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'Delivering' Education; Maintaining Inequality. The case of children with disabilities in Afghanistan

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“Delivering” Education; Maintaining Inequality. The case of children with disabilities in Afghanistan

Trani JF, Bakhshi P and Nandipati A.

Abstract

Education for children with disabilities in Afghanistan, particularly disabled girls, continues to lag behind despite laudable efforts of the Ministry of Education to promote universal access for all. The opportunity for education constitutes not just a means of achieving learning outcomes but also a space for social interaction, individual development and psychosocial support, which are paramount in Conflict Affected Fragile States (CAFS). However, many persisting barriers still need to be overcome in Afghanistan to allow education for all and change negative attitudes towards education of children with disabilities. In this paper we argue that viewing education as a basic commodity, which is the widespread practice in CAFS, is not conducive to expanding human freedoms and capabilities. More specifically, through analyses of a national survey, we demonstrate that despite considerable resources, increasing access to education in Afghanistan has maintained processes of marginalisation of the already excluded.

Keywords: capability approach; disabilities; education; prejudice; stigma.
Introduction

Generations of children were not able to access education across Afghanistan as a result of the conflict that generated massive disruption of the education system. Since 2001, the persistence of the conflict has also had enormous negative impacts for the development process in general. It has caused alienation of large parts of the population by imposing external views, failing to consider local communities perspective about their own lives and expectations and directing resources towards the implementation of short term, inadequately conceived development programs (Trani, Bakhshi and Rolland, 2011). A large part of the development funding has not reached the most vulnerable groups of the population and worse still, has partly been returned to donor countries in the form of international workers’ wages and foreign corporate benefits (Waldman, 2008). Development programmes in Afghanistan are largely defined by donors agency who establish their own priorities based partly on evidence but mainly on the international community political agenda. Yet, recent research literature has highlighted some of the principles of participation for improving humanitarian and development aid impact: strong political commitment to deal with regional conflict, substantial resources for a long term impact, right timing, taking history into consideration to avoid repeating errors that lead to the exclusion of large sections of a population from aid, bottom-up strategies, local demand ownership and leadership, capacity development (Cramer and Goodhand, 2002, Stockton, 2002, Allan, 2003, Deaton, 2010, Bourguignon and Pleskovic, 2004). But it can be argued that there is still little evidence in the empirical literature on aid effectiveness and the impact of aid on development at both macroeconomic and program level which can explains why the
development effort is ill perceived in Afghanistan (Shaffer, 2011, Shaffer, 2012, Bourguignon and Sundberg, 2007, White, 2008, White, 2011, White and Bamberger, 2008, White, 1997). The ‘participatory’ rhetoric has not yet reflected on the field implementation and as a result the most vulnerable are not benefiting from development programs. We make the hypothesis and we illustrate in the present paper that this is due to inherent top-down decision-making processes, supply-only driven policies and/or demand driven policies influenced by the few with 'vote' or a voice in developing countries that various agencies find difficult to break out of. We also argue here that there is an urgent need for building systems that allow genuine participation of sections of societies and communities that are currently ‘invisible’ at all levels of the development process (Kabeer, 2006, Kabeer, 1999, Kabeer, 1996, Cooke and Kothari, 2004). Participation to the community decision constitutes a basic capability that people have reason to value (Dreze and Sen, 1995). We demonstrate here, through the example of disabled Afghan children and education, that the ‘participatory’ rhetoric has not yet reflected on the field implementation and as a result the most vulnerable are not benefiting from development programs.

Among many other consequences of the conflict, there is the significant number of children disabled by war or as a result of insufficient basic health care (lack of maternal and prenatal health care and, until recently, immunization and nutrition campaigns). Some 600 children under five die every day in Afghanistan due to pneumonia, poor nutrition, diarrhoea and other preventable diseases (UNICEF, 2008). Access to essential health services and basic commodities, sufficient food, safe water or adequate sanitation, as well as to basic education are key in reducing rates of maternal and child mortality and disability. The 2010 Human Development Index for
Afghanistan had a value of 0.349, which placed the country 155th out of 182 countries (UNDP, 2010).

Afghanistan has taken considerable steps towards providing free universal primary education with a “Back to School” campaign launched in 2002. The Afghan Ministry of Education (MoE) has embraced the UNESCO Education for All (EFA) goals (UNESCO, 2002). As a result, the recruitment and training of large numbers of teachers and construction of several thousand schools have warranted an eight-fold increase in the enrolment of pupils. It was estimated that 51.73% of all children were enrolled in school in primary education, with a girls to boys ratio (number of girls in school for 100 boys) of 69 (Vulnerability Analysis Unit, 2008). In 2011, 7.1 million children were enrolled of which 2.71 million were girls (MoE, 2012a). Since 2001, over 9000 new schools have been built or rehabilitated at the primary level and currently 12500 general or Islamic schools are operational. A total of 133,767 qualified primary teachers have been trained in one of the 42 provincial teacher training centres (only 4 in 2003) —at least one per province with male and female boarding facilities— or in the 89 district teacher training resource centres. These centres provide training in teaching practices and classroom instructional activities. Furthermore, vocational training has been developed. 98 technical and vocational schools/institutes in 32 provinces with approximately 26,000 teachers trained (16% female) have been opened.

The EFA framework and the Millennium Development Goal 2 (achieve universal primary education) emphasise access to school for girls as well as for minorities and for children with special needs (UNDESA, 2011; UNESCO, 2002). The MoE has developed programs for training and recruiting more female teachers. It has
also developed advocacy programs to engage parents and community elders (*Shurah*) to promote girls’ education. Despite these efforts, educational disparities persist and 4.5 million children, mostly girls, are still not enrolled at the primary level (MoE, 2012b). The MoE has also set-up measures to include children from minority ethnic groups as well as children with special needs. Yet the 2008 National Risk and Vulnerability Assessment (VAU 2008) shows that only 26% of disabled children access primary school. To significantly improve this situation, major progress is needed in enhancing the quality assurance and management systems. In order to achieve this, different initiatives are currently being implemented. With the aim of improving quality education, the MoE is developing a nationally administered testing system to assess teachers’ skills as well as student learning achievements for grades 6, 9 and 12. As a result, 134,000 teachers have been undergoing a newly introduced series of competence assessment tests. To improve management of schools, new training programs have been developed for schools administrators since 2009, and 6,972 administrators completed management training level 1 and 4332 management training level 2 (MoE, 2012a). The donor community has strongly backed this impetus with a development budget for education multiplied by ten between 2006 and 2010 (from 10 to 100 million USD).

Insecurity, fighting, poverty, cultural and traditional attitudes — particularly pertaining to girls’ and children with special needs — remain major challenges that continue to impede equitable education. The present paper investigates to what extent the objective of universal primary quality education access can be reached, and examine the factors that hinder the process. Section 2 critically reviews education in Conflict-Affected Fragile States (CAFS) and makes a case for taking the capability
approach. Section 3 outlines the methodology utilised in order to operationalize the capability approach in the Afghan context. The fourth section presents the findings in terms of school attendance and participation of children with disabilities. The fifth section draws on our results to discuss the process of exclusion from school. Finally, the conclusion examines implications for researchers and policy makers.

Background

*Education in Conflict-Affected Fragile States*

In Conflict-Affected Fragile States (CAFS), both formal and non-formal structures offer an opportunity for children to receive education that leads to the acquisition of basic skills such as literacy and numeracy, as well as in crucial life-saving protection measures, such as landmine awareness. Other initiatives implemented through schools provide even more direct protection action, such as feeding and psychosocial programmes (Trani et al., 2011). Educational in crisis and post-crisis situations therefore offers a space for social interaction and learning, as well as a means of child protection from forced recruitment, exploitation, prostitution and other abuse (Nicolai and Triplehorn, 2003, S. and Triplehorn, 2003). In addition to this crucial protective function, research shows that including children in conflict-affected areas in educational activities has positive and incremental effects on future economic growth, health indices and infant mortality rates, peace and security, and paves the way for good governance and active, engaged citizenship (SCUK, 2007, UNESCO, 2002). It also has more pragmatic benefits, such as releasing families from childcare duties so they have more time to undertake paid employment or household chores.
The reality is that children living in CAFS are far less likely to attend school than in other countries: a recent report estimates that half the world’s out-of-school children – 37 million – live in CAFS (SCUK, 2007) and a disproportionate numbers of these are children with disabilities. To understand the impediments faced by children with disabilities in CAFS, it is important to first understand the general constraints faced by all children in these environments. Children who do manage to get to school struggle with poor quality teaching, overcrowded classrooms, and a lack of facilities and resources. There is also very little support for teachers. The main reason for this is that education has not been prioritised in these fragile environments by donors or governments because of the lack of a mandate to deliver education in emergency situations (SCUK, 2006).

Other reasons why children do not attend school include security concerns, lack of infrastructure, resources or personnel, cost, the necessity for them to work (both at home and in the informal economy), and participation in conflict. Furthermore, many countries choose to prioritize national security concerns over education budgets, which often result in little or no pay for teachers, poor infrastructure, few resources, which in turn are reflected in the nature and quality of education received.

**Education and the capability approach**

Sen’s capability approach takes a wider view to equality of education that goes beyond other theories such as the human capital approach or the human rights approach. It does not result solely from the idea that skills and knowledge are an investment in the labour productivity of the future worker, as does the human capital theory, which may infer that the prospect of economic return from education of people with disabilities for
instance might not justify the investment (Becker, 1993). The capability approach gives intrinsic value to education which the human capital framework omits. It also goes beyond the human rights framework, which entitles all children to education but fails to make operational these rights. As a result they often remain only formal, legal or limited to providing material conditions to reach universal access without considering the other factors that restrict some children from learning (Robeyns 2006; Unterhalter, 2003a).

The capability approach emphasises the concept of freedom understood as individual capacity to make choices. Freedom to be educated; freedom to be well-nourished and well-sheltered, to live disease-free lives, to be able to move around are all constitutive of basic capabilities (Sen, 1982). Education is a basic capability, the deprivation of which is characteristic of extreme poverty. But the value of education is not just gauged in terms of deprivation. Education is also a condition for development of other capabilities, as children and as adults. Equality of education entails offering the same opportunities to study as one of the ‘substantive freedoms’ or the capabilities to choose a life one individual has reason to value (Sen, 1992). This view has several practical consequences in terms of effective access to quality education. First of all it demands that a given society allow all its citizens the opportunity to study as much as they want (Sen, 2002). The effort made by society to offer adequate education should be such that individuals expand their capabilities, i.e. have the agency to convert education opportunities into chosen functionings or “the actual living people manage to achieve”:(Sen, 1992): 52). In this regard, education is not merely a legal right, but it is an effective opportunity provided to all children, and resources have to be allocated
towards it. Public debate and scrutiny are necessary to establish to what level and in what circumstances collective resources have to be allocated.

Nevertheless, although opportunities exist, scholars have emphasised the need for addressing education processes and resources that might influence participation in education (Unterhalter, 2003a; Vaughan, 2007). Several barriers can hinder an individual’s ability to transform resources into effective freedom to choose to be well educated and participate in an effective learning process. Some are inherent to the education system while others are outside it, such as individual circumstances, but also cultural, environmental or social issues. Material conditions of the family might prevent a child from accessing school; schools might not be available; other people’s beliefs might interfere in an individual’s choice to go to school. For example, a child with disabilities may not be allowed to be educated, although the opportunity exists in a given context, because of beliefs of her/his parents and those of parents of other children, or of the teacher. In many low income countries, parents may consider education to be useless in view of the context, and they might be influenced by perceptions of disability by the community (Trani et al., 2011). (Sen, 2005): 157) argues that “capabilities and the opportunity aspect of freedom, important as they are, have to be supplemented by considerations of fair processes and the lack of violation of people’s right to invoke and utilise them”. If social norms and cultural values consider that children with very severe mental illness or intellectual disability do not need to be educated or only can receive a certain type of education based on the perceived acceptable social and economic role and capacity of such children, then these have to be critically assessed (Unterhalter, 2003, Sen, 2002). The education system must equip
all children with critical thinking by making children aware of social stereotypes, prejudice and exclusion processes (Walker and Unterhalter, 2007). The content of education must therefore promote empowerment, inclusion and participation of children.

In this perspective, policy makers are entrusted with the task of implementing an education system in which all conditions are established to ensure all children, irrespective of their individual characteristics, gain an education functioning they value: new knowledge, new skills, independent thinking etc., but also, as discussed by Vaughan (2007: 116) by enabling other possible “capabilities gained through education”. In the present paper, we explore to what extent this educational functioning has been secured for all Afghan children. The contribution of the Afghan educational system as a ‘conversion factor’ to the development of other capabilities is beyond the scope of this paper.

**Methods**

**Study design**

In Afghanistan in 2004-07, the international non-governmental organisation Handicap International was funded by several donors to carry out a national survey on disability looking at prevalence, livelihoods, access to services, activity, income, self-perception, and social participation of persons with disabilities. The aim of the survey was to provide policy guidelines for the Government of Afghanistan in a country where state support structures still needed to be implemented in most parts of the country. The study was designed based on the Capability Framework (Sen, 1999), which focuses on
the ‘capability set that a person has, that is, the substantive freedoms he or she enjoys to lead the kind of life he or she has reason to value’ (p. 87). Emphasis was placed on individual and societal factors influencing the lives of persons with disabilities; institutional factors were addressed to a lesser extent. The study also relied on the International Classification of Functioning, Health and Disability (ICF) as a framework for the disability screening tool (WHO, 2001). In the ICF, disability is defined as a combination of individual, institutional and societal factors determining the environment within which a person with impairment evolves. It is composed of a series of domains of activities and participation that correspond to the body, the person, and the person-in-society. It looks at disability as a combination of these different types of elements that determine the disability status. The first research phase (6 months total) consisted in a participatory qualitative research. One of the authors was a technical advisor within the Ministry of Martyrs and Disabled, and engaged in extensive interviews, focus group discussions, and meetings with stakeholders, including disabled persons organisations (DPOs), UN and donors agencies, NGOs, other ministries as part of the process of developing the survey instrument. A total of six focus group discussions with DPOs and 20 interviews with persons with disabilities (in Kabul, Herat and Kandahar provinces) as well as about 30 interviews with ministries, UN agencies, and NGOs representatives were carried out.

Following this, the National Disability Survey in Afghanistan (NDSA) was designed and implemented using a three-stage random sample probability proportional to size survey, based on the administrative organisation of Afghanistan into 34 provinces, 397 districts and 32,000 villages. The sample size of 5,250 households was
chosen for its power of estimation. The first stage of sampling was at the district level; the second stage of sampling was to locate the village or section of town; at the third stage of sampling, a constant number of 30 households per cluster were randomly selected. All persons older than 4 with disabilities were interviewed. For this paper, we have considered only respondents between the ages of 6 and 18 included, unless otherwise specified.

**Respondents selection process**

Persons with disabilities above 4 years of age were included in the survey. To identify disability, we used a screening questionnaire comprised of 27 questions with different sections relating to various types of disabilities: physical, sensory, behavioural and mental (Trani and Bakhshi, 2008). The screening tool was pilot tested and validated in Afghanistan. It was tested for internal consistency (Cronbach’s $\alpha=0.85$) and for reliability (Cohen’s $\kappa=0.9$). The head of household answered the screening questions regarding all the members of his household. The questions were categorized as physical, sensorial, psychological, intellectual and relational, and were formulated based on the dimensions outlined in the ICF including body functions and structures, activities, and participation. In order to make questions neutral, we chose to use the term ‘difficulty‘ (‘mushkel’ in Dari), as it is a less threatening and does not ‘label’ persons. We avoid using local terminology due to stigma. Popular beliefs have been created to explain the causes and the nature of disabilities. There are words to describe persons who were born with impairment (mayub) and those who acquired the impairment later on (malul). Mayub often refers to non-elucidated causes and are thus generally perceived as incurable as their condition is ascribed to supernatural factors.
such as spirits (jinn, pari or shadow of jinn, saya), fate (kismet) or God’s will. Dewana is a colloquial term that refers to any impairment related to the mind (asab). Both malul and dewana are marginalized in Afghan society. On the other hand, malul, frequently disabled as a result of war or accident, are better regarded (Cerveau, 2011).

**Statistical analysis**

We explored the various factors that might influence the learning process for children with disabilities in Afghanistan: in particular, we assessed access to education and educational outcomes. We carried out descriptive statistics looking at the relationship between school attendance and educational outcomes (literacy and primary school completion) and disability. We investigated variations in access and educational outcomes by age groups, by types of disability as well as by activity limitation. We also examined access to school, controlling for various demographic and socioeconomic characteristics and environment characteristics, using binomial logistic regression. We adjusted for gender, household head gender, ethnicity, severity of disability, household wealth status, household head education level, settings (i.e. urban or rural residence) and presence of a school in the village. We calculated wealth quintiles as a proxy of economic status using principal-components analysis, and by deriving the assets quintiles from the first factor of the analysis (Filmer and Pritchett, 2001). All these are factors that might affect the ability to attend school.
**Results: Towards inclusion of children with disabilities?**

**Disability prevalence**

The severe disability prevalence rate in Afghanistan is estimated at 2.7% of the population, but increases to 4.6% when various forms of mental distress are included (Trani and Bakhshi, 2008). Based on the former estimate, a majority of persons with disabilities are in the 0 to 14 years age group, but compared to the total age class, the proportion of persons with disabilities under 15 is lower than the proportion in the age class above 45. Disability prevalence in Afghanistan is higher in older people as is the case worldwide. Disability from birth, or acquired during the first year of life, represents 26.4% of the total identified causes (Trani and Bakhshi, 2011, Bakhshi et al., 2006): lack of maternal and antenatal care, low levels of vaccinations, inadequate healthcare, congenital disabilities, accidents, malnutrition and preventable diseases such as polio or tuberculosis explain many of the impairments from birth. The high rate of childhood disability is further compounded by birth complications, especially in undernourished women with inadequate care.

**Unequal access to school**

The capability to participate in education can be measured by enrolment rates and school attendance (Vaughan, 2007). Table 1 shows that access to school is higher for the new generation of children of school age, but there is a strong difference in enrolment between disabled and non-disabled children (p<0.0001 at all ages, except between 15 and 18 years old). The proportion of non-disabled children aged seven to 14 accessing public school is almost twice as high as the proportion of children disabled
before school age, regardless of where they live, their age and their gender. The gap in attendance between disabled and non-disabled children currently of primary school age is lower than for disabled and non-disabled children between 15 and 18 years old. This may be due to the fact that war was on-going when those children were of school age and many of them, regardless of disability, did not have access to school. Table 1 and Figure 1 also show large differences in access between girls and boys especially in the southern Pashto belt. In 2009, from the province of Farah in the south west to the province of Khost in the south east of the country, nine southern provinces out of 10 (Nimroz is the exception) have a female/male students ratio below 50 percent. The situation in the northern part of the country is better as the ratio ranges between 50 and 90 percent.

[Insert table 1 approximately here]

[Insert Figure 1 approximately here]

Recent efforts to increase the number of schools and teachers in Afghanistan in order to facilitate accessibility for all children have been jeopardized by the increase in attacks against schools, especially in the southern part of the country. Another difficulty is linked to the inability to recruitment female teachers: Figure 2 shows that only four provinces have more female than male trained teachers.

[Insert Figure 2 approximately here]

Results in Table 2 demonstrate that exclusion of children with disability from accessing school does not uniformly affect all of them as prejudice differently triggers exclusion depending on the identified causes of disabilities. The malul, disabled due to an identified caused (war violence or traumatic incident), more often access school. The
cause of disability is often unknown for the *mayub*. Respondents referred to destiny, a curse of God, of Djins or evoked black magic. As a result, a minority of *mayub* children access school (22.9%).

[Insert table 2 approximately here]

Poor quality education, considerably limits the impact of inclusive education for disabled children. Major constraints are the absence of transportation, unavailability of a person to accompany a child with restricted mobility to school, and finally distance to school. Absence of schools remains an issue because of lack of resources to build infrastructure: Figure 3 shows that in 18 out of 34 provinces of Afghanistan, instruction takes place in buildings in less than 50% of the cases. There is not a single province where all children follow classes in a building.

[Insert Figure 3 approximately here]

Scarcity of trained teachers, particularly of women teachers is another cause of absence of schooling, especially for girls. Attempt made to promote training of female teachers have been insufficient: Figure 4 shows that in eight provinces, only one female teacher for 10 male teachers on average received training. In 29 provinces, less than one female teacher was trained for every two male teachers.

[Insert Figure 4 approximately here]

**Literacy rate, primary school completion and access to secondary education**

Learning achievements are important indicators of the capability to participate in education. Our results examined whether achievements are similar according to gender and disability status. Table 3 provides a more detailed examination of exclusion from
school: completion of primary education and literacy rates according to 33 types of body function and activity limitation. The highest level of exclusion from school was observed for children experiencing epilepsy. Similar levels were observed for children with sensory disabilities (in Afghanistan, hearing and speech impairment is often amalgamated to learning disability) with learning difficulties, or emotional problems. The lowest levels of exclusion were observed for children with mobility limitations. The level of drop-out before the end of the primary cycle of education was very high. The lowest rates of completion of primary school were observed for children with seizures or epilepsy, sensory difficulties, and some forms of behavioural difficulties. Literacy rates were also very low. Generally, children who had a mobility problem fared better at the primary and secondary levels than children with other types of functional difficulties.

[Insert table 3 approximately here]

Figure 5 indicates gender differences in literacy rates for both disabled and non-disabled children having had access to school. There is strong evidence that literacy rates are not significantly different between girls and boys, disabled or not. In other words, disabled boys and girls keep up with their peers.

Figure 5 considers onset of disability at two important ages: first, at the age when children begin school (seven years) to account for stigma and prejudice that keep many disabled children from accessing school at the very onset. Literacy rates were also measured for disabled children between seven and 14 when many girls drop-out due to puberty and its implications (forced marriage and traditions of keeping women indoors) as well as lack of school facilities (absence of toilets). More importantly,
although the number of girls accessing education is much lower than that of boys, girls learn to read and write on a par with boys. A same level of literacy (68%±0.7) was observed between girls and boys who were disabled before the age of seven. However, the literacy rate for girls disabled between seven and 14 was much lower (43%) than that of disabled boys of the same age group (76%). This suggests that at an age where girls are particularly vulnerable (puberty leads to a high level of drop-out), onset of disability also affects the learning to read and write and represents a major cause of inability to learn.

For children disabled after age 14 and non-disabled children, there was little difference in literacy rates between boys and girls. Despite the obstacles that girls face with regard to access, once they do get into school they perform as well as boys. These results also suggest that schools are effective in delivering basic skills equally to boys and girls.

[Insert Figure 5 approximately here]

**Factors that limit the capability to participate in education**

Different individual or family characteristics can affect school attendance: gender, ethnicity, disability status, economic status as well as environmental constraints such as absence of school (Vaughan, 2007).

The association between access to school and socioeconomic characteristics was investigated in our analysis. In the adjusted model of Table 4, we found that girls were 4.7 times less likely to go to school than boys (OR 0.21; 95%CI 0.16-0.28). Children with disabilities, particularly children with sensory (OR 0.19; 95%CI 0.11-0.32) or mental (OR 0.22; 95% CI 0.13-0.36) disability were also more often excluded from
school. Absence of school was a major impediment as well. When there was no school in the village, children were of course excluded from education as distances to reach the closest village with a school represented several hours if not days of commute. Children from rural and peri-urban areas were 1.7 times less likely to accessing school than children living in major towns of the country. Poor and uneducated parents were less likely to send their children to school. All children from the wealthiest quintile and from household where the head was educated at least at the primary level were 2.8 times and 2.1 times more likely to go to school than those in the poorest quintile.

[insert Table 4 approximately here]

**Equality of whom? Capability to what?**

The most significant finding of the survey with regard to education is that despite the goal of equal education for all children called for in the Millennium Development Goal Two and the United Nations Convention for the Rights of Persons with Disabilities described in articles 24 and 25:17-18 (Nations, 2006), and despite millions of dollars in international aid, access to school for children with disabilities is still not a reality. The proportion of non-disabled children accessing school is almost twice as high as the proportion of children with disabilities. Findings indicate persistent and multi-dimensional access barriers to education for children in Afghanistan. However, they also reflect the utilitarian conception of ‘providing’ education that remains prevalent in practice.

**Implicit cost-benefit approach to education fuels inequalities**

Our findings indicate unequal opportunities for children with disabilities to participate
in primary education, a state of affairs inconsistent with the goal of ‘Education for All’ (UNESCO, 2002). Children who became disabled when they were below school age were at increased risk of never attending school at all. Similarly, children who became disabled once they were already in school had difficulties with retention and completion. Boys with physical disabilities increasingly accessed school, whereas boys with sensory disability or mental difficulties (with the exception of epilepsy) were lagging behind. For girls the main issue remained access of all girls to school. However, very significantly, when they did access school, both girls and boys with disabilities achieved basic learning outcomes such as literacy, on a par with other children.

Our findings show that current educational practices maintain inequalities. Behind the usual factors that are found in needs assessments and analyses (costs associated with schooling, considerable distances to travel to school, lack of female teachers, gross inadequacy of teaching and learning materials, lack of staff and resources even where infrastructures exist, and the commute to school made more difficult by poor roads and lack of transportation facilities), lies a more implicit cost-benefit analysis that determines who should be educated. This is based on the following equation — investment required in financial and human resources to send a child to school — and is measured by basic indicators (enrolment, drop-out, completion rates etc). To achieve the capability to quality education for all, this equation is misleading. The utilitarian approach will only accept to accommodate some special needs as long as they call for easily implemented measures and yield learning outcomes. For instance, the disability policy for education in Afghanistan has focussed its intervention on ramps
and devices for children with mobility impairment. This represents a simple, one-time investment, and a quantifiable intervention, easily reported to donors. Accommodating sensory or learning disabilities requires more complex analysis, individualised processes and on-going support (material and human) and does not systematically yield similar quantifiable learning outcomes.

The situation of girls is made even more complex as social norms and beliefs interfere with a cost-benefit human capital approach. In school, our findings demonstrate that girls perform as well or better than boys. Yet, restriction of girls’ freedom of movement is a major impediment to their education and many drop out at puberty (Ahmed-Ghosh, 2003; Bakhshi and Trani, 2011). The unwritten rules of Pashto culture, the Pashtunwali assigns a specific social role to women invested with the family honour. As our results indicate, because women are not supposed to step out of the compound, there is a lack of female teachers and students. Only in urban settings, where women’s mobility is more permitted, is access to education for girls more tangible (Kandiyoti, 2007).

**Prejudice and stigma as additional impediments to the capability of participation in education**

Integration of children with disabilities in school makes them more visible in the community and enhances participation and acceptance, and assures better opportunities for employment and social engagement in adulthood (Miles, 2007). Yet, for many disabled children, even the first step of accessing school is not made due to stigma and discrimination. In fact they are not even factored into the cost-benefit analysis due to overwhelming consensus that they will not benefit from education in the first place.
As in many other societies and cultures, beliefs and attitudes towards disability lead to prejudice. Negative attitudes and lack of awareness about disability were often raised as major barriers to inclusive education as well as other services (Millward et al., 2005). In Afghanistan, perception and social representations of disability, as well as lay beliefs and practices, affect the participation or the rejection of persons with disabilities, particularly children, within the family and the community (Cerveau, 2011, Rao, 2006). These beliefs relate to what children with disabilities are expected to achieve, and what they can hope for. Beliefs and assumptions can enable or prevent children with disabilities from having high self-esteem and confidence for the future.

In addition to traditional ethnic and religious beliefs, perceptions of people with disabilities in Afghanistan differ according to gender and roles/events associated with the disabling event. People with disabilities are not viewed as a homogeneous group, but represent various sub-groups with different needs and opportunities. Parents’ low expectations regarding their disabled child’s abilities; negative attitudes of teachers and other children are directed towards some, but not all disabled children. We found higher access for boys with physical disability because of social norms of acceptability and minimal efforts required within classrooms to include them within the education process. Conversely, being a woman with a disability compounds disadvantages associated with gender and disability (Coleridge, 1998, Bakhshi and Trani, 2011). The fact that fewer girls with disabilities were in school indicates that gender discrimination reported for all girls is, not surprisingly, also a barrier for disabled girls and is an additional barrier that must be considered. Similarly, mayub (disability associated with congenital factors, birth accidents, disease, malnutrition or events that occurred in the
first few months of life) are believed to have been cursed — thus they are also shunned. On the other hand, men with disabilities associated with war are admired and respected, as they are considered courageous and having sacrificed for their country (Cerveau, 2011). The *malul* (disability associated with an accident), attend school more frequently.

Similarly, the high level of exclusion from the school for children with epilepsy is probably linked to the belief that people with epilepsy are possessed by a Djinn or spirit (Miles, 2007). There is also a general disbelief that children with learning or intellectual disabilities are able to learn anything. Most teachers, even ones with experience and training, are reluctant to accept them. They believe that such children would be unable to follow the class and to learn. If the child does not understand nor have the ability to learn in school, their place is not in class. Generally teachers complain about their lack of pedagogical knowledge that prevents them from providing the most suitable teaching and attention to pupils. In this context, accepting children with special needs seems unrealistic to most of them.

**Promoting equality of capability to education in Afghanistan**

Given the duration of crises in many of the CAFS (over half of the current conflicts globally have been running for over 20 years), and the recent inclusion of education as a specific sector in the reformed UN cluster system, the prioritization of education in emergency and post-emergency settings is indeed timely.

International conventions and frameworks stipulate the right to education for all children, which is based on the strong belief that having access to school is a major component of fighting poverty and inequality in the long term. The capability approach
considers that education has intrinsic as well as instrumental value that allows human flourishing and individual wellbeing. It also contributes to a democratic and inclusive process in society as well as to its common good. These ideals are of crucial importance in CAFS where violence has torn apart social structures of living together.

However, after a decade of development efforts in Afghanistan, it is time to gauge the progress made and critically appraise the achievements. Our findings on general school attendance data for children, associated with knowledge about activity limitations and environmental barriers, paint a grim picture as they reflect a certain persistence of age old inequalities that simmer up in the school maps around the country. They call for a paradigm shift in how to define, implement and assess quality of education. More specifically they draw attention to 3 major implications for implementers:

- An urgent need to scrutinize the education process, in terms of access and achievements but also in terms of content of the matter in order to ensure that the process is truly expanding choices of vulnerable groups. This in turn cannot be done without tackling the practices and the beliefs that uphold them and lead to persistence of stigma, prejudice and discrimination. This of course entails increasing numbers of children of vulnerable sections of society in schools. However, it should not stop there, and should go on to look at whether the content (of the curricula and of teacher training) is contributing to building stronger structures of living together.

- Secondly it is time to weigh the use of resources not just in terms of quantitative indicators of access and completion, but to ask the crucial question of ‘access of whom to what education?”. Sadly, in CAFS, educational achievements often
boil down to “bums on benches”. It is urgent to build evaluation systems that look at the inclusion of the most vulnerable from the very onset, at a time where measures to include can be the most cost-effective.

• Finally, there is a general need to focus on children still out of school – the most vulnerable (disabled children in general, children with mental disabilities in particular). The issues to tackle include means of identifying these children, of raising awareness, improving teaching standards, influencing government ministries and donor agencies to put the adequate resources needed to address the challenges to comprehensive and equitable inclusive education. The capability approach, by highlighting the need to develop the conditions for wellbeing and agency for all children, makes a strong case for questioning and addressing all aspects of the education system simultaneously.
References


SCUK 2006. DFID: Aid, Education and Conflict-Affected Countries’ Rewriting the Future: A Briefing Note.


Figure 1: School enrolment gender ratio (female to male) by province (%)
Figure 2: Trained teachers gender ratio (female to male) by province (%)

Figure 3: Schools with building ratio by province (%)
Figure 4: Teachers training gender ratio (female to male) by province (%)
Figure 5: Literacy rate according to disability and gender for children age 8-18

Source: NDSA. Authors’ calculation.
Table 1: School Attendance in Afghanistan (age 7-18)

<table>
<thead>
<tr>
<th>Age and Gender</th>
<th>Non-disabled N=961 (%)</th>
<th>Children with Disabilities N=302 (%)</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 to 14 years old</td>
<td>504 (65.4)</td>
<td>83 (36.1)</td>
<td>P&lt;0.001</td>
</tr>
<tr>
<td>15 to 18 years old</td>
<td>56 (37.3)</td>
<td>22 (32.8)</td>
<td>0.524</td>
</tr>
<tr>
<td>Male 7 to 18 years old</td>
<td>388 (68.3)</td>
<td>80 (48.5)</td>
<td>P&lt;0.001</td>
</tr>
<tr>
<td>Female 7 to 18 years old</td>
<td>172 (43.2)</td>
<td>25 (15.2)</td>
<td>P&lt;0.001</td>
</tr>
<tr>
<td>All 7 to 18 years old</td>
<td>560 (59.4)</td>
<td>105 (35.4)</td>
<td>P&lt;0.001</td>
</tr>
</tbody>
</table>

Source: Author’s calculation from the NDSA 2005. Note: We consider access to some form of schooling, even if children went to school for a very limited period before dropping out.
Table 2: Causes of disability among children (7-18) and access to school

<table>
<thead>
<tr>
<th></th>
<th>Malul</th>
<th>Mayab</th>
<th>Other Cause</th>
<th>non-disabled</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>War or violence</td>
<td>Accident</td>
<td>Disease/birth complication</td>
<td>Curse of God, Djin…</td>
<td>N=15 (%)</td>
</tr>
<tr>
<td>Education</td>
<td>N=20 (%)</td>
<td>N=33 (%)</td>
<td>N=189 (%)</td>
<td>N=48(%)</td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td>9 (45.0)</td>
<td>14 (42.4)</td>
<td>66 (34.9)</td>
<td>11 (22.9)</td>
<td>8 (53.3)</td>
</tr>
<tr>
<td>No education</td>
<td>11 (55.0)</td>
<td>19 (57.6)</td>
<td>123 (65.1)</td>
<td>37 (77.1)</td>
<td>7 (46.7)</td>
</tr>
</tbody>
</table>

Source: Author’s calculation from the NDSA 2005.
## Table 3: Body Function or Activity Difficulty and School Exclusion, Primary Education Completion and Literacy Rate in Afghanistan

<table>
<thead>
<tr>
<th>Body function or activity</th>
<th>No School N (%)</th>
<th>Finished primary N (%)</th>
<th>Secondary school N (%)</th>
<th>Literacy rate N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experienced seizures/epilepsy</td>
<td>59 (78.7)</td>
<td>2 (4.1)</td>
<td>2 (4.1)</td>
<td>9 (18.4)</td>
</tr>
<tr>
<td>Learning new things easily†</td>
<td>19 (76.0)</td>
<td>3 (12.0)</td>
<td>2 (8.0)</td>
<td>4 (16.7)</td>
</tr>
<tr>
<td>Talking to others</td>
<td>101 (75.9)</td>
<td>2 (3.2)</td>
<td>2 (3.2)</td>
<td>6 (9.7)</td>
</tr>
<tr>
<td>Making yourself understood</td>
<td>90 (73.2)</td>
<td>4 (6.9)</td>
<td>3 (5.2)</td>
<td>5 (8.6)</td>
</tr>
<tr>
<td>Feeling sad, crying for no particular reason</td>
<td>91 (72.2)</td>
<td>6 (8.1)</td>
<td>3 (4.1)</td>
<td>13 (17.6)</td>
</tr>
<tr>
<td>Hearing</td>
<td>45 (71.4)</td>
<td>2 (5.4)</td>
<td>0 (0.0)</td>
<td>6 (16.2)</td>
</tr>
<tr>
<td>Finding the way to express what you need</td>
<td>90 (70.9)</td>
<td>7 (11.5)</td>
<td>6 (9.8)</td>
<td>11 (18.0)</td>
</tr>
<tr>
<td>Experienced violent behaviour regarding yourself</td>
<td>41 (70.7)</td>
<td>4 (11.1)</td>
<td>3 (8.3)</td>
<td>5 (13.9)</td>
</tr>
<tr>
<td>Understanding when others are speaking</td>
<td>74 (70.5)</td>
<td>4 (8.0)</td>
<td>1 (2.0)</td>
<td>5 (10.0)</td>
</tr>
<tr>
<td>Going to the toilet</td>
<td>60 (70.0)</td>
<td>7 (14.6)</td>
<td>4 (8.3)</td>
<td>15 (31.3)</td>
</tr>
<tr>
<td>Fainting or passing out</td>
<td>65 (69.9)</td>
<td>4 (7.4)</td>
<td>3 (5.6)</td>
<td>10 (18.5)</td>
</tr>
<tr>
<td>Concentrating on tasks†</td>
<td>13 (68.4)</td>
<td>5 (26.3)</td>
<td>4 (21.1)</td>
<td>5 (26.3)</td>
</tr>
<tr>
<td>Experienced verbally violent behaviour towards another person without any reason</td>
<td>50 (67.6)</td>
<td>5 (12.2)</td>
<td>3 (7.3)</td>
<td>8 (19.5)</td>
</tr>
<tr>
<td>Moving outside the house/go to the bazaar</td>
<td>155 (66.8)</td>
<td>13 (10.7)</td>
<td>8 (6.6)</td>
<td>35 (28.7)</td>
</tr>
<tr>
<td>Remembering things</td>
<td>110 (66.7)</td>
<td>9 (11.0)</td>
<td>6 (7.3)</td>
<td>14 (17.1)</td>
</tr>
<tr>
<td>Getting dressed</td>
<td>74 (66.1)</td>
<td>8 (13.3)</td>
<td>5 (8.3)</td>
<td>17 (28.3)</td>
</tr>
<tr>
<td>Eating/drinking</td>
<td>27 (65.9)</td>
<td>3 (13.0)</td>
<td>2 (8.7)</td>
<td>7 (30.4)</td>
</tr>
<tr>
<td>Feeling comfortable with people</td>
<td>75 (65.8)</td>
<td>4 (7.7)</td>
<td>3 (5.8)</td>
<td>9 (17.3)</td>
</tr>
<tr>
<td>Keeping calm, staying in one place</td>
<td>54 (63.5)</td>
<td>3 (8.3)</td>
<td>1 (2.8)</td>
<td>7 (19.4)</td>
</tr>
<tr>
<td>Climbing steps</td>
<td>91 (62.7)</td>
<td>16 (19.0)</td>
<td>9 (10.7)</td>
<td>32 (38.1)</td>
</tr>
<tr>
<td>Experienced physically violent behaviour towards another person without any reason</td>
<td>32 (62.7)</td>
<td>7 (20.6)</td>
<td>5 (14.7)</td>
<td>9 (26.5)</td>
</tr>
<tr>
<td>Carrying heavy things</td>
<td>130 (62.5)</td>
<td>18 (15.9)</td>
<td>12 (10.6)</td>
<td>37 (32.7)</td>
</tr>
<tr>
<td>Going out of the house because you feel scared</td>
<td>63 (62.4)</td>
<td>4 (7.7)</td>
<td>4 (7.7)</td>
<td>13 (25.0)</td>
</tr>
<tr>
<td>Having repetitive, stereotyped body movements</td>
<td>39 (61.9)</td>
<td>4 (10.8)</td>
<td>3 (8.1)</td>
<td>11 (29.7)</td>
</tr>
<tr>
<td>Bathing of ablation (before praying)</td>
<td>100 (60.6)</td>
<td>11 (15.1)</td>
<td>8 (11.0)</td>
<td>22 (30.1)</td>
</tr>
<tr>
<td>Going out of the house because people look</td>
<td>44 (58.7)</td>
<td>6 (13.6)</td>
<td>6 (13.6)</td>
<td>12 (27.3)</td>
</tr>
<tr>
<td>Seeing</td>
<td>19 (55.9)</td>
<td>4 (17.4)</td>
<td>3 (13.0)</td>
<td>7 (30.4)</td>
</tr>
<tr>
<td>Preparing meals for yourself</td>
<td>151 (55.1)</td>
<td>12 (11.8)</td>
<td>3 (4.5)</td>
<td>31 (30.4)</td>
</tr>
<tr>
<td>Moving around in the house</td>
<td>115 (53.7)</td>
<td>13 (16.7)</td>
<td>8 (10.3)</td>
<td>27 (34.6)</td>
</tr>
<tr>
<td>Riding a bicycle or an animal</td>
<td>274 (53.3)</td>
<td>21 (8.9)</td>
<td>14 (5.9)</td>
<td>80 (33.8)</td>
</tr>
<tr>
<td>Working in the field</td>
<td>286 (51.6)</td>
<td>24 (10.2)</td>
<td>13 (5.5)</td>
<td>83 (35.2)</td>
</tr>
</tbody>
</table>

Source: Author’s calculation from the NDSA 2005. Note: *Totals are for school-aged children only; children under 6 were not included in this analysis. ¥ For children aged 12 to 18. † Only for children aged 15-18 years old.
Table 4: Binomial logistic estimates of access to school (age 7-18)

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>All children</th>
<th>Children with Disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>OR</td>
<td>95%CI</td>
</tr>
<tr>
<td>Gender (ref. male)</td>
<td>0.213***</td>
<td>0.16-0.28</td>
</tr>
<tr>
<td>Household head gender (ref. male)</td>
<td>0.786</td>
<td>0.41-1.49</td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tajik (ref. Pashto)</td>
<td>3.053***</td>
<td>2.21-4.20</td>
</tr>
<tr>
<td>Uzbek</td>
<td>3.245***</td>
<td>1.95-5.38</td>
</tr>
<tr>
<td>Hazara</td>
<td>2.225***</td>
<td>1.31-3.75</td>
</tr>
<tr>
<td>Other minority ethnic group</td>
<td>1.901**</td>
<td>1.00-3.58</td>
</tr>
<tr>
<td>Disability type</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical/mobility disability (ref. no disability)</td>
<td>0.435***</td>
<td>0.27-0.69</td>
</tr>
<tr>
<td>Sensory disability</td>
<td>0.186***</td>
<td>0.10-0.32</td>
</tr>
<tr>
<td>Mental illness or learning disability</td>
<td>0.217***</td>
<td>0.13-0.35</td>
</tr>
<tr>
<td>Wealth Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poorest (ref. least poor)</td>
<td>0.340***</td>
<td>0.21-0.55</td>
</tr>
<tr>
<td>Poorer</td>
<td>0.503***</td>
<td>0.32-0.77</td>
</tr>
<tr>
<td>Poor</td>
<td>0.575**</td>
<td>0.37-0.88</td>
</tr>
<tr>
<td>Less poor</td>
<td>0.952</td>
<td>0.61-1.47</td>
</tr>
<tr>
<td>Household head education level</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary education (ref. no education)</td>
<td>2.065***</td>
<td>1.31-3.24</td>
</tr>
<tr>
<td>Secondary education</td>
<td>2.117***</td>
<td>1.51-2.96</td>
</tr>
<tr>
<td>Settings (ref. major towns)</td>
<td>0.581**</td>
<td>0.37-0.88</td>
</tr>
<tr>
<td>Existence of a school in the village (ref. no school)</td>
<td>1.887***</td>
<td>1.38-2.56</td>
</tr>
</tbody>
</table>

Source: NDSA. Note. Significant at the ***1% level (p =0.01), **5% level (p =0.05), *10% level (p= 0.10).
Base choice is no access to school. NA: not applicable. The reference category is in brackets.