108475	38973	35076	35725	12309661	12706537
	% within Category	72.6**(1)	63.3**(1)	58.8	55.1	28.2**(1)	50.8	51.1
Female	Number	67553	63007	27281	28580	90937	11904990	12182348
	% within Category	27.4**(1	36.7**(1	41.2	44.9	71.8**(1	49.2	48.9
Total	**Number**	**246180**	**171482**	**66254**	**63656**	**126662**	**24214651**	**24888885**

Source: NDSA. (1)**Test of comparison of proportion between types of disability, significant at p<0.01.Test Chi 2 of Pearson of independence. Significant at p<0.01

Gender differences in terms of disability types observed can be explained by various hypotheses. On one hand, war has made more direct victims of men than of women as they were the fighters. A large part of physical disability is an outcome of war wounds associated with inadequate health care. On the other hand, there is a link between age and sensorial disability (Figure 20) explaining why women are less affected by these: women are less represented at older ages than men, when sensorial disability is more common. If life

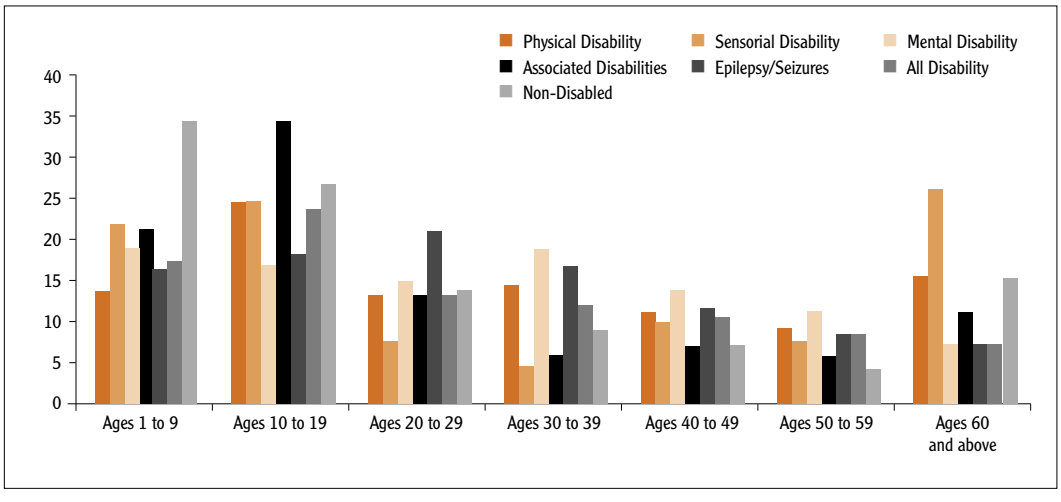
expectancy at birth is similar for men and women[45] (45 and 44 respectively), the NDSA results show that women, especially those with disability are less numerous at later ages. This is not surprising considering the high maternal mortality rate and low level of access to health care facilities. Finally, as far as epilepsy and other forms of seizures are concerned, there is no scientific evidence in other countries of higher rate of prevalence among women. One of the more plausible explanations is that signs are more easily detected in women due to cultural acceptance and identification.

Predominance of Sensorial Disability in the Early Years and in Old Age

Distribution of types of disability is not identical across age groups as shown in Figure 20 below. Sensorial disability is above the average of all disabilities in the early years and in old age. It is the major type of disability both before age 9 and after age 60. This is closely linked to the main causes of sensorial disability, at birth or through accident in early stages, or loss of faculties due to age.

For children aged less than 9, the level of physical disability is relatively low compared to the average of all disabilities. It follows the average level of disability after age 10 except between ages 30 and 39. The higher representation for this age group is probably due to the relative importance of war disability: men of this age were the majority that were fighting a few years back. Associated disabilities (more than one type) are very high among the 10-19 age groups. The relatively lower proportion of associated disabilities before age 9 with a decreasing proportion after age 20 can be due to different possible reasons. Before 9, there is a general difficulty to identify associated disabilities: parents are not always able to observe some hidden symptoms that are more apparent at a later age. Above age 20, the lower proportion of persons with associated disabilities is probably due to the high mortality rate of persons having this type of disability. Above age 60, the age of the person is responsible for hearing and seeing impairments and physical difficulties. Mental disability seems to be present throughout, with the highest proportion between ages 30 and 50.

Figure 21. Typology of Disability according to Age group



It is very plausible that a more reliable health system and better access to health care services, particularly for the most deprived, will in time modify the age distribution of disability.

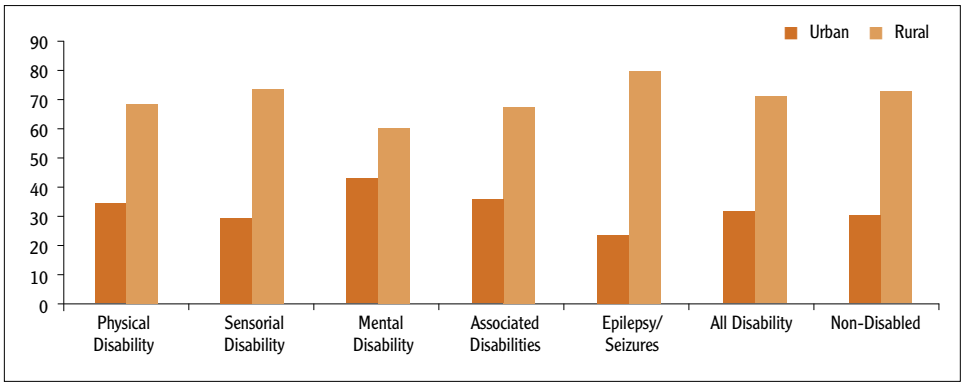
Rural Settings: Higher Population, More Persons with Disability

The overall majority of the population of Afghanistan lives in rural areas. This is also the case for persons with disability.

[45] UNDP (2004), "Security with a Human Face: Challenges and Responsibilities", *Afghanistan National Human Development Report*, Kabul.

Figure 22 and Table 10 show that persons with physical disability are more represented in rural (67.3%) than in urban (32.7%) areas. Epilepsy and other forms of seizures are even more present in rural areas (77.9%) than in urban settings (22.1%). On the other hand, the difference is less important for other forms of disability, which are relatively more present in urban areas.

Figure 22. Typology according to Urban-Rural Settings



However, the difference between urban and rural settings for each type of disability is very high, and statistically significant. There is a difference that exists for the overall population. Except for persons who report regular episodes of epilepsy and other forms of seizures, persons with disability more often live in urban centres than the rest of the Afghan population. This is even truer for mental disability, which does not show a statistically significant difference between urban and rural areas: the frequency is 41.2% in urban areas and it is of 58.8% in rural areas. Yet, only few urban centres today offer any kind of services for mental health. When mental distress is included, thus considering the 4.6% threshold for prevalence, there is still a relative over-representation of persons with mental disability or mental distress in urban areas. Two hypotheses can explain this phenomenon. The first one is linked to the recent conflicts: more violent fighting took place in urban settings or close to them than in remote rural areas; this could explain the higher prevalence of psychological problems resulting from trauma. The second explanation lies in a possible under-representation of mental disability within rural settings: stigmatisation and lack of sensitivity could result in under-reporting.

Table 10. Distribution of Persons in Urban and Rural Areas according to Types of Disabilities

Settings		Physical Disability	Sensorial Disability	Mental Disability	Associated Disabilities	Epilepsy/ Seizures	All Disability	Non Disabled	Total
Urban	Number	80544	47417	27281	21435	27931	204609	6853424	7058032
	% within Category	32.7**(1)	27.7**(1)	41.2	33.7**(1)	22.1**(1)	30.3	28.3	28.4
Rural	Number	165636	124064	38973	42221	98732	470276	17363177	17832803
	% within Category	67.3**(1)	72.3**(1)	58.8	66.3**(1)	77.9**(1)	69.7	71.7	71.6
Total	**Number**	**246180**	**171481**	**66254**	**63656**	**126663)**	**674885**	**24216601**	**24890835**(2)**

Source: NDSA. (1)**Test of comparison of proportion between types of disability, significant at p<0.01. (2)**Test Chi 2 of Pearson of independence. Significant at p<0.01

The study of the situation of prevalence of disability in Afghanistan has shown specificities that immediately give rise to a major question: what are the causes of the current situation? If the answer to this question is complex and requires further in-depth analysis of the condition of persons with disability, a first step would be considering what caused the impairment itself.

Causes of Disability: a Wide Spectrum of Identified Sources and Common Beliefs

Identification of direct causes of impairment is always a complex matter which requires cautious analysis. As a matter of a fact, the reason is given by the interviewee her/himself, which means that except when it is a clearly identified reason (explosion, violence, etc.); the cause might not be correctly identified or not identified at all. The most significant example of this difficulty of identifying the reason of the impairment is the following answers: "it is my destiny" or "it is a curse of God, Djins or a result of black magic". When these are stated as the first answer, the interviewee clearly indicates that her/his beliefs regarding the causes are based on cultural and religious norms, in view of a lack of any clear incident. It refers to beliefs, which are widespread in Afghanistan, as already described in THAKKAR M. et al.[46]. Because of lack of trained staff, the NDSA did not have the capacity to do a 'diagnosis' of the person, moreover this was not the objective of the survey. As a result the causes of disability stated are not based on any medical assessment. The aim was not to carry out a diagnosis, but to better understand how people themselves identify and explain the reasons for their disability. This information is of great importance for policies aimed at fighting stigma and discrimination.

Figure 23. Causes of Disability according to Gender

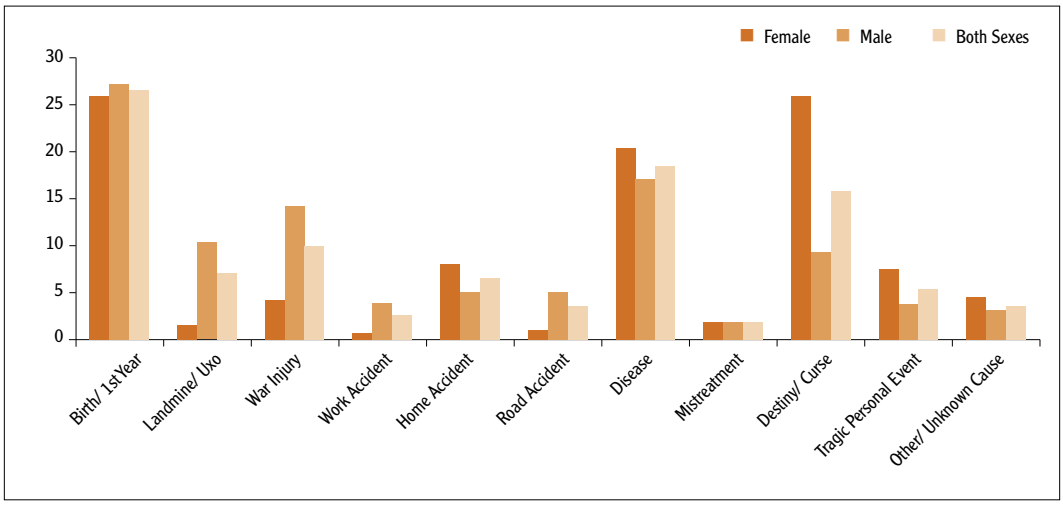


Figure 23 and Table 11 provide a distribution by major causes of disability and gender. Actually, two answers were possible, but interviewees who had difficulties to give just one cause seldom gave a second one.

Disease is a major cause of disability for 43.8% of the total number. Disability from birth or acquired during the first year of life represents 26.4% of total identified causes[47]. Improvement of the health systems, particularly with the implementation of the Basic Package of Health Services, including specific services for persons with disability, will contribute to better treatment and care.

Survivors or war and its consequences are also frequent: almost 17% of all declared causes are linked to landmines or UXO (6.8%) or to other types of war injuries (10.0%): bullet, grenade, bomb, booby trap, etc. If one considers an average population of 25 million inhabitants in Afghanistan, this represents about 123,000 people, of which almost 50,000 are landmine or UXO survivors.

[46] THAKKAR M., CERVEAUT., DAVIN E., (2004), *op. cit.*

[47] It was decided to combine « at birth » and « during the first year » in order to avoid stigma that is linked to disability caused from congenital factors. Our pre-tests showed that no one admitted that the disability was present « at birth ». In order to obtain responses we decided to widen the option. As a result this category can refer to congenital problems or difficult delivery or to illness or disease during very early childhood.

Table 11. Causes of Disability according to Gender

Causes		Male	Female	Total
From Birth or During the First Year (genetic illness)	Number	98732	64955	163687
	% within Category	26.9	25.8	26.4
Landmine or Unexploded Ordnance	Number	38324	3897	42221
	% within Category	10.4**(1)	1.6**(1)	6.8
Other War injury: bullet, grenade, bomb, booby trap...	Number	51315	10393	61708
	% within Category	14.0**(1)	4.1**(1)	10.0
Work Accident	Number	14290	1299	15589
	% within Category	3.9**(1)	0.5**(1)	2.5
Home Accident	Number	18187	20136	38323
	% within Category	4.9	8.0	6.2
Road Accident	Number	18837	1949	20786
	% within Category	5.1**(1)	0.8**(1)	3.4
Disease	Number	62357	50665	113022
	% within Category	17.0	20.2	18.3
Victim of Mistreatment, Crime, Violence	Number	6496	4547	11043
	% within Category	1.8	1.8	1.8
It is my Destiny or a Curse	Number	33777	64306	98083
	% within Category	9.2**(1)	25.6**(1)	15.8
After a Tragic Personal Event	Number	14290	18187	32477
	% within Category	3.9**(1)	7.2**(1)	5.2
Other or Unknown Cause	Number	11042	11042	22084
	% within Category	3.0	4.4	3.6
Total	**Number**	**367647**	**251376**	**619023**

Source: NDSA. Note.Test of comparison between Males and Females. (1)** Significant at p<0.01. * Significant at p<0.05. Source: NDSA. (2)** Test Chi 2 of Pearson of independence. Significant at p<0.01

Considering main types of disability as in Table 12, some more details about causes can be provided. Identified causes vary considerably and significantly from one category of disability to another.

Among the physically disabled, the main reasons given for their disability are: war injury (32.3%), accident (19.6%), then at birth or from the first year health problems (17.2%), and a disease other than congenital or postpartum disease (16.4%). An interesting result is the statistically significant difference between proportion of persons with physical disability and the proportion of other categories of disability for every main cause.

For sensorial disability, the main causes are slightly different. If birth, accident or congenital problems remain the first cause (31.8%), it is much more frequent than disease, which is the second cause (23.1%). By combining the two, this major source identified is illness or disease (54.9%). Unfortunately, the choice to not have a medical diagnosis did not allow calculation of the breakdown of this major cause by different types of diseases. If one adds the 23.5% of people who believe that disability is due to a curse or who do not know the cause, then the total rate is 78.4%. One can put forward the assumption, which can be criticised, that the people who cannot give a reason other than curse for their sensorial impairment were probably victims of a disease. In case of an accident, people usually are able to identify the event at the origin of the impairment. Consequently, different types of accidents explain the 8.3% of sensorial impairment. The high prevalence of sensorial impairment emphasises the challenge ahead to tackle this type of disability: education, for instance,

as considered in the education report[48], for the sensorially disabled, can be made accessible only if teachers are sensitised and trained. Landmine and other war injuries, the most clearly identified, represent almost 10% of causes of sensorial disability.

Table 12. Causes of Disability according to Type of Disability

Causes		Physical Disability	Sensorial Disability	Mental Disability	Associated Disabilities	Epilepsy/ Seizures	Total
From Birth or During the First Year (genetic illness ...)	Number	42221	54562	16888	32478	17538	163687
	% within Category	17.2**(1)	31.8**(1)	25.5**(1)	51.0**(1)	13.8**(1)	24.3**(1)
War Victims	Number	79245	14290	3248	4547	2598	103928
	% within Category	32.3**(1)	8.3**(1)	4.9**(1)	7.1**(1)	2.1**(1)	15.4**(1)
Accident	Number	48067	12341	3897	4547	5846	74698
	% within Category	19.6**(1)	7.2**(1)	5.9**(1	7.1**(1	4.6**(1	11.1
Disease	Number	40272	39623	6496	11692	14940	113023
	% within Category	16.4*(1)	23.1*(1)	9.8**(1)	18.4	11.8**(1)	16.8
Mistreatment, Violence, Tragic Event	Number	7795	10393	9743	1299	14290	43520
	% within Category	3.2	6.1**(1)	14.7**(1)	2.0**(1)	11.3**(1)	6.5
Destiny, Curse or Unknown	Number	27931	40272	25982	9094	71451	174730
	% within Category	11.4**(1)	23.5**(1)	39.2**(1)	14.3	56.4**(1)	25.9
Total	**Number**	**245531**	**171481**	**66254**	**63657**	**126663**	**673586**

Source: NDSA. (1)**Test of comparison of proportion between types of disability, significant at p<0.01. * Significant at p<0.05 (2) **Test Chi 2 of Pearson of independence. Significant at p<0.01

Other disability, especially mental forms, remains a major field where there is poor knowledge, and an abundance of beliefs and superstitions, thus presenting a very complex picture. This is particularly true for epilepsy and other forms of seizures that often are reported by interviewees to have appeared suddenly with no particular cause or event. Therefore, 21.2% of persons with mental forms of disability admit that the cause is a curse, destiny or black magic (18% cannot give any cause), while 43.9% of persons with epilepsy or other forms of seizures (with at least one episode in the last 6 months before the interview) believe it is a curse or destiny (and 12.2% cannot give any cause for their disability). In both cases, a tragic personal event (shock due to the loss of someone close, etc.) or mistreatment accounts for more than 10% of the cases of mental disability (14.7%) or crisis, epilepsy and other forms of seizures (11.3%).

Considering associated disabilities, more than half of the causes declared are of congenital origin or during first year of life (51%). Other diseases represent 18.4% of cases. Landmine and other war injuries explain 7.1% of these.

Disability in Afghanistan is a phenomenon with many intricacies. Comprehension of the diversity of profiles of persons with disability is a starting point for an in-depth understanding of their situation. Considering the health status and the actual capacity of the health care system to respond to needs reveal the extent of the challenge that lies ahead.

[48] BAKHSHI P., TRANI J.F. (2006), "Towards Inclusion and Equality in Education", Handicap International, Government of Afghanistan, Kabul.

The Health Status: Challenging the System

Afghanistan has survived over twenty years of conflict and instability. Since the end of 2001, real gains have been made by the Afghan Government and people to secure peace, stability and to rehabilitate the devastated infrastructure. Despite these efforts, Afghanistan still remains one of the poorest and least developed countries in the world with health statistics that are among the worst. The maternal mortality rate is reported to be 1,600 per 100,000 live births, the under-five mortality rate is estimated at 257 per 1,000 births and the infant mortality rate is 165 per 1,000 births[49]. These statistics are the result of many years of a disorganised health care system, unable to provide preventive or curative health care services to a largely rural population.

While general statistics are used to gauge the progress of the health sector in addressing the needs of the population, very little is known regarding the health status of one of the most vulnerable groups of Afghans, persons with disability. Knowledge regarding the health indicators of this population is very limited, even more so when it comes to access and use of health services. The 2005 National Disability Survey in Afghanistan (NDSA) is the first survey that attempts to shed light on the health status and challenges that Afghans with disability face.

Comprehending the Specific Needs of Persons with Disability…

There are limited statistics available on the estimated number of persons with disability worldwide. However, the most commonly quoted global number is over 600 million as reported by the United Nations. Furthermore, 70% of these people are living in developing countries and there is little to no information available on their health status or access and utilisation of health services. However, it is understood that the effects of poverty and limited resources cause further disadvantages for persons with disability living in these developing and transition nations.

…from a Global Perspective

Taking into account the experiences of persons with disability in other countries can help better grasp the various challenges faced by persons with disability in developing nations. A nationally representative survey of Medicare recipients with and without disabilities in the United States identified several points of dissatisfaction in the access to health services. These included the cost of care, the availability of doctors, and the ease of getting to the doctors' office, and more generally the information about their health conditions. This was confirmed by a cross-sectional study conducted in the State of Missouri, which found that persons with disability reported lower levels of satisfaction with health services due to the lack of access.

"women with physical limitations (such as mammogram machines and adjustable gynaecological exam tables); the shortage of adequate transportation or support services to assist women in getting to health care appointments; inadequate knowledge about disability issues by some health care providers; lack of

[49] UNDP (2004), *op. cit.*

systematic data documenting the prevalence or incidence of health problems among women with disabilities; and disparities in educational resources, lower wage jobs, and higher unemployment rates that may disproportionately affect women with disabilities from achieving optimal health status…".

When it comes to actual health status and outcomes of persons with disability, few countries carry out the studies to collect necessary data. Limited data exists for indicators such as immunisation rates, maternal and infant mortality for women and children with disability worldwide. In countries such as the Netherlands, adults with intellectual disabilities have been found to have 2.5 times more health problems than those without.

…Not spelled out in the MDGs

Since the United Nations Millennium Declaration signed by 189 countries in 2000, and the subsequent development of the Millennium Development Goals (MDGs), much worldwide attention has been focused to improve the health of people in developing countries. Some of these goals aim at improving children and women's health and education, the promotion of gender equity, and the empowerment of women. **However, there is no mention addressing the needs of vulnerable groups such as the persons with disability.** Many organisations speaking on behalf of persons with disability have criticised the MDGs for focusing on broad targets, and not giving specific attention to the disabled, keeping in mind that disability and poverty are so closely linked. **Hence, if nations aim to eliminate extreme poverty and ill-health, the improvement of services and status of the persons with disability would need to be an integral part of the strategy to achieve the MDGs.** Furthermore, specific mention of persons with disability in the targets and goals of the MDGs would safeguard against the tendency of governments to improve national performance by concentrating only on the averages and not on the greater challenge of improved status of the poorest by considering the needs of the most vulnerable.

If one looks more specifically at the MDG of improving maternal health worldwide, the challenges faced by women with disability in developing countries seems far more insurmountable. A qualitative study conducted in Lusaka, Zambia, found that **the barriers faced by women with disability in accessing reproductive health services were a combination of social beliefs, physical barriers and prejudicial attitudes**.The study found that health care workers held strong assumptions that women with disability were not sexually active and thus did not need reproductive and sexual health education.This in turn increased the vulnerability of these women to sexually transmitted infections, HIV, and unwanted pregnancies. When pregnant women with disability attended health facilities, barriers to antenatal care resulted from traditional beliefs regarding the transmission of disabilities to the foetus. Furthermore, health care workers' fears of delivery complications resulted in pregnant women with disability being disproportionately referred to tertiary care centres, due to the perception of having higher risk pregnancies. This transfer from mostly rural and somewhat accessible primary health care centres to urban hospitals in many cases compounded cost of care, and the lack and cost of transportation.

In another qualitative study carried out in Uganda and Rwanda[50], which looked at the status of young persons with disability and HIV/AIDS, similar themes were identified as barriers faced by young people in accessing health and educational services. Nine general categories of barriers would need to be addressed to meet the universal goal of reducing the burden of disability and HIV/AIDS. These barriers were: poverty, communication (especially for those with hearing and visual impairments), confidentiality (in particular when an interpreter was required), education and preventive health education specifically, quality of advice given to persons with disability, relationships between young persons with disability (especially young women and their partners), physical accessibility to health facilities, attitudes of health workers, and abuse of young persons with disability, especially women.

[50] YOUSAFZAI A, EDWARDS K. (2005), "Double Burden: A Situation Analysis of HIV/AIDS and young people with disabilities in Rwanda and Uganda". *Save the Children*. Retrieved on November 1, 2005 from http://www.savethechildren.org.uk/scuk/jsp/resources/details.jsp?id=2005&group=resources&section=publication&subsection=details

In summary, there is little data available in the developing world on the interaction between health, poverty and the various forms of vulnerability resulting from disability. Information on the status of persons with disability and their ability to access and utilise health services in developing nations, remains limited. In review, the literature seems to point to the critical need to gather quantitative data and specifically target vulnerable groups when health policy and programming is developed. Cost, transportation, health education, and attitudes of society and health care professionals are just some of the barriers that persons with disability have to face and which need to be addressed collectively.

…Understanding the Health Needs of Afghans with Disability

The Ministry of Martyrs, Disabled and Social Affairs (MMDSA) was established during the Soviet influenced era of Afghanistan as a pensions and welfare organisation catering specifically to families of martyrs and the war related disabled. The role of the ministry was expanded in 2002 under the Transitional Islamic State of Afghanistan to become the lead government agency to advocate and facilitate coordination as well as dissemination of information regarding persons with disability. Despite this role, line ministries are still responsible for mainstreaming the needs of the disabled population within their policies and programs. In 2005, the MMDSA provided no advice for the provision of curative or preventative health services in Afghanistan.

The Ministry of Public Health (MoPH) is the line ministry tasked with addressing the health needs of the Afghan population. In 2003, this ministry established a health services delivery policy called the Basic Package of Health Services (BPHS) which outlined 7 health categories felt to be of priority in Afghanistan: maternal and newborn health, child health and immunisation, public nutrition, communicable diseases (tuberculosis and malaria), mental health, disabilities, and finally the supply of essential drugs. They were distributed in three tiers, according to the order of priority. Due to the lack of knowledge on the scope of the problems, the lack of resources and the insufficient capacity to integrate services, both mental health and disability were associated to secondary tier interventions. With the revision of the BPHS in 2004 and 2005, the provision of mental health and rehabilitative services for disabled Afghans was elevated to first tier interventions. Despite this, integration into the current on-going services provision activities has been slow and in need of guidance.

The wider issue of the Afghans' health status is by and large unknown. Many sources point out that persons with disability have lower immunisation rates, worse morbidity and mortality levels than the already dramatic situation of the Afghan population. However concrete data supporting these assumptions does not exist.

In 2004, UNICEF and UNDP commissioned a qualitative survey[51] on the social perceptions of persons with various disabilities and the Disabled Persons' Organisations (DPO). It was conducted in four regions of Afghanistan. Persons with disability and DPOs were asked a range of questions related to social, economic, educational opportunities and barriers. With regards to health, the respondents reported that one of the main problems was the complete lack of appropriate health services. This was especially true for persons with intellectual disability. The respondents also stated that there needed to be an improvement in the attitudes of the health care workers towards persons with disability. This suggested that health care workers required training and sensitisation. The survey found that persons with disability received multiple and often contradictory treatments from health care providers, whether they practiced traditional or modern medicine.

[51] THAKKAR M., CERVEAUT., DAVIN E., (2004), *op. cit.*

The Health Module of the NDSA: Providing a Comprehensive Picture

The health module was designed in order to better grasp the health requirements that exist in the country for persons with disability. The questions are based not just on individual capacities and problems, but also on the impact of disability on the quality of family and community life. The focus throughout this report remains on identification of ways and means to improve well-being.

The health module comprises of various parts that have queries regarding several aspects. The results are presented in this report according to the different sections of the health module.

Section 1: Looking at Everyday Life

The first section of results looks specifically at the health situation in terms of ability and difficulty to function in everyday life. Various aspects of everyday life, both within the house with the family and in the community are analysed. Results presented in this report pertain to three main areas of daily functioning:

- Abilities related to self-care and autonomy: questions asked concern the ability to perform a series of simple everyday life acts, such as bathing or getting dressed, drinking or eating, or moving around;
- Abilities related to everyday contributions to household running: this second set of questions asked only of children over age 8 and women concerning the capacity to perform household tasks such as preparing a meal for the family, sweeping, and taking care of children or elders;
- Abilities related to everyday community life: in the third set of questions, work activities outside the house are investigated.

The scores for this first section were calculated on the three possible answers:

1. Ability (answer "Yes");
2. Inability (answer "No");
3. Ability, but with some difficulty (answer "Yes, but with difficulty").

When testing the questionnaire and discussing about such a choice with disability experts working in Afghanistan, it was suggested to simplify the scale into three answers offering clear choices therefore reducing the risk of misinterpretation and misunderstanding.

Section 2: Mental Well-Being

The second part focuses on the very crucial issue of mental health problems that persons with disability may have. In is important to state that the results presented here are the perceptions that individuals interviewed have of their own realities, and are not based on any psychiatric tools. The aspects of mental health that were explored included:

- Behaviour Problems that can affect everyday life (including isolation, fear, violence…);
- Psychological distress (trauma…);
- Depression and/or anxiety.

The answers for mental health problems were dichotomous: the interviewee was asked to answer clearly "Yes, I have the problem", or "No I do not".

Section 3: Dimensions of Well-Being, another Perspective

The third section is a variant of the results presented in the two previous sections. It offers a different perspective on all the answers that were analysed in sections 1 and 2. This is done by defining 9 dimensions of well-being. These dimensions consist of everyday functionings as well as mental health concerns. In this section results relate to:

- Scores that each interviewee obtains on each dimension;
- An overall score combining the 9 dimensions which allows a different view of the wide spectrum of disabling conditions (from very mild to very severe). This compounded score can also be used for comparisons at the international level.

Section 4: Health Services, Access, Costs, Problems faced

This fourth section is an overview of the health care facilities system in Afghanistan. It describes the conditions of use of health facilities by Afghans. If the health care system is spreading in the country, many difficulties remain in terms of accessibility, trained staff and drugs available.

Health Results, Section 1 - Functioning in Everyday Life

Functioning in everyday life, carrying out the daily tasks to take care of oneself as well as other members of the family is not just a question of individual skills. It is more closely linked to the sense of autonomy and self-confidence. In traditional societies, such as the Afghan one, this in turn effects the social perception of the person. The feeling of being a burden, on often limited family resources, as well as guilt and shame are major impediments to achieving well-being. Finally, a main social valorisation mechanism in traditional structures is the role and contribution of each member to the family as well as within and to the community. As a consequence, the results presented in this section are not just indicators of the ability to carry out tasks but are a reflection of what the persons perceive of everyday reality. The responses of each individual are thus a manifestation not only of his/her own beliefs, but also of the expectations and beliefs that the family and community have regarding his/her abilities. This is evident in the fact that sometimes, the choice to answer "yes, I can do it, but with difficulty", or "no, I cannot", is not linked to the severity of the condition, but has more to do with the experience and the stimulation the social environment provides.

In this section, the ability of persons with disability to deal with the following current activities is explored:

- Taking care of one self;
- Doing chores around the house;
- Working/moving around outside the house or in the field.

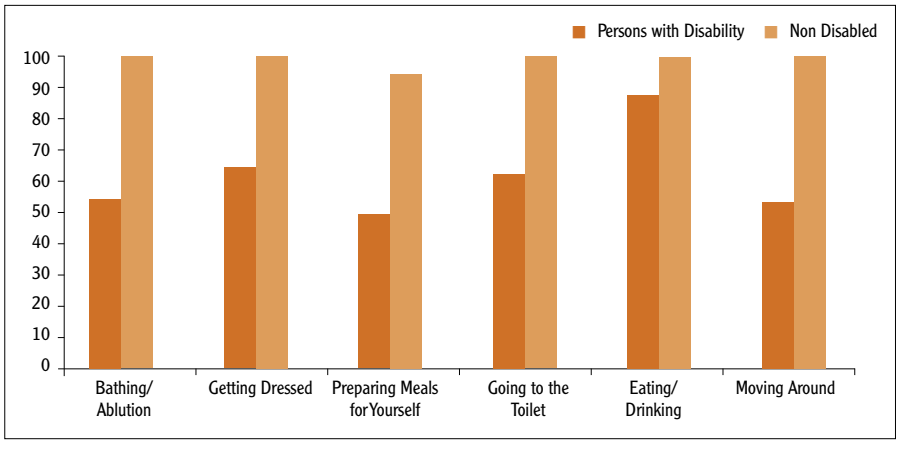
Daily Self-Care Routines: a Decrease in Autonomy

Depending upon the type and severity of the condition, disability can seriously reduce the ability to accomplish self-care activities, starting with the daily tasks necessary to take care of one self. This invariably has negative consequences ranging from the need for a care giver on a constant daily basis to the inability to project oneself in the future.

Comparing Everyday Functioning between Persons with Disability and the Non-Disabled

This first simple comparison allows a general assessment of the overall picture. Figure 24 and Table 13 compare the respective proportions of the non-disabled and persons with disability able to perform these tasks: the difference between the two categories of people is, not surprisingly, highly statistically significant.

Figure 24. Proportion of Persons Able to Take Care of Themselves



Persons with disability report higher levels of difficulty engaging in moving around, preparing meals and bathing. However, the item "preparation of meals", is the only difficulty that the non-disabled face to some extent (10.4%). This is possibly due to the gender factor. As Afghanistan is a conservative and traditional society, the women of the house are in charge of the cooking. The higher level of difficulty faced by persons with disability to cook meals (37.2% declare not being able to cook meals for themselves) can be explained by the very same reason.

Table 13. Distribution of Persons Able/Unable to Carry out Daily Self-Care Routines

Daily Life Routines†		Yes		No		Yes, with Difficulty		Total
		Number	% in Routine	Number	% in Routine	Number	% in Routine	Number
Bathing/ Ablution	Non-Disabled	23816996	96.4**(1)	766991	3.1*	129521	0.5	24713508
	Persons with Disability	317631	51.7**(1)	114321	18.6	182524	29.7	614476
Getting Dressed	Non-Disabled	24291169	98.4**(1)	327634	1.3	65475	0.3	24684278
	Persons with Disability	383236	62.4**(1)	81844	13.3	148747	24.2	613827
Preparing Meals for Yourself	Non-Disabled	22126212	89.6**(1)	2185223	8.9	374792	1.5	24686227
	Persons with Disability	288401	46.9**(1)	228642	37.2	97433	15.9	614476
Going to the Toilet	Non-Disabled	24581779	99.6**(1)	91457	0.4	12991	0.1	24686227
	Persons with Disability	379338	61.7**(1)	78596	12.8	156542	25.5	614476
Eating/ Drinking	Non-Disabled	24613867	99.7**(1)	69112	0.3	0	0.0	24682979
	Persons with Disability	528086	85.9**(1)	25333	4.1	61058	10.0	614477
Moving Around	Non-Disabled	24512407	99.6**(1)	53393	0.2	51834	0.2	24617634
	Persons with Disability	325426	53.1**(1)	94835	15.5	192917	31.5	613178

Source: NDSA. Note: † Data presented above excludes respondents less than age 8. Weighted by estimates of provincial population. Test of comparison between PwDs and ND. (1)** Significant at $p<0.01$. (2)* Significant at $p<0.05$.

In general, persons with disability interviewed during the survey reported a number of difficulties in their ability to meet their daily physical needs without any assistance or equipment: this ranges from a minimum of respectively 12.8% and 13.3% who are unable to go to the toilet or to get dressed, to a maximum of 37.2% unable to cook a meal for themselves. A large number of people rely on the other members of their family to accomplish their basic physical needs.

Overall, **a section of the NDSA sample was entirely unable to ensure some aspects of self-care:** 18.6% for bathing, ablutions, 13.3% for getting dressed and 12.8% for going to the toilet. These three aspects also relate to very sensitive and intimate tasks.

Combining both the inability ("No") and the difficulty ("Yes, with difficulty") answers, changes the picture altogether: **it is between one third and a half of the persons with disability who are confronted with difficulties at various levels**:

- 48.3% for bathing and ablution;
- 37.5% for getting dressed;
- 53.1% for preparing a meal for themselves;
- 38.3% for going to the toilet;
- 14.1% for drinking and eating;
- 47.0% for moving around inside the house.

These results can be better understood by examining the limitation in daily routines considering the various types of disability: physical disability, sensorial disability, mental disability, associated disabilities and seizures/ epilepsy.

A Broad Spectrum of Self-Care Restrictions depending upon Types of Disability

Level of impediment in everyday life routines varies considerably from one impairment to another. This can be demonstrated by analysing restrictions through the general typology defined in the previous sections, but also by a more in-depth analysis by different types of physical, sensorial or mental disabilities.

Severe Restrictions for Persons with Associated Disabilities

It is the persons having associated disabilities[52] who report having the most severe problems in carrying out daily self-care tasks such as:

Bathing or ablution: 42.9% are not able to perform this task, and 69.3% are not able or have some difficulty to perform it;

- Getting dressed: respectively 37.4% and 59.4%;
- Preparing meals: respectively 58.2% and 73.6%;
- Going to the toilet: respectively 29.7% and 57.2%;
- Eating and drinking: respectively13.2% and 33.0%;
- Moving around: respectively 24.2% and 58.3%.

In fact, the **persons with associated disabilities**, have the most difficulties in carrying out self care tasks, ranging from only 26.4% are able to prepare meals for themselves to 67.0% being able to eat and drink without difficulty. The comparison with other types of disability is statistically significant except with physical disability in the case of bathing, getting dressed, preparing meals and going to the toilets where the level of impediment is similar for both types.

High proportions of persons with physical disability, are inability and difficulty in accomplishing daily self care tasks without assistance and equipment. The exception is drinking and eating for which only 3.4% of physically disabled persons are unable to do. Difficulties in performing tasks that require more movement were logically higher.

People with mental disability, including learning, psychological, intellectual and social/communication problems, have difficulties with all activities requiring the use of intellectual faculties. Bathing (48.3% with both mild and severe difficulties), preparing meals (54.0%) and getting dressed (37.9%) were recognized as the most difficult tasks to perform.

[52] Associated disabilities is a term being used here to signify a person with at least two types of disability. See introduction for more explanation on categories of disability.

Table 14. Distribution of Persons with Disability Able to Carry out Daily Self-Care Tasks by Main Types of Disability

Daily Life Routines*		Yes		No		Yes, with Difficulty		Total
		Number	% in Routine	Number	% in Routine	Number	% in Routine	Number
Bathing or Ablution	Physical Disability	72100	31.4	35725	15.5	122116	53.1	229941
	Sensorial Disability	90288	60.7**(1)	30529	20.5	27931	18.8	148748
	Mental Disability	29230	51.7**(1)	17538	31.0	9743	17.2	56511
	Epilepsy/Seizures	103928	89.4**(1)	5196	4.5	7145	6.1	116269
	Associated Disabilities	18187	30.8**(1)	25333	42.9	15589	26.4	59109
Getting Dressed	Physical Disability	108475	47.3	24033	10.5	96783	42.2	229291
	Sensorial Disability	102629	69.0**(1)	19487	13.1	26632	17.9	148748
	Mental Disability	35076	62.1**(1)	13641	24.1	7795	13.8	56512
	Epilepsy/Seizures	109125	93.9**(1)	2598	2.2	4547	3.9	116270
	Associated Disabilities	24033	40.7**(1)	22085	37.4	12991	22.0	59109
Preparing Meals for Yourself	Physical Disability	75998	33.1**(1)	84442	36.7	69502	30.2	229942
	Sensorial Disability	70801	47.6**(1)	64955	43.7	12991	8.7	148747
	Mental Disability	25982	46.0**(1)	27931	49.4	2598	4.6	56511
	Epilepsy/Seizures	95484	82.1**(1)	16888	14.5	3897	3.4	116269
	Associated Disabilities	15589	26.4**(1)	34426	58.2	9094	15.4	59109
Going to the Toilet	Physical Disability	97433	42.4	29230	12.7	103279	44.9	229942
	Sensorial Disability	96134	64.6**(1)	22734	15.3	29879	20.1	148747
	Mental Disability	45469	80.5**(1)	7145	12.6	3897	6.9	56511
	Epilepsy/Seizures	111073	95.5**(1)	1949	1.7	3248	2.8	116270
	Associated Disabilities	25333	42.9**(1)	17538	29.7	16239	27.5	59110
Eating/ Drinking	Physical Disability	187071	81.4**(1)	7795	3.4	35076	15.3	229942
	Sensorial Disability	132509	89.1**(1)	6496	4.4	9743	6.6	148748
	Mental Disability	52614	93.1**(1)	2598	4.6	1299	2.3	56511
	Epilepsy/Seizures	112373	96.6**(1)	650	0.6	3248	2.8	116271
	Associated Disabilities	39623	67.0**(1)	7795	13.2	11692	19.8	59110
Moving Around	Physical Disability	53263	23.2**(1)	48716	21.2	127312	55.5	229291
	Sensorial Disability	90288	61.0**(1)	25333	17.1	32478	21.9	148099
	Mental Disability	45469	80.5**(1)	5196	9.2	5846	10.3	56511
	Epilepsy/Seizures	107826	92.7**(1)	1299	1.1	7145	6.1	116270
	Associated Disabilities	24683	41.8**(1)	14290	24.2	20136	34.1	59109

Source: NDSA. *Note: Data presented above excludes respondents less than age 8. Weighted by estimates of provincial population.Test of comparison between Associated disabled and other types of disability. (1)** Significant at p<0.01. (2)* Significant at p<0.05.

Persons with epilepsy and other types of seizures have the least difficulty to perform their daily tasks.This is probably due to the fact that except during the periods of a seizure, they are able to do their daily tasks with no difficulty.

Diversity of Limitations for Different Types of Disability

When the ability to perform daily personal tasks is examined by types of physical and sensorial disabilities, as in Table 15, those who have hearing difficulties are the ones that report the least problems in taking care of themselves. For all the other types of physical and sensorial disabilities, at least 30% of the people in each category of disability have difficulty to perform the various tasks.

Needless to say persons with missing limbs or reporting that they are paralysed have the most difficulty when it comes to bathing, performing ablution, and getting dressed:

- More than 70% have difficulty bathing or performing ablutions, and preparing meals;
- More than 60% have difficulty getting dressed and going to the toilet.

As expected, persons who have missing limbs, are paralysed or have a part of the body that looks different due to poliomyelitis or congenital disease are the ones who have the most difficulty moving around (63.1%, 73.2% and 73.5% respectively), those with visual impairment have most difficulty for preparing meals (66.7%).

The high proportion of persons with disability challenged with simple daily tasks shows how heavy the burden might be on the family, in particular in a country where support services are scarce and the help is limited to a few urban areas.

Table 15 below, however, has to be considered with care: persons with some kind of physical impairment counted in this table might also have a mental or intellectual impairment.This could help better understand their inability to perform certain tasks.

Table 15. Distribution of Persons with Disability Able to Perform Daily Life Tasks by Types of Physical and Sensorial Disability

Daily Life Routines without Assistance and Equipment			Lack Part of One or More Limbs	Paralyses	Body Looks Different	Difficulty Seeing	Difficulty Hearing †	Difficulty Speaking†	Multiple Physical Disability
Bathing or Ablution	Yes	Number	17	39	23	39	52	24	80
		% in Routine	26.2	28.5	51.1	56.5	92.9	54.6	36.5
	No	Number	9	31	2	13	0	17	37
		% in Routine	13.9	22.6	4.4	18.8	0.0	38.6	16.9
	Yes, with Difficulty	Number	39	67	20	17	4	3	102
		% in Routine	60.0	48.9	44.4	24.6	7.1	6.8	46.6
	Total	**Number**	**65**	**137**	**45**	**69**	**56**	**44**	**219**
Getting Dressed	Yes	Number	26	62	31	42	53	32	103
		% in Routine	40.0	45.6	68.9	60.9	94.6	72.7	47.0
	No	Number	6	17	2	8	1	10	32
		% in Routine	9.2	12.5	4.4	11.59	1.79	22.7	14.6
	Yes, with Difficulty	Number	33	57	12	19	2	2	84
		% in Routine	50.8	41.9	26.7	27.5	3.6	4.6	38.4
	Total	**Number**	**65**	**136**	**45**	**69**	**56**	**44**	**219**
Preparing Meals for Yourself	Yes	Number	17	39	27	23	43	20	77
		% in Routine	26.2	28.5	60.0	33.3	76.8	45.5	35.2
	No	Number	29	58	8	38	12	23	84
		% in Routine	44.6	42.3	17.8	55.1	21.4	52.3	38.4
	Yes, with Difficulty	Number	19	40	10	8	1	1	58
		% in Routine	29.2	29.2	22.2	11.6	1.8	2.3	26.5
	Total	**Number**	**65**	**137**	**45**	**69**	**56**	**44**	**219**
Going to the Toilet	Yes	Number	24	50	24	33	54	37	98
		% in Routine	36.9	36.5	53.3	47.8	96.4	84.1	44.8
	No	Number	9	26	2	14	0	3	38
		% in Routine	13.9	19.0	4.4	20.3	0.0	6.8	17.4
	Yes, with Difficulty	Number	32	61	19	22	2	4	83
		% in Routine	49.2	44.5	42.2	31.9	3.6	9.1	37.9
	Total	**Number**	**65**	**137**	**45**	**69**	**56**	**44**	**219**
Eating/ Drinking	Yes	Number	53	107	39	61	56	41	166
		% in Routine	81.5	78.1	86.7	88.4	100.0	93.2	75.8
	No	Number	3	7	1	3	0	0	14
		% in Routine	4.6	5.1	2.2	4.4	0.0	0.0	6.4
	Yes, with Difficulty	Number	9	23	5	5	0	3	39
		% in Routine	13.9	16.8	11.1	7.3	0.0	6.8	17.8
	Total	**Number**	**65**	**137**	**45**	**69**	**56**	**44**	**219**
Moving Around	Yes	Number	24	23	12	27	53	38	69
		% in Routine	36.9	16.8	26.7	39.1	94.6	86.4	31.7
	No	Number	17	38	3	16	0	2	47
		% in Routine	26.2	27.7	6.8	23.2	0.0	4.6	21.6
	Yes, with Difficulty	Number	24	76	30	26	3	4	102
		% in Routine	36.9	55.5	66.7	37.7	5.4	9.1	46.8
	Total	**Number**	**65**	**137**	**45**	**69**	**56**	**44**	**218**

Source: NDSA. *Note: Data presented above excludes respondents less than age 8. No ponderation. † Some data should be interpreted with caution due to low numbers.

The existence of associated disabilities explains why the persons with speech problems have some difficulty to accomplish simple tasks like bathing or performing ablutions (45.4%), getting dressed (27.3%), preparing meals (54.6%), going to the toilet (15.9%), eating or drinking (6.8%) or moving around (13.7%).

A breakdown of persons with disability according to gender and rural-urban breakdowns reveal no fundamental difference of reduction of ability in everyday tasks.

Similarity of Limitations for Men and Women and Across the Country

There is no significant difference between men and women with disability regarding the ability to perform daily life routines except for preparing meals (6% more women than men). Women with disability are often more able than men to perform daily life routine. They have more often some difficulty to go to the toilet or to move around. The higher proportion of men with physical disability such as lack of limb(s), paralysis or deformities explains that men have more difficulties to move around (52.4% for men and 39.5% for women) (See Table 16).

Table 16. Distribution of Persons with Disability Able to Perform Daily Life Routines by Gender

Daily Life Routines without Assistance and Equipment †		Yes		No		Yes with Difficulty		Total
		Number	% in Routine	Number	% in Routine	Number	% in Routine	Number
Bathing or Ablution	Male	183823	50.6	57161	15.7	122765	33.7	363749
	Female	129910	52.6	57161	23.2	59759	24.2	246830
Getting Dressed	Male	224745	62.0	41571	11.4	96783	26.6	363099
	Female	154593	62.6	40272	16.3	51964	21.1	246829
Preparing Meals for Yourself	Male	159790	44.2	141602	38.9	62357	16.9	363749
	Female	124064	50.3	87040	35.3	35725	14.5	246829
Going to the Toilet	Male	214352	59.0*(2)	40922	11.2	108475	29.8	363749
	Female	161089	65.3*(2)	37674	15.3	48067	19.5	246830
Eating/Drinking	Male	314383	86.5	13641	3.7	35725	9.8	363749
	Female	209805	85.0	11692	4.7	25333	10.3	246830
Moving Around	Male	172131	47.6**(1)	53263	14.7	137055	37.7	362449
	Female	149397	60.5**(1)	41571	16.8	55861	22.6	246829

Source: NDSA. Note: † Data presented above excludes respondents less than age 8. Weighted by estimates of provincial population. Test of Comparison between males and females. (1)** Significant at $p<0.01$. (2)* Significant at $p<0.05$.

The reduced ability to perform essential physical routines is not strikingly different between the geographical areas. A large majority of persons with disability are still able to manage daily basic needs (getting dressed, going to the toilet, eating and drinking) without much help. In this regard, health policies might tackle, in priority, other aspects or difficulties linked to disability.

Performing Daily Household Duties

The daily household's duties include sweeping, cooking meals, washing dishes, looking after young children, looking after elder members and doing laundry. The following results exclude men above the age of 14 and children under the age of 8 due to cultural and developmental reasons.

High Limitations for Women and Children with Disability

Household chores are mainly the domain of women and children in the Afghan society. This cultural specificity explains why the questions related to household tasks were not asked to males. As a matter of a fact, when they were asked during the field test, men easily confused the effective ability to perform those tasks and the

fact that the majority of them do not accomplish them for cultural reasons. As a result these questions were asked of women and children under the age of 15 only, in order to avoid an underestimation of men's ability to perform these tasks.

The ability of women and children (aged 8 to 14) with disability to perform daily household duties inside the house or the compound include cooking meals for others, looking after elder members of the family and doing the laundry, are reported to be more of a difficulty when compared to sweeping or looking after the children. The gap between the activity that is the most difficult (66.8% declare having difficulty doing the laundry, a task which is physically demanding), and the one considered the least difficult (53.7% have difficulty to look after young children) is only of 13.1%. This suggests that women with disability are not able to or are not expected within their families to perform these duties. Globally, whatever the activity considered, it can be noticed that more than 70% of non-disabled women and children are able to perform any of these tasks, whereas the proportion of women and children with disability able to perform them are always less than 50%. This result is to be compared to the results presented in Table 13 above in which persons with disability are always a majority able to take care of their daily physical needs (except for cooking a meal).

Different conclusions can be drawn from these results. First, daily tasks are physically demanding, contributing to the almost 20% of non-disabled women and boys under age 15 being unable to perform the laundry or cooking meals for everyone. The non-disabled, unable to accomplish these tasks are probably young children and elderly women who do not have the strength, or the complete ability, to perform certain chores, especially demanding ones such as doing the laundry. Finally, the consequences of social status (position in the family, seniority and presence of younger women who can do the work) of a person with disability might result in having the authority or right to not be obligated to perform these household tasks. Moreover certain practices and beliefs regarding various types of disability might lead to a family not expecting the women or child to carry out certain tasks, especially ones that involve the well-being and responsibility of other members (looking after children and elders and preparing meals).

Table 17. Distribution of Women and Children (Aged 8 to 14) Able to Perform Household Tasks

Household Routines		Yes		No		Yes, With Difficulty		Total
		Number	% in Routine	Number	% in Routine	Number	% in Routine	Number
Sweeping Around	Non-Disabled*	3968	95.5**(1)	160	3.8	29	0.7	4157
	Person with Disability	236	43.2**(1)	237	43.4	73	13.4	546
Cooking Meals for Everyone	Non-Disabled	3377	81.2**(1)	701	16.9	79	1.9	4157
	Person with Disability	187	34.2**(1)	306	56.0	53	9.7	546
Washing Dishes	Non-Disabled	3694	88.9**(1)	426	10.2	37	0.9	4157
	Person with Disability	230	42.1**(1)	247	45.2	69	12.6	546
Looking After Young Children	Non-Disabled	3943	94.9**(1)	184	4.4	30	0.7	4157
	Person with Disability	253	46.3**(1)	234	42.9	59	10.8	546
Looking After Elder Members	Non-Disabled	3468	83.6**(1)	598	14.4	80	1.9	4146
	Person with Disability	216	39.6**(1)	283	51.9	46	8.4	545
Doing The Laundry	Non-Disabled	3289	79.3**(1)	794	19.2	63	1.5	4146
	Person with Disability	181	33.2**(1)	305	56.0	59	10.8	545

Source NDSA. Note: †Data presented above excludes respondents less than age 8 and men above age 15. Weighted by number of non disabled women above 8 and boys above 8 and under 15 in the household. Test of comparison between PwDs and ND. (1)** Significant at $p<0.01$. *Significant at $p<0.05$.

Types of Disability Most Impeding for Household Chores

Carrying out work around the household not only reflects the person's ability to do this but also valorises her (or his) role and position within the family. For women, contributing to the household chores is the main activity. Social and family acceptations are closely related to this contribution.

When the ability to perform household tasks within the house or the compound is evaluated by categories of disability, (Table 38 in the Annexure), persons who reported having sensorial, physical and associated disabilities report the most significant difficulties in performing these duties. Those with mental disability have difficulties to a lesser extent. As was the case for all self-care routines, persons with epilepsy or other forms of seizures have the least difficulty in this domain. Except in this last case, the strain felt in carrying out household tasks are considerable.

However, tasks within the household do fall under 2 main categories: those that involve well-being of others and those that do not.

Tasks that do not Directly Engage Well-Being of Family Members

Although these tasks are not related to the well-being of family members directly, they do remain physically demanding. As a result it is persons with physical and associated disabilities, who have movement and mobility problems who find these tasks the most challenging; as it is a question of physical capacity.

- 85.9% of persons with associated disabilities, 82.2% with physical disability have difficulty sweeping the house;
- 82.8% of persons with associated disabilities, 79.6% with physical disability have difficulty washing the dishes;
- 89.1% of persons with associated disabilities, 77.9% with physical disability, have difficulty doing the laundry.

Persons with sensorial and mental disability report having difficulties in this domain to a lesser extent.

Tasks that Engage Family Well-Being

These tasks differ from the ones stated above as they invariably involve taking responsibility for other members of the family. Unlike the previous set of chores, these do not entail merely the physical ability to carry out the task, but they also reflect the trust and confidence that others have in the ability of the person with disability.

- 89.1% of persons with associated disabilities, 86.2% with physical disability, 71.7% with mental disability and 65.7% with sensorial disability have difficulty cooking a meal for the household;
- 78.1% of persons with associated disabilities, 69.1% with physical disability, 65.2% with mental disability and 54.5% with sensorial disability have difficulty looking after young children which requires a great amount of energy;
- 82.9% of persons with associated disabilities, 78.1% with physical disability, 70.6% of persons with mental disability and 65.4% with sensorial disability have difficulty looking after elder members.

It is interesting to note that the item on which persons with physical and associated disabilities proportionately report the least difficulties is "taking care of young children". These results suggest that there is an element of trust that comes into play; members can identify, comprehend and assess the ability of persons with certain types of disability, whereas metal disability remains obscure and difficult to evaluate.

Looking more closely at sensorial disability (Table 39 in the Annexure) provides two main explanations for the difficulties reported on these items. The first reason maybe the fact, that a proportion of persons with sensorial impairment also have an associated mental problem. Secondly, among those with sensorial challenges, it is the persons with visual disability who have the most difficulties to carry out household chores.

For persons with sensorial disability it is the ones with visual impairments, and for physical disability, persons with paralysis who have the most difficulties in the domain of household chores. The results shown in Table 39 in the Annexure give a detailed breakdown of results by types of disability. Table 40 in the Annexure shows that the proportion of persons with disability, having difficulties performing household chores, is greater in the North Eastern and Western regions.

Tasks Outside the House/Compound: Limitation of Social Norms and Constraints in Functioning

The tasks outside the compound are a major benchmark for identification of a high or low capability to function in the community and to further contribute to the family running. These tasks are related to the ability of moving outside the household and the compound (climbing stairs, shopping by going to the bazaar, carrying heavy things, working in the field, and riding a bicycle or an animal). The items related to tasks within the house were the domain of women; work outside is dominated by men. The gender factor will need to be kept in mind while understanding the results below.

As shown in Table 18, few non-disabled persons reported an inability to perform these tasks (i.e. less than 5%), with the exception of working in the field (30.2% are not able or have some kind of difficulty to perform field work) or riding animal and bicycle (31.4%). In both cases, the explanation lies in the fact that the women are not allowed to perform farming activities, especially in Pashto areas[53].

Table 18. Distribution of Persons Able to Carry out Chores Outside the House

General Abilities for Daily Life Routines Outside the House†		Yes		No		Yes, with Difficulty		Total
		Number	% in Routine	Number	% in Routine	Number	% in Routine	Number
Climb Stairs	Non-Disabled	23922483	98.8**(1)	74828	0.3	216820	0.9	24214131
	Person with Disability	286452	47.2**(1)	161089	26.5	159790	26.3	607331
Go to the Bazaar/Shop on Your Own	Non-Disabled	22554137	92.8**(1)	1551000	6.4	192397	0.8	24297534
	Person with Disability	261120	42.9**(1)	188370	31.1	159140	26.1	608630
Carry Heavy Things	Non-Disabled	23164716	95.3**(1)	800898	3.3	329972	1.4	24295586
	Person with Disability	217600	35.8**(1)	290350	47.7	100681	16.5	608630
Work in the Field	Non-Disabled	16958636	69.8**(1)	6866805	28.3	468847	1.9	24294288
	Person with Disability	148747	24.4**(1)	383236	62.9	76647	12.6	608630
Ride a Bicycle or an Animal	Non-Disabled	16657113	68.6**(1)	7289793	30.0	324906	1.4	24271812
	Person with Disability	166935	27.4**(1)	381287	62.6	60408	9.9	608630

Source: NDSA. Note: †Data presented above excludes respondents less than age 8. Weighted by population of provinces. Test of Comparison of PwDs and NDs. (1) ** Significant at p<0.01. (2)** Significant at p<0.05.

Gender-Influenced Items

Persons with disability reported having the most difficulty with performing manual labour such as working in the field or riding a bicycle or an animal. These two items in the list are very plausibly influenced by gender norms. There is a clear distinction in the ability to perform these two tasks and being able to perform the other ones mentioned in Table 18. More than 60% of the respondents having a disability reported not being able at all to work in the field or ride a bicycle or an animal; these figures are much lower for other items that do

[53] See ALDEN W. L. (2004); *Looking for Peace in the Pastures: Rural Land Relations in Afghanistan*; Afghanistan Research and Evaluation Unite, AREU, 125 pp.

not imply women going out of the house. If the persons with disability having difficulty to work in the field or ride a bicycle are compounded, then only one-fourth of persons with disability are able to carry out these tasks outside the house.

More Neutral Items

Persons with physical disability and associated disabilities are the most challenged when it comes to tasks that require high mobility and physical strength, as expected (Table 41 in the Annexure). The proportion of those experiencing difficulty is again very high:

- At the lower level, it means that 76.4% of persons with physical disability and 61.5% with associated disabilities respectively have difficulty in some way with shopping and climbing stairs;
- At the higher level, it implies that 93.2% of those with physical disability and 90% with associated disabilities have difficulty to work in the field.

When the ability to perform tasks outside the house or the compound is broken down by type of physical and sensorial disabilities, findings conclude that:

- **The persons who are paralysed or have multiple physical disabilities face difficulty for all the tasks.** The proportion is always above 85% for those paralysed and 70% for those with multiple disabilities. The percentages are even higher for carrying heavy things, working in the field or riding.
- **Those having visual impairment have greater difficulty with all tasks over those with other sensorial impairment.** They have slightly less difficulty climbing stairs or going shopping. This is an expected finding as they do memorise the way for routine trips.

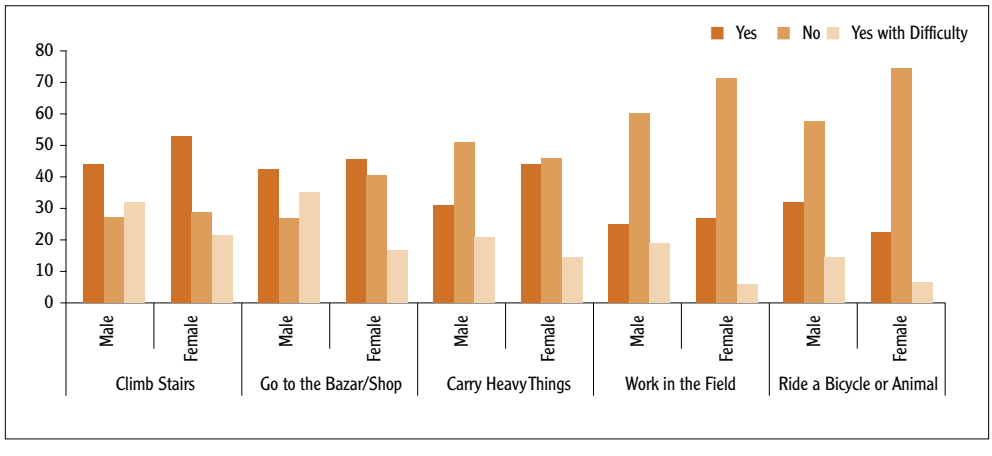
In contrast to the above, persons with mental and intellectual disability, as well as epilepsy and other forms of seizures, are more able to perform duties outside the house, with the exception of working in the field and riding animals or bicycles. Less than 30% of persons with mental or intellectual impairment and 50% of persons affected by epilepsy or other forms of seizures interviewed declare being able to perform these tasks. However as results have shown, a majority of persons reporting these types of difficulties are women, as a result the impact of gender roles in to be taken into consideration while understanding these figures.

Tables 42 in the Annexure, can help complement these results by presenting breakdowns by major types of physical and sensorial disabilities.

Men and Women: Unequal Expectations / Similar Abilities

The gender differences that are a consequence of social and cultural norms and expectations are obvious in the results of Figure 25. The proportion of women declaring being unable to "ride a bicycle or animal" and to "work in the field", is significantly higher than the proportion of men declaring the same.

Figure 25. Distribution of Persons Able to Perform Tasks Outside the House by Gender



What is even more interesting is the fact that the proportion of women who report being able to do these two activities "with difficulty" is practically non-existent. **These excessive figures also confirm the fact that the ability to perform these tasks is not gauged by the severity of the disability.**

Figure 25 (and Table 43 in the Annexure) also show that for all other tasks, women are able to work outside the house in higher proportion. It is particularly interesting to note that the proportion of women having the ability to perform work in the field is similar to that of men. This also reflects the fact that in many regions of the country, women traditionally carry out these tasks.

It can be concluded that the difference of ability between men and women for outside activities is highly statistically significant, with the exception of going to the bazaar. These results differ from the findings in Table 15 where these differences were significant only for "moving around". This confirms the gender bias: all the activities conducted outside the house are a challenge for the women with disability, mainly because the autonomy outside the house is restricted for all the women in Afghanistan.

Conclusions and Steps Ahead

The series of indicators presented in this section are related to the ability to function in everyday life, a sign of good health. However, the recommendations that can be made keeping in view the findings of the NDSA tend to be cross-cutting and related to various issues. As a result, the recommendations discussed below relate to the task of mainstreaming disability concerns through programs and policies, and ensuring sensitivity to the specific needs of all vulnerable groups.

Assessing the Situation: Different Disabilities-Different Challenges-Different Solutions

The first obvious conclusion that can be drawn from the series of indicators and figures presented above is that persons with various types of disability face diverse challenges in everyday functioning. **In order to better comprehend and meet the needs, proper assessment and understanding of impairments is a pre-requisite**. The lack of understanding of the types of challenges will only lead to ineffective measures.

For instance, the results have shown that in the broad category of physically disabled persons, it is those with paralysis who face the most severe challenges; from the sensorial category, the hearing impaired face serious problems in becoming self-reliant. However, these results also imply that solutions need to be tailored to the type as well as to the level of severity of the disability. Moreover, the solutions proposed will need to work on the existing abilities of the individual, as well as within the family and the community.

Working on Daily Self-Care, Improving Autonomy

Various indicators for self-care on a daily basis were presented, each one reflecting the ability or inability to carry out a simple task. But the self-care aspect has much deeper consequences and profoundly impacts self-confidence and well-being in general. **Not needing assistance for tasks, especially ones that are related to personal hygiene, is a major factor towards feeling autonomous and less of a burden on other members of the household**.

Here again the type and severity of disability will be paramount in proposing relevant solutions: for persons with complete immobility and paralysis, the solutions proposed will invariably have to entail a care-giver. In most cases, this care-giver is present, but has very little knowledge about how to improve capabilities of the person with disability. Providing family members with this knowledge, will constitute the first step towards starting to build whatever abilities the person with disability has, and breaking the cycle of dependence, which gravely impacts mental health and hope for the future. The same can be stated for persons with hearing problems, especially children. For these persons, the lack of stimulation that is a direct consequence of a complete lack of knowledge regarding what needs to be done, can lead to serious development problems in learning and communicating in general.

Enhancing the Role of Persons with Disability within the Family and the Community

Policies in general will have to go one step further and look at the role of the individual within the family and the community. In traditional societies such as Afghanistan, this is fundamental for good overall health. Of course, gender roles have a great impact on what that contribution should be. For women it will be first and foremost, contributions made within the household, which are also a confirmation of their ability to get married and take care of a family. Earning an income outside the household will be bonus in this case. For men, income-generation is primordial.

The main effort in this domain will be towards general awareness regarding the abilities of persons with disability, especially mental disability, to carry out tasks, chores and acquire skills that can help them become autonomous and even gain an income.

Simple Abilities, Tremendous Implications

Finally, policy makers need to not lose track of the larger picture with regards to health and functioning of persons with disability. The simple, mundane abilities that have been discussed have huge impact on overall quality of life. As a result, the health needs are fundamental to achieve this; however they are invariably related to a series of other aspects of human life. Being in good health will lead to better abilities and capabilities in the field of employment, education, public participations and having a satisfactory life.

Health Results, Section 2 - Signs of Mental Distress among Afghans with Disability

It is believed that a large number of all Afghans indicate having high levels of mental distress, which could mean anxiety, depression, trauma, stress among others. A few studies have looked at this issue in particular for the overall population[54]. Our objective in this section is to present an overview of what the mental health indicators of persons with disability look like. However in order to present a coherent picture of mental health of Afghans with disability we chose to ask questions focusing on a few categories that came up as being important after discussion with other partners as well as pre-tests. There is, inevitably, an overlap between some forms of disability included in the screening.

The following section reports the responses of persons with disabilities to questions dealing with mental distress. For clarity we have divided this analysis into 3 major fields:

- Behavioural problems which consists of 2 main domains: isolation/withdrawing from others and violence;
- Problems related to communication and interaction with others;
- Depression and anxiety signs.

Before presenting the findings, it is important to stress that all the questions regarding some psychological or social difficulty emphasised the lack of identifiable reason for the problem. This was important in order to differentiate a temporary problem, linked to a specific event or incident, as opposed to a recurrent or chronic problem.

Behavioral Problems: Isolation, Sadness, Fear and Violence

This part reports the responses of persons who have behavioural problems such as isolation and withdrawing from the others and showing violent reactions to outside solicitations and pressure.

Withdrawing from the Rest of the World: Impact of Behavioral Difficulties

Behavioral problems related to isolation are described by a series of items characterising specific attitudes such as: expressing one's own needs easily, feeling comfortable with other people, keeping calm, going out of the house without feeling scared, going out of the house without feeling like you are being stared at by people, having repetitive body movements and feeling sad without reason.

Table 19 shows that when persons with disability were asked what type of difficulties they felt in expressing their feelings, needs, or interacting with their communities, the majority reported that they did not have any difficulty. However, the highest percentage, i.e. 40.8% reported feeling sad and crying without specific reason. It is a statistically significant finding (chi square test).

The results regarding attitudes when interacting with other people have to be compared to the same figures regarding the non-disabled persons: there are less than 5% of the non-disabled showing any type of behavioural problems. This leads to believe that, the proportion of persons with disability reporting episodes

[54] RASEKH et al. (1998), *op. cit.* VENTEVOGEL et al. (2002), op. cit., CARDOZO and al. (2004), op. cit. SCHOLTE et al. (2004), *op. cit.*

of sadness and crying without reason, is the effect of traumatism and/or depression that may be linked to disability. It is interesting to note that the proportion of non-disabled persons having experienced unexplained sadness is also the highest (4.1%).

Difficulties in communication and relating to others for persons with disability is shown by the fact that a quarter of all persons with disability have trouble feeling comfortable with other people, feel scared or are not at ease when going outside their homes. More than 17% also experience some form of agitation.

Table 19. Distribution of People with and without Disability Reporting Behavioural Difficulties

Behavioural Difficulties and Distress		Yes		No		Total
		Number	% in Difficulty	Number	% in Difficulty	Number
Finding the Way to Express what You Need	Non-Disabled*	698009	2.8**(1)	24601395	97.2	25299404
	Person with Disability	146149	23.5**(1)	479369	76.5	625518
Feeling Comfortable with People	Non-Disabled	821424	3.3**(1)	24477980	96.7	25299404
	Person with Disability	158491	25.5**(1)	467028	74.5	625519
Keeping Calm, Staying in One Place	Non-Disabled	633183	2.6**(1)	24647124	97.4	25280307
	Person with Disability	110424	17.8**(1)	514445	82.2	624869
Going out of the House Because You Feel Scared	Non-Disabled	500545	2.0**(1)	24798859	98.0	25299404
	Person with Disability	148098	23.9**(1)	475472	76.1	623570
Going out of the House Because People Stare	Non-Disabled	278268	1.1**(1)	25021136	98.9	25299404
	Person with Disability	124064	19.9**(1)	501454	80.1	625518
Have Repetitive, Stereotyped Body Movements	Non-Disabled	177977	0.7**(1)	25118179	99.3	25296156
	Person with Disability	111723	18.0**(1)	512497	82.0	624220
Feeling Sad Cry without a Specific Reason	Non-Disabled	920935	4.1**(1)	24378469	95.9	25299404
	Person with Disability	255274	41.0**(1)	370245	59.0	625519

Source: NDSA. *Note: Weighted by population of provinces. Test of comparison of PwDs and NDs. (1) ** Significant at p<0.01. (2)** Significant at p<0.05.

The huge gap between proportions of persons with disability and the non-disabled regarding interaction with others indicates that depression, trauma and anxiety, sometimes triggered by conflict and violent episodes, seem mainly related to disability itself. Feeling of isolation due to stigmatisation, lack of self-esteem, and depression are correlated with exclusion, a feeling of shame, guilt as well as a lack of perspective for the future.

The following results, presented by main types of disability corroborate the association between mental impairment and behavioural difficulties. Physical and sensorial impairments might give raise to feeling of sadness and isolation because of associated depression.

A General Tendency of Persons with Disability to Isolation, Depression and Sadness

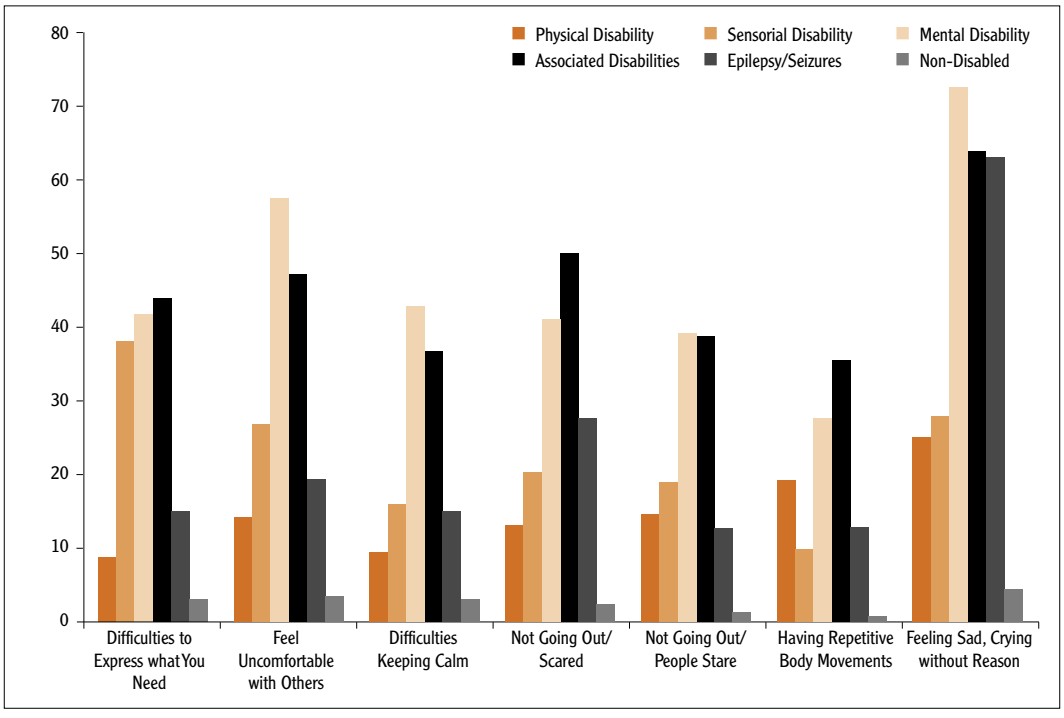
Regardless of the type of disability, the proportion of persons having behavioural difficulties and distress is at least three times greater than for the non-disabled. Persons having mental disability are the highest proportion to report having behavioural difficulties and distress, especially "to feel comfortable with other people" (57.5%) or "feeling sad and cry with no specific reason" (72.4%). A chi square test of comparison of the percentage between the proportion of persons with mental disability, and the proportions of persons with all other types of disability (except associated disabilities), yields statistically significant differences.

Not surprisingly, persons with associated disabilities also experience behavioural difficulties such as "going out of the house" (50.0%) or "feeling sad" (63.5%). Lower numbers of persons with physical impairments

appear to have such problems: approximately 14% feel uncomfortable with other people, 24.9% feel sad and 12.9% and 14.5% respectively are not comfortable going out of the house because they feel scared or because people stare .This may be the consequence of trauma linked to the war for some, but others might also be experiencing some form of discrimination within their community contributing to a feeling of isolation, sadness and loneliness.

All five categories of disabilities report high positive responses with persons feeling sad and crying without a specific reason. This response highlights the fact that a significant percentage of survey respondents have mental distress, especially signs of depression and hopelessness.

Figure 26. Distribution of Persons Reporting Behavioural Difficulties by Types of Disability



Analysis by types of mental and physical and sensorial disabilities illustrates the highest behavioural difficulties for associated physical or sensorial and mental difficulties and for the various types of mental illness and intellectual impairment.

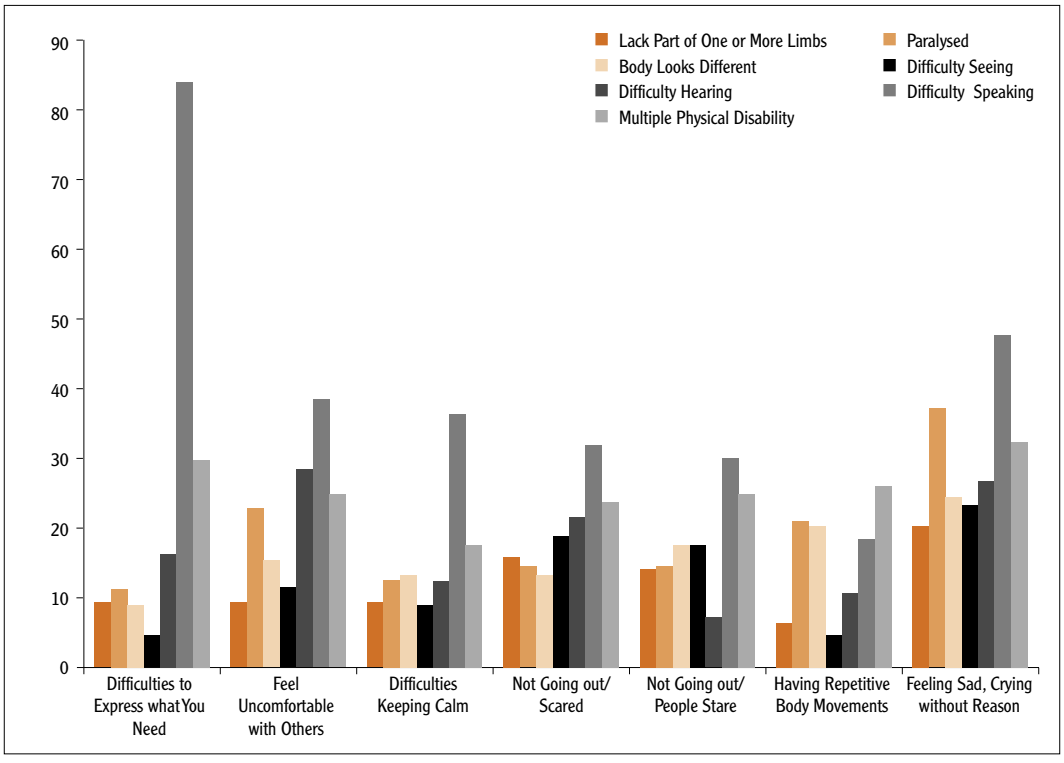
Higher Distress for Persons with Mental Disability

Figure 27 (and Table 46 in the Annexure) show a further breakdown of the difficulties according to physical and sensorial disabilities. It is interesting to compare the overall proportion for all persons with disability having behavioural difficulties with those persons with physical and sensorial disabilities in each category considered, even if the figures have to be considered with caution due to low numbers.

For all other types of disability, the average proportion of persons experiencing difficulties in this domain is 23.5%. Persons with speech impairments are understandably the highest proportion showing inability to express their needs to others (84.1%); this is followed by 29.7% of persons with multiple physical disabilities.

Persons with other types of physical disability have much less difficulty with expressing their needs (the proportion varies between 4.4% for visually impaired and 16.1% for hearing impaired). It is probable that most of these persons also have a mental or intellectual associated disabilities: 43.7% persons with associated disabilities declared having difficulty in expressing needs.

Figure 27. Distribution of Persons Reporting Behavioural Difficulties by Types of Physical and Sensorial Disability



Persons with hearing impairment are almost always the highest proportion among all disabled persons facing behavioural difficulties: they are "not at ease with people" and have problems expressing needs. The impossibility to communicate clearly often leads to misunderstanding and mockery which can be very frustrating and can result in a person being cut off from the outside world. Adequate programmes of training in sign language are a way to restore communication within the family and improve understanding and well-being.

In conclusion, research found that the feeling of sadness is particularly high not only among people with speech or hearing impairments (47.7% and 26.8% respectively declared feeling sad or crying without reason) but also among persons with paralysis (37.2%), multiple physical disability (32.4%) and to a lesser extent, persons with physical deformity (24.4%)[55].

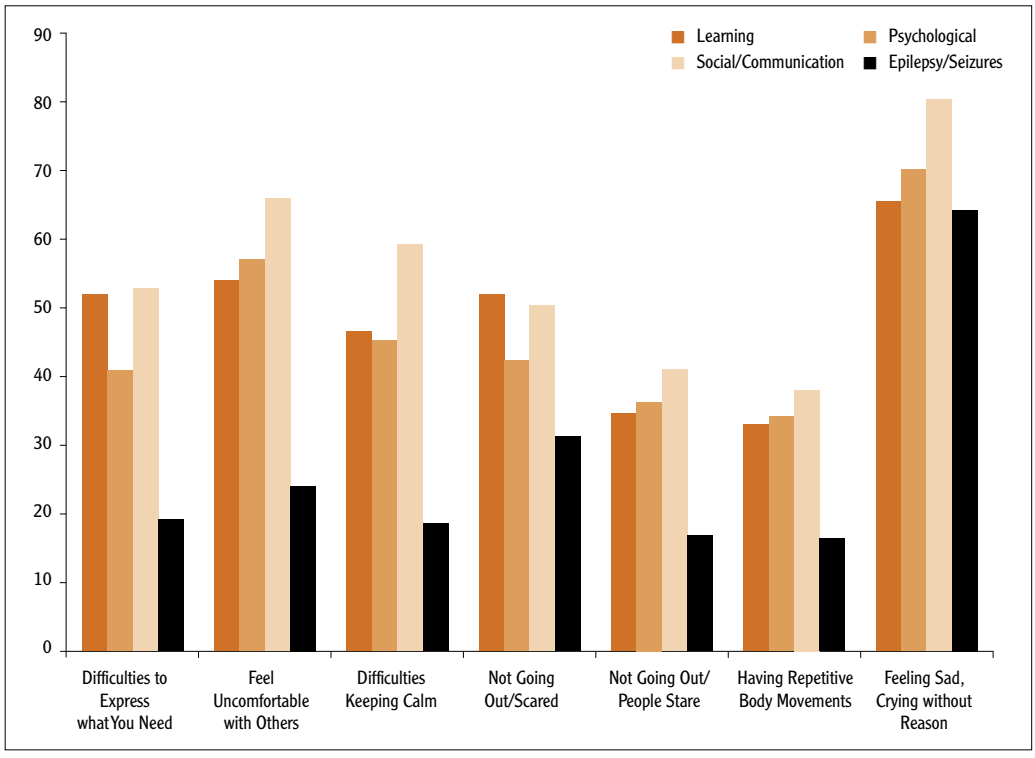
When these responses are considered according to different categories of non-physical/sensorial disabilities as in Figure 28 below (and Table 47 in the Annexure), persons with learning, psychological and social/communication problems report having a very high percent of positive responses for all patterns of behavioural difficulties while the proportion of persons having epilepsy or some other form of seizures is slightly lower than the overall average for all persons with disabilities. All four categories have the highest percentage of positive responses to "feeling sad and crying without specific reason" ranging from 64.1% for persons having epilepsy or some other form of seizures to a maximum of 80.3% for persons having social forms of disability[56].

The proportion of persons having social/communication difficulties is not surprisingly the highest for almost all types of behavioural difficulty. Persons with learning disability also experience problems interacting with others: more than half of this category of people has difficulty to "express needs", and "feel scared to go out", or "feel sad". In general, in all categories of persons with mental or intellectual disability the majority do not feel comfortable interacting with other people.

[55] These figures are only trends to consider with caution due to low numbers.

[56] These figures are only trends to consider with caution due to low numbers.

Figure 28. Distribution of Persons Reporting Behavioural Difficulties by Types of Mental Disability

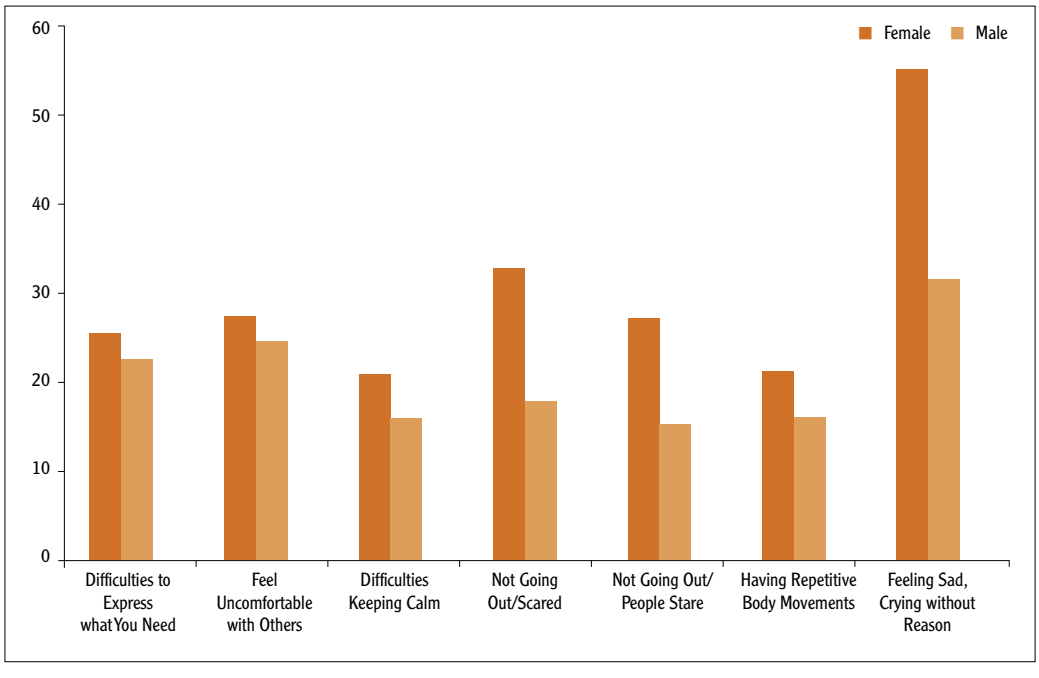


The specificity of the case of persons having epilepsy or some other form of seizures can be explained by various reasons. First, there is wide cultural and social acceptance of these manifestations in the Afghan society. The years of conflict have caused a high level of mental distress and widespread occurrence making behavioural crises acceptable. Secondly, epilepsy and other forms of seizures are not necessarily a major impediment to feeling at ease in community, except when the frequency of crisis becomes too high and starts unsettling "normal" interactions in everyday life.

Higher Proportion of Women with Disability with Signs of Behavioral Difficulties

When the responses are broken down by gender as in Figure 29 (and Table 48 in the Annexure), there is

Figure 29. Distribution of Persons Reporting Behavioural Difficulties by Gender



unexpectedly little difference between men and women for certain behavioural difficulties, in particular the expression of needs and feeling comfortable with people: the difference is less than 3%.

It appears nonetheless that women consistently have more difficulty for all behavioural problems. Women reported significantly higher percentages of positive responses for their inability to keep calm (5.1% more than men), having repetitive body movements (5.2%), not going out of the house because people stare (11.8%), feeling scared (14.8% more), and feeling sad, crying without a specific reason (23.8%). Possible reasons for this may also be that women in rural Afghanistan have limited mobility therefore leaving their homes or compound may be restricted due to cultural issues especially when compounded with the social implications of a disability. The situation of women, who are expected to obey, first the father and the brothers, then their husband, might contribute to the feeling of sadness. The situation is tough for women without disability who can at least hope to assume an envied social status when they get married and give birth to one or more male children. The social stigmatisation is even more difficult for women with disability when they do not have the opportunity to get married. Trauma related to mental disorders might be link to disability and resulting stigmatisation.

Reacting Violently to Outside Surroundings: Low Rate among Non-Disabled

The violent attitudes that may happen in reaction to outside solicitations and pressure, are described by five specific terms such as: crises/fits/seizure, physically violent behaviour towards others, verbally violent behaviour towards others, violent behaviour towards oneself, fainting or passing out.

For Persons showing Signs of Mental Illness and Intellectual Disability

Results indicate that while only a very limited number of non-disabled persons have this kind of behaviour (less than 2%); the level is quite high for persons with disability. The level of distress is the highest for fainting, 31.7% of persons having a disability experience episodes of passing out. Additionally, 24% experience occasional epilepsy or some other form of seizures. Violent behaviours occur within 14.3%-19.6% of persons with disability. These violent behaviours are characteristics of mental stress and likely impact all spheres of the social life. These trends do seem to confirm what the psychiatrist Ventevogel says regarding the high rate of psychiatric morbidity among the Afghan population[57]. The "history of violence and social disintegration" of Afghanistan, might have "had an effect on the mental health status of its inhabitants", yet Afghans do cope with a possible mental distress, a lot more than persons with disability do.

A breakdown by types of disability (Figure 30 and Table 49 in the Annexure), shows a high disparity concerning violence-related behaviour between persons with mental illness and intellectual disability and other types of disability. The persons with physical or sensorial disabilities do show a tendency for such patterns, which are nearly ten times higher than those for the non-disabled. But, still, psychiatric morbidity is visible to a much lesser extent among them, whereas persons having mental disability, epilepsy or some other form of seizures, or associated disabilities are frequently subject to violent behaviour. Not surprisingly, the proportion of persons with mental illness or intellectual disability that "shout at other people" is the highest (57.5%). They are also the ones, (along with persons having epilepsy, of course), who are likely to show self-violence.

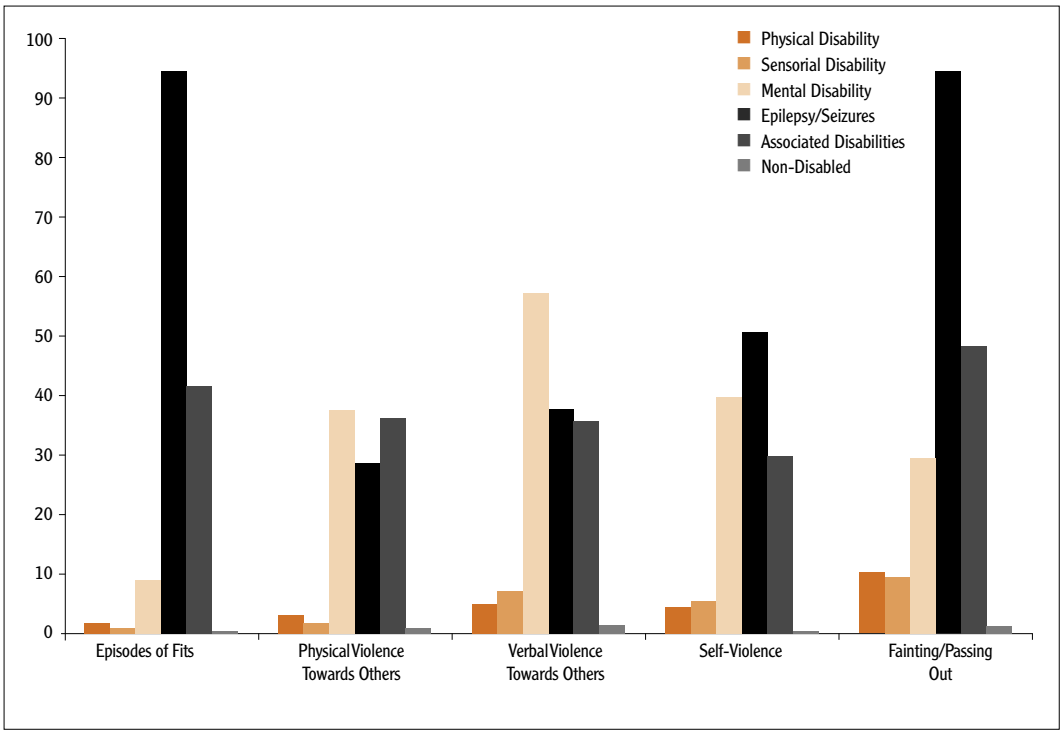
The difference of proportion between persons with mental disability and persons with other types of disability is significant. Yet, this relation is very complex when proportions are compared between persons with mental disability and persons with associated disabilities, epilepsy or other forms of seizures.

If only mental illness and intellectual disability is considered as in Figure 31 (and Table 50 in the Annexure), all problems of violent behaviour do not happen in the same proportions for all categories[58]. For persons

[57] See VENTEVOGEL P. (2005), "The Psychiatric Epidemiological Studies In Afghanistan: A Critical Review Of Literature And Future Directions", *Journal of Pakistan Psychiatric Society*, Abbotabad, January 2005, Volume 2 Number 1:9-12.

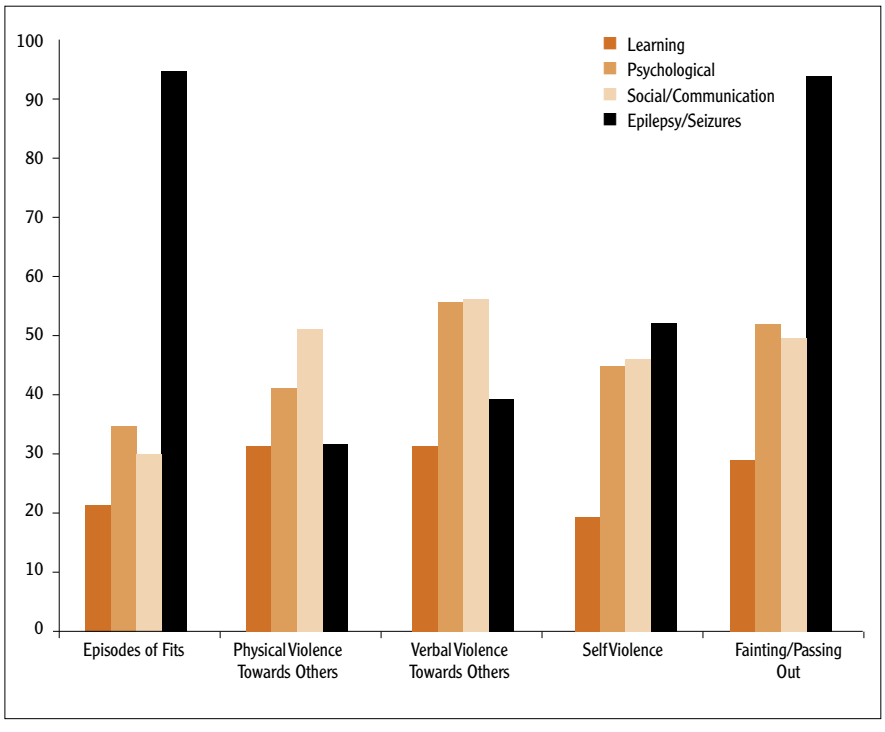
[58] These figures should be considered with caution due to low numbers.

Figure 30. Distribution of Persons with Disability Reporting Violent Behaviours in the Last 6 Months by Main Types of Disability



having learning disability, less than one third experienced a type of violent behaviour in the six months prior to the interview. On the other hand, persons having psychological or social disability are the ones who experience a high level of violent actions. More than 55% of them have verbally violent episodes towards others. A majority of persons having social/communication disability also have physically violent behaviours towards other people and more than 45% towards themselves. The proportion is a little less for persons having psychological disability. A majority of both groups experience regular episodes of fainting.

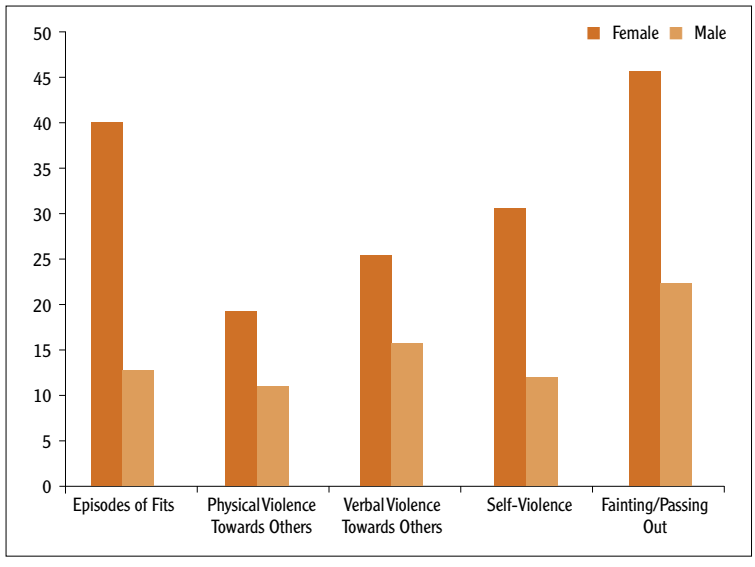
Figure 31. Distribution of Persons with Disability Reporting Violent Behaviours in the Last 6 Months by Main Types of Intellectual Disabilities and Mental Illness



Violent Behavior more Prevalent among Women with Disability

Males and females having a disability have different profiles regarding violent behaviours (see Figure 32 below and Table 51 in the Annexure). Interestingly, in a society dominated for more than two decades by conflict, women are more likely to be subject to violent behaviour than men. This is true for all types of behaviours: violence against themselves (a proportion of 18.5% more), crises and passing out (a proportion of 37.1% and 23.6% respectively above the same proportion for men), and also for physical and verbal violent behaviour towards others (approximately 10% above for both). These results confirm the results previously found on women's health status according to a study carried out on 160 Afghan women during 1996. Half of the women studied lived in Kabul and half of them in Pakistan. 42% of the respondents met

Figure 32. Distribution of Persons with Disability Reporting Violent Behaviours in the Last 6 Months according to Gender



the diagnostic criteria for Post Traumatic Stress Disorder (PTSC), 97% met the criteria for major depression and 86% demonstrated significant symptoms of anxiety[59].

In conclusion, behavioural difficulties such as violence in different forms are present among persons with disability but only to a limited extent among the non-disabled persons. Among persons with disability, the highest proportion suffering from violent behaviour are persons with mental disability, mainly psychological and social/communication difficulties. Violence, under its three different forms (physically, verbally, against oneself) is a manifestation of disability that occurs slightly less often than others. Communication difficulties seem to be more frequent, even among the non-disabled.

Communication Difficulties

The set of questions looking at the difficulty to communicate, concerns six abilities: remembering things, talking to others, and understanding what people say, making oneself understood, hearing clearly, and seeing clearly.

Very Limited Trouble in Communicating for the Non-Disabled

Table 20 looks at the responses of the persons with disability with regards to the six abilities: remembering, talking, understanding others, making oneself understood, hearing people and seeing things. While very few non-disabled persons have serious communication troubles, the situation is more distressing for persons

[59] RASEKH and al. (1998), "Women's Health and Human Rights in Afghanistan", *Journal of American Medical Association*, 1998, 280 :449-55.

with disability. A slightly higher number of non-disabled persons have difficulties related to memory (5.4%); they are probably older people who have a tendency to forget things. Of course, this problem is not a serious impediment to be qualified as seriously disabling for the person. On the other hand, 44.4% of persons with disability have great difficulty related to memory, while less have difficulty in talking to other people (28.6%), understanding them (25.2%) and making themselves understood (25.2%). More than one quarter of persons with disability have difficulty with communication. Only a few non-disabled persons have visual or hearing difficulties and these are probably due to aging. 15 to 17% of persons with disability have difficulty seeing or hearing others clearly. Difficulties with memory combined with previous responses of "feeling sad" and "crying without reason" further support the findings of mental distress being far more prevalent than previously believed.

Table 20. Distribution of Persons with Disability and the Non-Disabled Reporting Communication Difficulties

Communication Difficulties		Yes		No		Total
		Number	% in Communication Difficulty	Number	% in Communication Difficulty	Number
Remembering Things	Non-Disabled	1353926	5.4**(1)	23945477	94.6	25299403
	Person with Disability	278008	44.4**(1)	347510	55.6	625518
Talking to Other Men/ Other Women	Non-Disabled	637470	2.4**(1)	24661933	97.6	25299403
	Person with Disability	177977	28.6**(1)	447541	71.4	625518
Understanding what People Say	Non-Disabled	487554	1.9**(1)	24811850	98.1	25299403
	Person with Disability	157841	25.2**(1)	467677	74.8	625518
Making Yourself Understood	Non-Disabled	459753	1.8**(1)	24839651	98.2	25299403
	Person with Disability	156542	25.2**(1)	468977	74.8	625518
Hearing Clearly Someone Calling You in the House	Non-Disabled	305679	1.2**(1)	24993725	98.8	25299403
	Person with Disability	107826	17.3**(1)	517693	82.7	625518
Seeing Someone Clearly in Front of You	Non-Disabled	268915	1.1**(1)	25030489	98.9	25299403
	Person with Disability	89638	14.4**(1)	535880	85.6	625518

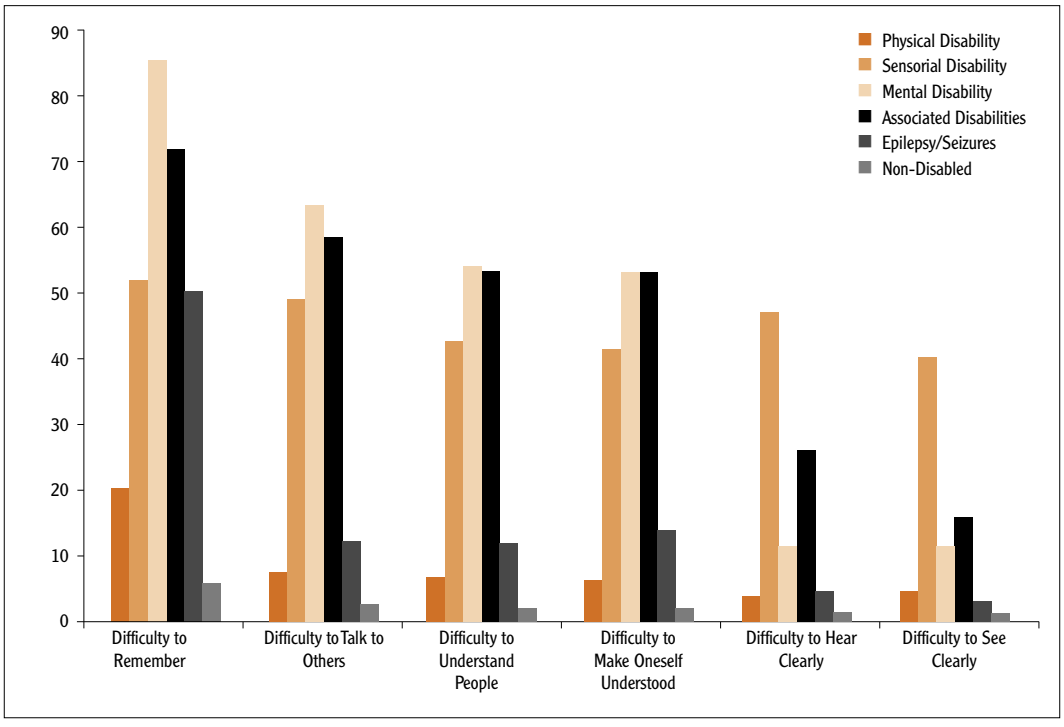
Source: NDSA. Note: Weighted by provincial population.Test of comparison of percentage for PwDs and NDS. (1)** Significant at p<0.001. (2)* Significant at p<0.05.

Communication Difficulties Shared by Persons with Sensorial and Mental Disabilities

Persons with sensorial, mental illness or intellectual disabilities have significantly higher rates of positive responses regarding communication when compared to persons with physical disabilities as shown in Figure 33 (and Table 53 in the Annexure). The proportion of persons experiencing some form of communication difficulties is far higher and statistically significant for persons having mental, intellectual of associated disabilities, except for hearing and visual impairments. Persons screened as having visual or hearing impairments are in the highest proportions of persons with disability having difficulties communicating with others. Persons having mental, intellectual or associated disabilities essentially show a difficulty to talk to other Persons (63.2% and 58.3% respectively) and to remember things (85.1% and 71.9%). Persons with physical disability are a small proportion of those with disability who experience communication trouble (between 6 and 7%). However, 20% experience difficulty with remembering things but again this may be due to the age of the person. Persons having epilepsy also present memory troubles which can be a symptom of the "black out" or "trance-like" phase they experience during seizures. Only the most affected by epilepsy have trouble talking, understanding and making themselves understood.

In summary, within the comparisons of responses by categories of disability, it appears that the persons with mental disabilities and those with associated disabilities have the greatest difficulty, especially with regards to memory. Figure 33 shows that 85.1% of persons with mental disabilities and 71.9% of persons with associated

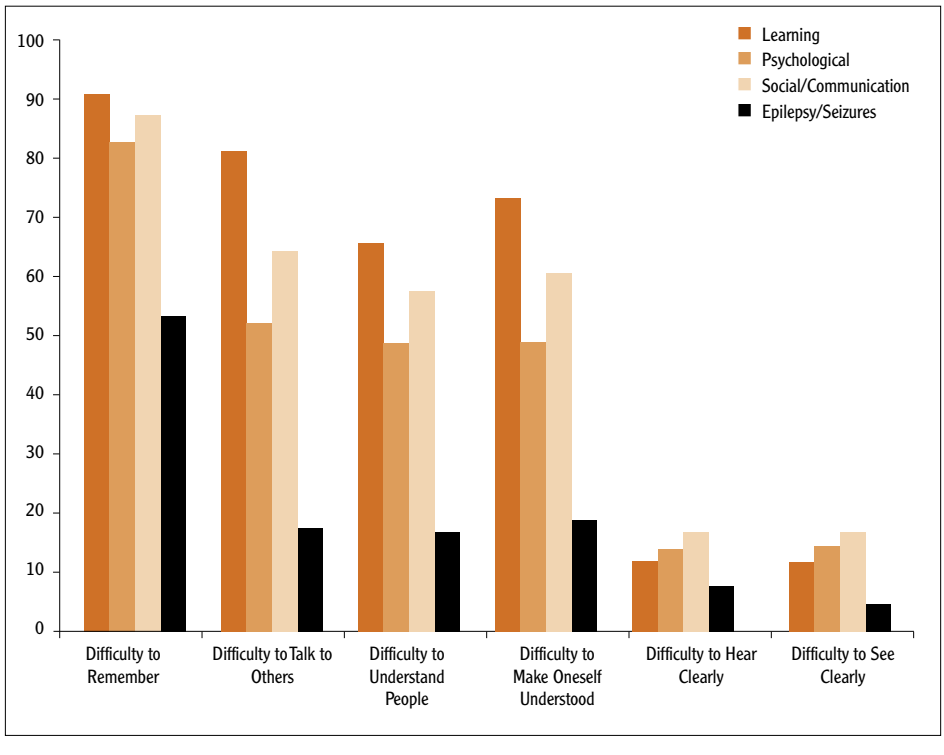
Figure 33. Distribution of Persons with Disability Reporting Communication Difficulties by Main Types of Disability



disabilities have memory difficulties. Similarly, persons with epilepsy and other forms of seizures report the least difficulties with the exception, once more, of memory. With Figure 34 (and Table 54 in the Annexure), one can go further in the analysis of communication troubles for persons with mental or intellectual disabilities.

Figure 34 shows that persons with learning difficulties have significantly more difficulty with memory, communicating with others, understanding others and making themselves understood than persons with

Figure 34. Distribution of Persons with Disability Reporting Communication Difficulties by Main Types of Mental and Intellectual Disability



psychological difficulties, social difficulties, and epilepsy. If the variation of proportion is high between persons with learning difficulties and persons having epilepsy or some other form of seizures (from 49.1% for understanding other people up to 63.6% for talking to other people), the discrepancy is not that large with social and psychological disability:

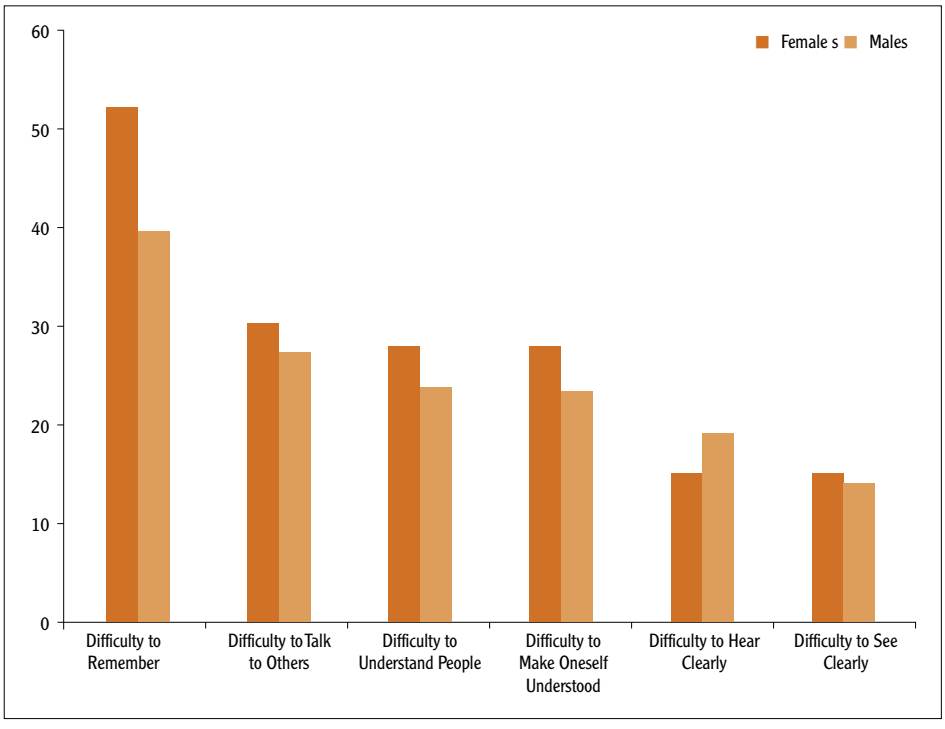
- Respectively 3.5% and 7.7% for memory problems;
- 16.9% and 29% for problem talking with others;
- 8% and 17.2% for understanding others;
- 12.4% and 24.2% for making oneself understood.

Persons with learning and social disabilities have widespread problems regarding communication. Interestingly, persons with psychological and social difficulties give more positive responses to difficulties with hearing and vision than the other two categories (learning difficulties and epilepsy or other forms of seizures).

No Significant Gap between Men and Women with Disability Regarding Communication Difficulties

Among persons with disability, the proportion of women having a communication impediment is higher than for men (Figure 35 below and Table 55 in the Annexure). The variation is particularly important for memory problems (12.9% more) but less important for talking and understanding others (2.8% and 4.3%) or making themselves understood (4.3%). To avoid cultural interferences in the question, women were asked about talking to other women and men to other men.

Figure 35. Distribution of Persons with Disability Reporting Communication Difficulties According to Gender



Depression and Anxiety Signs: A Reality for Afghans with Disability

After more than two decades of conflict, anxiety and depression related disorders are said to be widespread among the entire population of Afghanistan[60]. The corresponding symptoms appear to be much more frequent among the persons with disability: the difference of proportion in percentage is steadily significant through all

[60] See CARDOSO et al. (2004), *op. cit.*

criteria. Ten symptoms can be used to characterize these disorders: want to stay locked up inside the house, feel very sad or cry without reason, do not feel hungry for long periods of time, feel afraid for no reason, sit for a long time thinking, want to live somewhere else, have rapid changes of mood, feel oppressed for no reason, feel suffocated for no reason, feel angry and resentful for no reason.

Depression is Far More Widespread Among Afghans with Disability

Table 21 presents the results to the corresponding questions for Afghans above age 15. The table shows that 51.2% of persons with disability reported "feeling suffocated for no reason" compared to 8.8% of non-disabled persons. This dramatic difference is the same for other responses, most notably to "sitting for long time thinking" and "feeling sad or oppressed".

Table 21. Distribution of Persons with and without Disability above Age 15 by Depression or Anxiety Symptoms

Signs of Depression†		Yes		No		Total
		Number	% in Sign Category	Number	% in Sign Category	Number
Want to Stay Locked up Inside the House	Non-Disabled	84	2.3**(1)	3614	97.7	3698
	Person with Disability	97	14.6**(1)	569	85.4	666
Feel Very Sad/Cry without a Specific Reason	Non-Disabled	235	6.4**(1)	3463	93.6	3698
	Person with Disability	280	42.0**(1)	386	58.0	666
Not Feel Hungry for Long Periods of Time	Non-Disabled	92	2.5**(1)	3606	97.5	3698
	Person with Disability	118	17.7**(1)	547	82.3	665
Feel Afraid for no Reason	Non-Disabled	98	2.7**(1)	3600	97.3	3698
	Person with Disability	144	21.6**(1)	522	78.4	666
Sit for a Long Time and Think	Non-Disabled	331	9.0**(1)	3367	91.0	3698
	Person with Disability	273	41.0**(1)	393	59.0	666
Want to Live Somewhere Else, Away from Family	Non-Disabled	53	1.4**(1)	3638	98.6	3691
	Person with Disability	101	15.2**(1)	565	84.8	666
Have Rapid Changes of Mood	Non-Disabled	105	2.8**(1)	3588	97.2	3693
	Person with Disability	215	32.4**(1)	449	67.6	664
Feel Oppressed for no Particular Reason	Non-Disabled	212	5.7**(1)	3486	94.3	3698
	Person with Disability	289	43.5**(1)	376	56.5	665
Feel Suffocated for no Particular Reason	Non-Disabled	325	8.8**(1)	3373	91.2	3698
	Person with Disability	341	51.2**(1)	325	48.8	666
Feel Angry and Resentful for no Karticular Reason	Non-Disabled	115	3.1**(1)	3583	96.9	3698
	Person with Disability	183	27.5**(1)	483	72.5	666

Source: NDSA. †Note: Questions asked only to persons above age 15. Weighted by number of non disabled members in the household above 15 years old. Test of Comparison of percentage for PwDs and NDs. (1)** Significant at p<0.001. (2)* Significant at p<0.05.

Answers range between 1.4% for those who want to live somewhere else to 9.0% for those who remain sitting and thinking for the non-disabled. The proportion of persons with disability with depression and anxiety symptoms ranges from 15.2% for those who want to live somewhere else to 43.5% for the feeling of oppression and 51.2% for the feeling of suffocation. Around 40% to 50% of these persons show four major symptoms of depression and anxiety: the feeling of sadness (42%), the thinking in isolation (41.0%), the feeling of oppression (43.5%) and the feeling of suffocation (51.2%). Major discrepancies do exist for mental heath status between Afghans with and without disability.

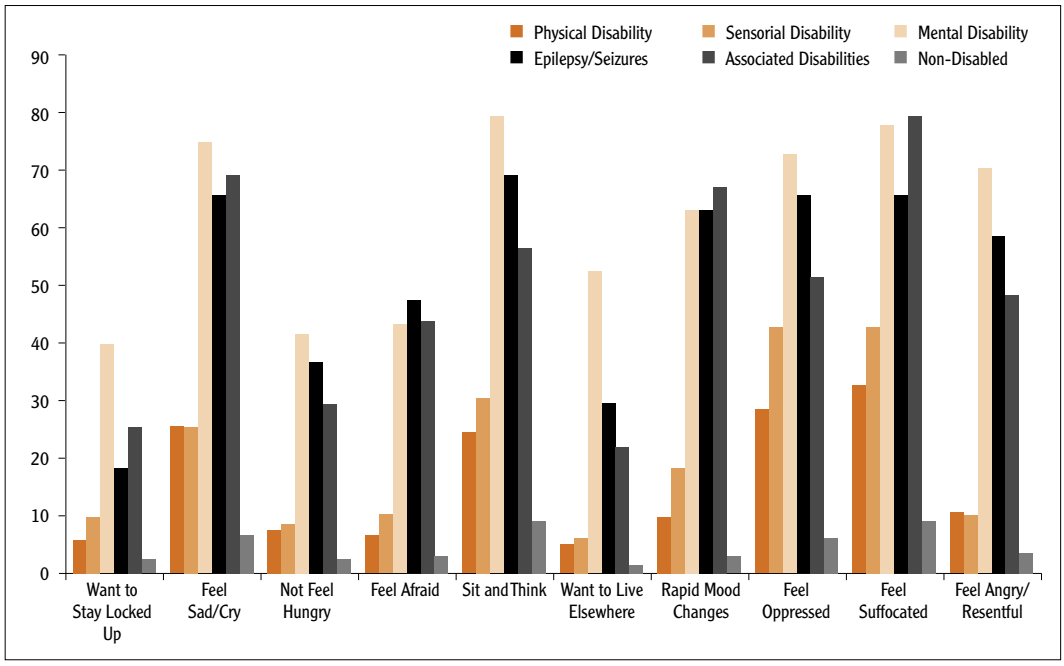
Depression and Anxiety are Preoccupying Symptoms Shared by Persons with Mental Illness and Intellectual Disability

Figure 36 (and Table 57 in the Annexure) investigates differences in the signs of depression and anxiety by main types of disabilities. For each symptom, persons with sensorial or physical disabilities have significantly lower positive responses to depression and anxiety symptoms. However, a significant proportion has the following signs of depression associated to their disability: sadness (both sensorial and physical 25%), sit for a long time and think (24.2% and 30.3% respectively), feeling oppressed (28.1% and 42.8% respectively), and feeling suffocated (32.3% and 42.8% respectively). The existence of anxiety and depression signs is common among the physically disabled and even more common for those with sensorial disability. This demonstrates that not only does the trauma of impairment and its causes (war, accident, disease…) highly affect the mental health of these people, but that prejudice and intolerance are probably taking their toll on their mental health too.

The situation is extremely worrying for persons with mental disability, epilepsy and associated disabilities. Out of the ten symptoms of depression and anxiety, the proportion of persons with mental health issues that have experienced those symptoms recently ranges from above 40% for all of those symptoms, and more than 70% for half of them: sadness (74.6%), thinking alone (79.4%), feeling oppressed (72.6%), feeling suffocated (77.8%), feeling angry (69.8%). While family is the major value in the Afghan culture, more than half of the persons with mental or intellectual disability would like to live away from their families, followed by a proportion of persons with associated disabilities (29.1%) and persons with epilepsy (21.5%). For 6 out of 10 of the symptoms more than half the proportions of persons with epilepsy and other forms of seizure or with associated disabilities are affected:

- Respectively 68.9% and 65.5% by sadness;
- 56.3% and 69.1% by thinking alone;
- 66.7% and 63% by changes of mood;
- 51.1% and 65.5% by feeling of oppression;
- 79.3% and 65.5% by feeling of suffocation;
- 48.1% and 58.2% by feeling of anger.

Figure 36. Distribution of Persons with Disability above Age 15 by Depression or Anxiety Signs and by Main Types of Disability

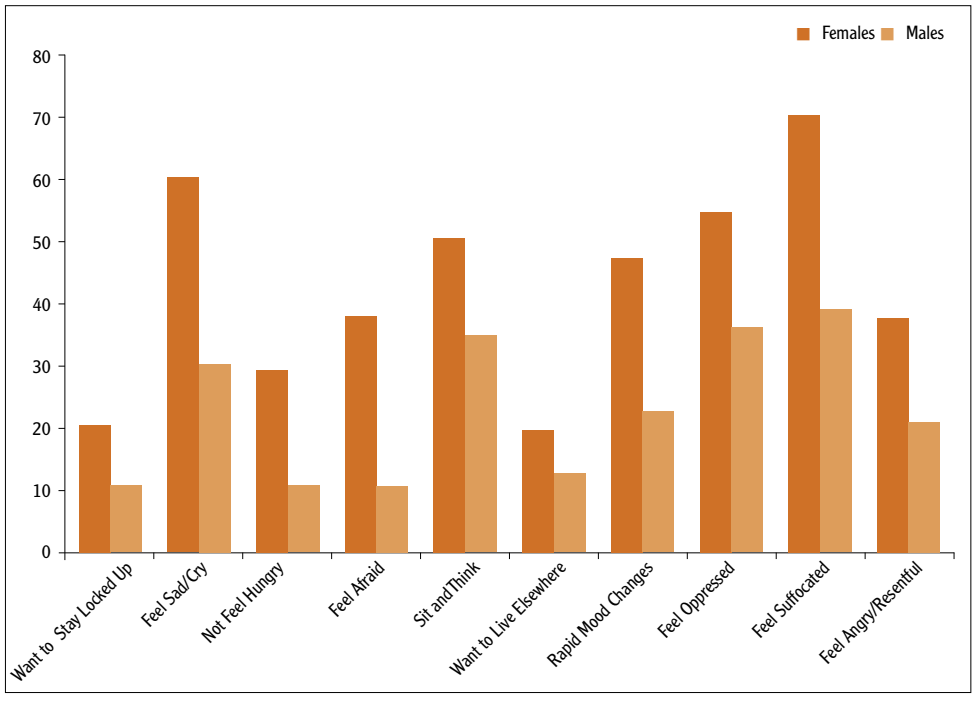


As for persons with epilepsy and other forms of seizures, these findings may indicate that a certain portion of those who report having epilepsy and other forms of seizures are also having mental disabilities such as depression or anxiety. These results also suggest that persons with these disabilities are painfully aware of their situation. Persons with epilepsy or with associated disabilities may also believe that they are a burden on their family. This belief might be fuelled by a lack of understanding within the family and the community and, as a result, by a lack of social acceptance of these forms of disability. Previous reports have shown that often causes for these are believed to be supernatural. There is an urgent need to build awareness and sensitise the close family to these forms of disability.

Twice As Many Related Signs of Depression and Anxiety among Women with Disability

Comparing the situation between males and females with disability concerning the symptoms of anxiety and depression in Figure 37 (and Table 58 in the Annexure), we find considerable and significant differences, with a higher percentage than that for violent behaviour. This is in line with the findings of other surveys[61].

Figure 37. Distribution of Persons with Disability Above Age 15 by Depression or Anxiety Signs and by Gender



While the highest proportion of men with disability is 38.9% which is reached for "feeling suffocated", the proportion is 70.1% for women with disability. For four symptoms, men show proportions above 30%, with women proportions being above 50%: sadness (59.8% instead of 30.2%), sitting and thinking (50.4% instead of 34.9%), feeling of oppression (54.5% instead of 36%), feeling of suffocation (70.1% instead of 38.9%). These symptoms are particularly characteristic of the depression and show the distressing mental health situation of women with disability in the country. These results are similar to those found by the CDC survey held in the Nangarhar province of Afghanistan in 2002, which shows that all the trauma exposures were translated into significant scores for anxiety and depression[62].

The higher proportion of women with disability showing depression and anxiety symptoms results from a combination of factors. First of all, the status of women who are deprived of many rights in Afghan society.

[61] RASEKH Z. et al. (1998), *op. cit.*

[62] SCHOLTE W.F., OHT M., VENTEVOGEL P., VRIES (de) G. J., JANSVELD E., CARDOSO B.L., GOTWAY CRAWFORD C.A. (2004), "Mental Health Symptoms Following War and Repression in Eastern Afghanistan", *Journal of American Medical Association*, , 292:585-593.

Their social status glorified by the ability of getting married and becoming a mother might be suddenly jeopardized by a disabling event thus resulting in a lowered self-esteem[63]. Among displaced persons due to war, women and children represent three quarters of the massive exodus of millions of people[64]. They were also victim of violence, experiencing and witnessing parental loss and mistreatment, all factors that result in psychological trauma and distress.

In order to encompass an overview of abilities, the following section establishes a score through nine dimensions of the level of abilities.

Conclusions Regarding Mental Distress

A Complex Issue…

It is essential to again differentiate between persons who have been detected as having some form of mental disability (intellectual disability or mental illness) and a look at mental distress. The main difference is whether or not a given problem is disabling for everyday functioning or not. If a persons has episodes of depression and anxiety, but is able to lead a 'normal' life in terms of social functioning, then he/she is not considered disabled within in the NDSA framework for reasons stated in the first section of this report. The analysis presented in this section pertains to the mental difficulties that are faced by persons with disability in general.

For persons who have some form of physical and sensorial disability it is easy to consider that they have mental difficulties as well, related to a myriad of social considerations as well as individual emotions such as hopelessness and frustrations. However, for persons with mental disability, it seems futile to state that they have mental distress… It is also very plausible that a group of persons who were not detected through the screening questionnaire present chronic depression and chronic anxiety disorder. These however are possibly largely underestimated because many 'common mental disorders' have a short duration and may not be classified by people themselves as 'mental problems'.

Some Persons Seem more Vulnerable to Mental Distress…

The most common forms of distress that have been noted are depression and anxiety signs, which may be related to post traumatic stress disorder in some cases. Although the NDSA did not neither designed not aimed to detect all the psychiatric and psychosocial problems in detail, it did yield some interesting trends.

The first fact that will be crucial for policy defining is the fact that women with disability show higher rates of mental distress than men. This could be strongly influenced also by the gender norms and expectations that do tend to constrain a majority of women inside the house in rural areas. This may also be explained by the fact that women express and admit to these forms of problems more clearly than men. Whatever the reason, the fact remains that women with disability do feel more isolated and show anger and frustration.

Finally the perceived cause of the disability and its social implications also has an impact on the mental distress of the concerned persons. Persons who have a valorized, clearly identified and accepted cause of disability have better social inclusion and participation than those whose conditions remain difficult to explain and to accept. This also goes to show that sensitisation and awareness regarding the forms of disability that are most discriminated against and the least accepted will be essential towards improving mental health of persons with disability.

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63 MEEKOSHA H. (2004), "Gender and Disability", *Encyclopedia of Disability*, Sage.

64 BHUTTA Z. A. (2002), "Children of War: the real casualties of the Afghan Conflict", *British Medical Journal*, 324: 350.

Health Results, Section 3 - Dimensions of Functioning-A look at Profiles of Well-being

In the previous section the answers of the respondents on each of the items of the questionnaire were presented through a simple analysis. This third section takes the analysis of the health section one step further and looks at how people are doing on various dimensions that constitute overall good health and well-being.

The results presented here are based on the same questions as those discussed in the previous sections. However, the various items have been combined differently in order to determine dimensions of well-being. All these dimensions are components of overall health. It is essential to bear in mind that all the dimensions are interrelated and variations on one of them will invariably impact the others. However, the profiles presented in this section can be used to better understand the specifics of each profile and be aware of the type and severity of difficulties that are faced. These profiles can form a basis for taking appropriate and sensitive measures towards improving lives of persons with disability, but they can also be used as an assessment tool to monitor the progress made and ensure that the overall well-being is improved.

Well-being, Functioning and Capabilities

The list of dimension of well-being constitutes "a space within which comparisons of quality of life across nations can most revealingly be made"according to Nussbaum[65]. The author also affirms "the threshold level of each of the central capabilities will need more precise determination, as citizens work toward a consensus for political purposes. This can be envisaged as taking place within each constitutional tradition, as it evolves through interpretation and deliberation[66]". Well-being can be seen as a set of "principles" or dimensions that need to be taken into account, what exactly each of them refers to will depend on the cultural and social context and will evolve over time. For this reason, the items for each dimension were defined according to Afghan social structure and beliefs. Any view of well-being in terms of health will need to take into account the following elements.

Taking a Capabilities Perspective to View Disability

The capabilities approach, places the definition of disabilities within the wider spectrum of human development and enhancing freedom. This view is based on "beings and doings that an individual has reason to value", thus shifting the focus from the specificities of the disabling situation to how to look at establishing equality in terms of possibilities and choices. Amartya Sen's Capabilities Approach to human development provides further insight into the issues related to disability since it proposes to look at not what a person actually does (functionings) but at the range of possibilities that he/she chooses that specific functioning from – this is the capabilities set. The fact that each individual is asked to assess the level of difficulties faced on each dimension helps assess the situation in a comprehensive manner. This approach covers the full range of the disability experience, away from limited approaches in terms of types of impairments only.

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65 NUSSBAUM, M. (2000), *Women and Human Development: The Capabilities Approach*, Cambridge University Press, Cambridge.p.116.

66 NUSSBAUM M. (2000), *op. cit.*, p.77.

Vulnerability and Potentialities of the individual

The vulnerability can be defined as "the probability of having his/her own situation worsen when facing a dramatic event[67]". The authors stress that poverty reduction policies need to take into consideration vulnerable groups by "focusing on preventive ex-ante strategies besides the usual ex-post curative policies (...) An improvement of people's capabilities leads them to become less vulnerable to the various risks encountered: the amount of human capital — and social capital to a certain extent — that they own, can be used to face difficulties when they occur." As a result, policies need to aim at reducing vulnerability and enhancing capabilities, viewed as composed of ability and potentiality. While the former looks at what a person can do and be in a given context, the latter refers to the ability to cope over time, in a sustainable manner. The multi-dimensional view of well-being can allow decision makers to assess the vulnerabilities where the health of Afghans with disability is concerned.

Social Restrictions and 0pportunities

The present section looks at the interplay between individual characteristics and social restrictions and proposes to measure outcomes in terms of the expanding of people's choices and thus freedoms. Limiting the definition to merely a quantitative, or income and institutional access, or trying to categorise different types of disability into broad groups, would be ignoring the dynamics that exist between the individual and the community. In traditional societies, such as Afghanistan, family and community are the main support systems and human resources that a person with disability depends upon. The quality of interaction with others, acceptance and integration are fundamental components of individual well-being and the feeling of self-worth. To what extent do the social and cultural dynamics of the context contribute to expanding or impeding the spectrum of choices?

Looking at "Agency"

The agency of the individual looks at to what extent the person considers him/herself as the main actor and decision maker in his/her own life. Needless to say, this is very closely related to the degree of acceptance that he/she experiences as well as the support and services that are available. It is recognising a person as "someone who acts and brings about change, and whose achievements can be judged in terms of her/his own values and objectives, whether or not we assess them in terms of some external criteria as well[68]".

Well-Being: A Multifaceted Phenomenon

Well-being is thus a result of a number of individual and social phenomena. It must be seized with a multidimensional approach. Hence, in terms of health and functioning, a certain number of main dimensions can be defined to assess the situation at a given moment in time. For the NDSA analysis and in order to present a comprehensive and different picture, 8 main dimensions of well-being were determined. Each of these dimensions consists of a set of items that help establish a score on the given dimension. These 8 dimensions are:

- Daily Autonomy;
- Contribution to Household Work;
- Contribution to Work outside House;
- Communicating with Family/Community;
- Interacting, Having Social Relations;
- Remembering, Memorising;

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[67] DUBOIS J-L., ROUSSEAU S., (2001), "Reinforcing Household's Capabilities as a Way to Reduce Vulnerability and Prevent Poverty in Equitable Terms", paper presented at the *1st Conference on the Capability Approach Justice and Poverty: Examining Sen's Capability Approach*, Cambridge University 5-7 June 2001, p. 1.

[68] SEN A. (1999), *Development as Freedom*, Oxford University Press, Oxford, p. 19.

- Positive Individual Behaviour;
- Signs of Depression/Anxiety.

The first three dimensions are constituted of various items to which the respondents had the choice between three possibilities. Each of these answers was given a certain score: 1 for "yes I can do it", 2 for "yes, I can do it but with difficulty", and 3 for "no, I cannot do it".

For the remaining 6 dimensions respondents had to choose between "Yes I have this difficulty" which is scored 2 and "No I have no difficulty" which is scored 1.

Some of the dimensions relate to only part of the population. Dimensions 1 and 3 were not asked to children under the age of 8 because some of the inabilities are linked to the young age.

The ICF codes require the use of qualifiers, which record the presence and severity of the functioning problem on a five-point scale. But when the NDSA questionnaire has been tested, interviewees had trouble to choose between the five levels, i.e. 1: "yes, able without problem"; 2: "yes, able with mild difficulty"; 3: "yes, able with moderate difficulty"; 4: "yes, able with severe difficulty"; 5: "unable" to do the task. It was suggested to simplify the scale into two or three answers offering clear choices therefore reducing the risk of misinterpretation and misunderstanding. To compensate for this diminution of precision in the evaluation of the difficulties in functioning, the use of a larger set of questions (45 questions organised in 9 dimensions) was adopted.

The higher the score on each dimension, the higher the level of difficulties the persons face on the given dimension.

Dimension 1: Autonomy for Daily Functioning

The first dimension refers to the basic ability to take care of oneself on a day-to-day basis. It is related to the feeling of autonomy and self-reliance. This first dimension looks at the individual's ability to function on a daily basis with regards to taking care of oneself. Any difficulty experienced by persons with disability on this first dimension invariably means that he/she requires assistance in this domain. The role of close family members, preferably of the same gender is of utmost importance, since some of the items on this dimension include personal hygiene.

This dimension consists of 6 items:

- Bathing ablutions;
- Getting dressed;
- Preparing meals for yourself;
- Going to the toilet;
- Eating and drinking;
- Moving around.

The possible score lies between 6 and 18.

- **"No Difficulty"** is defined by a score 6 which corresponds to the absence of difficulty on any of the items stated.
- **"Mild Difficulty"** is scored between 7 and 10. The score 7 corresponds to 1 'yes, but with difficulty' to any of the 6 queries of the dimension. The score 10 corresponds to 2 'No, I cannot do it' or 4 'yes, but with difficulty'.
- **"Severe Difficulty"** is scored between 11 and 14. Score 11 corresponds to 5 'yes, but with difficulty', and score 14 to 4 'No, I cannot do it'.
- **"Very Severe Difficulty"** is scored between 15 and 18. Score 15 corresponds to 3 'yes, but with difficulty', and 3 'No, I cannot do it'. Score 18 corresponds to 6 'No, I cannot do it' which represents a complete inability in the first dimension.

Dimension 2: Contribution to Housework

The second dimension relates to everyday household chores that are performed inside the house. The questions related to this dimension were asked to all women over the age of 15 and boys and girls who were interviewed between ages 5 and 15, since the pre-test of the questionnaire showed the irrelevance of the questions for adult males who were extremely few and far beyond to carry out household chores. For women and girls as well as for young boys with disabilities this dimension could determine their usefulness within the family unit.

This dimension consists of 6 items:

- Sweeping, cleaning the house;
- Cooking meals for everyone in the house;
- Washing dishes;
- Looking after younger children;
- Looking after elder members;
- Doing the laundry.

The possible score lies between 6 and 18 according to the same distribution as defined in dimension 1.

- **"No Difficulty"** is defined by a score 6 which corresponds to the absence of difficulty on any of the items stated;
- **"Mild Difficulty"** is scored between 7 and 10;
- **"Severe Difficulty"** is scored between 11 and 14;
- **"Very Severe Difficulty"** is scored between 15 and 18.

Dimension 3: Contribution to Work outside the House

This third dimension relates to the chores that need to be carried out outside the house and sometimes in the fields. This was asked to all persons interviewed. For urban clusters the questions related to work in the field were omitted when they were not relevant. These tasks are very frequently carried out in Afghanistan and represent common duties.

This dimension consists of 5 items:

- Climbing stairs (or a incline path);
- Going to the bazaar/shop;
- Carrying heavy things (like water);
- Working in fields;
- Riding a bicycle/animal.

The possible score lies between 5 and 15.

- **"No Difficulty"** is defined by a score 5 which corresponds to the absence of difficulty on any of the items stated;
- **"Mild Difficulty"** is scored between 6 and 8. The score 6 corresponds to 1 'yes, but with difficulty' to any of the 5 queries of the dimension. The score 8 corresponds to 1 'No, I cannot do it' and 1 'yes, but with difficulty' or 3 'yes, but with difficulty'.
- **"Severe Difficulty"** is scored between 9 and 12;
- **"Very Severe Difficulty"** is scored between 13 and 15.

Dimension 4: Communicating with the Family and the Community

This dimension is related to simple communication within family and the community: the ability of delivering and receiving messages and information, of understanding others and making oneself understood.

This dimension consists of 6 items:

- Finding ways to express needs;
- Talking easily to others;
- Understanding what people say;
- Making yourself understood;
- Hearing someone clearly;
- Seeing someone clearly.

The possible score lies between 6 and 12.

- **"No Difficulty"** is defined by a score 6 which corresponds to the absence of difficulty on any of the items stated;
- **"Mild Difficulty"** is scored between 7 and 8 for 1 or 2 inabilities;
- **"Severe Difficulty"** is scored between 9 and 10;
- **"Very Severe Difficulty"** is scored between 11 and 12.

Dimension 5: Interacting, Having Social Relations

The dimension is different and more complex than the previous one. It deals with the ability to be with other people, therefore closely linked to social acceptability and social integration of the individual.

This dimension consists of 5 items:

- Feeling comfortable with people;
- Feeling scared when going out of the house;
- Feeling uncomfortable when going out of the house because people stare at you;
- Showing verbally violent behaviour towards others;
- Showing physically violent behaviour towards others.

The possible score lies between 5 and 10.

- "No Difficulty" is defined by a score 5 which corresponds to the absence of difficulty on any of the items stated;
- "Mild Difficulty" is scored between 6 and 7 for 1 or 2 inabilities;
- "Severe Difficulty" is scored between 8 and 9;
- "Very Severe Difficulty" is scored at 10, the maximum score.

Dimension 6: Remembering, Memorising

This sixth dimension is related to concentration, remembering things and learning new things. As the title indicates, it compiles intellectual abilities that are necessary in order to function on a daily basis and within a family and a community.

This dimension consists of 3 items:

- Concentrating on more than one thing at a time;
- Learning new things easily;
- Remembering things.

The possible score lies between 3 and 6.

- **"No Difficulty"** is defined by a score 3 which corresponds to the absence of difficulty on any of the items stated;
- **"Mild Difficulty"** is scored at 4 which corresponds to 1 "Yes" to any of the 3 queries;
- **"Severe Difficulty"** is scored at 5;
- **"Very Severe Difficulty"** is scored at 6, the maximum score.

Dimension 7: Positive Individual Behaviour

Individual behaviour refers to the ability that the person has to have a calm and coherent attitude towards oneself. This dimension includes violence that can be conducted towards oneself, as well as loss of consciousness… All these indicators linked to individual behaviour invariably have an impact on the ability to be with other people and influence the degree of isolation, whether the person is kept at home, hidden away because believed incapable to "behave" in a manner considered adequate and coherent by others.

This dimension consists of 4 items:

- Keeping calm and staying still in one place;
- Having repetitive, stereotyped movements;
- Showing violent behaviour towards oneself;
- Fainting or passing out.

The possible score lies between 4 and 8.

- **"No Difficulty"** is defined by a score 4 which corresponds to the absence of difficulty on any of the items stated;
- **"Mild Difficulty"** is scored between 5 and 6;
- **"Severe Difficulty"** is scored at 7;
- **"Very Severe Difficulty"** is scored at 8, the maximum score.

Dimension 8: Signs of Depression and Anxiety

Dimension 8 is probably the component of mental health that has most been addressed through various studies that have been carried out in Afghanistan. The main belief is that a very large number of persons in the country, in view of the history and the recent conflicts, are subjected to various forms of depression and Post Traumatic Stress Disorder (PTSD). In our study we tried to address this dimension through 10 different items that include various signs of depression and related problems. The NDSA findings do not propose a "diagnosis" but try to bring into light the extent of this problem for persons with disability in the country.

This dimension consists of 10 items:

- Wanting to stay locked up inside the house;
- Feeling sad/crying without any particular reason;
- Not feeling hungry for long periods of time;
- Feeling afraid for no reason;
- Sitting and thinking for long periods of time;
- Wanting to live somewhere else, away from the family;
- Having rapid changes of mood;
- Feeling oppressed for no particular reason;
- Feeling suffocated for no particular reason;
- Feeling angry and resentful for no particular reason.

The possible score lies between 10 and 20.

- "No Difficulty" is defined by a score 10 which corresponds to the absence of difficulty on any of the items stated;
- "Mild Difficulty" is scored between 11 and 12;
- "Severe Difficulty" is scored between 13 to 16;
- "Very Severe Difficulty" is scored between 17 to 20, the maximum score for 7 to 10 difficulties.

Dimension 9: Episodes of Fits/Seizures

This is a one-item dimension: scores vary between 1 and 2, 'yes I had an episode of crisis in the last 6 months' or 'no I have not'. As we have explained earlier, this item can be interpreted in different ways according to the age and gender of the respondent. Furthermore, episodes of trances and hysteria are also common, especially

in rural areas of the country. For all these reasons we have kept this item separate in order to present the specificities of the answers given.

Results related to this dimension will be presented at the end of this section due to its specificity.

Different Profiles of Well-being for Different Types of Disability

Comparing the well-being profiles of different groups can yield interesting information regarding how they experience everyday life.

In brief, the dimensions can be divided into three different groups in view of the findings of the survey. The first three dimensions relate directly to physical abilities to function in everyday life, within the household and outside. The dimensions 4 to 7 deal with various aspects of life in society, interacting with others and integration, acceptation and participation in various groups. The dimension 8 is specific as it deals with signs of depression and trauma.

This profile provides the degrees of difficulties faced on each of the dimensions. The overall view can be assessed by looking at a combined score for all dimensions. This score is calculated using the same method as for each of the dimensions. A high score reflects a high level of difficulty and, as a consequence, lower feelings of well-being.

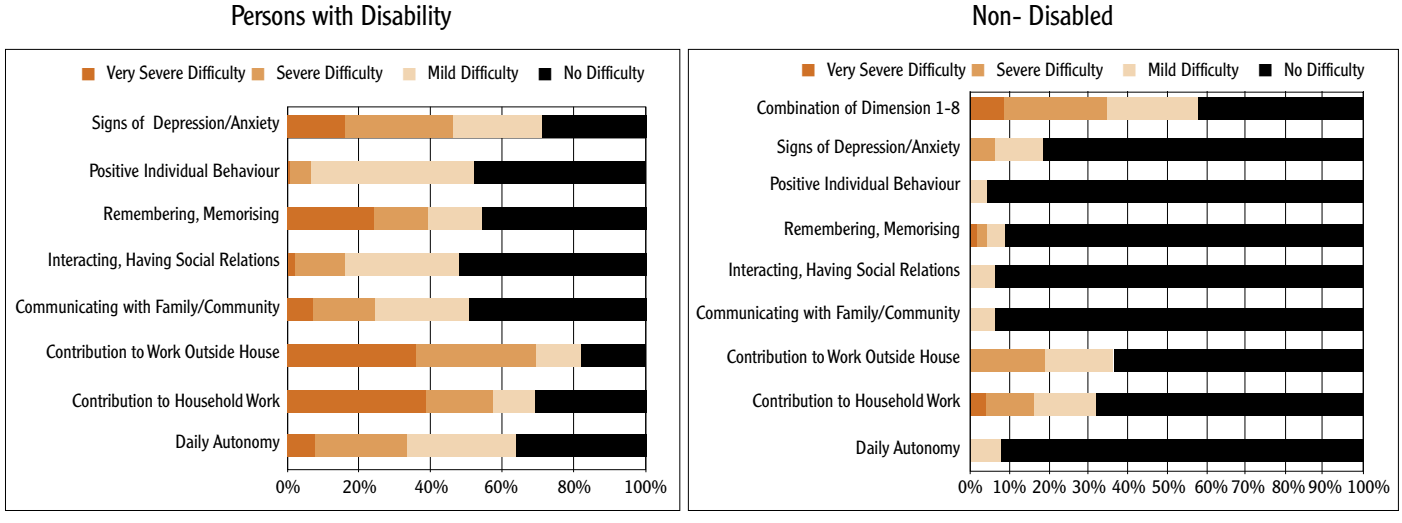
- "No Difficulty" is defined by a score 1 which corresponds to the absence of difficulty on any of the items stated;
- "Mild Difficulty" is scored at 2;
- "Severe Difficulty" is scored at 3;
- "Very Severe Difficulty" is scored at 4, the maximum score.

Well-being Profile of Non-Disabled vs. that of Persons with Disability

Results clearly state that the persons with disability face more and more severe difficulties than the non-disabled population. This result is consistent: it shows that the screening tool, based on 27 questions inspired by the ICF, and used to identify severe disability targeted for public policies in Afghanistan is relevant.

It is interesting to note that persons with disability do have difficulties when it comes to taking care of themselves compared to the non-disabled.

Figure 38. Well-being Profile on 8 Dimensions for Non-Disabled and Persons with Disability



The non-disabled face some form of difficulties on three dimensions: contribution within the household, working outside the house as well as showing signs of depression and anxiety. However the difficulties faced are not very severe and the former two are most probably related to old age.

Persons with disability have some degree of difficulty for each of the dimensions: the most severe difficulties being in the domain of contributing to household chores and to work in general. They also face very severe problems related to memory and depression/anxiety. For all dimensions, more than 50% of Afghans with disability face some level of difficulty.

Physical and Sensorial Disabilities…

The trends described above can be better understood by looking at the well-being profiles according to various types of disability. Almost 60% of persons with physical disability have very severe problems on at least one of the 8 dimensions (see figure 39, Combination of dimensions 1-8).

Figure 39. Well-being on 8 Dimensions for Physically Disabled

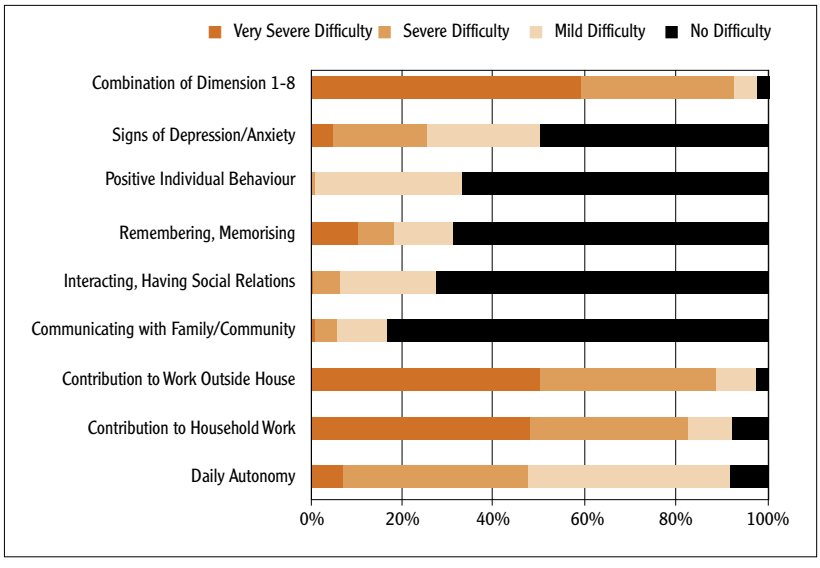
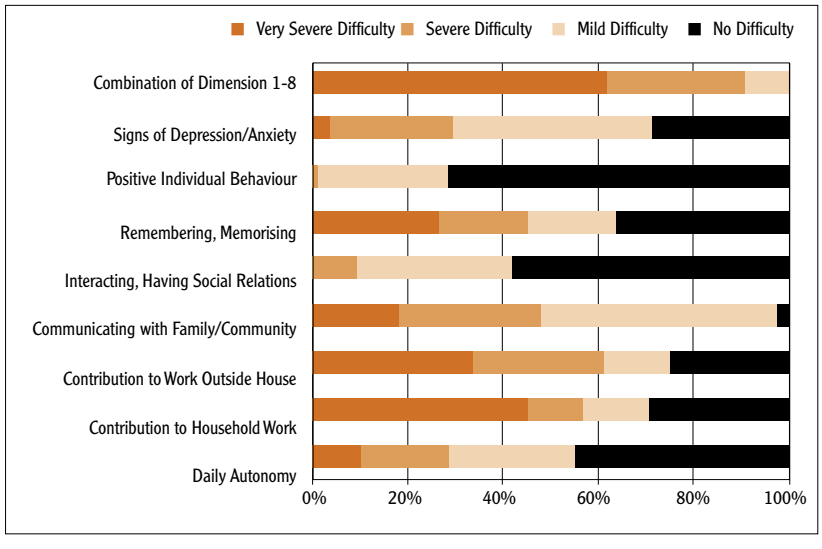


Figure 39 clearly shows that the very severe difficulties faced by persons with physical disability are on dimensions of contribution to the household tasks and work in the fields. On all other dimensions the difficulties faced are not characterised as "very severe". It is also interesting to note that regarding daily autonomy, less than 10% of respondents assess the problems faced as being very severe, whereas an additional 40.7% state that they have severe difficulties and 44% more report having mild difficulties: in all 92% have some

Figure 40. Well-being on 8 Dimensions for Sensorial Disabled



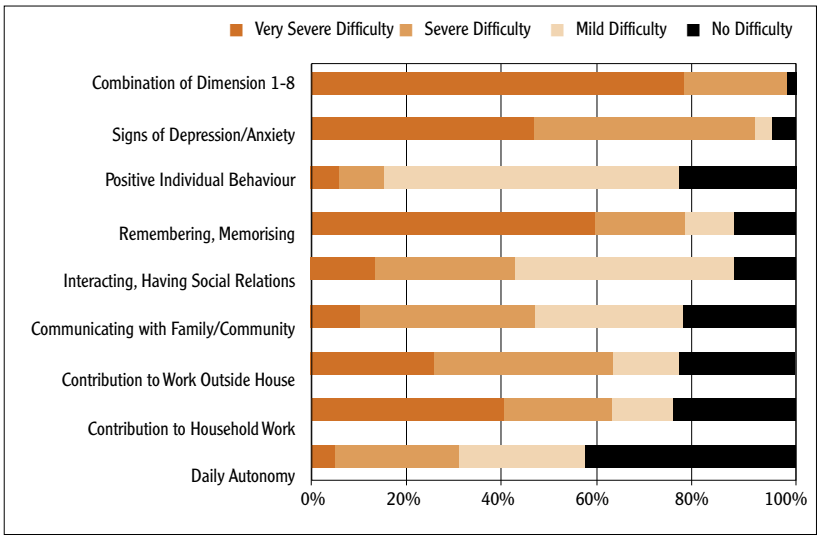
difficulty taking care of themselves. However, the fact that the inability to contribute to household running in general can be an indicator of the feeling of helplessness and is a more serious issue.

For persons with sensorial disability (Figure 40), the overall well-being picture resembles the one of the physically disabled: over 62% have very severe difficulties when the combination of dimensions 1-8 is considered. However, the difficulties reported regarding contributions made to the household and outside the house are somewhat less severe. As expected, almost all persons with these disabilities have some form of problem in communicating, but only 42% report having difficulties having social relations and interacting with family and community members. This can be a reflection of the overall social acceptance of these types of disability within the community. It is also interesting to note that over 70% show some degree of depression/anxiety signs.

Mental, Associated Disabilities, Epilepsy/Seizures

The overall picture is quite different for persons with non-physical and sensorial problems (see Figure 41 below).

Figure 41. Well-being on 8 Dimensions for Mentally Disabled



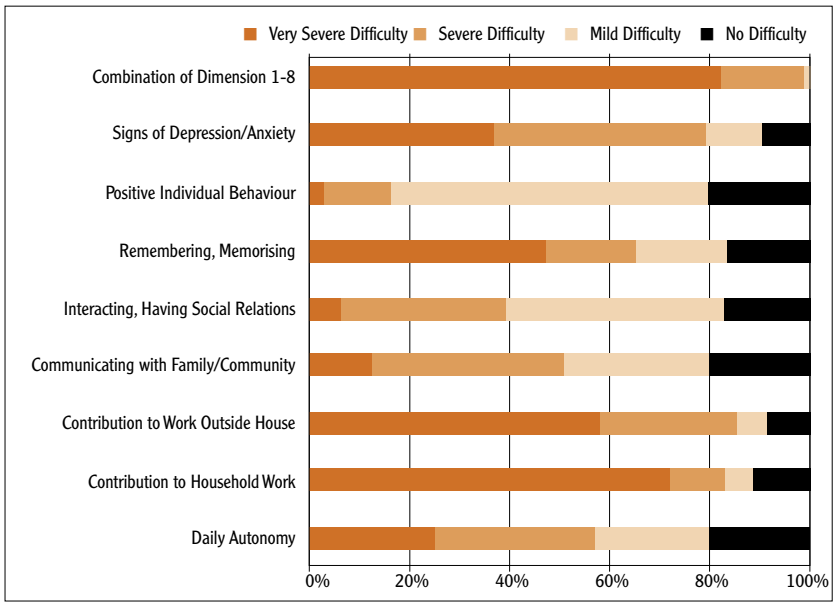
The well-being profile changes evidently for persons with mental disability: 77% have very severe difficulties considering the combination of the 8 dimensions. Over 95% report signs of depression and anxiety (for over 90% these signs are severe or very severe). The most severe difficulties faced are on the dimension related to memory, almost 60% report having very severe problems. More than 75% have difficulties with regards to individual behaviour.

Communication and social relations are also challenging for persons with mental illness and psychological disability: over 75% have problems of communication and over 87% find social interaction challenging. This again is a reflection of the social prejudices and biases, often related to lack of comprehension and even fear regarding the behaviour of persons with mental problems.

Although only 5% have severe difficulties with daily autonomy, an additional 50% have some difficulties. The lack of ability to contribute to household and to work outside the house is felt very severely by 40% and 25% respectively.

The severity of the difficulties faced is highest for persons with associated disabilities (Figure 42) : over 80% have very severe difficulties when the 8 dimensions are considered as combined. As a consequence, the quality of life and well-being is worse than for the other categories stated. The most severe difficulties are

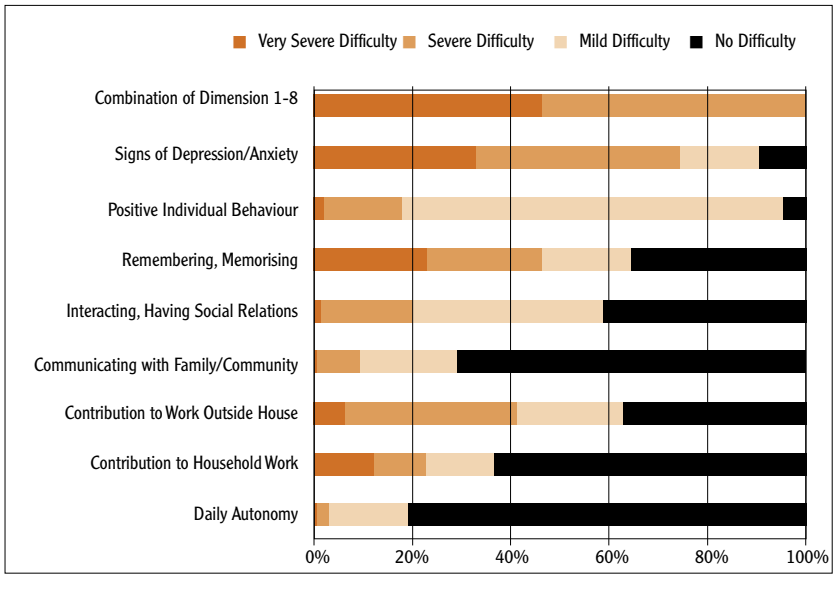
Figure 42. Well-being on 8 Dimensions for Persons with Associated Disabilities



related to the contributions made to the household (72% report very severe problems), and work outside the house (58% report the same). Very severe difficulties are also experienced with regards to memory (47%) as well as signs of depression/anxiety (37%).

In addition over 80% have some difficulties for communicating as well as for having positive social relations.

Figure 43. Well-being on 8 Dimensions for Persons Reporting Epilepsy/Seizures



The degree of suffering felt by persons with associated disabilities is higher than for other categories. This is possibly a consequence of the series of impairments that result in a very complex condition, which is not often understood and accepted.

Persons who report epilepsy/seizures on a regular basis are also the ones that have the least severe problems related to the dimensions of well-being (just over 46% have very severe difficulties on all dimensions combined). The most difficulties faced are depression/anxiety (90% have some degree of difficulties), and

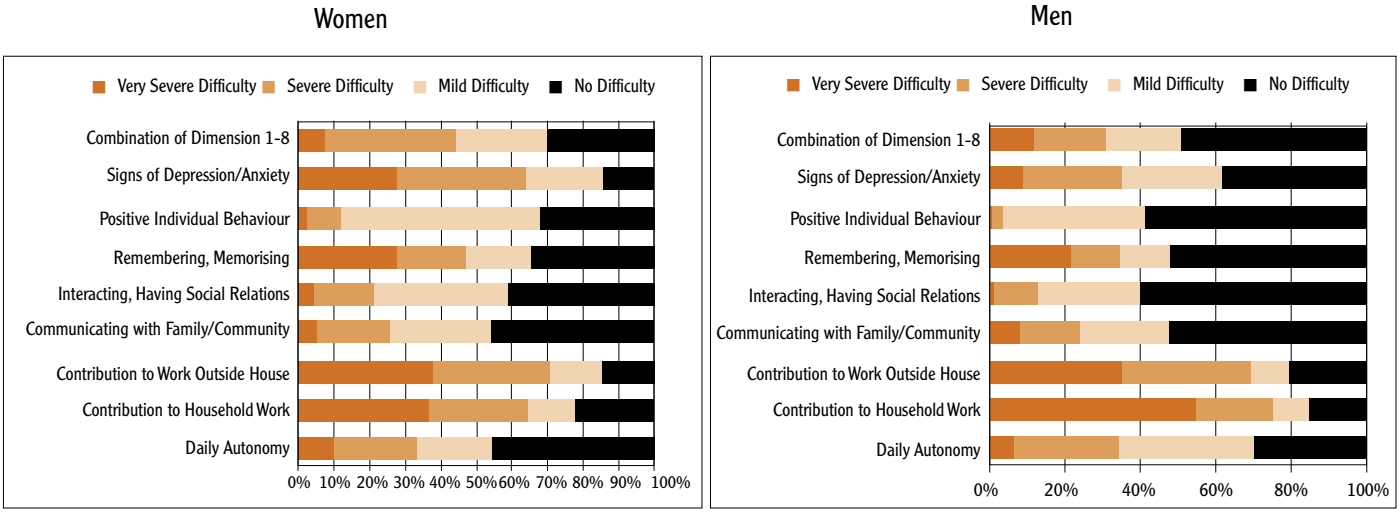
individual behaviour (95%). The latter dimension is linked to fits that may appear unexpectedly and be violent. Finally severe difficulties are also faced regarding memory.

For daily autonomy and contribution to the household, 81% and 63% respectively declare having no difficulties. The proportion is slightly lower for contributing to work outside the house. This does suggest that it is the onset of unexpected fits that impact well-being. Within the house, in a more protected environment, the acceptance of these makes it easier to function on a daily basis.

Well-Being according to Gender and Rural/Urban Settings

When the overall well-being on the combination of all the 8 dimensions is taken into consideration (See Figure 44), it is evident that a higher proportion of women face severe and very severe problems (44.5%) than men (31%). 30% of women have no difficulties, whereas the men are 48.8% to declare the same.

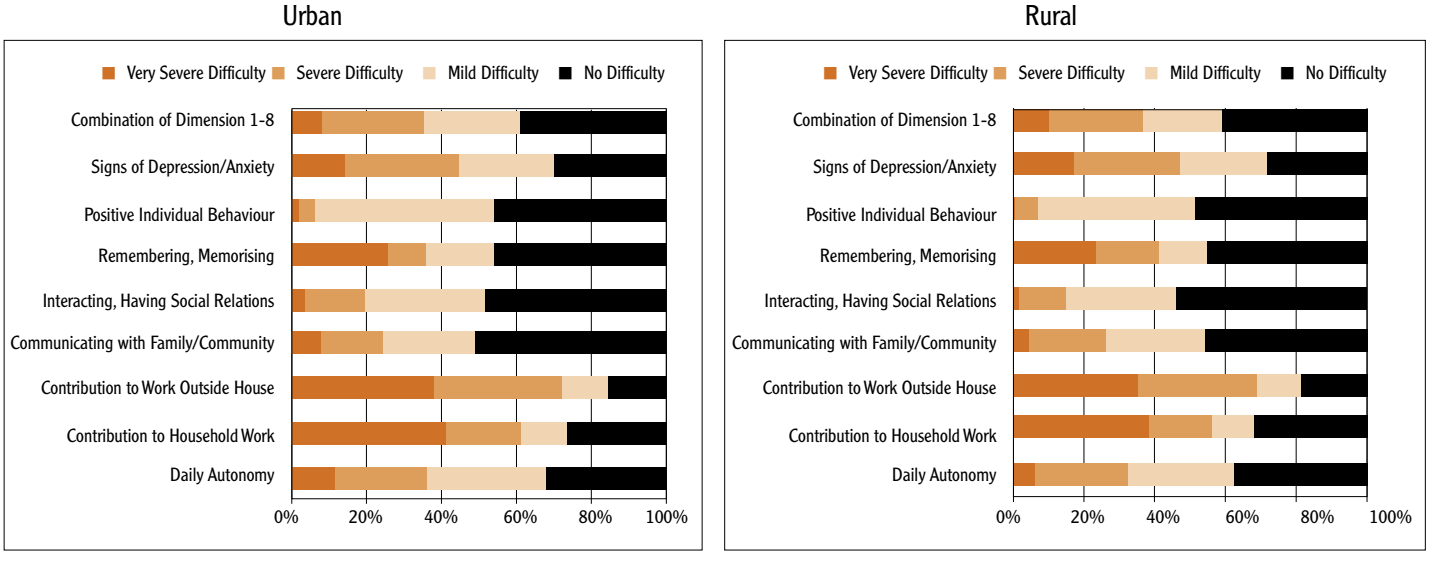
Figure 44. Well-being on 8 Dimensions for Women and Men



The overall profiles according to gender do show some interesting differences. For both sexes the most severe difficulties felt are regarding contributions made to work inside the household as well as outside.

Women do appear to face more challenges when it comes to having social interactions. However, as discussed before, difficulty to go out of the house is linked primarily to gender norms and roles.

Figure 45. Well-being on 8 Dimensions according to Urban-Rural Settings



Over 65% of women have problems related to memory (under 50% men declare the same). 67% have individual behaviour that is not accepted /violent (42% of men) and over 85% of women show signs of depression/anxiety (62% of men). It is on these dimensions that the gender differences are the most impressive. However, it is evident that these results reflect the complex interrelations between gender and disability within the Afghan context. It is also clear that disability cannot be adequately addressed without gender sensitivity.

The overall urban and rural profiles are quite similar (Figure 45, in previous page).

The most severe difficulties faced are related to contributions made to the running of the household. Signs of depressions and anxiety are present in both settings, as are problems of individual behaviour and memory.

However some results do suggest that there is a weakening of the social support system in large cities. This will invariably have a consequence on the quality of life of persons with disability, since family and community are the main support systems in a context where state services and centres are very few and largely insufficient.

Results for Dimension 9 (Fits/Seizures)

The ninth and final dimension is specific, as it consists of only one item and it relates to one of the categories of disability that was included in the screening of the NDSA. The main findings on these dimensions confirm what was found in the first section of the report, these difficulties are a lot more prevalent in rural setting and it is mostly women who show signs of epilepsy, or some other form of seizures.

Table 22. Distribution of Persons with Disability and the Non-Disabled according to Dimension 9 by Living Areas and Gender

Dimension9: Experienced Epilepsy/Seizures in the Last 6 Months		Persons with Disability	Non-Disabled
Difficulty	Number	148747	116789
	% in Category of PwDs/NDs	23.8**(1)	0.5**(1)
Urbant	Number	33777	72880
	% in Category of PwDs/NDs	18.0**(1)	1.0**(1)
Rural	Number	114971	43910
	% in Category of PwDs/NDs	26.3**(1)	0.2**(1)
Male	Number	47417	59889
	% in Category of PwDs/NDs	12.7**(1)	0.4**(1)
Female	Number	101330	56901
	% in Category of PwDs/NDs	40**(1)	0.5**(1)

Source: NDSA. Note: Data presented above excludes respondents under the age of 5. †Some Data should be interpreted with caution due to low numbers. (1) Test of comparison of proportion comparing PwDs and ND. (2) Test Chi 2 of Pearson of independence. ** Significant at p<0.01 * Significant at p<0.05.

However the interpretation of this dimension must be done with caution as these signs may be socially accepted for elderly women for instance. On this dimension, it may be the males that go through most stigmatisation as this behaviour is not always accepted by the community.

Table 23. Distribution of Persons with Disability and the Non-Disabled according to Dimension 9 by Types of Disability

Dimension9: Experienced Epilepsy/Seizures in the Last 6 Months †		Physical Disability	Sensorial Disability	Mental Disability	Associated Disabilities	Epilepsy/ Seizures	Non-Disabled	Total
Difficulty	Number	4547	1299	5196	25982	111723	116789	265536
	% Having Difficulty	2.0	0.9	9.2**(1)	41.7**(1)	95.0**(1)	0.5**(1)	1.0
No Difficulty	Number	227993	151346	51315	36375	5846	25183913	25656788
	% Having No Difficulty	98.0	99.1	90.8	58.3	5.0	99.5	99.0
Total	**Number**	**232540**(2)**	**152645**(2)**	**56511**(2)**	**62357**(2)**	**117569**(2)**	**25300702**(2)**	**25922324**(2)**

Source: NDSA. Note: Data presented above excludes respondents less than 5 years old. †Some Data should be interpreted with caution due to low numbers. (1) Test of comparison of proportion comparing PwDs by types of Disability and ND. (2) Test Chi 2 of Pearson of independence. ** Significant at p<0.01 * Significant at p<0.05.

It is obvious that the persons who have disabilities resulting from epilepsy, and other forms of seizures have most difficulties on this dimension. The main interesting finding is that 9.2% of persons with mental disability and 41.7% of multiple associated disabilities also show signs of epilepsy.

Conclusions and Recommendations

Reviewing Prevalence of Disability: Setting the Threshold on Well-being Profiles

The view of difficulties faced by Afghans with disability can also lead to a new look at prevalence rates. As extensively discussed in the first section of this report, disability is not a permanent and immutable state but should be understood as a spectrum of limitations in abilities and capacities. It can be considered more comprehensively as a general situation of anyone having a certain level of limitations in the following domains:

- Functioning of the body;
- Ability to carry out certain actions;
- Ability to participate to society and community;
- Finally limitations due to environmental factors.

Considering this approach, one can re-define the level of prevalence of disability in Afghanistan. The rate of prevalence varies according to where the threshold is set.

Setting the threshold can leave no space for uncertainty in certain cases of severe impairment: a total lack of functioning or complete incapability in one or several given dimension, or for some domains of body functions (vision, hearing, and paralysis), body structures, activities limitations and social participation. But most often there are no standardised thresholds. The policy maker or the disability programme manager can decide, according to his/her own purpose or objective, where the threshold should be set for each domain of functioning. In this perspective, there is not a determined rate of prevalence but different levels of prevalence of disability depending on what are the priorities and the goals identified for action.

In the NDSA questionnaire based on the ICF and Sens` capabilities, two sets of questions can be considered in order to define what the prevalence rates are:

- The 27 queries of the screening questionnaire;
- The 45 queries of the health questionnaire.

Table 24. Rate of Prevalence according to Different Thresholds of the 27 Screening Questions

Threshold according to Screening Questionnaire (Moderate or Severe Limitations)	Prevalence Rate (%)
One 'Yes' in section A or two 'Yes' in Section B to E to the Set of 27 Items of the Screening Questionnaire	2.7
One 'Yes' in section A or one 'Yes' in Section B E to the Set of 27 Items of the Screening Questionnaire	4.6

Table 24 shows two thresholds for the rate of prevalence based on the screening questionnaire:
A more restrictive level of limitations, gives a rate of prevalence of 2.7%. This rate is based on a positive answer to any of the section A of the screening questionnaire and at least two answers 'yes' to the questions of any section B to E of the screening questionnaire.
A less restrictive level of limitations, by considering only one 'yes' to any of the sections B to E of the screening questionnaire, then the prevalence rate increases to 4.6%.

In Table 25 are considered answers to dimensions 1 to 9 together.

Table 25. Rate of Prevalence according to Different Thresholds on 45 Questions of the Well-being Profile

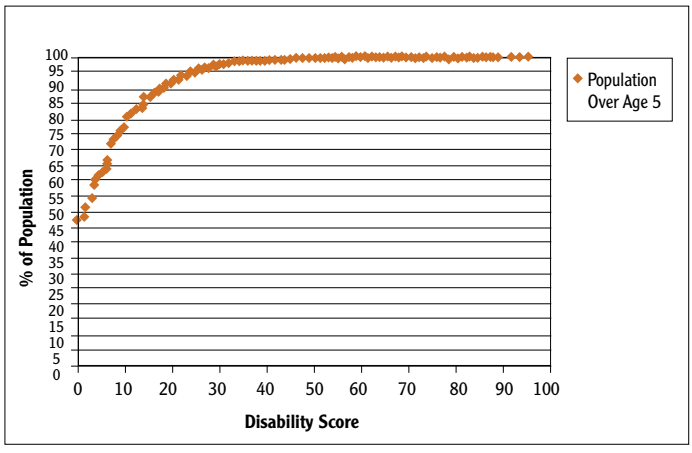
Threshold (from Most Severe to Mild level of Limitations)	Prevalence Rate (%)
'Very Severe Difficulty or Inability' on any One of the 8 Dimensions of Ability and "Yes" to Dimension 9	5.5
'Severe, Very Severe Difficulty or Inability' on any One of the 8 Dimensions of Ability	10.1
'Moderate, Severe or Very Severe Difficulty or Inability' on any One of the 8 Dimensions of Ability	36.8
'Mild, Moderate, Severe or Very Severe Difficulty or Inability' on any One of the 8 Dimensions of Ability	59.0

According to the 8 dimensions defined above, the threshold can be put at various levels of severity of limitations, as shown in Table 25:

- Taking into consideration the answers 'very severe difficulty or inability' to anyone of the 8 dimensions of ability and "yes" to dimension 9 yields a rate of prevalence is of 5.5%;
- By adding people with the score of 'severe difficulty' to any of the 8 dimensions, the rate of prevalence increases to 10.1%;
- Adding people who obtained a score related to level of 'moderate difficulty', takes the rate becomes 36.8%;
- Finally, adding the proportion of persons who declare having 'mild difficulty', takes the prevalence to a staggering 59.0%. In other words, persons with no difficulty are only 41.10 in this last case.

Another method that can help get an overall perspective and allow international comparisons with other countries in the region is to calculate an overall disability score for the nine dimensions and the entire population by considering the scores on a scale going from "no difficulty" to a maximum level of difficulty (95.2%). Thus, it does not provide a preset prevalence rate, but it rather shows that a given population undergoes a certain level of health difficulty.

Figure 46. Disability Score for Afghan Population Above Age 4



Prevalence depends on threshold decisions concerning where – on a continuum of difficulty – to draw the line that separates persons with disability from the non-disabled. Figure 46 shows that only 47.2% of the Afghan population stated that they have absolutely no difficulty in functioning. For the remaining 52.8% of the population, there is a certain level of difficulty. The determination of the level of difficulty at which the threshold is put, defining the percentage of the population that 'qualifies' as being disabled is a political decision that relies on issues such as the health condition, the social situation, the economic resources, the capacity to address the specific needs of the persons with disability. The decision to set the threshold at a given point should be publicly discussed in order to ensure that the decision is relevant to the goals and objectives as well as to the context.

Dimensions of Well-being: a Comprehensive Picture

The results presented in this third section differ considerably from the indicators that have been calculated in all other sections. The aim here is to force decision-makers to take a different view on health, by placing it within a wider spectrum of well-being. This experience of well-being is related to the elements that people themselves value by presenting an individual assessment of their quality of life.

The dimensions presented do not exist independently but form a comprehensive structure. In other words, policy makers must bear in mind that one dimension cannot compensate for the other; there can be no trade-offs. No one dimension is more or less important for attaining a good quality of life and health. However, strengthening one dimension will invariable has an impact on several others. But keeping the overall picture in mind can help avoid certain pitfalls: the most obvious one being to ensure that measures taken on disability are not negatively impacting the gender relations.

Various Dimensions Call for Different Policy Sensitivity

Presenting the well-being profiles also calls for comprehensive policy measures. As results have shown clearly, various types of disability entail different kinds of challenges faced. As a result, the actions that would be effective and sustainable in the long term will invariably have to be multifaceted in order to avoid excluding any section of Afghans with disability. In addition, policies and programmes that are flexible in order to include any types of problems that may occur, will also combat prejudice and discrimination of any kind.

One obvious example is mental health of Afghans with disability. Results have clearly shown that the mental distress of persons with disability is a major concern for well-being. This would mean that any mental health initiatives would have to be defined in close relation to those in charge of disability; the bridges between the two domains are imperative in order to achieve better quality of life for everyone. Of course, the links with other initiatives is also evident. For instance as livelihoods and employment opportunities improve, the feeling of self-worth will increase and the hopelessness and sense of being a burden will decrease.

Well-Being Profile: a Series of Rights, a Space for Assessment

The well-being profiles are not just an analysis whim of the writers of this report. These can be used in two major ways:

- To define relevant policy measures;
- To assess the impact of policy decisions.

The list of dimensions defined by M. Nussbaum[69] can be seen as a set of "principles" that need to be taken into account, what exactly each of them refer to will depend on the cultural and social context and will evolve over time. However, well-being is defined by all of these and one cannot be ignored or underestimated to the detriment of the other.

Last but not least, this comprehensive view can be useful when it comes to assessing the general living conditions and well-being of individuals, as well as evaluation of the progress made. In present day Afghanistan, it can be seen as a scale to evaluate improvements or degradations of everyday life and make relevant comparisons between individuals and groups, and ensure that vulnerable sections of society are consistently taken into account.

[69] NUSSBAUM .M (2000), *op. cit.*

Health Results, Section 4 - Health Services and Treatment: Prospects and Challenges

After having looked in depth at the health conditions and the overall abilities for functioning in everyday life, it is evident that the health needs of Afghans with disability in particular, are numerous and varied. However, these are not fundamentally different from those of other Afghans. The efforts that are currently being made are in line with the expectations, but measures and decisions will constantly have to be sensitive to certain particular requirements, especially in the fields of assessment of the types of disabilities. This in turn will demand a tremendous effort on training and sensitisation of the medical staff at all levels.

This fourth and final section of results of the NDSA focuses on the health services that persons with disability use, or would find useful. What are the possibilities that can be proposed in order to help persons with disability improve their overall health and well-being? The results presented are for both children and adult respondents. The first part of this section looks specifically at certain aspects of the health system:

- Availability and usefulness of the services;
- Means and time of transportation;
- Difficulties faced;
- Cost and expenses.

As the aim of the survey was to present a comprehensive picture on the types of treatment that are most commonly used by persons with disability, a second specific sub-section looks at the use of traditional healers and religious cures that are considered as effective.

Finally, the last sub-section of this report presents certain main indicators with regard to basic living conditions: access to clean water, adequate food as well as clean toilet facilities.

Existence, Access and Cost of Health Services

The Basic Package of Health Services (BPHS) is the comprehensive programme of the health system of Afghanistan at the district and village levels. It is organised in the following manner at various levels:

- At the local level, in most villages of the district, **are health posts or basic health centres**;
- In major villages and in 'nahia' of towns are **the comprehensive health centres**;
- At the district level is the **district hospital**;
- At provincial and regional levels is the Essential Package of Hospital Services (EPHS) composed of provincial, regional hospitals and specialised hospitals.

The goal of the Ministry of Public Health (MoPH) is to cover the Afghan territory with these structures and to equip and staff them keeping in mind minimum standardised requirements.

Availability – Usefulness – Utility

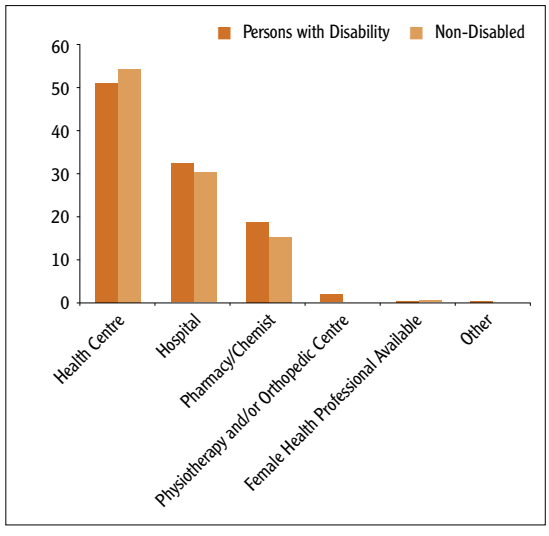
Figure 47 presents the health services that are available for persons with disability and the non-disabled. The respondent was asked to rate answers by order of importance. The criterion on which the interviewee placed the importance was left to his/her decision: efficiency, distance, and cost-effectiveness.

The results show that persons with disability and the non-disabled have similar first rank responses:

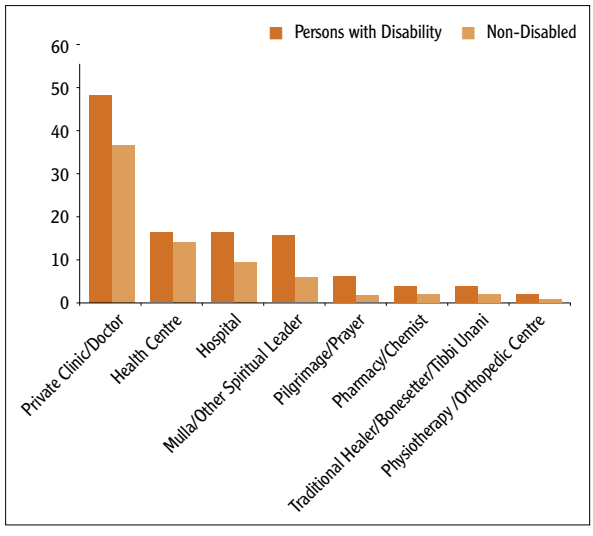
- For instance, 51% of persons with disability and 54.3% of the non-disabled report having a health center available;
- 68.3% and 67.1% respectively report having a private clinic or doctor available;
- 32.4% and 30.5% respectively report having a hospital available.

Figure 47. Types of Health Services Available Vs Type of Health Service Used and Type of Health Service Considered Useful

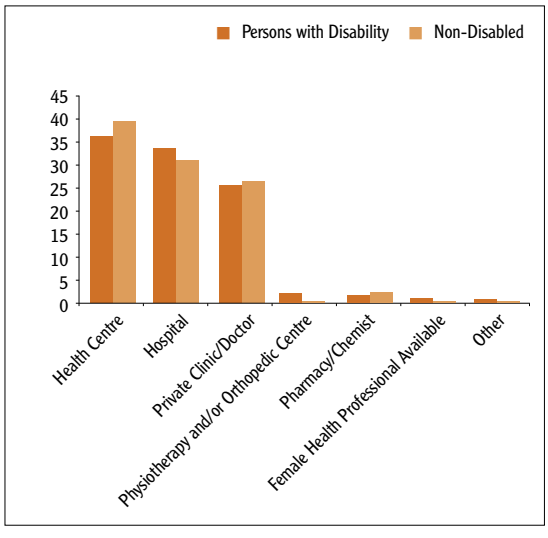
Available



Used in the Last Year



Useful



The similarity of answers between persons with disability and the non-disabled is a sign of robustness: people living in the same areas provide similar answers concerning the availability of health services.

The second graph of Figure 47 compares health services used by persons with and without disability. When respondents were asked the types of health providers/facilities they visited in the past year, 52.1% of persons with disability reported having gone to a private clinic or doctor, which was followed by hospitals (17.9%), and health centres (17.5%). Non-disabled persons also mainly used doctors or private clinics (39.8%) more than health centres (14.7%) and hospitals (9.4%).

The third graph of Figure 47 shows the services that are considered the most useful (first answer given by respondents). In order these are: the health centre, the hospital and the private clinic or doctor. Again usefulness was freely defined by respondents. Similar responses were given by persons with disability and the non-disabled.

Surprisingly, both persons with and without disability give identical priorities. The preference is given to public structures health centre and hospital represent more than 70% of the answers for both groups. This suggests that people expect the Government to provide a reliable health system and founded on the common effort of the community through public expenditure (with maybe space for a contribution of the users). It also acknowledges that the effort made since 2002 by the MoPH to cover the entire territory by structures of the BPHS is appreciated by the population.

Types of health services found the most useful according to responses differed from the services available on several points. Health centers (36.2%) are considered the most useful service and the hospital the second most useful (33.7%). However, in the second response it is the hospital (41.3%) that is thought to be most useful (see Table 84 in the Annexure). Persons with disability believe that while the health centres are the type of facilities available and useful, it is the hospitals that are not greatly available but are considered most useful when both responses are analysed simultaneously.

Disparities between the Expected and the Available

There is a distortion between the aspirations and the actual practices of people in matters of health services available and those found most useful. If health centres are found most useful, they are not always available. This explains why results found that people having visited health centres (basic and comprehensive) at least once, are a smaller proportion than the people finding them useful. To the question related to the type of health services persons with and without disabilities found most useful, the responses indicated health centres and hospitals (see Table 84 in the Annexure). When asked which type of services they accessed, private sector was predominantly quoted. This disparity between usefulness and access can largely be explained by the lack of coverage of the whole territory by public health services on one hand, and the lack of quality of the service on the other.

When the results are further broken down (Table 85 in the Annexure), it is interesting to note that while the private centres are the preferred type of health service providers, the percent of persons with disability who go to these health centres steadily declines after the first response, going from 18.4% to 8.6%. It is the proportion going to mullahs and on religious pilgrimages that increases significantly. However, as people answered based on the last service used, one can conclude that they first attempt traditional cures, i.e. mainly mullahs and pilgrimage or prayers.

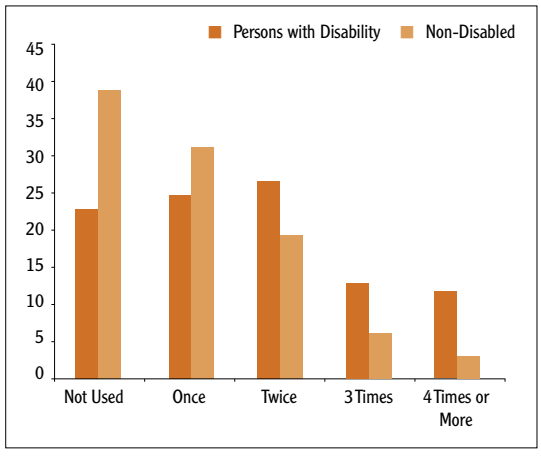
The BPHS is supposed to establish health facilities on the entire territory with adequate staff and drugs supply. For the time being, the situation is still challenging, and many villages are out of reach of health facilities and health workers. People indifferently use modern medicine and traditional cures such as Tibbi or Tabi Unani[70], bonesetter, Mullahs, pilgrimage…

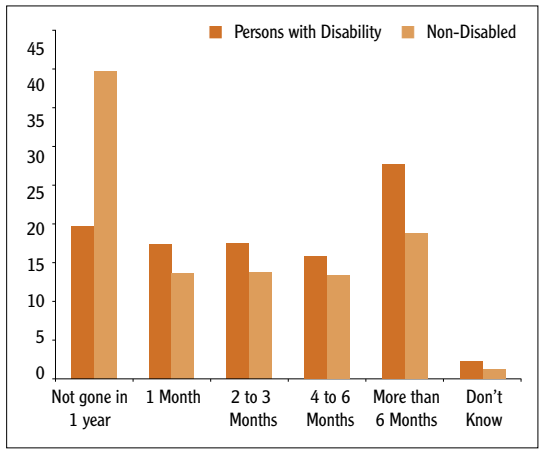
Frequency of Use, Time and Means of Access

Figure 48 (Table 86 in the Annexure) further analyses the use of the health system. Persons with disability use health services more often, which is understandable considering their problems. 38.9% of non-disabled persons did not use health services during the twelve months preceding the interview and 22.8% of persons with disability did not use any services either.

[70] See History of Islamic(Unani) Medicine, http://www.imamreza.net/eng/imamreza.php?id=733

Figure 48. Number of Visits to Health Services and Frequency of Visits in One Year





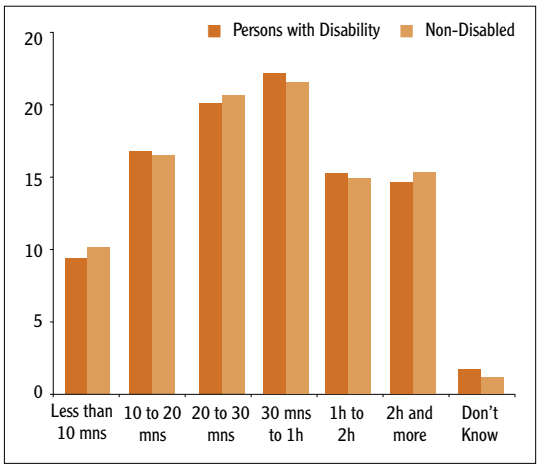
However one-third (33.2%) of all respondents, both with and without disability, had not used a health facility during the past year, but 50.7% had visited a facility at least twice during this timeframe. This indicates the need of such health systems, especially when the time and effort to get to these is considered: it sometimes takes an entire day to reach the closest health facility.

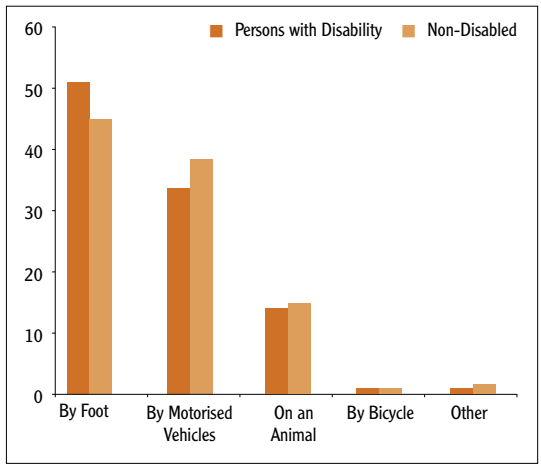
A high percentage of the non-disabled persons (31.2%) have been to health facilities only once. The vast majority (52.5%) of persons with disability went to a health facility at least twice during the one-year period considered. There are three main hypotheses that can explain this result:

- The first being that persons with disability undergo ailments more frequently than non-disabled, requiring that they go to a health facility for treatment more often;
- The second is that they hope to find some new treatment for their impairment;
- Thirdly, persons with disability return to the facilities multiple times due to poor care, which results in health conditions not improving.

Regardless of the reasons, persons with disability visit facilities more frequently than those without disability.

Figure 49. Time Estimates and Means of Transport to the Closest Health Facility





Persons with disability seek treatment throughout the year. No seasonal variation is noted in Table 87 in the Annexure. Visits take place regularly each month with equivalent proportions of people making visits to the different types of health services. It is probable that if considered at a district or provincial level, the periodicity of visits would be different from one area to another. In mountainous areas, people in villages reported that they were completely isolated from the outside world due to the impossibility of using the roads.

Figure 48 (previous page, right graph) also shows that 37.8% of all people reported not having gone to seek health services during the past one year, while 19.7% have gone more than 6 months ago, but within the last year. The remainder (42.5%) have sought services between the last month and the last 6 months, with a clear difference between persons with disability who were more than 52% to do so and the non-disabled who were only 42.2%. Considering people who went to a health service during last year, the average duration since the last visit is 4 months and 19 days for all people, 4 months and 18 days for non-disabled and almost 5 months for persons with disability.

When transportation time is taken into account (Figure 49 left graph), about 12% of people benefit from a health facility located fairly close to their household (less than 10 minutes away). Another 17.2% need less than 20 minutes to get to it and 21.8% need 30 minutes. Overall, almost half of the population needs less than half an hour to reach the closest health facility which is a remarkable result only three years after the launching of the basic package of health services (BPHS). Nonetheless, 21.0% of persons with disability reported that it took them between 30 minutes to 1 hour to visit the nearest health facility, and 27.3% needed more than one hour. Among them, half needed more than two hours and a minority needed a longer journey. Sometimes during the year, villages are totally isolated and people do not move at all because the roads are blocked. In several places, people reported that if someone fell ill during winter time, he/she recovered by him/herself or, in extreme cases, just died. The left graph of Figure 49 compares travel time to a health facility for non-disabled and people with disabilities. There is no significant difference in the time it takes to travel. This result is coherent considering that persons with disability and non-disabled were interviewed in the same villages and same towns' blocks. Except if persons with disability and non-disabled were using very different means of transportation, the results ought to be the same. There is however, a slight difference between persons with disability and the non-disabled in the means of transportation used to reach the health facility.

Because of their difficulty, persons with disability do need to use transportation more often and are less able to go by foot. The majority of all people, 51.5% walk to the nearest facility, while 34. 7%, a significant proportion use a motorised vehicle.

When persons with disability and the non-disabled are compared with regard to the means of transportation to the nearest health facility, there is a significant difference between the two groups concerning the use of motorised vehicles.

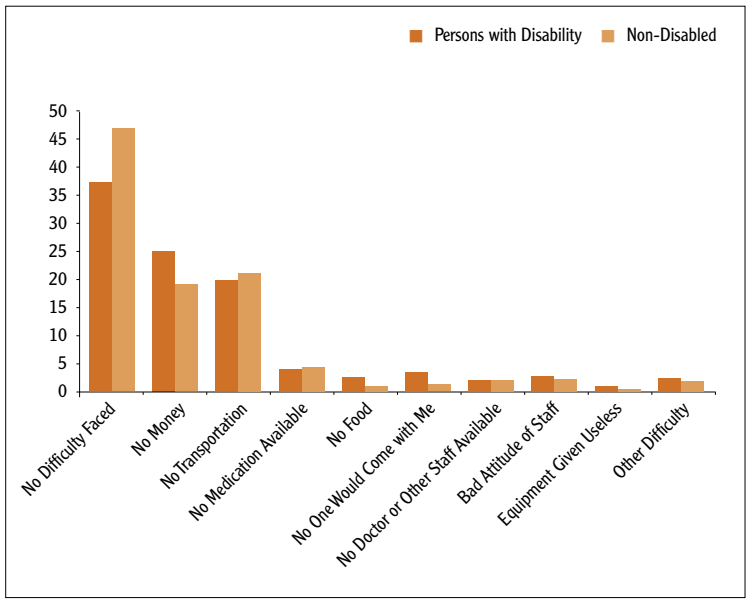
Afghans do have certain expectations and do use public health services; this applies more to persons with disability the non-disabled. But they face many difficulties regarding access and availability of services, staff, means of transportation and financial problems as described in the section that follows below.

Difficulties Faced and Barriers Identified

The health system is under reconstruction in Afghanistan. Considerable efforts have been made since 2002 to provide access to facilities on the entire national territory. Nevertheless, complete coverage has not been achieved yet and many gaps remain, especially for treatment of persons with disability: lack of trained medical staff is a major hurdle to overcome for public planners. This section is a quick overview of difficulties faced to access health services. For a more in-depth analysis, the survey carried out by the Ministry of Public Health and Johns Hopkins University Third Party Evaluation Team[71] gives a complete review of health services in Afghanistan.

[71] See MINISTRY OF PUBLIC HEALTH and JOHNS HOPKINS UNIVERSITY BLOOMBERG SCHOOL OF PUBLIC HEALTH (2005), *Report on Health Seeking Behavior, Health Expenditures, and Cost Sharing Practices in Afghanistan*, Fall 2005, 60 pp.

Figure 50. Distribution of the Difficulties Encountered During the Visits to Health Services



When persons with disability were asked about the barriers they identified for the adequate use of health services, 37.2% stated having no difficulties, while the non-disabled persons were 47.1% declaring having faced no difficulty (Figure 50 and Table 90 in the Annexure). This is an expected result. Persons with disability require more complex medical acts that the under-qualified medical staff cannot provide, especially in rural areas. This is corroborated by the fact that more persons with disability than non-disabled complain about the staff or the lack of medicine available. Among the difficulties reported, persons with disability faced problems mainly pertaining to money for fees, medication and transportation (25.1%) then came the absence of transportation (24.9%) and the absence of medication (4%). Non-disabled persons face difficulty with transportation (21.1%), lack of money (19%) and absence of medication (4.2%).

Cost of Health Services: an Additional Burden on Limited Household Resources

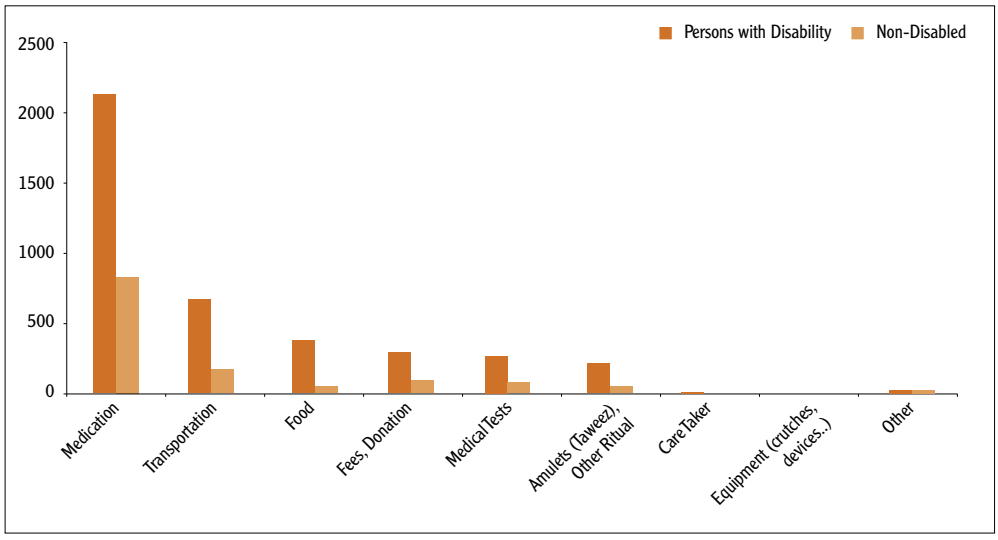
A major concern of users of health services is the cost of the treatment. This is explained by the fact that almost all care-seekers financially contribute a certain amount of money. In 2004, the Ministry of Public Health and Johns Hopkins University Third Party Evaluation Team found that "the vast majority of sick household members seeking care outside the home paid something for the care they received (92.3% of care-seekers)[72]". Moreover, Figure 51 (and Table 92 in the Annexure) shows that persons with disability spend a lot more on their health than the non-disabled. Globally, persons with disability who used health facilities during the year preceding the survey (2004) on average spent 3.2 times more money than the non-disabled. If only a minority paid or had to pay the expenses related to a caretaker for accompanying them, this expense was exclusively borne by persons with disability.

When a person with disability accesses health services:

- 36.2% of expenses made are for medication;
- Followed by fees or donations (25.1%);
- And lastly 20.0% for transportation.

[72] MINISTRY OF PUBLIC HEALTH and JOHNS HOPKINS UNIVERSITY BLOOMBERG SCHOOL OF PUBLIC HEALTH (2005), *op. cit.*, p. 4.

Figure 51. Shares of Types of Expenses for the Visits over One Year to All Health Services (in AFAs)

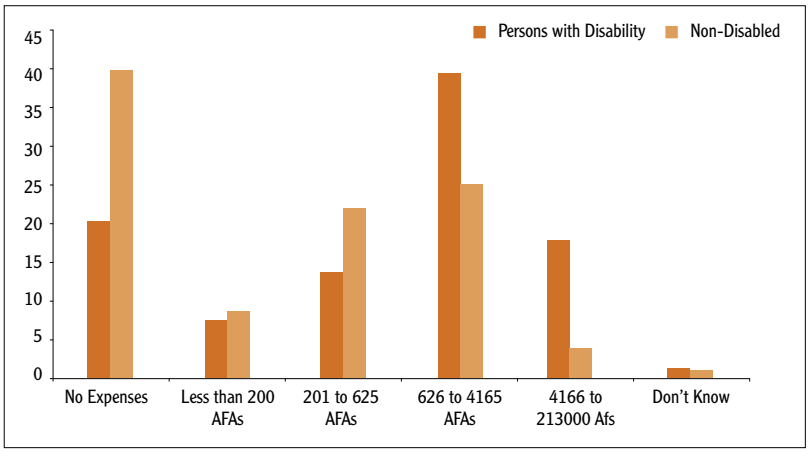


Medication is the highest and most common expense; this is also why it is the highest average expense.

When the results are broken down by type of expense during yearly visits (Table 92 in the Annexure), the three main expenses do not change. However, an increase in the percentage of responses for amulets and other ritual objects, especially for persons with disability should be noted. This is explained by the fact that when a person goes for a visit to a traditional healer or a Mullah, he/she pays a donation for medication and for an amulet. The fact that an expense is not counted twice when it appears twice for a given person in different visits explains why amulets expenses increase. In other words, if, for example, a person goes twice to the health centre and pay fees for each of the two visits, it is accounted for only one visit but the amount spent is the sum of all amounts. Consequently, expenses such as amulets, which are made often only once in a year, might be overrepresented whereas expenses such as medications, fees or transportation, that are made more than once in a year, might be underrepresented.

When the amounts of expenditures for persons with and without disability are considered (Figure 52 and Table 93 in the Annexure), almost twice as many non-disabled persons than persons with disability declare having no expenses, because they use health services less often. 27.1% of all people spend between 626 Afghanis and 4165 Afghanis. With an estimated conversion rate of 45 Afghanis to $1.00, this translates to between $13.9 and $91.5 USD for all expenses in one year.

Figure 52. Distribution and Amount of Health Expenses During the Year Preceding the Survey (2004)



A larger percentage of the non-disabled persons state that they do not have any expenses for health, 38.7% is seen compared to the 20.1% of persons with disability. In addition, 39.5% of persons with disability report that they spend between 626 Afghanis to 4165 Afghanis compared to only 26.8% of the non-disabled persons. This same type of difference is seen for the highest category of expenses, 4166 AfAs and above: persons with disability are 17.7% to face such high expenses while the non-disabled are only 3.7%.

The low proportion of people having some of the expenses observed (for food, amulets, care taker or medical tests) does not mean that there were no expenses for these items but that they were not the three main ones. But most interviews during field test showed that people usually have around 2 to 3 expenses per visit in average. If there is a fourth one, usually the amount of this expense is low in comparison. A small bias might be generated by the limitation to 3 types of expenses. But this bias is probably limited for several reasons. Firstly, medications, fees and transportation are the main expenses when going to a health facility. When traditional medicine or religion is considered, transportation, donations and amulets or other rituals are the main expenses. Thus the different types of expenses are linked to different types of services/cures. The probability of appearance is linked to the use of a certain type of health cure/service.

As shown in Table 26, persons with disability are a higher proportion and spend more money than non-disabled. A majority (60.5%) of non-disabled have no expenses for fees and donations. In fact, many health services are free. Basic public health centres do not request any consultation fees or small amounts of 5-10 AFAs. Often, some traditional healers do not ask for money either. They sell medication or amulets or they are paid in goods (animals, food, etc.). Medication is the main and most costly category of expenses. Supplies of affordable medications to the health facilities might be a priority for consideration for the Ministry of Public Health.

Table 26. Distribution of Persons with Disability and the Non-Disabled according to Health Expenses During the Last Year by Types and Amounts of Expenses

Types and Amounts of Expenses		Non-Disabled		Persons with Disability†		Total
		Number	% in Type of Expense	Number	% in Type of Expense	Number
Fees, Donations	No Expenses	1054	60.5	464	48.6	1518
	Less than 200 AFAs	617	35.4	368	38.6	985
	201 to 625 AFAs	42	2.4	74	7.8	116
	626 to 4165 AFAs	16	0.9	32	3.4	48
	4166 AfAs and Above	2	0.1	5	0.5	7
Medication	No Expenses	787	45.2	295	30.9	1082
	Less than 200 AFAs	215	12.3	79	8.3	294
	201 to 625 AFAs	399	22.9	161	16.9	560
	626 to 4165 AFAs	291	16.7	326	34.2	617
	4166 AfAs and Above	33	1.9	81	8.5	114
Test	No Expenses	1548	88.8	815	85.4	2363
	Less than 200 AFAs	124	7.1	52	5.5	176
	201 to 625 AFAs	50	2.9	40	4.2	90
	626 to 4165 AFAs	21	1.2	33	3.5	54
	4166 AfAs and Above	0	0.0	12	1.3	12
Food	No Expenses	1575	90.4	800	83.9	2375
	Less than 200 AFAs	101	5.8	62	6.5	163
	201 to 625 AFAs	41	2.4	40	4.2	81
	626 to 4165 AFAs	23	1.3	41	4.3	64
	4166 AFAs and Above	0	0.0	10	1.0	10

(Table 26 contd. on next page)

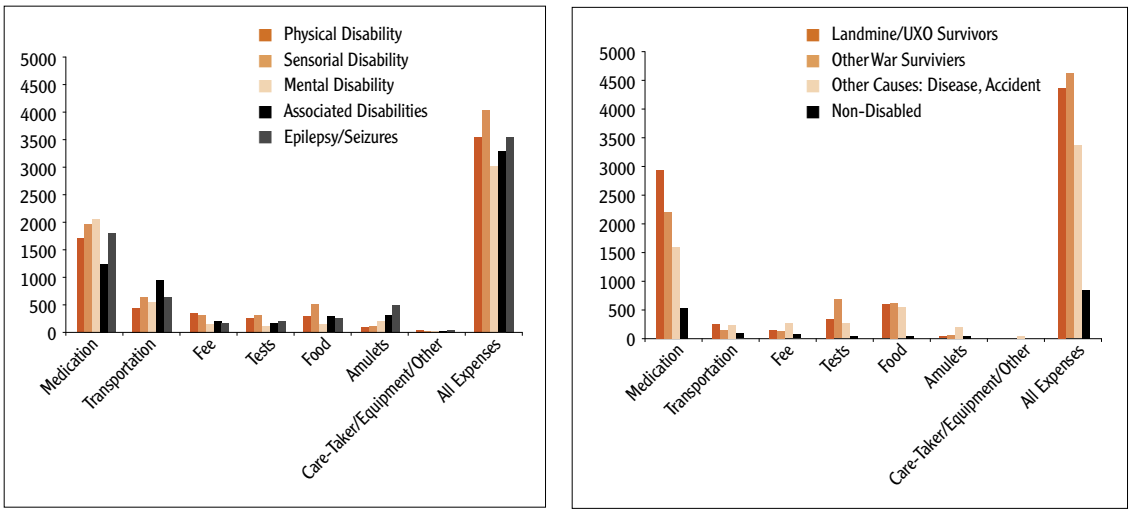
(Table 26 contd. from previous page)

Types and Amounts of Expenses		Non-Disabled		Persons with Disability†		Total
		Number	% in Type of Expense	Number	% in Type of Expense	Number
Transportation	No Expenses	1293	74.2	522	54.7	1815
	Less than 200 AFAs	277	15.9	172	18.0	449
	201 to 625 AFAs	109	6.3	108	11.3	217
	626 to 4165 AFAs	59	3.4	120	12.6	179
	4166 AFAs and Above	2	0.1	24	2.5	26
Amulets	No Expenses	1636	93.9	804	84.3	2440
	Less than 200 AFAs	49	2.8	56	5.9	105
	201 to 625 AFAs	35	2.0	45	4.7	80
	626 to 4165 AFAs	22	1.3	37	3.9	59
	4166 AFAs and Above	1	0.1	10	1.0	11
Care taker	No Expenses	1742	99.9	950	99.6	2692
	Less than 200 AFAs	0	0.0	1	0.1	1
	201 to 625 AFAs	1	0.1	1	0.1	1
	626 to 4165 AFAs	0	0.0	1	0.1	1
	4166 AFAs and Above	0	0.0	1	0.1	1
Equipment	No Expenses	1737	99.7	948	99.4	2685
	Less than 200 AFAs	5	0.3	3	0.3	8
	201 to 625 AFAs	0	0.0	2	0.2	2
	626 to 4165 AFAs	1	0.1	0	0.0	1
	4166 AFAs and Above	0	0.0	0	0.0	0

Source: NDSA. *Note: 3 main expenses given. †Figures should be considered with caution due to low numbers.

The disparity between persons with disability and the non-disabled is evident when we compare average yearly expenses (Figure 53).This difference in average expenses during the twelve months before the interview reflects the use of access to health services by persons with disability.Their health condition requires frequent visits and sometimes essential cures.

Figure 53. Yearly Average Expenses by Type of Disability and Cause of Disability



The total average expenditure is between 3.6 times higher for mentally disabled and 5.5 times higher for war survivors than for the non-disabled.This high level of disparity is observed for all categories of disability and by major causes. It is observed for all major types of expenses: transportation costs, fees, medication and medical tests.

- Persons with disability all together spent an average of 1728 AFAs on medication in 2005;
- Landmine/UXO survivors spent up to 3000 AFAs in average for these types of expenses;
- Persons with disability all together spent an average of 608 AFAs for transportation, 200 AFAs for fees and 268 AFAs for food.

The average total amount of expenses is of 3459 AFAs for persons with disability considered as a whole. It is higher for persons with sensorial disability.

For some types of expenses, the gap between a certain type of persons with disability and the non-disabled is particularly high:

- Landmine or UXO survivors spend 5.5 times more money on medication than non-disabled;
- Persons with associated disability spent 9 times more than the non-disabled on transportation expenses in 2005;
- Even if the amounts considered are less important, war survivors did spent 16 times more on medical tests in 2005 than non-disabled.

The higher level of expenses due to the use of health services and more costly needs is a an important issue that the relevant public authorities, mainly the Ministry of Public Health, will have to tackle in priority. With the increase of coverage of the national territory with health facilities, cost of transportation will most probably become less of a major financial concern. Thus, cost of health cure will decrease and become less of a burden for the household.

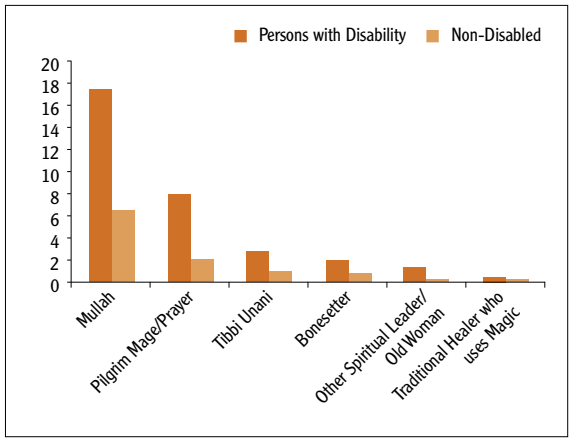
Use of Traditional Cures: a Widespread Practice

Afghans use both the health facilities available for them and other kind of health services: traditional healing, prayer, Tibbi Unani, etc. This phenomenon is widespread in the country and largely among persons with disability (see Table 94 in the Annexure). Generally, traditional cures are less used by both groups, with the exception for persons with disability regarding visits to mullahs and the practice of prayers and of pilgrimage. This would confirm what a number of health workers also believe; that in Afghanistan people often wait until the last minute to go to the doctor or the health facility.

Table 27. Average Number of Visits to Health Services and Number of Times Traditional Cures Used

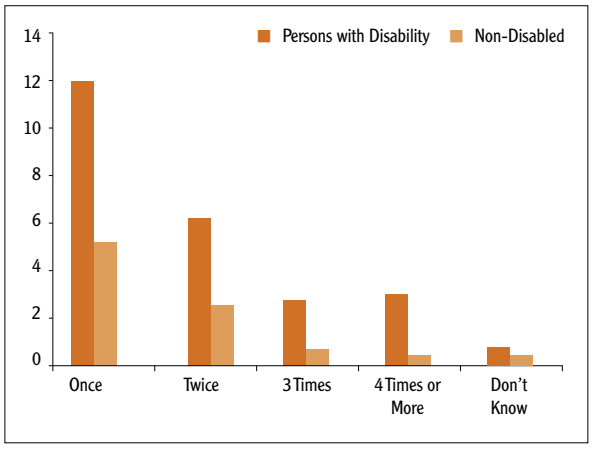
Use of Health Services and Traditional Cures	Types of Disability in 5 Categories and ND					Cause of Disability in 3 Categories			
	Physical Disability	Sensorial Disability	Mental Disability	Associated Disabilities	Epilepsy/ Seizures	Landmine/ UXO Survivors	Other War Survivors	Other Causes: Disease, Accident	Non-Disabled
	Average Number	Average Number	Average Number	Average Number	Average Number	Average Number	Average Number	Average Number	Average Number
Health Facilities	2.0	1.8	1.8	2.0	2.3	2.1	1.9	2.0	1.1
Traditional Cures	0.3	0.2	0.6	1.2	1.1	0.4	0.2	0.6	0.1

Figure 54. Traditional or Religious Cures Tried During the Last Year



A higher proportion of persons with disability more often use health facilities as well as traditional cures than non-disabled.The average number of visits to health facilities is also higher (1.8 times higher). Landmine and UXO survivors, persons with physical, associated disabilities or having epilepsy or other form of seizure do go more often to health clinics than the non-disabled. In addition, all persons with disability use traditional cures, 4.9 times more often in average. Persons with associated disabilities and epilepsy or other forms of seizures are the ones that use traditional cures such as traditional healers and mullahs, using traditional ceremonies and plants, much more frequently.

Figure 55. Number of Times the Traditional and Religious Cure is Used



Only 26.1% of persons with disability and 9.8% of the non-disabled used traditional and religious cures in the past year. Figure 54 (andTable 95 in the Annexure) shows that of those who used a traditional or religious cure, 65.7% visited a mullah, while 25.7% went on a pilgrimage or did a special prayer. Of those who used these cures, the majority 47.9% did it only once as shown in Figure 55 (andTable 96 in the Annexure).

When the use of traditional or religious cures in the past year is considered, results show that a significantly higher percent of persons with disability use these cures (24.9% vs. 9.3%). Here again, for both categories, the majority of those using this type of cure do so only once.

Living Conditions: A Serious Threat

The following section reports the results of the survey with regard to access of persons with disability and the non-disabled persons to food, water and latrines. The results are for both child and adult responses.

Food, water supply and toilet sanitation are important elements towards ensuring good hygiene and health. Malnutrition, water-borne diseases, lack of hygiene can cause disability or serious health complications for vulnerable persons.

Access to Food: Insufficient Quantity, Lack of Diversity

The majority of persons reported that their household did not receive enough food or have access to enough food in general (Table 28). The results are similar for both groups and there is no statistically significant difference between them. This could imply two things. First, that persons with disability are not particularly deprived of food within their households. Second, they are deprived, but the general deprivation is so high that this phenomenon is covered by the overall shortage of adequate food. In this second case, persons with disability are even more deprived. Fewer persons with disability (11.8%) declare that their household received enough food than non-disabled households (15.1%). A proportion (16.2%) in both groups stated that their households did not receive enough food on a regular basis, while 19.9% stated that they frequently did not have enough food. For almost half of the population who declared having access to enough food, 34.3% stated that the quality was poor[73].

Table 28. Distribution of Persons with Regards to Food Sufficiency

Food Sufficiency		Persons with Disability	Non-Disabled	Total
Always Enough	Number	72750	4543747	4616497
	% in Category of Food Sufficiency	11.6**(1)	18.0**(1)	17.9
Sometimes not Enough	Number	105877	4274572	4380449
	% in Category of Food Sufficiency	16.9	17.0	17.0
Frequently not Enough	Number	129261	4724842	4854103
	% in Category of Food Sufficiency	20.6	18.8	18.8
Always not Enough	Number	101330	3592413	3693743
	% in Category of Food Sufficiency	16.2	14.3	14.3
Always Enough but with Poor Quality	Number	216950	8054446	8271396
	% in Category of Food Sufficiency	34.6	32.0	32.0
Total	**Number**	**626168**	**25193268**	**25819436**

Source: NDSA. (1) Test of comparison of proportion between PwDs and ND. ** Significant at p<0.01 * Significant at p<0.05 (2) Test Chi 2 of Pearson of independence. ** Significant at p<0.01 * Significant at p<0.05. .

Table 97 in the Annexure shows that people living in urban areas often have better access to food and with better diversity than people living in rural areas. Hence, one major result is that the proportion of persons with disability "always not having enough food" is the same in urban and rural areas (16.5% and 16.1% respectively) while it is less for non-disabled in urban (9.4%) than in rural area (16.2%). Breakdown by gender did not show any significant differences between men and women regarding access to food.

Water Supply: Mainly Well and River

Table 29 presents results pertaining to the access of persons with disability and their households to drinking water. Less than 6% of both groups of people receive their drinking water from a pipe supply. Another 23.6% obtain water from a public hand pump. One in four respondents gets their drinking water from a

[73] The survey did not look at the equality of distribution of food within the household. Experiences from other countries have suggested that very often, when there is lack of food, the more vulnerable members (girls for instance) do not get the same amount.

river or stream, and another 15.8% from a spring. The overall difficulty to access clean and drinkable water constitutes a threat for health.

Table 29. Distribution of Types of Water Supply Available for Persons with and without Disability

Types of Water Supply†		Persons with Disability	Non-Disabled	Total
Piped into Residence/Compound/Plot	Number	53	99	152
	% in Category of Water Supply	5.5	5.7	5.6
Public Tap	Number	31	54	85
	% in Category of Water Supply	3.2	3.1	3.2
Hand Pump in Residence/Compound	Number	64	123	187
	% in Category of Water Supply	6.7	7.1	6.9
Public Hand-Pump	Number	228	408	636
	% in Category of Water Supply	23.9	23.5	23.6
Well in Residence/Compound	Number	185	315	500
	% in Category of Water Supply	19.4	18.1	18.6
Covered Well	Number	83	161	244
	% in Category of Water Supply	8.7	9.3	9.1
Open Well and Kariz	Number	105	197	302
	% in Category of Water Supply	11.0	11.3	11.2
Spring	Number	140	285	425
	% in Category of Water Supply	14.7	16.4	15.8
River/Stream	Number	231	442	673
	% in Category of Water Supply	24.2	25.4	25.0
Pond/Lake	Number	31	51	82
	% in Category of Water Supply	3.2	2.9	3.0
Still Water/Dam	Number	8	10	18
	% in Category of Water Supply	0.8	0.6	0.7
Rain Water	Number	20	34	54
	% in Category of Water Supply	2.1	2.0	2.0
Tanker, Truck or Other	Number	5	7	12
	% in Category of Water Supply	0.5	0.4	0.4
Total	**Number**	**1184**	**2186**	**3370**

Source: NDSA, *Note: †Up to three answers were possible.

When the 3 main modes of water supply are considered, the following results are noted:

- Almost 40% have access to water from a tap, a private pipe or a hand pump;
- 37.9% have access to water from a well, including 18.6% from a private well;
- 46.9% have access to water from a spring, dam, rain water, still water, a pond or a lake.

Access to the first main type of water supply is more prominent in towns (57.2% of urban Afghans have access to it) than in rural villages (25.2% of rural Afghans, with a predominance of using public hand-pump 20.5%). The third type of supply is more represented in rural areas (41.3% of rural Afghans) than in urban settings (10%). There is no significant difference between persons with disability and the non-disabled regarding water supply.

Toilets Facilities: Traditional Pit or No Facilities

Access to toilet facilities (Table 30) is characterised by a very small proportion of people having access to modern toilet facilities (7.6%). A large majority of people have access to traditional types of latrines, again a situation that might jeopardise good health. The households of a majority of persons (49.4%) include a traditional Afghan open-backed latrine. This is followed by the 27.5% who make use of an open defecation field outside their households. There is no significant difference in access to latrines between households with a person with disability to those without as shown in Table 30. As expected, Table 99 in the Annexure shows that Afghans have more access to flushes for their natural needs in urban areas, while open fields are naturally more used in rural places.

Table 30. Distribution of Persons Regarding Access to Toilet Facilities

Kind of Toilet Facility		Persons with Disability	Non-Disabled	Total
Private Flush Inside	Number	31828	1147109	1178937
	% in Type of Toilet Facility	5.1	4.5	4.6
Private Flush Outside	Number	7145	362450	369595
	% in Type of Toilet Facility	1.1	1.4	1.4
Shared Flush	Number	11692	334519	346211
	% in Type of Toilet Facility	1.9	1.3	1.3
Traditional Pit	Number	59759	3977337	4037096
	% in Type of Toilet Facility	9.5**(1)	15.8**(1)	15.6
Open Backed	Number	346211	12425931	12772142
	% in Type of Toilet Facility	55.2**(1)	49.3**(1)	49.4
Open Defecation Field Outside the House	Number	168234	6945530	7113764
	% in Type of Toilet Facility	26.8	27.5	27.5
Other	Number	1949	29620	31569
	% in Type of Toilet Facility	0.3	0.1	0.1
Total	**Number**	**626818**(2)**	**25222496**(2)**	**25849314**

Source: NDSA. (1) Test of comparison of proportion between PwDs and ND. ** Significant at p<0.01 * Significant at p<0.05 (2) Test Chi 2 of Pearson of independence. ** Significant at p<0.01 * Significant at p<0.05. .

The overall findings indicate that Afghan people still have poor access to diversified food sources and, sometimes, to sufficient quantities of food. Access to safe drinking water is absolutely out of reach for almost all of the population. A large number rely upon "natural" sources of water. In the case of drought, the risk of water shortage is experienced and at times leads to having to walk long distances, sometimes an entire day to find water. Lack of hygiene characterises the way people deal with their natural needs.

A Few Recommendations to Tackle the Challenge Ahead

After having extensively presented the findings and analyses of the National Disability Survey in Afghanistan, the question that now must be answered is where do we go from here? Although the task ahead seems overwhelming, it is essential to work along certain main directions that have been identified and that need attention urgently. The efforts to be made will require planning action, finding human and financial means and involving partners.

Expected Barriers Identified for Everyday Functioning

Obstacles in functioning that have been identified are related directly to the type of disability the individual has. Working in the fields and outside of the compound is a significant issue for persons with disability. This can ultimately affect their ability to produce food and engage in income generating activities.

Generally, barriers in ability to carry out daily activities are related directly to the type of disability the individual has. No unexpected obstacle has been identified in the ability of persons with disabilities to perform their daily self-care tasks within the household.

Mental Disability and Mental Distress…Cause for Concern

There is overall confusion, or at least a constant overlap between mental disability and mental health issues. There is a need to clearly define both the domains as well as view them as separate concerns that require separate responses.

Understanding Mental Forms of Disability

Here reference is made to intellectual disability and mental illness. It is evident that a number of non-physical disabilities (especially mental forms) that are believed to be caused by supernatural and evil forces are still cured by traditional methods and healers. Knowledge regarding these is imperative in order to improve the living conditions of persons with disabilities, and fight harmful practices that can result from these beliefs. On the field, it was often noticed that there was a genuine concern for persons with non-physical disabilities, but often accompanied by a complete lack of knowledge regarding what can be done. The belief that these disabilities can be cured is still very strong which leads families to look for a "miracle" or "magical" solutions. The number of specialised services is still very limited in the country, but acquiring the knowledge will constitute a first step towards providing adequate treatment and support for persons with mental illness and intellectual disability.

Addressing Mental Distress

The NDSA looked at mental health for persons with disability in particular, but these concerns are present in other segments of society. Mental health is a significant problem identified in this survey. This is supported by other surveys such as that conducted by the Center for Disease Control (CDC). It is clear that the curriculum of doctors and other health workers should include knowledge on mental health. Health facilities staff needs to be equipped to address mental health issues. This problem is even more crucial when it comes to women with disability. Gender sensitive initiatives (female health and social workers, specific health curriculum or specific section in all health services) need to be systematically incorporated into any programs being designed. Lastly, it would be effective to address mental health in a concerted way through existing methods such as community and religious leaders and community health workers. Intervention should also make the family

the focus for effective support[74]. Engaging religious and community leaders would need to be part of any strategy to provide health services to this population.

Improving Access to Health Services: A Comprehensive Response

Persons with disability access health service regularly and specifically the private sector, but also health centres and hospitals. A large proportion of persons with disability turn to religion through Mullahs to address illnesses. Lay beliefs regarding non-physical forms of disability are prevalent and often lead to a lack of knowledge regarding what can be done.

Some priorities can already be established. The Government of Afghanistan, specifically the relevant ministries, should take into account the following issues for planning and budget:

- Access to quality food, sanitation services and hygiene education needs to be addressed. Nutrition, water, and sanitation programs should target all people especially in rural areas since they are particularly vulnerable.
- Address barriers to access to public health services such as distance to health facilities and cost.

Furthermore, certain steps can be taken in order to overcome other barriers to the effective use of health services. Accessibility to health services refers to physical accessibility, but not only. Access needs to be viewed in a wider sense starting with affordability, transportation facilitation as well as providing facilities for the person who accompanies the person with disability.

Availability of generic drugs at the lowest possible price is also a challenge. If a good diagnosis is established but people cannot afford the cure, then the health situation of the population cannot be improved.

Setting-up Mechanisms, Involving Various Partners

Another aspect that weakens the overall efforts that are being made is the lack of bridges and referral mechanisms in the field of disability. There is an urgent need to create the links that ensure that persons with difficulties are identified, assessed and referred to the most appropriate centre for support.

Policy-makers also need to keep in mind that social support systems do exist and are helping and supporting families in many cases. Addressing health concerns in a concerted way through existing mechanisms such as community and religious leaders and community health workers would be extremely effective. Engaging religious leaders would need to be part of any strategy to provide health services to this population. Interventions should also make the family the focus on effective supports[75].

Setting up a referral system for disability is crucial. This could be done alongside the training of various staff on disability. Bridges need to be built between the technicians and social workers that work closely with persons with disability on one hand, and the health professionals on the other. For intellectual disability for example, including schools in the referral process can allow early detection of certain problems.

Training-Sensitisation-Awareness

The dynamic change can be triggered by taking a two-fold approach: training the health professionals on one hand and sensitising the communities on the other. This approach can create an impetus regarding the way disability in general is viewed and how it is addressed by society as a whole. The main components of the training for professionals as well as the awareness can follow similar guidelines:

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74 GHOSH N., MOHIT A., and MURTHY R S., "Mental health promotion in post-conflict countries", *The Journal of the Royal Society for the Promotion of Health*, November 1, 2004; 124(6): 268 - 270.

75 GHOSH N., MOHIT A., and MURTHY R. S., *op. cit.*

- Again, any campaign of awareness and training would need to work on the beliefs and acceptance of a given condition, as well as try to avoid giving exaggerated importance to the causes. As stated above, religious and community leaders are the major actors to involve since they constitute a necessary influence source in order to achieve this.
- Specific sessions regarding mental disability also needs to be strengthened within trainings for health professionals and workers. This training can be focused on making relevant assessments and knowing about the referral system, wherever possible. The sensitisation effort regarding mental forms of disability needs to be focused on the abilities of persons as well as reaching autonomy in daily life (even if it is only basic self-care routines). The strong belief that there is very little that can be achieved is omnipresent, the evidence to the contrary remain few for those with severe problems.
- Mental distress is another area that may require attention, not only for persons with disability but also for the family members. Therefore, the curriculum of doctors and other health workers should include knowledge on mental health (with specific focus on anxiety, chronic depression and Post Traumatic Stress Disorder in some cases). In the long run, health facilities should be systematically staffed and equipped to address mental health issues. This problem is even more crucial when it comes to women with disability who show higher signs of anxiety and depression than men with disability.
- Gender sensitive initiatives (female health and social workers, specific health curriculum or specific section in all health services) need to be systematically incorporated into any programs being designed in order to ensure that services are used effectively by women.

Preparing for the Future….

This report also stressed the fact that disability is not a permanent state that remains unchanged throughout life once acquired. It is a matter of definition, of perception and of various social and political aspects that are unique for each context considered. The document has also argued that as understanding of various forms, awareness and knowledge increase, and health services and nutrition and hygiene improve, there is a probability that the number of persons with disability will also swell. The main challenge now is to firmly put in place the framework that will ensure that no vulnerable person, severely or temporarily disabled, young or old, man or woman, slips through the gaps of the health system.

Following Lavis et al., it can be considered that a major goal of this survey would be reached if the results and recommendations of this report are systematically incorporated for the definition of a strategy on disability for Afghanistan: "We need to look at more than the use (versus non-use) of research in isolated policy decisions and, ideally, at the way in which research is used and at its use in the context of other, competing influences on the policy making process[76]".

[76] LAVIS J.N., ROSS S.E., HURLEY J.E., HOHENADEL J.M., STODDART G.L., WOODWARD C.A., et al. (2002) "Examining the role of health services research in public policymaking", *Milbank Quarterly*, 2002;80(1):125-54.

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Annexure

Tables for Prevalence and Typology

Table 31. Age Distribution of Persons with and without Disability

Age in 7 Categories		Persons with Disability	Non-Disabled	Total
Age 1 to 9	Number	117569	8312967	8430536
	% in Age Category	17.5%**(1)	34.4%**(1)	33.9%
Age 10 to 19	Number	158491	6473436	6631927
	% in Age Category	23.4%	26.7%	26.6%
Age 20 to 29	Number	88989	3375722	3464711
	% in Age Category	13.2%	13.9%	13.9%
Age 30 to 39	Number	79895	2188341	2268236
	% in Age Category	11.8%	9.0%	9.1%
Age 40 to 49	Number	71451	1724561	1796012
	% in Age Category	10.5%	7.1%	7.2%
Age 50 to 59	Number	55861	1043181	1099042
	% in Age Category	8.3%**(1)	4.3%**(1)	4.4%
Age 60 and above	Number	102629	1095145	1197774
	% in Age Category	15.2%**(1)	4.5%**(1)	4.8%
Total	**Number**	**674884**	**24213352**	**24888236**

Source: NDSA , Note: (1)**.Test of comparison of proportion between PwDs and NDs. Significant at p<0.01. (2)* Significant at p<0.05.

Table 32. Distribution of Persons with Disability according to the Types Identified by the Surveyors

Types of Disability	Number	% by Type of Disability
Lacking one Limb	44170	6.6
Lacking More than one Limb	3897	0.6
Partial Paralysis	73399	10.9
Total Paralysis	7145	1.1
Other Mobility	70152	10.4
Difficulty Seeing	45469	6.7
Difficulty Hearing	36375	5.4
Difficulty Speaking	35076	5.2
Mental Disability	190319	28.2
Chronic Pain	1949	0.3
Physical Deformity	10393	1.5
Speech and Audition	25333	3.8
Vision and Audition	5196	0.8

(Table 32 contd. on next page)

(Table 32 contd. from previous page)

Types of Disability	Number	% by Type of Disability
Vision and Speech	1299	0.2
Lack Limb(s) and Paralysis	1949	0.3
Other Mobility and Paralysis	22085	3.3
Lacking Limb(s) and Vision	1949	0.3
Lacking Limb(s) and Audition	2598	0.4
Paralysis and Vision	7145	1.1
Paralysis and Audition	650	0.1
Paralysis and Speech	5846	0.9
Other Mobility and Vision	3248	0.5
Other Mobility and Audition	3248	0.5
Other Mobility and Speech	2598	0.4
Lacking Limb(s) and Chronic Pain	650	0.1
Paralysis or Other Mobility and Chronic Pain	5846	0.9
Lacking Limb(s) and Physical Deformity	1299	0.2
Paralysis or Other Mobility and Physical Deformity	5846	0.9
Vision and Chronic Pain or Physical Deformity	1299	0.2
Audition and Chronic Pain or Physical Deformity	1299	0.2
Lacking Limb(s) and Mental Disability	2598	0.4
Paralysis and Mental Disability	13641	2.0
Other Mobility and Mental Disability	10393	1.5
Chronic Pain or Physical Deformity and Mental Disability	4547	0.7
Vision and Mental Disability	4547	0.7
Audition and Mental Disability	5846	0.9
Speech and Mental Disability	14940	2.2
Total	**674235**	**100**

Source: NDSA.

Table 33. Prevalence Rates by Types of Disability

Type of Disability	Number	Prevalence Rate
Physical Disability	246180	0.99% [0.89-1.09]
Sensorial Disability	171482	0.69% [0.61-0.77]
Mental Disability	66254	0.26% [0.21-0.31]
Associated Disabilities	63656	0.26% [0.21-0.31]
Epilepsy/ Seizures	126663	0.51% [0.44-0.58]
Total Disabled	**674235**	**2.71% [2.55-2.87]**
Minimum		0.26%
Maximum		1.68%
Median		0.39%
Mean		0.68%
Standard deviation		0.68%

Source: NDSA. Note : Confidence interval between brackets.

Table 34. Prevalence Rates by Types of Disability Including Mental Distress

Type of Disabilities	Number	Prevalence Rate
Physical Disability	417662	1.68% [1.55-1.81]
Mental Disability	65605	0.26% [0.21-0.31]
Mental Distress	467028	1.88% [1.74-2.01]
Epilepsy/Seizures	126663	0.51% [0.44-0.58]
Associated Disabilities	63656	0.26% [0.21-0.31]
Total	**1140613**	**4.59% [4.38-4.79]**
Non-Disabled	23750222	95.41%
Total	**24890836**	**100%**
Minimum		0.26%
Maximum		1.88%
Median		0.51%
Mean		0.92%
Standard deviation		0.80%

Source: NDSA. Note : Confidence interval between brackets.

Table 35. Prevalence Rates by Types of Physical and Sensorial Disabilities

Type of Disabilities	Number	Prevalence Rate	Distribution by Type
Lack Part of One or More Limbs	43520	0.17% [0.13-0.22]	9.1%
Paralyzed	100031	0.40% [0.34-0.47]	20.9%
Body Looks Different	40272	0.16% [0.12-0.20]	8.4%
Difficulty Seeing	50016	0.20% [0.16-0.25]	10.4%
Difficulty Hearing	41571	0.17% [0.13-0.21]	8.7%
Difficulty Speaking	45469	0.18% [0.14-0.23]	9.5%
Associated Physical and Sensorial and Multiple Disabilities	158491	0.64% [0.56-0.72]	33.1%
Total	**479369**	**1.92% [1.79-2.06]**	**100%**
Non Physically Disabled	24411466	98.08%	
Total	**24890836**	**100.0%**	

Source: NDSA. Note : Confidence interval between brackets.

Table 36. Prevalence Rates by Types of Mental Disabilities

Type of Disabilities	Number	Prevalence Rate	Distribution by Type
Learning Disability	26632	0.11% [0.07-0.14]	10.4%
Psychological Disability	39623	0.16% [0.12-0.20]	15.2%
Social and Communication Disability	4547	0.02% [0.00-0.03]	1.8%
Epilepsy/Seizures	117569	0.47% [0.40-0.54]	45.9%
Multiple Mental Disabilities	48067	0.19% [0.15-0.24]	18.8%
More than 3 Mental Disabilities Declared	20136	0.08% [0.05-0.11]	7.9%
Total	**394**	**1.03% [0.93-1.13]**	**100.0%**
Non Mentally Disabled	37926	98.97%	
Total	**38320**	**100.0%**	

Source: NDSA Note : Confidence interval between brackets.

Table 37. Distribution of Persons with a Physical or Sensorial Disability Reporting an Associated Mental Disability

Physical and Sensorial Disability		Associated Mental Disabilities	
		Yes	No
Lack Part of One or More Limbs	Number	4	94
	% in Physical & Sensorial Disability	4.1	95.9
Partially or Totally Paralysed	Number	46	276
	% in Physical & Sensorial Disability	14.3	85.7
Have a Part of the Body that Looks Different	Number	28	165
	% in Physical & Sensorial Disability	14.5	85.5
Difficulty Seeing	Number	11	89
	% in Physical & Sensorial Disability	11.0	89.0
Difficulty Hearing	Number	17	105
	% in Physical & Sensorial Disability	13.9	86.1
Difficulty Speaking	Number	37	87
	% in Physical & Sensorial Disability	29.8	70.2
Total	**Number**	**143**	**816**
	% in Physical & Sensorial Disability	**14.9**	**85.1**

Source: NDSA

Tables Related to Health Results Section 1

Table 38. Distribution of Persons Able to Perfom a Set of Chores in the House without Assistance or Equipment by Main Types of Disability

Household Tasks†		Yes		No		Yes, with Difficulty		Total
		Number	% in Household Task	Number	% in Household Task	Number	% in Household Task	Number
Sweeping	Physical Disability	27	17.8	82	53.9	43	28.3	152
	Sensorial Disability	62	46.3	66	49.3	6	4.5	134
	Mental Disability	24	52.2	20	43.5	2	4.3	46
	Epilepsy/Seizures	114	76.0	22	14.7	14	9.3	150
	Associated Disabilities	9	14.1	47	73.4	8	12.5	64
Cooking Meals for Everyone	Physical Disability	21	13.8	102	67.1	29	19.1	152
	Sensorial Disability	46	34.3	82	61.2	6	4.5	134
	Mental Disability	13	28.3	29	63.0	4	8.7	46
	Epilepsy/Seizures	100	66.7	42	28.0	8	5.3	150
	Associated Disabilities	7	10.9	51	79.7	6	9.4	64
Washing Dishes	Physical Disability	31	20.4	86	56.6	35	23.0	152
	Sensorial Disability	54	40.3	70	52.2	10	7.5	134
	Mental Disability	20	43.5	19	41.3	7	15.2	46
	Epilepsy/Seizures	114	76.0	26	17.3	10	6.7	150
	Associated Disabilities	11	17.2	46	71.9	7	10.9	64
Looking After Young Children	Physical Disability	47	30.9	70	46.1	35	23.0	152
	Sensorial Disability	61	45.5	65	48.5	8	6.0	134
	Mental Disability	16	34.8	25	54.3	5	10.9	46
	Epilepsy/Seizures	115	76.7	27	18.0	8	5.3	150
	Associated Disabilities	14	21.9	47	73.4	3	4.7	64

(Table 38 contd. on next page)

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Household Tasks†		Yes		No		Yes, with Difficulty		Total
		Number	% in Household Task	Number	% in Household Task	Number	% in Household Task	Number
Looking After Elder Members	Physical Disability	37	24.3	90	59.2	25	16.4	152
	Sensorial Disability	46	34.6	79	59.4	8	6.0	133
	Mental Disability	14	30.4	28	60.9	4	8.7	46
	Epilepsy/Seizures	108	72.0	37	24.7	5	3.3	150
	Associated Disabilities	11	17.2	49	76.6	4	6.3	64
Doing the Laundry	Physical Disability	15	22.09	108	62.25	29	15.66	152
	Sensorial Disability	42	31.3	81	60.4	11	8.2	134
	Mental Disability	18	39.1	26	56.5	2	4.3	46
	Epilepsy/Seizures	99	66.4	39	26.2	11	7.4	149
	Associated Disabilities	7	10.9	51	79.7	6	9.4	64

Source : NDSA. †Note: Data presented above excludes respondents less than age 8 and men above age 15.

Table 39. Distribution of Persons Able to Perfom a Set of Chores in the House without Assistance or Equipment by Main Types of Physical and Sensorial Disabilities

Household Tasks*†			Lack part of one or more limbs	Paralysed	Body looks Different	Difficulty Seeing	Difficulty Hearing	Difficulty Speaking	Multiple Physical Disability
Sweeping Around	Yes	Number	3	5	8	7	20	19	33
		% in Household Task	30.0	7.6	38.1	22.6	66.7	52.8	30.8
	No	Number	4	44	5	23	8	16	53
		% in Household Task	40.0	66.7	23.8	74.2	26.7	44.4	49.5
	Yes, with Difficulty	Number	3	17	8	1	2	1	21
		% in Household Task	30.0	25.8	38.1	3.2	6.7	2.8	19.6
	Total	**Number**	**10**	**66**	**21**	**31**	**30**	**36**	**107**
Cooking Meals for Everyone	Yes	Number	3	6	8	5	15	12	23
		% in Household Task	30.0	9.09	38.1	16.1	50.0	33.3	21.5
	No	Number	5	45	9	25	14	22	70
		% in Household Task	50.0	68.2	42.9	80.7	46.7	61.1	65.4
	Yes, with Difficulty	Number	2	15	4	1	1	2	14
		% in Household Task	20.0	22.7	19.1	3.2	3.3	5.6	13.1
	Total	**Number**	**10**	**66**	**21**	**31**	**30**	**36**	**107**
Washing Dishes	Yes	Number	3	11	8	7	18	13	31
		% in Household Task	30.0	16.7	38.1	22.6	60.0	36.1	29.0
	No	Number	5	42	6	22	9	19	57
		% in Household Task	50.0	63.6	28.6	71.0	30.0	52.8	53.3
	Yes, with Difficulty	Number	2	13	7	2	3	4	19
		% in Household Task	20.0	19.7	33.3	6.5	10.0	11.1	17.8
	Total	**Number**	**10**	**66**	**21**	**31**	**30**	**36**	**107**
Looking After Young Children	Yes	Number	4	13	11	7	20	15	45
		% in Household Task	40.0	19.7	52.4	22.6	66.7	41.7	42.1
	No	Number	4	35	4	22	8	19	50
		% in Household Task	40.0	53.0	19.1	71.0	26.7	52.8	46.7
	Yes, with Difficulty	Number	2	18	6	2	2	2	12
		% in Household Task	20.0	27.3	28.6	6.5	6.7	5.6	11.2
	Total	**Number**	**10**	**66**	**21**	**31**	**30**	**36**	**107**

(Table 39 contd. on next page)

(Table 39 contd. from previous page)

Household Tasks*†			Lack part of one or more limbs	Paralysed	Body looks Different	Difficulty Seeing	Difficulty Hearing	Difficulty Speaking	Multiple Physical Disability
Looking After Elder Member	Yes	Number	3	11	8	7	14	9	38
		% in Household Task	30.0	16.7	38.1	22.6	48.3	25.0	35.5
	No	Number	7	39	9	23	12	25	58
		% in Household Task	70.0	59.1	42.9	74.2	41.4	69.4	54.2
	Yes, with Difficulty	Number	0	16	4	1	3	2	11
		% in Household Task	0.0	24.2	19.1	3.2	10.3	5.6	10.3
	Total	**Number**	**10**	**66**	**21**	**31**	**29**	**36**	**107**
Doing the Laundry	Yes	Number	2	4	4	6	14	10	22
		% in Household Task	20.0	6.1	19.1	19.4	46.7	27.8	20.6
	No	Number	6	52	10	23	11	25	68
		% in Household Task	60.0	78.8	47.6	74.2	36.7	69.4	63.6
	Yes, with Difficulty	Number	2	10	7	2	5	1	17
		% in Household Task	20.0	15.2	33.3	6.5	16.7	2.8	15.9
	Total	**Number**	**10**	**66**	**21**	**31**	**30**	**36**	**107**

Source: NDSA, *Note: Data presented above excludes respondents less than age 8 and men above age 15. †Data should be interpreted with caution due to low numbers.

Table 40. Distribution of Persons with Disability Able to Perfom a Set of Chores in the House without Assistance or Equipment by Major Geographical Areas

Household Tasks †			Central Region	Western Region	Eastern Region	Southern Region	North Western Region	North Eastern Region	Total
Sweeping Around	Yes	Number	64	64	27	34	23	24	236
		% in Household Task	38.6	56.1	42.2	49.3	33.3	37.5	43.2
	No or with Difficulty	Number	102	50	37	35	46	40	310
		% in Household Task	61.4	43.9	57.8	50.7	66.7	62.5	56.8
Cooking Meals for Everyone	Yes	Number	52	57	18	22	19	19	187
		% in Household Task	31.3	50.0	28.1	31.9	27.5	29.7	34.2
	No or with Difficulty	Number	114	57	46	47	50	45	359
		% in Household Task	68.7	50.0	71.9	68.1	72.5	70.3	65.8
Washing Dishes	Yes	Number	66	63	26	31	24	20	230
		% in Household Task	39.8	55.3	40.6	44.9	34.8	31.3	42.1
	No or with Difficulty	Number	100	51	38	38	45	44	316
		% in Household Task	60.2	44.7	59.4	55.1	65.2	68.8	57.9
Looking After Young Children	Yes	Number	70	71	27	27	34	24	253
		% in Household Task	42.2	62.3	42.2	39.1	49.3	37.5	46.3
	No or with Difficulty	Number	96	43	37	42	35	40	293
		% in Household Task	57.8	37.7	57.8	60.9	50.7	62.5	53.7
Looking After Elder Members	Yes	Number	66	51	22	26	29	22	216
		% in Household Task	39.8	44.7	34.4	37.7	42.0	34.9	39.6
	No or with Difficulty	Number	100	63	42	43	40	41	329
		% in Household Task	60.2	55.3	65.6	62.3	58.0	65.1	60.4
Doing the Laundry	Yes	Number	55	51	20	21	16	18	181
		% in Household Task	33.1	44.7	31.3	30.4	23.5	28.1	33.2
	No or with Difficulty	Number	111	63	44	48	52	46	364
		% in Household Task	66.9	55.3	68.8	69.6	76.5	71.9	66.8

Source: NDSA. *Note: Data presented above excludes respondents less than age 8 and men above age 15. †Data should be interpreted with caution due to low numbers.

Table 41. Distribution of Persons with Disability Able to Perform Routines Outside the House by Main Types of Disability

Tasks Outside the House or Compound†		Yes		No		Yes, with Difficulty		Total
		Number	% in Task Outside	Number	% in Task Outside	Number	% in Task Outside	Number
Climb Stairs	Physical Disability	67	19.0	137	38.9	148	42.0	352
	Sensorial Disability	125	56.1	63	28.3	35	15.7	223
	Mental Disability	66	76.7	11	12.8	9	10.5	86
	Epilepsy/Seizures	144	80.9	5	2.8	29	16.3	178
	Associated Disabilities	32	35.6	33	36.7	25	27.8	90
Go to the Bazaar/Shop on Your Own	Physical Disability	83	23.6	106	30.1	163	46.3	352
	Sensorial Disability	105	46.9	79	35.3	40	17.9	224
	Mental Disability	47	54.0	31	35.6	9	10.3	86
	Epilepsy/Seizures	132	74.2	29	16.3	17	9.6	178
	Associated Disabilities	29	32.2	45	50.0	16	17.8	90
Carry Heavy Things	Physical Disability	24	6.8	233	66.2	95	27.0	352
	Sensorial Disability	108	48.2	96	42.9	20	8.9	224
	Mental Disability	48	55.2	30	34.5	9	10.3	87
	Epilepsy/Seizures	133	74.7	29	16.3	16	9.0	178
	Associated Disabilities	16	17.8	60	66.7	14	15.6	90
Work in the Field	Physical Disability	24	6.8	250	71.0	78	22.2	352
	Sensorial Disability	77	34.4	132	58.9	15	6.7	224
	Mental Disability	25	28.7	54	62.1	8	9.2	87
	Epilepsy/Seizures	88	49.4	78	43.8	12	6.7	178
	Associated Disabilities	9	10.0	75	83.3	6	6.7	90
Ride a Bicycle or an Animal	Physical Disability	57	16.2	236	67.0	59	16.8	352
	Sensorial Disability	67	29.9	140	62.5	17	7.6	224
	Mental Disability	26	29.9	59	67.8	2	2.3	87
	Epilepsy/Seizures	89	50.0	79	44.4	10	5.6	178
	Associated Disabilities	12	13.3	73	81.1	5	5.6	90

Source : NDSA. *Note: †Data presented above excludes respondents less than age 8.

Table 42. Distribution of Persons Able to Perform Routines Outside the House by Types of Physical and Sensorial Disabilities

Tasks Outside the House or Compound*†			Lack Part of One or More Limbs	Paralysed	Body Looks Different	Difficulty Seeing	Difficulty Hearing	Difficulty Speaking	Multiple Physical Disability
Climb Stairs	Yes	Number	22	17	14	23	48	34	59
		% in Task Outside	33.85	12.50	31.11	33.82	87.27	77.27	26.94
	No	Number	22	61	14	27	3	7	79
		% in Task Outside	33.85	44.85	31.11	39.71	5.45	15.91	36.07
	Yes, with Difficulty	Number	21	58	17	18	4	3	81
		% in Task Outside	32.31	42.65	37.78	26.47	7.27	6.82	36.99
	Total	**Number**	**65**	**136**	**45**	**68**	**55**	**44**	**219**
Go to the Bazaar/ Shop on Your Own	Yes	Number	26	20	15	20	44	26	62
		% in Task Outside	40.00	14.71	33.33	29.41	78.57	59.09	28.31
	No	Number	15	55	9	27	5	17	77
		% in Task Outside	23.08	40.44	20.00	39.71	8.93	38.64	35.16
	Yes, with Difficulty	Number	24	61	21	21	7	1	80
		% in Task Outside	36.92	44.85	46.67	30.88	12.50	2.27	36.53
	Total	**Number**	**65**	**136**	**45**	**68**	**56**	**44**	**219**

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Tasks Outside the House or Compound*†			Lack Part of One or More Limbs	Paralysed	Body Looks Different	Difficulty Seeing	Difficulty Hearing	Difficulty Speaking	Multiple Physical Disability
Carry Heavy Things	Yes	Number	8	8	6	16	44	29	37
		% in Task Outside	12.31	5.88	13.33	23.53	78.57	65.91	16.89
	No	Number	42	105	23	42	8	13	126
		% in Task Outside	64.62	77.21	51.11	61.76	14.29	29.55	57.53
	Yes, with difficulty	Number	15	23	16	10	4	2	56
		% in Task Outside	23.08	16.91	35.56	14.71	7.14	4.55	25.57
	Total	**Number**	**65**	**136**	**45**	**68**	**56**	**44**	**219**
Work in the Field	Yes	Number	8	7	4	13	33	17	30
		% in Task Outside	12.31	5.15	8.89	19.12	58.93	38.64	13.70
	No	Number	37	109	27	46	21	24	161
		% in Task Outside	56.92	80.15	60.00	67.65	37.50	54.55	73.52
	Yes, with difficulty	Number	20	20	14	9	2	3	28
		% in Task Outside	30.77	14.71	31.11	13.24	3.57	6.82	12.79
	Total	Number	65	136	45	68	56	44	219
Ride a Bicycle or an Animal	Yes	Number	10	10	12	9	32	17	47
		% in Task Outside	15.38	7.35	26.67	13.24	57.14	38.64	21.46
	No	Number	42	106	25	53	23	25	143
		% in Task Outside	64.62	77.94	55.56	77.94	41.07	56.82	65.30
	Yes, with difficulty	Number	13	20	8	6	1	2	29
		% in Task Outside	20	14.70	17.77	8.82	1.79	4.55	13.24
	Total	**Number**	**65**	**136**	**45**	**68**	**56**	**44**	**219**

Source : NDSA. *Note: Data presented above excludes respondents less than age 8. † Data should be interpreted with caution due to low numbers.

Table 43. Distribution of Persons with Disability Able to Perform General Activities outside the House by Gender

Tasks Outside the House or Compound*†		Yes		No		Yes with Difficulty		Total
		Number	% in Task Outside	Number	% in Task Outside	Number	% in Task Outside	Number
Climb Stairs	Males	155243	43.3*(2)	94185	25.9	111723	30.9	361151
	Females	126663	52.3*(2)	67553	27.9	48067	19.8	242283
Go to the Bazaar/ Shop on Your Own	Males	148098	41.0	90937	25.1	122765	33.9	361800
	Females	109125	44.9	97433	40.1	36375	15.0	242933
Carry Heavy Things	Males	109125	30.3**(1)	183823	50.5	68853	19.2	361801
	Females	104578	43.0**(1)	107176	44.1	31178	12.8	242933
Work in the Field	Males	84442	23.5	211754	58.6	65605	17.9	361801
	Females	60408	24.9	170832	70.3	11692	4.8	242933
Ride a Bicycle or an Animal	Males	111073	30.8**(1)	203310	56.1	47417	13.1	361801
	Females	51964	21.4**(1)	177977	73.3	12991	5.3	242933

Source: NDSA. Note: †Data presented above excludes respondents less than age 8. Weighted by population of provinces. Test of Comparison between Males and Females. (1)** Significant at p<0.01. (2)* Significant at p<0.05.

Tables Related to Health Results Section 2

Table 44. Distribution of Persons with Disability Reporting Behavioural Difficulties by Type of Physical and Sensorial Disabilities

Behavioural Difficulties and Distress †			Lack Part Of One Or More Limbs	Paralysed	Body Looks Different	Difficulty Seeing	Difficulty Hearing	Difficulty Speaking	Multiple Physical Disability
Difficulty Finding the Way to Express what You Need	Yes	Number	6	15	4	3	9	37	65
		% in Behavioural Difficulty	9.2	11.0	8.9	4.4	16.1	84.1	29.7
	No	Number	59	122	41	66	47	7	154
		% in Behavioural Difficulty	90.8	89.1	91.1	95.7	83.9	15.9	70.3
	Total	**Number**	**65**	**137**	**45**	**69**	**56**	**44**	**219**
Difficulty Feeling Comfortable with People	Yes	Number	6	31	7	8	16	17	54
		% in Behavioural Difficulty	9.2	22.6	15.6	11.6	28.6	38.6	24.7
	No	Number	59	106	38	61	40	27	165
		% in Behavioural Difficulty	90.8	77.4	84.4	88.4	71.4	61.4	75.3
	Total	**Number**	**65**	**137**	**45**	**69**	**56**	**44**	**219**
Difficulty Keeping Calm, Staying in One Place	Yes	Number	6	17	6	6	7	16	38
		% in Behavioural Difficulty	9.2	12.5	13.3	8.7	12.5	36.4	17.4
	No	Number	59	119	39	63	49	28	181
		% in Behavioural Difficulty	90.8	87.5	86.7	91.3	87.5	63.6	82.7
	Total	**Number**	**65**	**136**	**45**	**69**	**56**	**44**	**219**
Difficulty Going Out of the House Because You Feel Scared	Yes	Number	10	20	6	13	12	14	52
		% in Behavioural Difficulty	15.9	14.6	13.3	18.8	21.4	31.8	23.7
	No	Number	53	117	39	56	44	30	167
		% in Behavioural Difficulty	84.1	85.4	86.7	81.2	78.6	68.2	76.3
	Total	**Number**	**63**	**137**	**45**	**69**	**56**	**44**	**219**
Difficulty Going Out of the House Because People Stare	Yes	Number	9	20	8	12	4	13	54
		% in Behavioural Difficulty	13.9	14.6	17.8	17.4	7.1	29.6	24.7
	No	Number	56	117	37	57	52	31	165
		% in Behavioural Difficulty	86.2	85.4	82.2	82.6	92.9	70.5	75.3
	Total	**Number**	**65**	**137**	**45**	**69**	**56**	**44**	**219**
Have Repetitive, Stereotyped Body Movements	Yes	Number	4	29	9	3	6	8	56
		% in Behavioural Difficulty	6.2	21.2	20.0	4.4	10.7	18.2	25.8
	No	Number	61	108	36	66	50	36	161
		% in Behavioural Difficulty	93.9	78.8	80.0	95.7	89.3	81.8	74.2
	Total	**Number**	**65**	**137**	**45**	**69**	**56**	**44**	**217**
Feeling Sad, Crying without a Specific Reason	Yes	Number	13	51	11	16	15	21	71
		% in Behavioural Difficulty	20.0	37.2	24.4	23.2	26.8	47.7	32.4
	No	Number	52	86	34	53	41	23	148
		% in Behavioural Difficulty	80.0	62.8	75.6	76.8	73.2	52.3	67.6
	Total	**Number**	**65**	**137**	**45**	**69**	**56**	**44**	**219**

Source : NDSA. *Note: † Data should be interpreted with caution due to low numbers

Table 45. Distribution of Persons Reporting Behavioural Difficulties by Main Types of Disability

Behavioural Difficulties and Distress*		Yes		No		Total
		Number	% in Behavioural Difficulty	Number	% in Behavioural Difficulty	Number
Finding the Way to Express what You Need	Physical Disability	20136	8.7**(1)	212404	91.3	232540
	Sensorial Disability	57810	37.9**(1)	94835	62.1	152645
	Mental Disability	23384	41.4**(1)	33127	58.6	56511
	Epilepsy/Seizures	17538	14.9**(1)	100031	85.1	117569
	Associated disabilities	27281	43.7	35076	56.3	62357
Feeling Comfortable with People	Physical Disability	32478	14.0**(1)	200062	86,0	232540
	Sensorial Disability	40922	26.8**(1)	111723	73,2	152645
	Mental Disability	32478	57.5**(1)	24033	42.5	56511
	Epilepsy/Seizures	22734	19.3**(1)	94835	80.7	117569
	Associated Disabilities	29230	46.9	33127	53.1	62357
Keeping Calm, Staying in One Place	Physical Disability	21435	9.2**(1)	210455	90.8	231890
	Sensorial Disability	24033	15.7**(1)	128611	84.3	152644
	Mental Disability	24033	42.5**(1)	32478	57.5	56511
	Epilepsy/Seizures	17538	14.9**(1)	100031	85.1	117569
	Associated Disabilities	22734	36.5	39623	63.5	62357
Going Out of the House Because You Feel Scared	Physical Disability	29879	12.9**(1)	201361	87.1	231240
	Sensorial Disability	31178	20.4**(1)	121466	79.6	152644
	Mental Disability	22734	40.7**(1)	33127	59.3	55861
	Epilepsy/Seizures	32478	27.6**(1)	85091	72.4	117569
	Associated Disabilities	31178	50.0	31178	50.0	62356
Going Out of the House Because People Stare	Physical Disability	33777	14.5**(1)	198763	85.5	232540
	Sensorial Disability	28580	18.7**(1)	124064	81.3	152644
	Mental Disability	22085	39.1**(1)	34426	60.9	56511
	Epilepsy/Seizures	14940	12.7**(1)	102629	87.3	117569
	Associated Disabilities	24033	38.5	38324	61.5	62357
Have Repetitive, Stereotyped Body Movements	Physical Disability	44170	19.0**(1)	187721	81.0	231891
	Sensorial Disability	14940	9.8**(1)	137055	90.2	151995
	Mental Disability	15589	27.6**(1)	40922	72.4	56511
	Epilepsy/Seizures	14940	12.7**(1)	102629	87.3	117569
	Associated Disabilities	22085	35.4	40272	64.6	62357
Feeling Sad, Crying without a Specific Reason	Physical Disability	57810	24.9**(1)	174730	75,1	232540
	Sensorial Disability	42221	27.7**(1)	110424	72.3	152645
	Mental Disability	40922	72.4**(1)	15589	27.6	56511
	Epilepsy/Seizures	74049	63.0	43520	37.0	117569
	Associated Disabilities	39623	63.5	22734	36.5	62357

Source: NDSA. *Notes: † Data should be interpreted with caution due to low numbers. *Weighted by population of provinces. Test of comparison of percentage of Persons with mental disability and other types of disability. (1)** Significant at p<0.01. (2)** Significant at p<0.05

Table 46. Distribution of Persons with Disability Reporting Behavioural Difficulties by Type of Physical and Sensorial Disabilities

Behavioural Difficulties and Distress*			Lack Part of One or More Limbs	Paralysed	Body Look Different	Difficulty Seeing	Difficulty Hearing	Difficulty Speaking	Multiple Physical Disability
Difficulty Finding the Way to Express what You Need	Yes	Number	6	15	4	3	9	37	65
		% in Behavioural Difficulty	9.2	11.0	8.9	4.4	16.1	84.1	29.7
	No	Number	59	122	41	66	47	7	154
		% in Behavioural Difficulty	90.8	89.1	91.1	95.7	83.9	15.9	70.3
	Total	**Number**	**65**	**137**	**45**	**69**	**56**	**44**	**219**
Difficulty Feeling Comfortable with People	Yes	Number	6	31	7	8	16	17	54
		% in Behavioural Difficulty	9.2	22.6	15.6	11.6	28.6	38.6	24.7
	No	Number	59	106	38	61	40	27	165
		% in Behavioural Difficulty	90.8	77.4	84.4	88.4	71.4	61.4	75.3
	Total	**Number**	**65**	**137**	**45**	**69**	**56**	**44**	**219**
Difficulty Keeping Calm, Staying in One Place	Yes	Number	6	17	6	6	7	16	38
		% in Behavioural Difficulty	9.2	12.5	13.3	8.7	12.5	36.4	17.4
	No	Number	59	119	39	63	49	28	181
		% in Behavioural Difficulty	90.8	87.5	86.7	91.3	87.5	63.6	82.7
	Total	**Number**	**65**	**136**	**45**	**69**	**56**	**44**	**219**
Difficulty Going Out of the House Because You Feel Scared	Yes	Number	10	20	6	13	12	14	52
		% in Behavioural Difficulty	15.9	14.6	13.3	18.8	21.4	31.8	23.7
	No	Number	53	117	39	56	44	30	167
		% in Behavioural Difficulty	84.1	85.4	86.7	81.2	78.6	68.2	76.3
	Total	**Number**	**63**	**137**	**45**	**69**	**56**	**44**	**219**
Difficulty Going Out of the House Because People Stare	Yes	Number	9	20	8	12	4	13	54
		% in Behavioural Difficulty	13.9	14.6	17.8	17.4	7.1	29.6	24.7
	No	Number	56	117	37	57	52	31	165
		% in Behavioural Difficulty	86.2	85.4	82.2	82.6	92.9	70.5	75.3
	Total	**Number**	**65**	**137**	**45**	**69**	**56**	**44**	**219**
Have Repetitive, Stereotyped Body Movements	Yes	Number	4	29	9	3	6	8	56
		% in Behavioural Difficulty	6.2	21.2	20.0	4.4	10.7	18.2	25.8
	No	Number	61	108	36	66	50	36	161
		% in Behavioural Difficulty	93.9	78.8	80.0	95.7	89.3	81.8	74.2
	Total	**Number**	**65**	**137**	**45**	**69**	**56**	**44**	**217**
Feeling Sad, Crying without a Specific Reason	Yes	Number	13	51	11	16	15	21	71
		% in Behavioural Difficulty	20.0	37.2	24.4	23.2	26.8	47.7	32.4
	No	Number	52	86	34	53	41	23	148
		% in Behavioural Difficulty	80.0	62.8	75.6	76.8	73.2	52.3	67.6
	Total	**Number**	**65**	**137**	**45**	**69**	**56**	**44**	**219**

Source : NDSA. *Note: Trends only considering the low number of figures.

Table 47. Distribution of Persons with Disability Reporting Behavioural Difficulties by Other Types of Disability

Behavioural Difficulties and Distress†			Learning Disability	Psychological Disability	Social and Communication Disability	Epilepsy/ Seizures
Finding the Way to Express what You Need	Yes	Number	27	57	32	39
		% in Behavioural Difficulty	51.9	41.0	52.5	18.7
	No	Number	25	82	29	170
		% in Behavioural Difficulty	48.1	59.0	47.5	81.3
	Total	**Number**	**52**	**139**	**61**	**209**
Feeling Comfortable with People	Yes	Number	28	79	40	50
		% in Behavioural Difficulty	53.9	56.8	65.6	23.9
	No	Number	24	60	21	159
		% in Behavioural Difficulty	46.2	43.2	34.4	76.1
	Total	**Number**	**52**	**139**	**61**	**209**
Keeping Calm, Staying in One Place	Yes	Number	24	63	36	38
		% in Behavioural Difficulty	46.2	45.3	59.0	18.2
	No	Number	28	76	25	171
		% in Behavioural Difficulty	53.9	54.7	41.0	81.8
	Total	**Number**	**52**	**139**	**61**	**209**
Going Out of the House Because You Feel Scared	Yes	Number	27	58	30	65
		% in Behavioural Difficulty	51.9	42.0	50.0	31.1
	No	Number	25	80	30	144
		% in Behavioural Difficulty	48.1	58.0	50.0	68.9
	Total	**Number**	**52**	**138**	**60**	**209**
Going Out of the House Because People Stare	Yes	Number	18	50	25	35
		% in Behavioural Difficulty	34.6	36.0	41.0	16.8
	No	Number	34	89	36	174
		% in Behavioural Difficulty	65.4	64.0	59.0	83.3
	Total	**Number**	**52**	**139**	**61**	**209**
Have Repetitive, Stereotyped Body Movements	Yes	Number	17	47	23	34
		% in Behavioural Difficulty	32.7	33.8	37.7	16.3
	No	Number	35	92	38	175
		% in Behavioural Difficulty	67.3	66.2	62.3	83.7
	Total	**Number**	**52**	**139**	**61**	**209**
Feeling Sad, Crying without a Specific Reason	Yes	Number	34	97	49	134
		% in Behavioural Difficulty	65.4	69.8	80.3	64.1
	No	Number	18	42	12	75
		% in Behavioural Difficulty	34.6	30.2	19.7	35.9
	Total	**Number**	**52**	**139**	**61**	**209**

Source: NDSA. *Note: †Data should be interpreted with caution due to low numbers.

Table 48. Distribution of Persons with Disability Reporting Behavioural Difficulties according to Gender

Behavioural Difficulties and Distress*		Yes		No		Total
		Number	% in Behavioural Difficulty	Number	% in Behavioural Difficulty	Number
Finding the Way to Express What You Need	Males	82493	22.4	289700	77.6	372193
	Females	63656	25.1	189669	74.9	253325
Feeling Comfortable with People	Males	89638	24.3	282555	75.7	372193
	Females	68853	27.2	184473	72.8	253326
Keeping Calm, Staying in One Place	Males	57810	15.7*(2)	313734	84.3	371544
	Females	52614	20.8*(2)	200712	79.2	253326
Going Out of the House Because You Feel Scared	Males	65605	17.8**(1)	305289	82.2	370894
	Females	82493	32.6**(1)	170183	67.4	252676
Going Out of the House Because People Stare	Males	55861	15.1**(1)	316332	84.9	372193
	Females	68203	26.9**(1)	185122	73.1	253325
Have Repetitive, Stereotyped Body Movements	Males	58460	15.9*(2)	312435	84.1	370895
	Females	53263	21.0*(2)	200062	79.0	253325
Feeling Sad, Crying without a Specific Reason	Males	115620	31.3**(1)	256573	68.7	372193
	Females	139654	55.1**(1)	113672	44.9	253325

Source: NDSA. *Note: †Weighted by population of provinces.Test of Comparison of percentage for males and females with disability. (1)** Significant at p<0.01. (2)* Significant at p<0.05.

Table 49. Distribution of Persons with Disability Reporting Violent Behaviours in the Last 6 Months by Main Types of Disability

Violent Behaviour		Yes		No		Total
		Number	% in Violent Behaviour	Number	% in Violent Behaviour	Number
Epilepsy/ Seizures	Physical Disability	4547	2.0**(1)	227993	98.0	232540
	Sensorial Disability	1299	0.9**(1)	151346	99.1	152645
	Mental Disability	5196	9.2**(1)	51315	90.8	56511
	Associated Disabilities	25982	41.7**(1)	36375	58.3	62357
	Epilepsy/Seizures	111723	95.0**(1)	5846	5.0	117569
Physically Violent Behavior Towards Another Person without Any Reason	Physical Disability	7145	3.1**(1)	225395	96.9	232540
	Sensorial Disability	3248	2.1**(1)	149397	97.9	152645
	Mental Disability	21435	37.9**(1)	35076	62.1	56511
	Associated Disabilities	22734	36.5	39623	63.5	62357
	Epilepsy/Seizures	33777	28.7	83792	71.3	117569
Verbally Violent Behavior Towards Another Person without Any Reason	Physical Disability	11692	5.0**(1)	220848	95.0	232540
	Sensorial Disability	11042	7.2**(1)	141602	92.8	152645
	Mental Disability	32478	57.5**(1)	24033	42.5	56511
	Associated Disabilities	22085	35.8**(1)	39623	64.2	62357
	Epilepsy/Seizures	44170	37.6**(1)	73399	62.4	117569
Violent Behavior Regarding Yourself	Physical Disability	11042	4.7**(1)	221497	95.3	232540
	Sensorial Disability	8444	5.5**(1)	144201	94.5	152645
	Mental Disability	22734	40.2**(1)	33777	59.8	56511
	Associated Disabilities	18837	30.2	43520	69.8	62357
	Epilepsy/Seizures	59759	50.8	57810	49.2	117569
Fainting or Passing Out	Physical Disability	24683	10.6**(1)	207857	89.4	232540
	Sensorial Disability	14290	9.4**(1)	138355	90.6	152645
	Mental Disability	16888	29.9**(1)	39623	70.1	56511
	Associated Disabilities	29879	48.4**(1)	31828	51.6	62357
	Epilepsy/Seizures	111073	94.5**(1)	6496	5.5	117569

Source: NDSA. *Note: † Weighted by population of provinces.Test of comparison of percentage for persons with mental disability and persons with other types of disability. (1)** Significant at p<0.01. (2)* Significant at p<0.05.

Table 50. Distribution of Persons with Disability Reporting Violent Behaviours in the Last 6 Months by Main Types of Mental Disability and Epilepsy/Seizures

Violent Behaviour		Yes		No		Total
		Number	% in Violent Behaviour	Number	% in Violent Behaviour	Number
Epilepsy/Seizures	Learning Disability	11	21.2	41	78.8	52
	Psychological Disability	48	34.5	91	65.5	139
	Social and Communication Disability	18	29.5	43	70.5	61
	Epilepsy/Seizures	198	94.7	11	5.3	209
Physically Violent Behaviour Towards Another Person without Any Reason	Learning Disability	16	30.8	36	69.2	52
	Psychological Disability	57	41.0	82	59.0	139
	Social and Communication Disability	31	50.8	30	49.2	61
	Epilepsy/Seizures	66	31.6	143	68.4	209
Verbally Violent Behaviour Towards Another Person without Any Reason	Learning Disability	16	30.8	36	69.2	52
	Psychological Disability	77	55.4	62	44.6	139
	Social and Communication Disability	34	55.7	27	44.3	61
	Epilepsy/Seizures	82	39.2	127	60.8	209
Violent Behaviour Regarding Yourself	Learning Disability	10	19.2	42	80.8	52
	Psychological Disability	62	44.6	77	55.4	139
	Social and Communication Disability	28	45.9	33	54.1	61
	Epilepsy/Seizures	108	51.7	101	48.3	209
Fainting or Passing Out	Learning Disability	15	28.8	37	71.2	52
	Psychological Disability	72	51.8	67	48.2	139
	Social and Communication Disability	30	49.2	31	50.8	61
	Epilepsy/Seizures	196	93.8	13	6.2	209

Source: NDSA.

Table 51. Distribution of Persons with Disability Reporting Violent Behaviours in the Last 6 Months according to Gender

Violent Behaviour†		Yes		No		Total
		Number	% in Violent Behaviour	Number	% in Violent Behaviour	Number
Epilepsy/Seizures	Males	47417	12.9**(1)	320879	87.1	368296
	Females	101330	40.0**(1)	151995	60.0	253325
Physically Violent Behaviour Towards Another Person without any Reason	Males	39623	10.9**(1)	328673	89.1	368296
	Females	48716	19.2**(1)	204609	80.8	253325
Verbally Violent Behaviour Towards Another Person without Any Reason	Males	57161	15.7**(1)	478	84.3	367646
	Females	64306	25.4**(1)	189020	74.6	253325
Violent Behaviour Regarding Yourself	Males	43520	12.0**(1)	324776	88.0	368296
	Females	77297	30.5**(1)	176029	69.5	253325
Fainting or Passing out	Males	81194	22.0**(1)	286452	78.0	367646
	Females	115620	45.6**(1)	137705	54.4	253325

Source: NDSA. *Note: †Weighted by population of provinces.Test of Comparison of percentage for males and females with disability. (1)** Significant at p<0.01. (2)* Significant at p<0.05.

Table 52. Distribution of Persons Reporting Communication Difficulties

Communication Difficulties †		Yes		No		Total
		Number	% in Communication Difficulty	Number	% in Communication Difficulty	Number
Remembering Things	Non-Disabled	1353926	5.4**(1)	23945477	94.6	25299403
	Person with Disability	278008	44.4**(1)	347510	55.6	625518
Talking to Other Men/Other Women	Non-Disabled	637470	2.4**(1)	24661933	97.6	25299403
	Person with Disability	177977	28.6**(1)	447541	71.4	625518
Understanding what People Say	Non-Disabled	487554	1.9**(1)	24811850	98.1	25299403
	Person with Disability	157841	25.2**(1)	467677	74.8	625518
Making Yourself Understood	Non-Disabled	459753	1.8**(1)	24839651	98.2	25299403
	Person with Disability	156542	25.2**(1)	468977	74.8	625518
Clearly Hearing Someone Calling You in the House	Non-Disabled	305679	1.2**(1)	24993725	98.8	25299403
	Person with Disability	107826	17.3**(1)	517693	82.7	625518
Clearly Seeing Someone in Front of You	Non-Disabled	268915	1.1**(1)	25030489	98.9	25299403
	Person with Disability	89638	14.4**(1)	535880	85.6	625518

Source: NDSA. *Note: †Weighted by population of provinces.Test of comparison of percentage for PwDs and NDS. (1)** Significant at p<0.01. (2)* Significant at p<0.05.

Table 53. Distribution of Persons with Disability Reporting Communication Difficulties by Main Types of Disability

Communication Difficulties †		Yes		No		Total
		Number	% in Communication Difficulty	Number	% in Communication Difficulty	Number
Remembering Things	Physical Disability	46768	20.1**(1)	185772	79.9	232540
	Sensorial Disability	79245	51.9**(1)	73399	48.1	152644
	Mental Disability	48067	85.1**(1)	8444	14.9	56511
	Epilepsy/Other seizures	58460	49.7**(1)	59109	50.3	117569
	Associated Disabilities	44819	71.9*(2)	17538	28.1	62357
Talking to Other Men/ Other Women	Physical Disability	16239	7.0**(1)	216301	93.0	232540
	Sensorial Disability	74698	48.9**(1)	77946	51.1	152644
	Mental Disability	35725	63.2**(1)	20786	36.8	56511
	Epilepsy/Other seizures	14290	12.2**(1)	103279	87.8	117569
	Associated Disabilities	36375	58.3	25982	41.7	62357
Understanding what People Say	Physical Disability	14940	6.4**(1)	217600	93.6	232540
	Sensorial Disability	64955	42.6	87690	57.4	152644
	Mental Disability	30529	54.0**(1)	25982	46.0	56511
	Epilepsy/Other seizures	13641	11.6**(1)	103928	88.4	117569
	Associated Disabilities	33127	53.1	29230	46.9	62357
Making Yourself Understood	Physical Disability	13641	5.9**(1)	218899	94.1	232540
	Sensorial Disability	63007	41.3	89638	58.7	152644
	Mental Disability	29879	52.9**(1)	26632	47.1	56511
	Epilepsy/Other seizures	16239	13.8**(1)	101330	86.2	117569
	Associated Disabilities	33127	53.1	29230	46.9	62357
Clearly Hearing Someone Calling You in the House	Physical Disability	8444	3.6**(1)	224095	96.4	232540
	Sensorial Disability	71451	46.8**(1)	81194	53.2	152644
	Mental Disability	6496	11.5**(1)	50016	88.5	56511
	Epilepsy/Other seizures	5196	4.4*(2)	112373	95.6	117569
	Associated Disabilities	16239	26.0* (2)	46118	74.0	62357
Clearly Seeing Someone in Front of You	Physical Disability	9743	4.2**(1)	222796	95.8	232540
	Sensorial Disability	60408	39.6**(1)	92236	60.4	152644
	Mental Disability	6496	11.5**(1)	50016	88.5	56511
	Epilepsy/Other seizures	3248	2.8**(1)	114321	97.2	117569
	Associated Disabilities	9743	15.6	52614	84.4	62357

Source: NDSA. *Note: †Data should be interpreted with caution due to low numbers. * Weighted by population of provinces .Test of comparison of percentage for persons with mental disability and persons with other types of disability (1)** Significant at p<0.01. (2)* Significant at p<0.05.

Table 54. Distribution of Persons with Disability Reporting Communication Difficulties by Main Types of Mental Disability and Epilepsy/Seizures

Communication difficulties†			Learning Disability	Psychological Disability	Social and Communication Disability	Epilepsy/ Seizures
Remembering Things	Yes	Number	47	115	53	111
		% Communication difficulty	90.4	82.7	86.9	53.1
	No	Number	5	24	8	98
		% Communication difficulty	9.6	17.3	13.1	46.9
	Total	**Number**	**52**	**139**	**61**	**209**
Talking to Other Men/ Other Women	Yes	Number	42	72	39	36
		% Communication difficulty	80.8	51.8	63.9	17.2
	No	Number	10	67	22	173
		% Communication difficulty	19.2	48.2	36.1	82.8
	Total	**Number**	**52**	**139**	**61**	**209**
Understanding what People Say	Yes	Number	34	67	35	34
		% Communication difficulty	65.4	48.2	57.4	16.3
	No	Number	18	72	26	175
		% Communication difficulty	34.6	51.8	42.6	83.7
	Total	**Number**	**52**	**139**	**61**	**209**
Making Yourself Understood	Yes	Number	38	68	37	39
		% Communication difficulty	73.1	48.9	60.7	18.7
	No	Number	14	71	24	170
		% Communication difficulty	26.9	51.1	39.3	81.3
	Total	**Number**	**52**	**139**	**61**	**209**
Clearly Hearing Someone Calling You in the House	Yes	Number	6	19	10	15
		% Communication difficulty	11.5	13.7	16.4	7.2
	No	Number	46	120	51	194
		% Communication difficulty	88.5	86.3	83.6	92.8
	Total	**Number**	**52**	**139**	**61**	**209**
Clearly Seeing Someone in Front Of You	Yes	Number	6	20	10	9
		% Communication difficulty	11.5	14.4	16.4	4.3
	No	Number	46	119	51	200
		% Communication difficulty	88.5	85.6	83.6	95.7
	Total	**Number**	**52**	**139**	**61**	**209**

Source: NDSA. *Note: † Data should be interpreted with caution due to low numbers.

Table 55. Distribution of Persons with Disability Reporting Communication Difficulties according to Gender

Communication difficulties †		Yes		No		Total
		Number	% Communication difficulty	Number	% Communication difficulty	Num
Remembering Things	Males	144850	39.4**(1)	223446	60.6	368296
	Females	132509	52.3**(1)	120817	47.7	253326
Talking to Other Men/Other Women	Males	100681	27.5	267615	72.5	368296
	Females	76647	30.3	176678	69.7	253326
Understanding what People Say	Males	86390	23.6	281906	76.4	368296
	Females	70801	27.9	182524	72.1	253326
Making Yourself Understood	Males	85741	23.4	282555	76.6	368296
	Females	70152	27.7	183174	72.3	253326
Clearly Hearing Someone Calling You in the House	Males	70152	19.0	298144	81.0	368296
	Females	37674	14.9	215651	85.1	253326
Clearly Seeing Someone in Front if You	Males	51964	14.1	316332	85.9	368296
	Females	37674	14.9	215651	85.1	253326

Source: NDSA. *Note: †Weighted by population of provinces.Test of Comparison of percentage for males and females with disability. (1)** Significant at p<0.01. (2)* Significant at p<0.05.

Table 56. Distribution of Persons above Age 15 Reporting Depression or Anxiety Symptoms

Signs of Depression†		Yes		No		Total
		Number	% in Sign of Depression	Number	% in Sign of Depression	Number
Want to Stay Locked up Inside the House	Non-Disabled*	84	2.3**(1)	3614	97.7	3698
	Person with Disability	97	14.6**(1)	569	85.4	666
Feel Very Sad/Cry without a Specific Reason	Non-Disabled	235	6.4**(1)	3463	93.6	3698
	Person with Disability	280	42.0**(1)	386	58.0	666
Not Feel Hungry for Long Periods of Time	Non-Disabled	92	2.5**(1)	3606	97.5	3698
	Person with Disability	118	17.7**(1)	547	82.3	665
Feel Afraid for No Reason	Non-Disabled	98	2.7**(1)	3600	97.3	3698
	Person with Disability	144	21.6**(1)	522	78.4	666
Sit for a Long Time and Think	Non-Disabled	331	9.0**(1)	3367	91.0	3698
	Person with Disability	273	41.0**(1)	393	59.0	666
Want to Live Somewhere Else, Away from Family	Non-Disabled	53	1.4**(1)	3638	98.6	3691
	Person with Disability	101	15.2**(1)	565	84.8	666
Have Rapid Changes of Mood	Non-Disabled	105	2.8**(1)	3588	97.2	3693
	Person with Disability	215	32.4**(1)	449	67.6	664
Feel Oppressed for No Particular Reason	Non-Disabled	212	5.7**(1)	3486	94.3	3698
	Person with Disability	289	43.5**(1)	376	56.5	665
Feel Suffocated for No Particular Reason	Non-Disabled	325	8.8**(1)	3373	91.2	3698
	Person with Disability	341	51.2**(1)	325	48.8	666
Feel Angry and Resentful for No Particular Reason	Non-Disabled	115	3.1**(1)	3583	96.9	3698
	Person with Disability	183	27.5**(1)	483	72.5	666

Source: NDSA. *Note: †Questions asked only to persons aged above age 15. * Weighted by number of non-disabled members in the household above age 15.Test of Comparison of percentage for PwDs and NDs. (1)** Significant at p<0.01. (2)* Significant at p<0.05.

Table 57. Distribution of Persons with Disability above Age 15 Reporting Depression or Anxiety Signs by Main Types of Disability

Signs of Depression†		Yes		No		Total
		Number	% in Sign of Depression	Number	% in Sign of Depression	Number
Want to Stay Locked up Inside the House	Physical Disability	14	5.4**(1)	246	94.6	260
	Sensorial Disability	14	9.2**(1)	138	90.8	152
	Mental Disability	25	39.7**(1)	38	60.3	63
	Epilepsy/Seizures	34	25.2**(1)	101	74.8	135
	Associated Disabilities	10	18.2**(1)	45	81.8	55
Feel Very Sad/Cry without a Specific Reason	Physical Disability	65	25.0**(1)	195	75.0	260
	Sensorial Disability	38	25.0**(1)	114	75.0	152
	Mental Disability	47	74.6**(1)	16	25.4	63
	Epilepsy/Seizures	93	68.9**(1)	42	31.1	135
	Associated Disabilities	36	65.5**(1)	19	34.5	55
Not Feel Hungry for Long Periods of Time	Physical Disability	20	7.7**(1)	240	92.3	260
	Sensorial Disability	13	8.6**(1)	139	91.4	152
	Mental Disability	26	41.3**(1)	37	58.7	63
	Epilepsy/Seizures	39	29.1**(1)	95	70.9	134
	Associated Disabilities	20	36.4**(1)	35	63.6	55
Feel Afraid for No Reason	Physical Disability	16	6.2**(1)	244	93.8	260
	Sensorial Disability	15	9.9**(1)	137	90.1	152
	Mental Disability	27	42.9**(1)	36	57.1	63
	Epilepsy/Seizures	59	43.7**(1)	76	56.3	135
	Associated Disabilities	26	47.3**(1)	29	52.7	55
Sit for a Long Time and Think	Physical Disability	63	24.2**(1)	197	75.8	260
	Sensorial Disability	46	30.3**(1)	106	69.7	152
	Mental Disability	50	79.4**(1)	13	20.6	63
	Epilepsy/Seizures	76	56.3**(1)	59	43.7	135
	Associated Disabilities	38	69.1**(1)	17	30.9	55
Want to Live Somewhere Else, Away from Family	Physical Disability	13	5.0**(1)	247	95.0	260
	Sensorial Disability	9	5.9**(1)	143	94.1	152
	Mental Disability	33	52.4**(1)	30	47.6	63
	Epilepsy/Seizures	29	21.5**(1)	106	78.5	135
	Associated Disabilities	16	29.1**(1)	39	70.9	55
Have Rapid Changes of Mood	Physical Disability	24	9.2**(1)	236	90.8	260
	Sensorial Disability	27	17.8**(1)	125	82.2	152
	Mental Disability	39	62.9**(1)	23	37.1	62
	Epilepsy/Seizures	90	66.7**(1)	45	33.3	135
	Associated Disabilities	34	63.0**(1)	20	37.0	54
Feel Oppressed for No Particular Reason	Physical Disability	73	28.1**(1)	187	71.9	260
	Sensorial Disability	65	42.8**(1)	87	57.2	152
	Mental Disability	45	72.6**(1)	17	27.4	62
	Epilepsy/Seizures	69	51.1	66	48.9	135
	Associated Disabilities	36	65.5**(1)	19	34.5	55
Feel Suffocated for No Particular Reason	Physical Disability	84	32.3**(1)	176	67.7	260
	Sensorial Disability	65	42.8**(1)	87	57.2	152
	Mental Disability	49	77.8**(1)	14	22.2	63
	Epilepsy/Seizures	107	79.3**(1)	28	20.7	135
	Associated Disabilities	36	65.5**(1)	19	34.5	55
Feel Angry and Resentful for No Particular Reason	Physical Disability	27	10.4**(1)	233	89.6	260
	Sensorial Disability	15	9.9**(1)	137	80.1	152
	Mental Disability	44	69.8**(1)	19	30.2	63
	Epilepsy/Seizures	65	48.1**(1)	70	51.9	135
	Associated Disabilities	32	58.2**(1)	23	41.8	55

Source: NDSA. *Note: †Questions asked only to persons age above 15.Test of Comparison of percentage for persons with physical or sensorial disability compared to persons with mental disability, epilepsy or associated disabilities. (1)** Significant at p<0.001. (2)* Significant at p<0.05.

Table 58. Distribution of Persons with Disability above Age 15 Reporting Depression or Anxiety Signs by Gender

Signs of Depression†		Yes		No		Total
		Number	% in Sign of Depression	Number	% in Sign of Depression	Number
Want to Stay Locked up Inside the House	Males	43	10.7**(1)	358	89.3	401
	Females	54	20.5**(1)	210	79.5	264
Feel Very Sad/Cry Without a Specific Reason	Males	121	30.2**(1)	280	69.8	401
	Females	158	59.8**(1)	106	40.2	264
Not Feel Hungry for Long Periods of Time	Males	42	10.5**(1)	359	89.5	401
	Females	76	28.9**(1)	187	71.1	264
Feel Afraid for No Reason	Males	43	10.7**(1)	358	89.3	401
	Females	100	37.9**(1)	164	62.1	264
Sit for a Long Time and Think	Males	140	34.9**(1)	261	65.1	401
	Females	133	50.4**(1)	131	49.6	264
Want to Live Somewhere Else, Away from Family	Males	49	12.2*(2)	352	87.8	401
	Females	51	19.3*(2)	213	80.7	264
Have Rapid Changes of Mood	Males	90	22.6**(1)	309	77.4	401
	Females	124	47.0**(1)	140	53.0	264
Feel Oppressed for No Particular Reason	Males	144	36.0**(1)	256	64.0	401
	Females	144	54.5**(1)	120	45.5	264
Feel Suffocated for No Particular Reason	Males	156	38.9**(1)	245	61.1	401
	Females	185	70.1**(1)	79	29.9	264
Feel Angry and Resentful for No Particular Reason	Males	84	20.9**(1)	317	79.1	401
	Females	99	37.5**(1)	165	62.5	264

Source: NDSA. *Note: †Questions asked only to persons above age 15. Test of Comparison of percentage for males and females with disability. (1)** Significant at p<0.001. (2)* Significant at p<0.05.

Tables Related to Health Results Section 3

Tables Related to Dimension 1: Daily Autonomy

Table 59. Distribution of Persons with Disability and the Non-Disabled on Dimension 1 by Types of Disability

Dimension 1: Ability to Take Care of Oneself†		Physical Disability	Sensorial Disability	Mental Disability	Associated Disabilities	Epilepsy/ Seizures	Non-Disabled	Total
No Difficulty	Number	17538	62357	22734	11042	88989	20814896	21017556
	% in Category	8.0**(1)	44.9**(1)	43.2**(1)	20.2**(1)	81.1**(1)	92.1**(1)	90.7
Mild Difficulty	Number	96783	36375	13641	12341	17538	1750283	1926961
	% in Category	44.0**(1)	26.2**(1)	25.9**(1)	22.6**(1)	16.0**(1)	7.7**(1)	8.3
Severe Difficulty	Number	89638	25982	13641	17538	2598	38194	187591
	% in Category	40.7**(1)	18.7**(1)	25.9**(1)	32.1**(1)	2.4**(1)	0.2**(1)	0.8
Very Severe Difficulty†	Number	16239	14290	2598	13641	650	0	47418
	% in Category	7.4	10.3	4.9	25.0	0.6	0.0	0.2
Total	**Number**	**220198**	**139004**	**52614**	**54562**	**109775**	**22603373**	**23179526**

Source: NDSA. *Note: †Data presented above excludes respondents less than age 8. †Some Data should be interpreted with caution due to low numbers. (1) Test of comparison of proportion between PwDs and ND. ** Significant at p<0.01 * Significant at p<0.05.

Table 60. Distribution of Persons with Disability and the Non-Disabled on Dimension 1 by Urban Rural Settings

Disability †	Dimension 1: Ability to Take Care of Oneself		Urban	Rural	Total
Non-Disabled	No Difficulty	Number	5762047	15048303	20810350
		% in Category	92.3	92.0	92.1
	Mild Difficulty	Number	479499	1271433	1750932
		% in Category	7.7	7.8	7.7
	Severe Difficulty	Number	0	38194	38194
		% in Category	0.0	0.2	0.2
	Total	**Number**	**6241546**	**16357930**	**22599476**
Persons with Disability	No Difficulty	Number	56511	150696	207207
		% in Category	32.0	37.4	35.7
	Mild Difficulty	Number	55861	120167	176028
		% in Category	31.6	29.8	30.3
	Severe Difficulty	Number	43520	105877	149397
		% in Category	24.6	26.2	25.8
	Very Severe Difficulty	Number	20786	26632	47418
		% in Category	11.8**(1)	6.6**(1)	8.2
	Total	**Number**	**176678*(2)**	**403372*(2)**	**580050**

Source: NDSA. *Note: †Data presented above excludes respondents less than age 8. (1) Test of comparison of proportion between PwDs and ND Urban and Rural Areas. ** Significant at p<0.01 * Significant at p<0.05 (2) Test Chi 2 of Pearson of independence. ** Significant at p<0.01 * Significant at p<0.05. †Some Data should be interpreted with caution due to low numbers.

Table 61. Distribution of Persons with Disability and the Non-Disabled on Dimension 1 by Gender

Disability†	Dimension 1: Ability to Take Care of Oneself		Males	Females	Total
Non-Disabled†	No Difficulty	Number	11956825	8853525	20810350
		% in Category	92.7	91.2	92.1
	Mild Difficulty	Number	900019	850913	1750932
		% in Category	7.0	8.8	7.7
	Severe Difficulty	Number	38194	0	38194
		% in Category	0.3	0.0	0.2
	Total	**Number**	**12895038**	**9704438**	**22599476**
Persons with Disability	No Difficulty	Number	101980	105227	207207
		% in Category	29.3**(1)	45.3**(1)	35.7
	Mild Difficulty	Number	126013	50016	176029
		% in Category	36.3**(1)	21.5**(1)	30.3
	Severe Difficulty	Number	95484	53913	149397
		% in Category	27.5	23.2	25.8
	Very Severe Difficulty	Number	24033	23384	47417
		% in Category	6.9	10.1	8.2
	Total	**Number**	**347510**(2)**	**232540**(2)**	**580050**

Source: NDSA. *Note: †Data presented above excludes respondents less than age 8. †Some Data should be interpreted with caution due to low numbers. (1) Test of comparison of proportion between PwDs and ND by gender. ** Significant at p<0.01 * Significant at p<0.05 (2) Test Chi 2 of Pearson of independence. ** Significant at p<0.01 * Significant at p<0.05.

Tables Related to Dimension 2: Contributions within the Household

Table 62. Distribution of Persons with Disability and the Non-Disabled on Dimension 2 by Types of Disability

Dimension 2: Ability to Contribute inside the House*†		Physical Disability	Sensorial Disability	Mental Disability	Associated Disabilities	Epilepsy/ Seizures	Non-Disabled	Total
No Difficulty	Number	6496	21435	6496	3897	56511	10793217	10888052
	% in Category	7.4**(1)	28.9**(1)	25.0**(1)	11.1**(1)	63.5	67.2**(1)	66.5
Mild Difficulty	Number	8444	10393	3248	1949	12341	2542347	2578722
	% in Category	9.6*(1)	14.0	12.5	5.6*(1)	13.9	15.8*(1)	15.8
Severe Difficulty	Number	30529	8444	5846	3897	9094	2096624	2154434
	% in Category	34.8**(1)	11.4	22.5	11.1	10.2	13.1	13.2
Very Severe Difficulty	Number	42221	33777	10393	25333	11042	620322	743088
	% in Category	48.1**(1)	45.6**(1)	40.0**(1)	72.2**(1)	12.4**(1)	3.9**(1)	4.5
Total	**Number**	**87690**(2)	**74049**(2)	**25983**(2)	**35076**(2)	**88988**(2)	**16052510**(2)	**16364296**(2)

Source: NDSA. *Note: †Data presented above excludes respondents less than age 8. †Some Data should be interpreted with caution due to low numbers. (1) Test of comparison of proportion between each type of PwDs and ND. ** Significant at p<0.01 * Significant at p<0.05 (2) Test Chi 2 of Pearson of independence. ** Significant at p<0.01 * Significant at p<0.05.

Table 63. Distribution of Persons with Disability and the Non-Disabled on Dimension 2 by Urban-Rural Settings

Disability†	Dimension 2: Ability to Contribute Inside the House		Urban	Rural	Total
Non-Disabled	No Difficulty	Number	3174621	7618596	10793217
		% in Category	73.0	65.1	67.2
	Mild Difficulty	Number	633963	1908384	2542347
		% in Category	14.6	16.3	15.8
	Severe Difficulty	Number	449620	1647004	2096624
		% in Category	10.3	14.1	13.1
	Very Severe Difficulty	Number	90937	529385	620322
		% in Category	2.1	4.5	3.9
	Total	**Number**	**4349141**(2)	**11703369**(2)	**16052510**
Persons with Disability	No Difficulty	Number	22734	72100	94834
		% in Category	26.3	32.0	30.4
	Mild Difficulty	Number	10393	25982	36375
		% in Category	12.0	11.5	11.7
	Severe Difficulty	Number	17538	40272	57810
		% in Category	20.3	17.9	18.5
	Very Severe Difficulty	Number	35725	87040	122765
		% in Category	41.4	38.6	39.4
	Total	**Number**	**86390**(2)	**225394**(2)	**311784**

Source: NDSA. *Note: †Data presented above excludes respondents less than age 8. †Some Data should be interpreted with caution due to low numbers. (1) Test of comparison of proportion between PwDs and ND urban and rural areas. ** Significant at p<0.01 * Significant at p<0.05 (2) Test Chi 2 of Pearson of independence. ** Significant at p<0.01 * Significant at p<0.05.

Table 64. Distribution of Persons with Disability (Women and Children Aged 8-14) and the Non-Disabled on Dimension 2 by Gender

Disability†	Dimension 2: Ability to Contribute inside the House		Males	Females	Total
Non-Disabled	No Difficulty	Number	2855951	3123956	5979907
		% in Category	45.5**(1)	64.3**(1)	53.7
	Mild Difficulty	Number	1345612	1106057	2451669
		% in Category	21.4	22.8	22.0
	Severe Difficulty	Number	1547103	549521	2096624
		% in Category	24.6**(1)	11.3**(1)	18.8
	Very Severe Difficulty	Number	529255	80934	610189
		% in Category	8.4**(1)	1.7**(1)	5.5
	Total	**Number**	**6277921**(2)**	**4860468**(2)**	**11138389**
Persons with Disability	No Difficulty	Number	11692.0	12991.0	24683.0
		% in Category	14.8	22.2	17.9
	Mild Difficulty	Number	7795.0	7795.0	15590.0
		% in Category	9.8	13.3	11.3
	Severe Difficulty	Number	16239.0	16239.0	32478.0
		% in Category	20.5	27.8	23.6
	Very Severe Difficulty	Number	43520.0	21435.0	64955.0
		% in Category	54.9**(1)	36.7**(1)	47.2
	Total	**Number**	**79246*(2)**	**58460*(2)**	**137706**

Source: NDSA. *Note: †Data presented above excludes respondents less than age 8. †Some Data should be interpreted with caution due to low numbers. (1) Test of comparison of proportion between PwDs and ND by gender. ** Significant at p<0.01 * Significant at p<0.05 (2) Test Chi 2 of Pearson of independence. ** Significant at p<0.01 * Significant at p<0.05.

Tables Related to Dimension 3: Contributions outside the House

Table 65. Distribution of Persons with Disability and the Non-Disabled on Dimension 3 by Types of Disability

Dimension 3: Ability to Contribute Outside the House†		Physical Disability	Sensorial Disability	Mental Disability	Associated Disabilities	Epilepsy/ Seizures	Non-Disabled	Total
No Difficulty	Number	5846	34426	12341	4547	40922	14244677	14342759
	% in Category	2.6**(1)	25.0**(1)	23.7**(1)	8.3**(1)	37.3**(1)	63.4**(1)	62.3
Mild Difficulty	Number	18837	18837	7145	3248	23384	3777925	3849376
	% in Category	8.5**(1)	13.7	13.7	6.0**(1)	21.3	16.8**(1)	16.7
Severe Difficulty	Number	84442	37024	19487	14940	38324	4362002	4556219
	% in Category	38.2**(1)	26.9**(1)	37.5**(1)	27.4**(1)	34.9**(1)	19.4**(1)	19.8
Very Severe Difficulty	Number	111723	47417	12991	31828	7145	66124	277228
	% in Category	50.6**(1)	34.4**(1)	25.0**(1)	58.3**(1)	6.5**(1)	0.3**(1)	1.2
Total	**Number**	**220848**(2)**	**137704**(2)**	**51964**(2)**	**54563**(2)**	**109775**(2)**	**22450728**(2)**	**23025582**(2)**

Source: NDSA. *Note: †Data presented above excludes respondents less than age 8. (2) Test Chi 2 of Pearson of independence. ** Significant at p<0.01 * Significant at p<0.05.

Table 66. Distribution of Persons with Disability and the Non-Disabled on Dimension 3 by Urban-Rural Settings

Disability †	Dimension 3: Ability to Contribute Outside the House		Urban	Rural	Total
Non-Disabled	No Difficulty	Number	3776886	10463894	14240780
		% in Category	61.6	64.1	63.4
	Mild Difficulty	Number	1046558	2730717	3777275
		% in Category	17.1	16.7	16.8
	Severe Difficulty	Number	1300403	3062248	4362651
		% in Category	21.2	18.8	19.4
	Very Severe Difficulty†	Number	8444	57680	66124
		% in Category	0.1	0.4	0.3
	Total	**Number**	**6132291**	**16314539**	**22446830**
Persons with Disability	No Difficulty	Number	27281	74698	101979
		% in Category	15.6	18.5	17.6
	Mild Difficulty	Number	21435	50665	72100
		% in Category	12.2	12.6	12.5
	Severe Difficulty	Number	59759	133808	193567
		% in Category	34.1	33.2	33.4
	Very Severe Difficulty	Number	66904	144201	211105
		% in Category	38.1	35.7	36.5
	Total	**Number**	**175379**	**403372**	**578751**

Source: NDSA. *Note: † Data presented above excludes respondents less than age 8. †Some Data should be interpreted with caution due to low numbers. (1) Test of comparison of proportion between PwDs and ND urban and rural areas. ** Significant at p<0.01 * Significant at p<0.05 (2) Test Chi 2 of Pearson of independence. ** Significant at p<0.01 * Significant at p<0.05.

Table 67. Distribution of Persons with Disability and the Non-Disabled on Dimension 3 by Gender

Disability †	Dimension 3: Ability to Contribute Outside the House		Male	Female	Total
Non-Disabled	No Difficulty	Number	10313978	3926802	14240780
		% in Category	80.0**(1)	41.1**(1)	63.4
	Mild Difficulty	Number	1524888	2252387	3777275
		% in Category	11.8**(1)	23.6**(1)	16.8
	Severe Difficulty	Number	1022655	3339997	4362652
		% in Category	7.9**(1)	35.0**(1)	19.4
	Very Severe Difficulty†	Number	29100	37024	66124
		% in Category	0.2	0.4	0.3
	Total	**Number**	**12890621**(2)**	**9556210**(2)**	**22446831**(2)**
Persons with Disability	No Difficulty	Number	68853	33127	101980
		% in Category	19.8	14.4	17.6
	Mild Difficulty	Number	37674	34426	72100
		% in Category	10.8	14.9	12.5
	Severe Difficulty	Number	118218	75348	193566
		% in Category	34.0	32.7	33.4
	Very Severe Difficulty	Number	123415	87690	211105
		% in Category	35.4	38.0	36.5
	Total	**Number**	**348160**	**230591**	**578751**

Source: NDSA. *Note: †Data presented above excludes respondents less than age 8. †Some Data should be interpreted with caution due to low numbers. (1) Test of comparison of proportion between PwDs and ND by gender. ** Significant at p<0.01 * Significant at p<0.05 (2) Test Chi 2 of Pearson of independence. ** Significant at p<0.01 * Significant at p<0.05. .

Tables Related to Dimension 4: Communicating

Table 68. Distribution of Persons with Disability and the Non-Disabled on Dimension 4 by Types of Disability

Dimension 4: Ability to Communicate †		Physical Disability	Sensorial Disability	Mental Disability	Associated Disabilities	Epilepsy/ Seizures	Non-Disabled	Total
No Difficulty	Number	192917	2598	12991	12341	83143	23671237	23975227
	% in Category	83.0**(1)	1.7**(1)	23.0**(1)	19.8**(1)	70.7**(1)	93.5**(1)	92.5
Mild Difficulty	Number	25982	76647	17538	18187	23384	1301832	1463570
	% in Category	11.2**(1)	50.2**(1)	31.0**(1)	29.2**(1)	19.9**(1)	5.1**(1)	5.6
Severe Difficulty	Number	11042	45469	20136	24033	10393	180316	291389
	% in Category	4.7**(1)	29.8**(1)	35.6**(1)	38.5**(1)	8.8**(1)	0.7**(1)	1.1
Very Severe Difficulty	Number	2598	27931	5846	7795	650	149917	194737
	% in Category	1.1	18.3	10.3	12.5	0.6	0.6	0.8
Total	**Number**	**232539**(2)**	**152645**(2)**	**56511**(2)**	**62356**(2)**	**117570**(2)**	**25303302**(2)**	**25924923**(2)**

Source: NDSA. *Note: †Data presented above excludes respondents less than age 8. (2) Test Chi 2 of Pearson of independence. ** Significant at p<0.01 * Significant at p<0.05. †Some Data should be interpreted with caution due to low numbers.

Table 69. Distribution of Persons with Disability and the Non-Disabled on Dimension 4 by Urban-Rural Settings

Disability †	Dimension 4: Ability to Communicate		Urban	Rural	Total
Non-Disabled	No Difficulty	Number	6563204	17104785	23667989
		% in Category	91.1	94.5	93.6
	Mild Difficulty	Number	584987	716846	1301833
		% in Category	8.1	4.0	5.1
	Severe Difficulty	Number	20786	158880	179666
		% in Category	0.3	0.9	0.7
	Very Severe Difficulty†	Number	35725	114191	149916
		% in Category	0.5	0.6	0.6
	Total	**Number**	**7204702**	**18094702**	**25299404**
Persons with Disability	No Difficulty	Number	85741	221497	307238
		% in Category	45.7	50.6	49.1
	Mild Difficulty	Number	51964	109774	161738
		% in Category	27.7	25.1	25.9
	Severe Difficulty	Number	40922	70801	111723
		% in Category	21.8	16.2	17.9
	Very Severe Difficulty	Number	9094	35725	44819
		% in Category	4.8	8.2	7.2
	Total	**Number**	**187721*(2)**	**437797*(2)**	**625518**

Source: NDSA. *Note: † Data presented above excludes respondents less than age 8. †Some Data should be interpreted with caution due to low numbers. (1) Test of comparison of proportion between PwDs and ND urban and rural areas. ** Significant at p<0.01 * Significant at p<0.05 (2) Test Chi 2 of Pearson of independence. ** Significant at p<0.01 * Significant at p<0.05.

Table 70. Distribution of Persons with Disability and the Non-Disabled on Dimension 4 by Gender

Disability †	Dimension 4: Ability to Communicate		Males	Females	Total
Non-Disabled	No Difficulty	Number	13691259	9976730	23667989
		% in Category	94.5	92.2	93.6
	Mild Difficulty	Number	593691	708142	1301833
		% in Category	4.1	6.5	5.1
	Severe Difficulty	Number	52484	127182	179666
		% in Category	0.4	1.2	0.7
	Very Severe Difficulty†	Number	146019	3897	149916
		% in Category	1.0	0.0	0.6
	Total	**Number**	**14483453*(2)**	**10815951*(2)**	**25299404**
Persons with Disability	No Difficulty	Number	192267	114971	307238
		% in Category	51.7	45.4	49.1
	Mild Difficulty	Number	89638	72100	161738
		% in Category	24.1	28.5	25.9
	Severe Difficulty	Number	59109	52614	111723
		% in Category	15.9	20.8	17.9
	Very Severe Difficulty	Number	31178	13641	44819
		% in Category	8.4	5.4	7.2
	Total	**Number**	**372192*(2)**	**253326*(2)**	**625518**

Source: NDSA. *Note: †Data presented above excludes respondents less than age 8. †Some Data should be interpreted with caution due to low numbers. (1) Test of comparison of proportion between PwDs and ND by gender. ** Significant at p<0.01 * Significant at p<0.05 (2) Test Chi 2 of Pearson of independence. ** Significant at p<0.01 * Significant at p<0.05.

Tables Related to Dimension 5: Interacting, Having Social Relations

Table 71. Distribution of Persons with Disability and the Non-Disabled on Dimension 5 by Types of Disability

Dimension 5: Ability to Interact and Have Social Relations*†		Physical Disability	Sensorial Disability	Mental Disability	Associated Disabilities	Epilepsy/ Seizures	Non-Disabled	Total
No Difficulty	Number	166935	88339	7145	10393	48067	23715926	24036805
	% in Category	72.2**(1)	57.9**(1)	12.8**(1)	16.8**(1)	40.9**(1)	93.7**(1)	92.7
Mild Difficulty	Number	48716	50016	25333	27281	45469	1417453	1614268
	% in Category	21.1**(1)	32.8**(1)	45.3**(1)	44.2**(1)	38.7**(1)	5.6**(1)	6.2
Severe Difficulty	Number	13641	13641	16239	20136	22085	154334	240076
	% in Category	5.9**(1)	8.9**(1)	29.1**(1)	32.6**(1)	18.8**(1)	0.6**(1)	0.9
Very Severe Difficulty†	Number	1949	650	7145	3897	1949	12991	28581
	% in Category	0.8	0.4	12.8	6.3	1.7	0.1	0.1
Total	**Number**	**231241**(2)**	**152646**(2)**	**55862**(2)**	**61707**(2)**	**117570**(2)**	**25300704**(2)**	**25919730**(2)**

Source: NDSA. *Note: †Data presented above excludes respondents less than age 8. †Some Data should be interpreted with caution due to low numbers. (1) Test of comparison of proportion between types of PwDs and ND. ** Significant at p<0.01 * Significant at p<0.05 (2) Test Chi 2 of Pearson of independence. ** Significant at p<0.01 * Significant at p<0.05.

Table 72. Distribution of Persons with Disability and the Non-Disabled on Dimension 5 by Urban Rural Settings

Disability*	Dimension 5: Ability to Interact and Have Social Relations		Urban	Rural	Total
Non-Disabled	No Difficulty	Number	6427578	17285100	23712678
		% in Category	89.2**(1)	95.5	93.7
	Mild Difficulty	Number	731006	686447	1417453
		% in Category	10.1**(1)	3.8**(1)	5.6
	Severe Difficulty†	Number	34426	119907	154333
		% in Category	0.5	0.7	0.6
	Very Severe Difficulty†	Number	9094	3248	12342
		% in Category	0.1	0.0	0.0
	Total	**Number**	**7202104**(2)**	**18094702**(2)**	**25296806**
Persons with Disability	No Difficulty	Number	89638	234488	324126
		% in Category	48.1	53.7	52.0
	Mild Difficulty	Number	60408	136406	196814
		% in Category	32.4	31.3	31.6
	Severe Difficulty	Number	29879	55861	85740
		% in Category	16.0	12.8	13.8
	Very Severe Difficulty	Number	6496	9743	16239
		% in Category	3.5	2.2	2.6
	Total	**Number**	**186421**	**436498**	**622919**

Source: NDSA. *Note: †Data presented above excludes respondents less than age 8. †Some Data should be interpreted with caution due to low numbers. (1) Test of comparison of proportion between PwDs and ND urban and rural areas. ** Significant at p<0.01 * Significant at p<0.05 (2) Test Chi 2 of Pearson of independence. ** Significant at p<0.01 * Significant at p<0.05.

Table 73. Distribution of Persons with Disability and the Non-Disabled on Dimension 5 by Gender

Disability†	Dimension 5: Ability to Interact and Have Social Relations		Males	Females	Total
Non-Disabled	No Difficulty	Number	13769075	9943603	23712678
		% in Category	95.1	92.0	93.7
	Mild Difficulty	Number	608890	808562	1417452
		% in Category	4.2	7.5	5.6
	Severe Difficulty†	Number	102239	52094	154333
		% in Category	0.7	0.5	0.6
	Very Severe Difficulty	Number	3248	9094	12342
		% in Category	0.0	0.1	0.0
	Total	**Number**	**14483452**	**10813353**	**25296805**
Persons with Disability	No Difficulty	Number	220198	103928	324126
		% in Category	59.5**(1)	41.1**(1)	52.0
	Mild Difficulty	Number	101330	95484	196814
		% in Category	27.4**(1)	37.8**(1)	31.6
	Severe Difficulty	Number	42870	42870	85740
		% in Category	11.6*(1)	17.0*(1)	13.8
	Very Severe Difficulty	Number	5846	10393	16239
		% in Category	1.6*(1)	4.1*(1)	2.6
	Total	**Number**	**370244**(2)**	**252675**(2)**	**622919**

Source: NDSA. *Note: †Data presented above excludes respondents less than age 8. †Some Data should be interpreted with caution due to low numbers. (1) Test of comparison of proportion between PwDs and ND by gender. ** Significant at p<0.01 * Significant at p<0.05 (2) Test Chi 2 of Pearson of independence. ** Significant at p<0.01 * Significant at p<0.05. .

Tables Related to Dimensions 6: Remembering and Memorising

Table 74. Distribution of Persons with Disability and the Non-Disabled on Dimension 6 by Types of Disability

Dimension6: Memorisation Abilities *†		Physical Disability	Sensorial Disability	Mental Disability	Associated Disabilities	Epilepsy/ Seizures	Non-Disabled	Total
No Difficulty	Number	115620	35725	5196	5846	31178	10208360	10401925
	% in Category	68.5**(1)	36.2**(1)	12.7**(1)	16.4**(1)	35.6**(1)	90.7**(1)	89.0
Mild Difficulty	Number	22085	18187	3897	6496	15589	546013	612267
	% in Category	13.1**(1)	18.4**(1)	9.5**(1)	18.2**(1)	17.8**(1)	4.8**(1)	5.2
Severe Difficulty	Number	12991	18187	7795	6496	20786	284504	350759
	% in Category	7.7**(1)	18.4**(1)	19.0**(1)	18.2**(1)	23.7**(1)	2.5**(1)	3.0
Very Severe Difficulty	Number	18187	26632	24033	16888	20136	219159	325035
	% in Category	10.8**(1)	27.0**(1)	58.7**(1)	47.3**(1)	23.0**(1)	1.9**(1)	2.8
Total	**Number**	**168883**(2)**	**98731**(2)**	**40921**(2)**	**35726**(2)**	**87689**(2)**	**11258036**(2)**	**11689986**(2)**

Source: NDSA. *Note: †Data presented above excludes respondents less than age 8. †Some Data should be interpreted with caution due to low numbers. (1)Test of comparison of proportion between types of PwDs and ND. ** Significant at p<0.01 * Significant at p<0.05 (2)Test Chi 2 of Pearson of independence. ** Significant at p<0.01 * Significant at p<0.05.

Table 75. Distribution of Persons with Disability and the Non-Disabled on Dimension 6 by Urban-Rural Setting

Disability †	Dimension6: Memorisation Abilities		Urban	Rural	Total
Non-Disabled	No Difficulty	Number	3111095	7094018	10205113
		% in Category	88.6	91.6	90.7
	Mild Difficulty	Number	219419	326595	546014
		% in Category	6.2	4.2	4.9
	Severe Difficulty†	Number	125364	159140	284504
		% in Category	3.6	2.1	2.5
	Very Severe Difficulty†	Number	55602	162908	218510
		% in Category	1.6	2.1	1.9
	Total	**Number**	**3511480*(2)**	**7742661*(2)**	**11254141**
Persons with Disability	No Difficulty	Number	61707	135107	196814
		% in Category	45.9	44.8	45.2
	Mild Difficulty	Number	24683	41571	66254
		% in Category	18.4	13.8	15.2
	Severe Difficulty	Number	12991	53263	66254
		% in Category	9.7**(1)	17.7**(1)	15.2
	Very Severe Difficulty	Number	35076	71451	106527
		% in Category	26.1	23.7	24.4
	Total	**Number**	**134457*(2)**	**301392*(2)**	**435849**

Source: NDSA. *Note: †Data presented above excludes respondents less than age 8. †Some Data should be interpreted with caution due to low numbers. (1)Test of comparison of proportion between PwDs and ND urban and rural areas. ** Significant at p<0.01 * Significant at p<0.05 (2)Test Chi 2 of Pearson of independence. ** Significant at p<0.01 * Significant at p<0.05.

Table 76. Distribution of Persons with Disability and the Non-Disabled on Dimension 6 by Gender

Disability†	Dimension6: Memorisation Abilities		Males	Females	Total
Non-Disabled	No Difficulty	Number	6071363	4133749	10205112
		% in Category	91.7	89.2	90.7
	Mild Difficulty	Number	275150	270863	546013
		% in Category	4.2	5.8	4.9
	Severe Difficulty	Number	183823	100681	284504
		% in Category	2.8	2.2	2.5
	Very Severe Difficulty†	Number	87819	130690	218509
		% in Category	1.3	2.8	1.9
	Total	**Number**	**6618155**	**4635983**	**11254138**
Persons with Disability	No Difficulty	Number	137705	59109	196814
		% in Category	51.8**(1)	34.7**(1)	45.2
	Mild Difficulty	Number	35725	30529	66254
		% in Category	13.4	17.9	15.2
	Severe Difficulty	Number	33127	33127	66254
		% in Category	12.5**(1)	19.5**(1)	15.2
	Very Severe Difficulty	Number	59109	47417	106526
		% in Category	22.2	27.9	24.4
	Total	**Number**	**265666**(2)**	**170182**(2)**	**435848**

Source: NDSA. *Note: †Data presented above excludes respondents less than age 8. †Some Data should be interpreted with caution due to low numbers. (1) Test of comparison of proportion between PwDs and ND by gender. ** Significant at p<0.01 * Significant at p<0.05 (2) Test Chi 2 of Pearson of independence. ** Significant at p<0.01 * Significant at p<0.05. .

Tables Related to Dimension 7: Positive Individual Behaviour

Table 77. Distribution of Persons with Disability and the Non-Disabled on Dimension 7 by Types of Disability

Dimension 7: Individual Behaviour †		Physical Disability	Sensorial Disability	Mental Disability	Associated Disabilities	Epilepsy/ Seizures	Non-Disabled	Total
No Difficulty	Number	154593	108475	13641	12341	4547	24075128	24368725
	% in Category	66.9**(1)	71.4**(1)	24.1**(1)	20.0**(1)	3.9**(1)	95.2**(1)	94.1
Mild Difficulty	Number	74049	41571	34426	38973	92236	1185692	1466947
	% in Category	32.0**(1)	27.4**(1)	60.9**(1)	63.2**(1)	78.5**(1)	4.7**(1)	5.7
Severe Difficulty	Number	1949	1949	5196	8444	18187	5196	40921
	% in Category	0.8	1.3	9.2	13.7	15.5	0.0	0.2
Very Severe Difficulty	Number	650	0	3248	1949	2598	12341	20786
	% in Category	0.3	0.0	5.7	3.2	2.2	0.0	0.1
Total	**Number**	**231241**(2)**	**151995**(2)**	**56511**(2)**	**61707**(2)**	**117568**(2)**	**25278357**(2)**	**25897379**(2)**

Source: NDSA. *Note: †Data presented above excludes respondents less than age 8. †Some Data should be interpreted with caution due to low numbers. (1) Test of comparison of proportion between types of PwDs and ND. ** Significant at p<0.01 * Significant at p<0.05 (2) Test Chi 2 of Pearson of independence. ** Significant at p<0.01 * Significant at p<0.05.

Table 78. Distribution of Persons with Disability and the Non-Disabled on Dimension 7 by Urban-Rural Settings

Disability †	Dimension7: Individual Behaviour		Urban	Rural	Total
Non-Disabled	No Difficulty	Number	6662456	17409425	24071881
		% in Category	92.8*(1)	96.2*(1)	95.2
	Mild Difficulty	Number	503013	682030	1185043
		% in Category	7.0*(1)	3.8*(1)	4.7
	Severe Difficulty	Number	5196	0	5196
		% in Category	0.1	0.0	0.0
	Very Severe Difficulty	Number	9094	3248	12342
		% in Category	0.1	0.0	0.0
	Total	**Number**	**7179759.0*(2)**	**18094703.0*(2)**	**25274462.0**
Persons with Disability	No Difficulty	Number	85091.0	211754.0	296845.0
		% in Category	45.8	48.4	47.7
	Mild Difficulty	Number	88339.0	193567.0	281906.0
		% in Category	47.6	44.3	45.3
	Severe Difficulty	Number	8444.0	27281.0	35725.0
		% in Category	4.5	6.2	5.7
	Very Severe Difficulty	Number	3897	4547	8444
		% in Category	2.1	1.0	1.4
	Total	**Number**	**185771**	**437149**	**622920**

Source: NDSA. *Note: †Data presented above excludes respondents less than age 8. †Some Data should be interpreted with caution due to low numbers. (1) Test of comparison of proportion between PwDs and ND urban and rural areas. ** Significant at p<0.01 * Significant at p<0.05 (2) Test Chi 2 of Pearson of independence. ** Significant at p<0.01 * Significant at p<0.05.

Table 79. Distribution of Persons with Disability and the Non-Disabled on Dimension 7 by Gender

Disability †	Dimension7: Individual Behaviour		Males	Females	Total
Non-Disabled	No Difficulty	Number	13914185.0	10157695.0	24071880.0
		% in Category	96.2*(1)	93.9*(1)	95.2
	Mild Difficulty	Number	541077.0	643966.0	1185043.0
		% in Category	3.7*(1)	6.0*(1)	4.7
	Severe Difficulty	Number	2598.0	2598.0	5196.0
		% in Category	0.0	0.0	0.0
	Very Severe Difficulty†	Number	3248	9094	12342
		% in Category	0.0	0.1	0.0
	Total	**Number**	**14461108**	**10813353**	**25274461**
Persons with Disability	No Difficulty	Number	215002	81844	296846
		% in Category	58.2**(1)	32.3**(1)	47.7
	Mild Difficulty	Number	140953	140953	281906
		% in Category	38.1**(1)	55.6**(1)	45.3
	Severe Difficulty	Number	10393	25333	35726
		% in Category	2.8**(1)	10.0**(1)	5.7
	Very Severe Difficulty	Number	3248	5196	8444
		% in Category	0.9*(1)	2.1*(1)	1.4
	Total	**Number**	**369596**(2)**	**253326**(2)**	**622922**

Source: NDSA. *Note: †Data presented above excludes respondents less than age 8. †Some Data should be interpreted with caution due to low numbers. (1) Test of comparison of proportion between PwDs and ND by gender. ** Significant at p<0.01 * Significant at p<0.05 (2) Test Chi 2 of Pearson of independence. ** Significant at p<0.01 * Significant at p<0.05. .

Tables Related to Dimension 8: Absence of Signs of Depression/Anxiety and Psychological Problems

Table 80. Distribution of Persons with Disability and the Non-Disabled on Dimension 8 by Types of Disability

Dimension 8: Absence of Signs of Depression/Anxiety and Psychological Problems*†		Physical Disability	Sensorial Disability	Mental Disability	Associated Disabilities	Epilepsy/ Seizures	Non-Disabled	Total
No Difficulty	Number	83792	27931	1949	3248	7795	9081517	9206232
	% in Category	49.6**(1)	28.3**(1)	4.9**(1)	9.3**(1)	9.0**(1)	80.9**(1)	79.0
Mild Difficulty	Number	41571	41571	1299	3897	14290	1395628	1498256
	% in Category	24.6**(1)	42.1**(1)	3.3	11.1	16.4	12.4	12.8
Severe Difficulty	Number	35076	25333	18187	14940	36375	670987	800898
	% in Category	20.8**(1)	25.7**(1)	45.9**(1)	42.6**(1)	41.8**(1)	6.0**(1)	6.9
Very Severe Difficulty	Number	8444	3897	18187	12991	28580	82753	154852
	% in Category	5.0**(1)	3.9**(1)	45.9**(1)	37.0**(1)	32.8**(1)	0.7**(1)	1.3
Total	**Number**	**168883**(2)	**98732**(2)	**39622**(2)	**35076**(2)	**87040**(2)	**11230885**(2)	**11660238**(2)

Source: NDSA. *Note: †Data presented above excludes respondents less than age 8. (1) Test of comparison of proportion between types of PwDs and ND. ** Significant at p<0.01 * Significant at p<0.05 (2) Test Chi 2 of Pearson of independence. ** Significant at p<0.01 * Significant at p<0.05. †Some Data should be interpreted with caution due to low numbers.

Table 81. Distribution of Persons with Disability and the Non-Disabled on Dimension 8 by Urban-Rural Setting

Disability†	Dimension 8: Absence of Signs of Depression/ Anxiety and Psychological Problems*†		Urban	Rural	Total
Non-Disabled	No Difficulty	Number	2720064	6362103	9082167
		% in Category	78.1	82.2	80.9
	Mild Difficulty	Number	390771	1000960	1391731
		% in Category	11.2	12.9	12.4
	Severe Difficulty	Number	355305	315033	670338
		% in Category	10.2**(1)	4.1**(1)	6.0
	Very Severe Difficulty†	Number	18187	64565	82752
		% in Category	0.5	0.8	0.7
	Total	**Number**	**3484327**	**7742661**	**11226988**
Persons with Disability	No Difficulty	Number	39623	84442	124065
		% in Category	29.9	28.1	28.6
	Mild Difficulty	Number	33127	73399	106526
		% in Category	25.0	24.4	24.6
	Severe Difficulty	Number	40922	89638	130560
		% in Category	30.9	29.8	30.1
	Very Severe Difficulty	Number	18837	53263	72100
		% in Category	14.2	17.7	16.6
	Total	**Number**	**132509**	**300742**	**433251**

Source: NDSA. *Note: † Data presented above excludes respondents less than age 8. †Some Data should be interpreted with caution due to low numbers. (1) Test of comparison of proportion between PwDs and ND urban and rural areas. ** Significant at p<0.01 * Significant at p<0.05 (2) Test Chi 2 of Pearson of independence. ** Significant at p<0.01 * Significant at p<0.05.

Table 82. Distribution of Persons with Disability and the Non-Disabled on Dimension 8 by Gender

Disability †	Dimension 8: Absence of Signs of Depression/Anxiety and Psychological Problems*†		Males	Females	Total
Non-Disabled	No Difficulty	Number	5462733	3619434	9082167
		% in Category	82.6	78.5	80.9
	Mild Difficulty	Number	797520	594210	1391730
		% in Category	12.1	12.9	12.4
	Severe Difficulty†	Number	311006	359332	670338
		% in Category	4.7	7.8	6.0
	Very Severe Difficulty†	Number	44299	38453	82752
		% in Category	0.7	0.8	0.7
	Total	**Number**	**6615558**(2)**	**4611429**(2)**	**11226987**
Persons with Disability	No Difficulty	Number	100031	24033	124064
		% in Category	37.9**(1)	14.2**(1)	28.6
	Mild Difficulty	Number	70152	36375	106527
		% in Category	26.6	21.5	24.6
	Severe Difficulty	Number	68853	61707	130560
		% in Category	26.1*(1)	36.4*(1)	30.1
	Very Severe Difficulty	Number	24683	47417	72100
		% in Category	9.4**(1)	28.0**(1)	16.6
	Total	**Number**	**263719**(2)**	**169532**(2)**	**433251**

Source: NDSA. *Note: †Data presented above excludes respondents less than age 8. †Some Data should be interpreted with caution due to low numbers. (1) Test of comparison of proportion between PwDs and ND by gender. ** Significant at p<0.01 * Significant at p<0.05 (2) Test Chi 2 of Pearson of independence. ** Significant at p<0.01 * Significant at p<0.05. .

Tables Related to Health Results Section 4

Table 83. Types of Health Services Available according to Persons with and without Disability

Type of Health Service		Considered Available	
		Number	% in Service Category
Health Centre	Non-Disabled	944	54.3
	Persons with Disability	488	51.0
Hospital	Non-Disabled	530	30.5
	Persons with Disability	310	32.4
Physiotherapy and/or Orthopedic Centre	Non-Disabled	0	0
	Persons with Disability	17	1.8
Private Clinic/ Doctor	Non-Disabled	1166	67.1
	Persons with Disability	653	68.3
Pharmacy/Chemist	Non-Disabled	265	15.2
	Persons with Disability	180	18.8
Female Health Professional Available	Non-Disabled	9	0.5
	Persons with Disability	5	0.5
Other	Non-Disabled	4	0.2
	Persons with Disability	5	0.5
Total	**Non-Disabled**	**1739**	**100.0**
	Persons with Disability	**956**	**100.0**

Source NDSA. Note: 815 respondents, who provided a FIRST response, did not provide a SECOND response. Both first and second answers considered together.

Table 84. Types of Health Services Found the Most Useful according to Persons with and without Disability

Type of Health Services		FIRST response		SECOND response	
		Number	% in service category	Number	% in service category
Health Centre	Non-Disabled	684	39.4	116	10.9
	Persons with Disability	347	36.2	52	9.0
Hospital	Non-Disabled	545	31.4	445	41.9
	Persons with Disability	323	33.7	239	41.3
Physiotherapy and/or Orthopedic Centre	Non-Disabled	3	0.2	3	0.3
	Persons with Disability	16	1.7	24	4.2
Private Clinic/ Doctor	Non-Disabled	459	26.4	369	34.7
	Persons with Disability	244	25.5	193	33.4
Pharmacy/Chemist	Non-Disabled	37	2.1	128	12.1
	Persons with Disability	15	1.6	70	12.1
Female Health Professional Available †	Non-Disabled	7	0.4	0	0.0
	Persons with Disability	8	0.8	0	0.0
Don't Know	Non-Disabled	3	0.2	1	0.1
	Persons with Disability	5	0.5	0	0.0
Total	**Non-Disabled**	**1738**	**100.0**	**1062**	**100.0**
	Persons with Disability	**958**	**100.0**	**578**	**100.0**

Source: NDSA. Note: 1056 respondents, who provided a FIRST response, did not provide a second one. † Only considered in Adult questionnaire.

Table 85. Type of Health Service Used in a Year for both Persons with and without Disability

Type of Health Service	First Response		Second Response		Third Response		Fourth Response		Fifth Response		Sixth Response	
	Number	% in Health Service	Number	% in Health Service	Number	% in Health Service	Number	% in Health Service	Number	% in Health Service	Number	% in Health Service
Health Center	335	18.4	139	14.3	58	15.0	10	8.6	4	9.3	2	12.5
Hospital	255	14.0	115	11.8	36	9.3	11	9.4	1	2.3	1	6.3
Physiotherapy/ Orthopedic Center	20	1.1	9	0.9	1	0.3	0	0.0	1	2.3	3	18.8
Private Clinic/ Doctor	1045	57.3	517	53.1	163	42.2	40	34.2	9	20.9	1	6.3
Pharmacy/ Chemist	42	2.3	27	2.8	6	1.6	4	3.4	2	4.7	0	0.0
Bonesetter	9	0.5	9	0.9	6	1.6	4	3.4	3	7.0	0	0.0
Tibbi Unani	11	0.6	10	1.0	9	2.3	8	6.8	3	7.0	0	0.0
Mullah	85	4.7	105	10.8	76	19.7	32	27.4	11	25.6	7	43.8
Other Spiritual Leader	3	0.2	5	0.5	1	0.3	0	0.0	2	4.7	0	0.0
Pilgrimage/ Prayer	13	0.7	34	3.5	26	6.7	7	6.0	5	11.6	2	12.5
Traditional Healer	1	0.1	1	0.1	2	0.5	0	0.0	0	0.0	0	0.0
Other	1	0.1	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Don't Know	4	0.2	2	0.2	2	0.5	1	0.9	2	4.7	0	0.0
Total	**1824**	**100**	**973**	**100**	**386**	**100**	**117**	**100**	**43**	**100**	**16**	**100**

Source: NDSA. † Note: there is no double count: if the same person went 2 or more times, it is considered as used and counted once in the response. People quote services going back in time starting with the most recent visit.

Table 86. Number of Visits to Health Services in one Year according to Persons with and without Disability

Times Used Health Facility		Person with Disability	Non-Disabled
Not Used	Number	218	677
	% in Time Used Health Facility	22.8	38.9
Once	Number	235	542
	% in Time Used Health Facility	24.6	31.2
Twice	Number	255	332
	% in Time Used Health Facility	26.7	19.1
3 Times	Number	122	104
	% in Time Used Health Facility	12.8	6.0
4 Times or More	Number	112	52
	% in Time Used Health Facility	11.7	3.0
Don't Know	Number	13	33
	% in Time Used Health Facility	1.3	1.9
Total	**Number**	**955**	**1740**

Source: NDSA.

Table 87. Duration Since the Last Visit to any Health Service

Duration		Person with Disability	Non-Disabled	Total
Not Gone in 1 Year	Number	122116	9682743	9804859
	% in Duration	19.6**(1)	38.3**(1)	37.8
1 Month	Number	107826	3248020	3355846
	% in Duration	17.3**(1)	12.8**(1)	12.9
2 to 3 Months	Number	108475	3754021	3862496
	% in Duration	17.4	14.8	14.9
4 to 6 Months	Number	98082	3359743	3457825
	% in Duration	15.8	13.3	13.3
More than 6 Months	Number	172131	4927632	5099763
	% in Duration	27.7**(1)	19.5**(1)	19.7
Don't Know	Number	13641	325556	339197
	% in Duration	2.2	1.3	1.3
Total	**Number**	**622271**(2)**	**25297715**(2)**	**25919986**

Source: NDSA. (1) Test of comparison of proportion between PwDs and ND. ** Significant at p<0.01 * Significant at p<0.05 (2) Test Chi 2 of Pearson of independence. ** Significant at p<0.01 * Significant at p<0.05. .

Table 88. Time Estimates to the Closest Health Facility according to Persons with and without Disability

Time to go to Health Facility		Person with Disability	Non-Disabled
Less Than 10 Mins	Number	59759	3058091
	% in Time	9.6	12.1
10 to 20 Mins	Number	103928	4350700
	% in Time	16.7	17.2
20 to 30 Mins	Number	124714	5535353
	% in Time	20.0	21.9
30 Mins to 1h	Number	137055	5305671
	% in Time	22.0	21.0
1h to 2h	Number	95484	3475104
	% in Time	15.3	13.7
2h and More	Number	90937	3405731
	% in Time	14.6	13.5
Don't Know	Number	10393	145500
	% in Time	1.7	0.6
Total	**Number**	**622270**	**25289271**

Source: NDSA. (1) Test of comparison of proportion between PwDs and ND. ** Significant at p<0.01 * Significant at p<0.05 (2) Test Chi 2 of Pearson of independence. ** Significant at p<0.01 * Significant at p<0.05. .

Table 89. Distribution of Persons with and without Disability Using Different Means of Transportation to the Closest Health Facility

Means of Transportation		Person with Disability	Non-Disabled	Total
By Foot	Number	278008	13067948	13345956
	% in Mean of Transportation	44.7**(1)	51.7**(1)	51.5
By Motorized Vehicle	Number	237087	8748167	8985254
	% in Mean of Transportation	38.1*(1)	34.6*(1)	34.7
By Bicycle	Number	5846	177717	183563
	% in Mean of Transportation	0.9	0.7	0.7
On an Animal	Number	92236	3145001	3237237
	% in Mean of Transportation	14.8	12.4	12.5
Other	Number	9095	135367	144462
	% in Mean of Transportation	1.5	0.5	0.6
Total	**Number**	**622272**** (2)	**25274200**** (2)	**25896472**

Source: NDSA. (1) Test of comparison of proportion between PwDs and ND. ** Significant at p<0.01 * Significant at p<0.05 (2) Test Chi 2 of Pearson of independence. ** Significant at p<0.01 * Significant at p<0.05. .

Table 90. Types of Difficulties Encountered During the Visits to Health Services

Types of Difficulties		Persons with Disability	Non-Disabled
No Money	Number	300	263
	% in Type of Difficulty	25.1	19.0
No Food	Number	28	12
	% in Type of Difficulty	2.3	0.9
No Transportation	Number	239	291
	% in Type of Difficulty	20.0	21.1
No one Would Come with Me	Number	40	16
	% in Type of Difficulty	3.3	1.2
No Medication Available	Number	48	58
	% in Type of Difficulty	4.0	4.2
No Doctor or Other Staff Available	Number	26	29
	% in Type of Difficulty	2.18	2.10
Bad Attitude of Staff	Number	31	31
	% in Type of Difficulty	2.6	2.2
Equipment Given Useless	Number	9	6
	% in Type of Difficulty	0.8	0.4
Other Difficulty	Number	30	25
	% in Type of Difficulty	2.5	1.8
No Difficulty Faced	Number	444	651
	% in Type of Difficulty	37.2	47.1
Total	**Number**	**1195**	**1382**

Source: NDSA. Note: People could have up to 3 difficulties by visit. Only no difficulty is counted once by visit.

Table 91. Distribution of Persons with Disability and the Non-Disabled according to the Types of Health Expenses

Types of Health Expenses		Persons with Disability	Non-Disabled	Total
Fees, Donation	Number	494	687	1181
	% in Type of Expense	51,6**(1)	39,5**(1)	43,8
Medication	Number	665	957	1622
	% in Type of Expense	69,4**(1)	55,0**(1)	60,1
Medical Tests	Number	142	193	335
	% in Type of Expense	14,8	11,1	12,4
Food	Number	156	166	322
	% in Type of Expense	16,3**(1)	9,5**(1)	11,9
Transportation	Number	434	448	882
	% in Type of Expense	45,3**(1)	25,8**(1)	32,7
Amulets (Taweez), Other Ritual	Number	151	107	258
	% in Type of Expense	15,8**(1)	6,2**(1)	9,6
Care Taker	Number	4	1	5
	% in Type of Expense	0,4	0,1	0,2
Equipment (Crutches, Devices...)	Number	6	6	12
	% in Type of Expense	0,6	0,3	0,4
Other	Number	11	5	16
	% in Type of Expense	1,1	0,3	0,6
Total	**Number**	**2063**	**2570**	**4633**

Source: NDSA. Expenses are considered by types. One person did or did not have the type of expense. (1) Test of comparison of proportion between PwDs and ND. ** Significant at p<0.01 * Significant at p<0.05 (2) Test Chi 2 of Pearson of independence. ** Significant at p<0.01 * Significant at p<0.05. .

Table 92. Shares of Expenses for the Visits on One Year to all Health Services

Types of Health Expenses	Number	% of Expenses	Average Amount All (in AFAs)	Average Amount PwD (in AFAs)	Average Amount ND (in AFAs)
Fees, Donation	1820	25.1	84.3	287.0	77.9
Medication	2630	36.2	865.1	2125.4	825.7
Medical Tests	434	6.0	68.9	256.3	63.0
Food	440	6.1	61.3	363.7	51.8
Transportation	1455	20.0	171.7	667.8	156.3
Amulets (Taweez), Other Ritual	326	4.5	54.4	197.9	49.9
Care Taker	5	0.1	0.4	9.6	0.1
Equipment (Crutches, Devices...)	18	0.3	1.3	1.4	1.3
Other	19	0.3	16.8	7.3	17.1
Don't Know	492	6.8	NA	NA	NA
Total	**7265**	**100.0**	**147.1**	**435.2**	**138.1**

Source: NDSA. Note: All the expenses are counted. The persons who did not go to Health services are not considered.

Table 93. Proportion of Persons with Disability and the Non-Disabled according to Health Expenses during the Last Year

Total Cost of Health Expenses		Persons with Disability	Non-Disabled	Total
No Expenses	Number	125364	9784463	9909827
	% in Level of Expense	20.1**(1)	38.7**(1)	38.2
Less than 200 AFAs	Number	47417	2019977	2067394
	% in Level of Expense	7.6	8.0	8.0
201 to 625 AFAs	Number	85741	5535093	5620834
	% in Level of Expense	13.8**(1)	21.9**(1)	21.7
626 to 4165 AFAs	Number	245531	6773919	7019450
	% in Level of Expense	39.5**(1)	26.8**(1)	27.1
4166 to 213000 AFAs	Number	110424	942760	1053184
	% in Level of Expense	17.7**(1)	3.7**(1)	4.1
Don't Know	Number	7795	258782	266577
	% in Level of Expense	1.3	1.0	1.0
Total	**Number**	**622272**(2)**	**25314994**(2)**	**25937266**

Source: NDSA. (1) Test of comparison of proportion between PwDs and ND. ** Significant at p<0.01 * Significant at p<0.05 (2) Test Chi 2 of Pearson of independence. ** Significant at p<0.01 * Significant at p<0.05. .

Table 94. Traditional or Religious Cures Tried During the Last Year

Traditional or Religious Cures		Persons with Disability	Non-Disabled	Total
Bonesetter	Number	17	13	30
	% in Type of Cure	1.8**(1)	0.7**(1)	1.1
Tibbi Unani	Number	25	18	43
	% in Type of Cure	2.6	1	1.6
Mullah	Number	165	111	276
	% in Type of Cure	17.3**(1)	6.4**(1)	10.2
Other Spiritual Leader/Old Woman	Number	12	3	15
	% in Type of Cure	1.3**(1)	0.2**(1)	0.6
Pilgrimmage/Prayer	Number	75	33	108
	% in Type of Cure	7.9**(1)	1.9**(1)	4.0
Traditional Healer Who Uses Magic	Number	4	1	5
	% in Type of Cure	0.4	0.1	0.2
No Traditional or Religious Cure Used	Number	706	1567	2273
	% in Type of Cure	73.9**(1)	90.2**(1)	84.4
Total	**Number**	**955**	**1738**	**2693**

Source: NDSA. (1) Test of comparison of proportion between PwDs and ND. ** Significant at p<0.01 * Significant at p<0.05 (2) Test Chi 2 of Pearson of independence. ** Significant at p<0.01 * Significant at p<0.05. .

Table 95. Type of Health Service Used in a Year

Type of Health Service†		Person with Disability		Non-Disabled	
		Not Used	Used	Not Used	Used
Health Center	Number	787	167	1486	257
	% in Category of PwDs / NDs	82,5	17,5	85,3	14,7
Hospital	Number	783	171	1579	164
	% in Category of PwDs / NDs	82,1	17,9	90,6	9,4
Physiotherapy/Orthopedic Center	Number	936	18	1734	9
	% in Category of PwDs / NDs	98,1	1,9	99,5	0,5
Private Clinic/Doctor	Number	457	497	1050	693
	% in Category of PwDs / NDs	47,9	52,1	60,2	39,8
Pharmacy/Chemist	Number	918	36	1710	33
	% in Category of PwDs / NDs	96,2	3.8	98,1	1,9
Bonesetter	Number	938	16	1733	10
	% in Category of PwDs / NDs	98,3	1,7	99,4	0,6
Tibbi Unani	Number	935	19	1724	19
	% in Category of PwDs / NDs	98,0	2,0	98,9	1,1
Mullah	Number	801	153	1643	100
	% in Category of PwDs / NDs	84,0	16,0	94,3	5,7
Other Spiritual Leader/Old Woman	Number	946	8	1742	1
	% in Category of PwDs / NDs	99,2	0,8	99,9	0,1
Pilgrimage/Prayer	Number	894	60	1718	25
	% in Category of PwDs / NDs	93,7	6,3	98,6	1,4
Traditional Healer Who Uses Magic	Number	951	3	1742	1
	% in Category of PwDs / NDs	99,7	0,3	99,9	0,1
Other	Number	953	1	1743	0
	% in Category of PwDs / NDs	99,9	0,1	100,0	0,0

Source: NDSA. † Note: there is no double count: if the same person went 2 or more times, it is considered as used and counted once, unless if it is for different health problems.

Table 96. Number of Times the Traditional and Religious Cure is Used

Times used Traditional Cure		Persons with Disability	Non-Disabled	Total
Not Used	Number	466378	22975177	23441555
	% in Time Used Cure	74.9**(1)	90.8**(1)	90.4
Once	Number	74698	1291959	1366657
	% in Time Used Cure	12.0**(1)	5.1**(1)	5.3
Twice	Number	38973	682160	721133
	% in Time Used Cure	6.3**(1)	2.7**(1)	2.8
3 Times	Number	18187	160309	178496
	% in Time Used Cure	2.9**(1)	0.6**(1)	0.7
4 Times or More	Number	18837	66124	84961
	% in Time Used Cure	3.0**(1)	0.3**(1)	0.3
Don't Know	Number	5197	139264	144461
	% in Time Used Cure	0.8	0.5	0.5
Total	**Number**	**622270**	**25314993**	**25937263**

Source: NDSA. (1) Test of comparison of proportion between PwDs and ND. ** Significant at p<0.01 * Significant at p<0.05 (2) Test Chi 2 of Pearson of independence. ** Significant at p<0.01 * Significant at p<0.05. .

Table 97. Distribution of Persons with and without Disability according to Food Sufficiency by Location of Households

Food Sufficiency			Urban	Rural	Total
Always Enough	Non-Disabled	Number	2120788	2422959	4543747
		% in Food Quantity	29.5	13.5	18.0
	Persons with Disability	Number	35725	37024	72749
		% in Food Quantity	19.3	8.4	11.6
Sometimes Not Enough	Non-Disabled	Number	1312875	2961698	4274573
		% in Food Quantity	18.3	16.4	17.0
	Persons with Disability	Number	35076	70801	105877
		% in Food Quantity	18.9	16.1	16.9
Frequently Not Enough	Non-Disabled	Number	756468	3968373	4724841
		% in Food Quantity	10.5	22.0	18.8
	Persons with Disability	Number	29879	99381	129260
		% in Food Quantity	16.1	22.5	20.6
Always Not Enough	Non-Disabled	Number	675664	2916749	3592413
		% in Food Quantity	9.4	16.2	14.3
	Persons with Disability	Number	30529	70801	101330
		% in Food Quantity	16.5	16.1	16.2
Always Enough but with Poor Quality	Non-Disabled	Number	2315393	5739052	8054445
		% in Food Quantity	32.2	31.9	32.0
	Persons with Disability	Number	53913	163038	216951
		% in Food Quantity	29.1	37.0	34.6
Total	**Non-Disabled**	**Number**	**7181188**	**18012079**	**25193267**
	Persons with Disability	**Number**	**185122**	**441045**	**626167**

Source: NDSA. (1) Test of comparison of proportion between PwDs and ND. ** Significant at p<0.01 * Significant at p<0.05 (2) Test Chi 2 of Pearson of independence. ** Significant at p<0.01 * Significant at p<0.05. .

Table 98. Types of Water Supply Available for Persons with and without Disability according to Location of the Household

Types of Water Supply			Urban	Rural	Total
Piped into Residence/ Compound/Plot	Non-Disabled	Number	91	8	99
		% in Type of Water Supply	15.1	0.5	4.5
	Persons with Disability	Number	49	4	53
		% in Type of Water Supply	14.3	0.5	4.5
Public Tap	Non-Disabled	Number	27	27	54
		% in Type of Water Supply	4.5	1.7	2.5
	Persons with Disability	Number	16	15	31
		% in Type of Water Supply	4.7	1.8	2.6
Hand Pump in Residence/ Compound	Non-Disabled	Number	89	34	123
		% in Type of Water Supply	14.7	2.1	5.6
	Persons with Disability	Number	53	11	64
		% in Type of Water Supply	15.5	1.3	5.4

(Table 98 contd. on next page)

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Types of Water Supply			Urban	Rural	Total
Public Hand-Pump	Non-Disabled	Number	127	281	408
		% in Type of Water Supply	21.0	17.8	18.7
	Persons with Disability	Number	72	156	228
		% in Type of Water Supply	21.0	18.5	19.3
Well in Residence/ Compound	Non-Disabled	Number	141	174	315
		% in Type of Water Supply	23.3	11.0	14.4
	Persons with Disability	Number	82	103	185
		% in Type of Water Supply	23.9	12.2	15.6
Covered Well	Non-Disabled	Number	39	122	161
		% in Type of Water Supply	6.5	7.7	7.4
	Persons with Disability	Number	17	66	83
		% in Type of Water Supply	5.0	7.8	7.0
Open Well and Kariz	Non-Disabled	Number	22	175	197
		% in Type of Water Supply	3.6	11.1	9.0
	Persons with Disability	Number	16	89	105
		% in Type of Water Supply	4.7	10.6	8.9
Spring	Non-Disabled	Number	14	271	285
		% in Type of Water Supply	2.3	17.1	13.0
	Persons with Disability	Number	9	131	140
		% in Type of Water Supply	2.6	15.6	11.8
River/Stream	Non-Disabled	Number	37	405	442
		% in Type of Water Supply	6.1	25.6	20.2
	Persons with Disability	Number	19	212	231
		% in Type of Water Supply	5.5	25.2	19.5
Pond/Lake	Non-Disabled	Number	11	40	51
		% in Type of Water Supply	1.8	2.5	2.3
	Persons with Disability	Number	6	25	31
		% in Type of Water Supply	1.7	3.0	2.6
Still Water/Dam	Non-Disabled	Number	1	9	10
		% in Type of Water Supply	0.2	0.6	0.5
	Persons with Disability	Number	1	7	8
		% in Type of Water Supply	0.3	0.8	0.7
Rain Water	Non-Disabled	Number	1	33	34
		% in Type of Water Supply	0.2	2.1	1.6
	Persons with Disability	Number	0	0	0
		% in Type of Water Supply	0	0	0
Tanker, Truck or Other	Non-Disabled	Number	4	2	6
		% in Type of Water Supply	0.7	0.1	0.3
	Persons with Disability	Number	0	0	0
		% in Type of Water Supply	0	0	0
Total	**Non-Disabled**	**Number**	**604**	**1582**	**2186**
	Persons with Disability	**Number**	**343**	**841**	**1184**

Source: NDSA., *Note: Up to 3 possible answers.

Table 99. Distribution of Persons with and without Disability Reporting Access to Types of Toilet Facilities according to Location of the Household

Type of Toilet Facilities			Urban	Rural	Total
Private Flush Inside	Non-Disabled	Number	790375	356734	1147109
		% in Type of Toilet Facility	11.0	2.0	4.5
	Persons with Disability	Number	16888	14940	31828
		% in Type of Toilet Facility	9.1	3.4	5.1
Private Flush Outside	Non-Disabled	Number	241633	120817	362450
		% in Type of Toilet Facility	3.4	0.7	1.4
	Persons with Disability	Number	2598	4547	7145
		% in Type of Toilet Facility	1.4	1.0	1.1
Shared Flush	Non-Disabled	Number	121466	213053	334519
		% in Type of Toilet Facility	1.7	1.2	1.3
	Persons with Disability	Number	1949	9743	11692
		% in Type of Toilet Facility	1.0	2.2	1.9
Traditional Pit	Non-Disabled	Number	1565940	2411397	3977337
		% in Type of Toilet Facility	21.7	13.4	15.8
	Persons with Disability	Number	22734	37024	59758
		% in Type of Toilet Facility	12.2	8.4	9.5
Open Backed	Non-Disabled	Number	3990068	8435863	12425931
		% in Type of Toilet Facility	55.3*(1)	46.8	49.3
	Persons with Disability	Number	132509	213703	346212
		% in Type of Toilet Facility	71.1*(1)	48.5	55.2
Open Defecation Field Outside the House	Non-Disabled	Number	499765	6445765	6945530
		% in Type of Toilet Facility	6.9	35.8	27.5
	Persons with Disability	Number	9743	158491	168234
		% in Type of Toilet Facility	5.2	36.0	26.8

Source: NDSA. (1) Test of comparison of proportion between PwDs and ND. ** Significant at p<0.01 * Significant at p<0.05 (2) Test Chi 2 of Pearson of independence. ** Significant at p<0.01 * Significant at p<0.05. .

The National Disability Survey in Afghanistan was carried out in 2005. It is the first such study that covered the entire territory. Based on the International Classification of Functioning, Disability and Health of the World Health Organization, and the Capabilities Approach of Amartya Sen, the NDSA aims to provide insights into the living conditions, needs and hopes of Afghans with disability and their families.

This volume of the findings of the NDSA comprises of two parts.

The first part looks at prevalence and typology, going beyond commonly used definitions and classifications. It aims to present the dynamic aspect of disability, which changes overtime under the influence of a myriad factors.

The second part focuses on the health picture of Afghans with disability. Results regarding everyday functioning as well as indicators of mental distress are extensively discussed. A specific analysis on various dimensions of well-being presents a different view of quality of life. Finally, a look at the availability and use of health services concludes the report.

This report attempts to present a comprehensive picture of the situation in the country. It is imperative to grasp the complexity of definitions, the situation on the field, as well comprehend the expectations and beliefs that come into play when considering issues related to disability. Only then can policy decisions be made in an articulate and effective manner.

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