



Disability-Inclusive Education Practices in Afghanistan

This country profile on Afghanistan was developed as part of a regional mapping study on disability-inclusive education commissioned by the UNICEF Regional Office for South Asia. It aims to provide a snapshot of the key policies, practices and strategies implemented from 2010 to 2020 to ensure children with disabilities learn in inclusive settings in Afghanistan. This profile focuses on the country's progress in four domains of an inclusive education system: (1) Enabling Environment, (2) Demand, (3) Service Delivery, and (4) Monitoring and Measuring Quality. Cross-cutting issues such as gender and humanitarian situations are also addressed in this document, although not in great depth. More information on the methodology and theoretical framework underpinning the mapping study can be found in the full report, *Mapping of Disability-Inclusive Education Practices in South Asia*.

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ACRONYMS AND ABBREVIATIONS

ALCS	Afghanistan Living Conditions Survey
CBE	Community-Based Education
CBR	community-based rehabilitation
CFM	Washington Group/UNICEF Module on Child Functioning
CFS	child-friendly schools
CRDC	community rehabilitation development centre
CRPD	Convention on the Rights of Persons with Disabilities
CSO	civil society organization
ECCE	early childhood care and education
ECD	early childhood development
EMIS	Education Management Information System
ESA	Education Sector Analysis
GDP	gross domestic product
I&CFE	Inclusive and Child-Friendly Education
IDP	Internally Displaced Persons
MDSA	Model Disability Survey in Afghanistan
MICS	Multiple Indicator Cluster Survey
MMD	State Ministry for Martyrs and Disabled Affairs
MoE	Ministry of Education
NDSA	National Disability Survey in Afghanistan
NESP	National Education Strategic Plan
NGO	non-governmental organization
OPD	Organization of Persons with Disabilities
p.	page
SCA	Swedish Committee for Afghanistan
SDG	Sustainable Development Goal
SIP	School Improvement Plan
UDL	Universal Design for Learning
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children’s Fund
UNICEF ROSA	UNICEF Regional Office for South Asia
USAID	United States Agency for International Development
WG	Washington Group on Disability Statistics

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Inclusion is anchored on the fundamental human right to education for all promulgated in the 1948 Universal Declaration of Human Rights.

1

INTRODUCTION

Inclusion is anchored on the fundamental human right to education for all promulgated in the 1948 Universal Declaration of Human Rights.¹ The United Nations Convention on the Rights of Persons with Disabilities (CRPD), specifically Article 24, strengthened the global shift towards inclusion by mandating States parties to improve education systems and undertake measures to fulfil the rights of persons with disabilities to quality inclusive education.²

Despite overall progress in education attainment globally, children with disabilities remain one of the most marginalized groups. They are less likely to participate in and complete their education compared to their peers without disabilities.³

In South Asia, an estimated 29 million children – 12.5 million at primary level and 16.5 million at lower secondary level – were out of school in 2018.⁴ Of these, a considerable proportion was estimated to be children with disabilities. According to the United Nations Educational, Scientific and Cultural Organization (UNESCO),

it is not possible to generate statistics that are regionally or globally representative of the status of persons with disabilities with regard to education because of the scarcity of national data.⁵ This is true for the South Asia region as well.

The lack of disaggregated education data poses a significant challenge for policy and programme development and implementation. In this regard, the United Nations Children’s Fund Regional Office for South Asia (UNICEF ROSA) commissioned a study to:

- map inclusive education policies, strategies and practices implemented at all levels of the education system in the South Asia region that are effective, or promise to be effective, in increasing access and/or learning outcomes of children with disabilities in education and have the potential for scaling up; and
- inform the development and strengthening of regional and country-level advocacy and programming for advancing disability-inclusive education across South Asia.

¹ United Nations, Universal Declaration of Human Rights, 1948.

² United Nations, Convention on the Rights of Persons with Disabilities and Optional Protocol, 2006.

³ World Health Organization and The World Bank, *World Report on Disability*, World Health Organization, Geneva, 2011.

⁴ UNESCO Institute for Statistics database, ‘Out-of-School rates and numbers by SDG region, 2018’, n.d.

⁵ UNESCO Institute for Statistics, ‘Education and Disability: Analysis of Data from 49 Countries’, Information Paper No. 49, 2018, <http://uis.unesco.org/sites/default/files/documents/ip49-education-disability-2018-en.pdf>, accessed 18 December 2020.

The mapping covered interventions towards establishing disability-inclusive education initiated at all levels of the education system in eight countries in the region: Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka.

A theoretical framework was developed to guide the mapping exercise. The framework conceptualized inclusive education through four main domains: (1) Enabling Environment, (2) Demand, (3) Service Delivery, and (4) Measuring and Monitoring Quality. Cross-cutting issues, albeit not covered in great depth, were included in the review to provide an overview of the

intersectionality between disability and gender, and disability and humanitarian issues.

This country profile on Afghanistan was developed as part of this regional mapping study on disability-inclusive education. It aims to provide a snapshot of the key policies, practices and strategies implemented from 2010 to 2020 to ensure children with disabilities learn in inclusive settings in Afghanistan. More information on the methodology and theoretical framework underpinning the mapping survey can be found in the full report, *Mapping of Disability-Inclusive Education Practices in South Asia*.⁶

⁶ Grimes, P., et al., *Mapping of Disability-Inclusive Education Practices in South Asia*, United Nations Children's Fund Regional Office for South Asia, Kathmandu, 2021.

Despite challenges, Afghanistan showed commitment and significant progress towards educating all children, including those with disabilities.

2

COUNTRY CONTEXT

Afghanistan has faced many years of conflict, strife and unrest. The education of children has been profoundly affected as a result, including the education of children with disabilities. The protracted conflict nurtured a perspective of disability as a war issue that has influenced the approach to disability support programming.

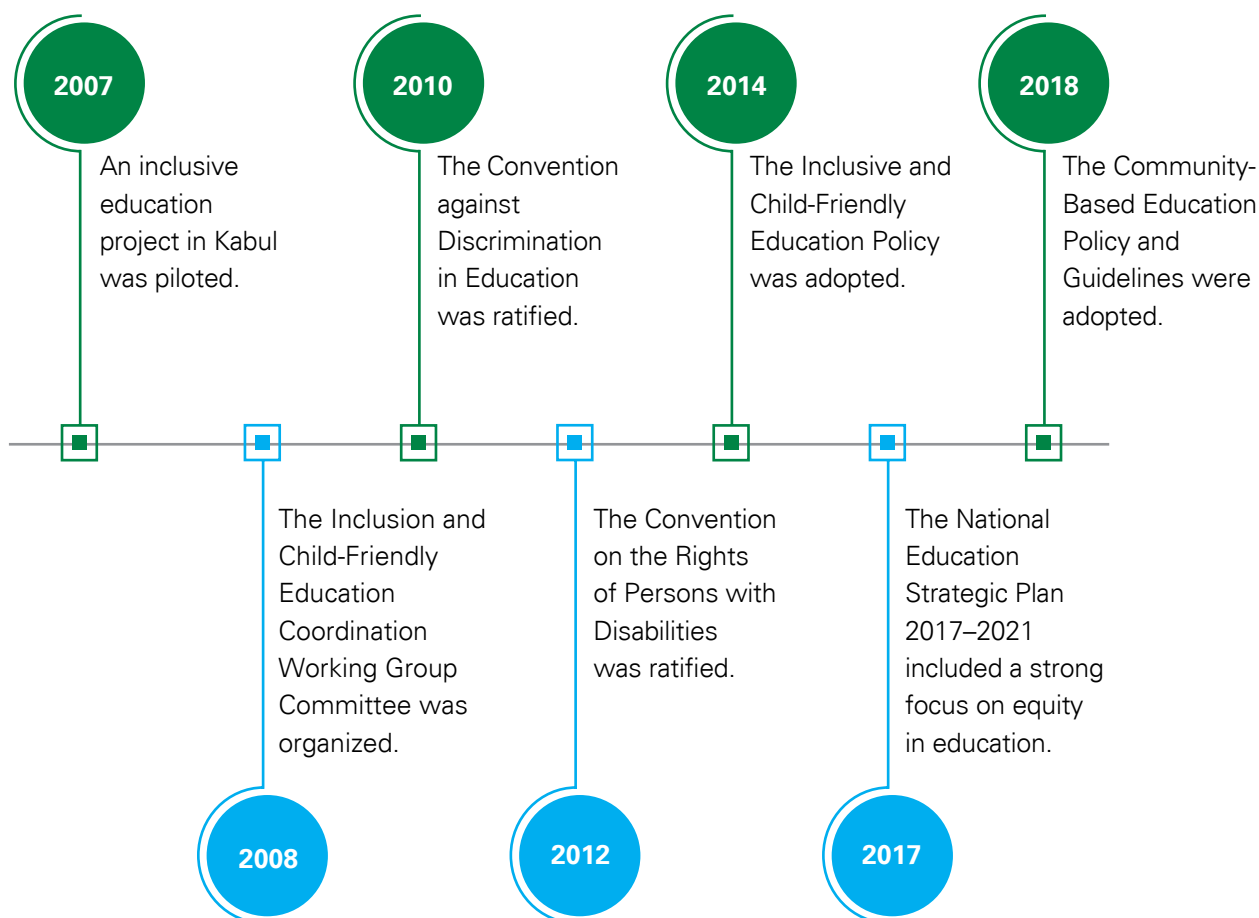
The participation of children with disabilities in education was marred by a complex set of

interrelated factors that included insecurity, poverty, large-scale migration, high population growth, social and cultural norms, among others.⁷ In addition, Afghanistan is ranked 9 out of 178 countries in the Fragile States Index, indicating a very high risk for humanitarian crises.⁸ Despite these barriers, the country showed commitment and significant progress towards educating all children, including those with disabilities.

⁷ Central Statistics Organization, *Afghanistan Living Conditions Survey 2016–17*, 2018.

⁸ UNICEF Regional Office for South Asia, *Communication for Development Strategic Framework 2018–2021*, United Nations Children’s Fund Regional Office for South Asia, Kathmandu, 2018.

Milestones in disability-inclusive education



Afghanistan's commitment to disability-inclusive education was demonstrated in its laws, policies and ratification of key international conventions.

3

ENABLING ENVIRONMENT

The enabling environment includes interrelated conditions that enable or facilitate the development of a disability-inclusive education system, including policies, disability data, plans, leadership, coordination and financing.

3.1 POLICY AND LEGISLATIVE FRAMEWORK

A strong policy framework set the foundation for disability-inclusive education.

Afghanistan's commitment to disability-inclusive education was demonstrated in its laws, policies and ratification of key international conventions, such as the Convention on the Rights of Persons with Disabilities.

The Constitution (2004) underlined a "general principle of non-discrimination and equality" (Article 22) and guaranteed the right to free education for all citizens up to the bachelor's level (Article 43).⁹ Moreover, the Comprehensive National Disability Policy 2003 set out an overarching framework for the country in

addressing the rights of persons with disabilities, including an explicit focus on advancing inclusive education.

This was echoed in the Education Law (2008), which further stated that basic education up to Grade 9 was "provided free and compulsory in a balanced and equitable manner".¹⁰ The law, however, was criticized for certain ambiguous provisions relating to children with different educational needs. For example, Article 15 stated "Education of children and adults who needs special education and training due to different reasons shall be provided in different educational levels, in accordance to its related rules", which

⁹ Afghanistan, The Constitution of Afghanistan, ratified 26 January 2004 (2004), www.unesco.org/education/edurights/media/docs/ef605c83f9e70b01e7189447d981ec2c631913e1.pdf.

¹⁰ Afghanistan, Education Law (2008).

could be interpreted in two ways, either as a directive to include and accommodate all children regardless of background or as a justification for education delivery in segregated settings.¹¹

The continued operation of special schools was supported in the Law on Protection of Child Rights that mandated the Ministry of Education (MoE) to “provide special education for children with disabilities in public schools”.¹²

The Inclusive and Child-Friendly Education Policy 2014 accelerated the shift towards inclusion.

In 2014, Afghanistan adopted the Inclusive and Child-Friendly Education (I&CFE) Policy. It was a pivotal step in the country’s continuous efforts to create an education system responsive to all learners. It broadly defined inclusive education from a rights-based perspective, mandating the government, schools and communities to confront marginalization and exclusion in education.

The policy set a strong foundation on which the development of inclusive practices could be anchored. It highlighted the central role of an inclusive curriculum in developing schools that can support all learners by providing room for flexibility and adjustments to diverse needs, abilities and learning styles.¹³

The policy further ensured the establishment of fundamental building blocks for disability-inclusive education, focusing on increasing awareness and inclusive policymaking; expanding the reach of education through formal and non-formal provisions;¹⁴ developing inclusive curricula, examination and assessment systems; teacher education and training; support systems for children with disabilities and other special/ individual needs; and developing low-cost assistive devices, among other priorities.

While laws and policies promoted disability inclusion, amending certain stipulations perpetuating segregated forms of education

Table 1. Main laws, policies and plans on disability and education

Government’s action on international policies	Ratification
Convention on the Rights of the Child (1989)	1994
Convention on the Rights of Persons with Disabilities (2006)	2012
Convention on the Rights of Persons with Disabilities Optional Protocol (2006)	2012
Domestic laws, policies and plans on disability and education	Adoption
Comprehensive National Disability Policy in Afghanistan	2003
Education Law	2008
Inclusive and Child-Friendly Education Policy	2014
National Education Strategic Plan	2017–2021
Community-Based Education Policy and Guidelines	2018

¹¹ Ministry of Education, Afghanistan National Report submitted for the 48th session of the International Conference on Education, Geneva, 2008, p. 32.

¹² Afghanistan, Law on Protection of Child Rights (2019).

¹³ Ministry of Education, Inclusive and Child-Friendly Education Policy, Kabul, 2014.

¹⁴ Including accessible school buildings, inclusive community classes, establishing new formal schools and schools for girls, multigrade teaching, holistic early childhood development, alternative and distance education.

Inclusive education is one that “ensures that all children have equal access to quality education regardless of their gender, age, abilities, disabilities/impairments, health conditions, circumstances, as well as socio-economic, religious, ethnic, and language backgrounds.”

– **Afghanistan Inclusive and Child-Friendly Education Policy 2014**

remained imperative. These provisions, however, should not have hindered the government from pursuing initiatives to ensure children with disabilities receive education on an equal basis with their peers without disabilities in mainstream classrooms.

In providing education to children with disabilities, there was a disconnect between policy and practice.

Actions towards disability inclusion were largely directed by how disability was defined and inclusive education conceptualized. Key legal documents in Afghanistan subscribed to the social view of disability, which could have propelled further reforms, especially in disability identification and data collection, in the right direction. Inclusive education was conceptualized as a process of ensuring equitable access to education, covering multiple groups of children at risk of exclusion. These were notable developments that could have helped shape approaches to education for children with disabilities.

In practice, however, most children who were able to participate in learning opportunities were enrolled in special schools. There was little evidence indicating the wide implementation of inclusive strategies in mainstream schools. Teaching and learning practices needed to catch up with the philosophy promoted in national and international policies. (See also section 5.1 Approaches to educating children with disabilities)

3.2 DISABILITY-INCLUSIVE SECTOR PLAN

The government recognized inclusive education both as a goal and a strategy to achieving education for all.

Children with disabilities were recognized within the broader inclusion agenda articulated in the National Education Strategic Plan (NESP) 2017–2021,¹⁵ which included other disadvantaged groups such as internally displaced persons (IDP) and Kuchis.¹⁶ Along with NESP, the Education Sector Analysis (ESA) 2016¹⁷ reinforced the country’s commitment to inclusive education, emphasizing the implementation of the I&CFE Policy, with explicit links to international goals such as Education For All and Sustainable Development Goal (SDG) 4.

Creating inclusive learning environments and increasing equitable access to education for all children were embedded in the NESP Theory of Change as key result areas, seen as vital in increasing access and improving the quality of learning. Although the strategic plan did not include an explicit definition of disability or inclusive education, it intended to expand the implementation of child-friendly schools (CFS) at all levels of education. School mapping and planning would include a focus on encouraging children with disabilities to enrol in regular schools, however, the focus on establishing special education centres was a priority.¹⁸

¹⁵ Ministry of Education, National Education Strategic Plan 2017–2021, Kabul, 2016.

¹⁶ Kuchis are the nomadic population of Afghanistan.

¹⁷ Pouras Consult Aps, *Education Sector Analysis: Afghanistan*, volume 1, 2016.

¹⁸ Ibid. p. 45.

Table 2. Definitions related to disability inclusion based on national laws and policies and international definitions

Terminology	Definition based on national laws and policies	International definition
Disability	<p>“Disability is defined as the condition resulting 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.”*</p>	<p>“Disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others.”</p> <p>– Convention on the Rights of Persons with Disabilities, 2006</p>
Inclusive education	<p>Inclusive and child-friendly education is one that “ensures that all children have equal access to quality education regardless of their gender, age, abilities, disabilities/impairments, health conditions, circumstances, as well as socio-economic, religious, ethnic, and language backgrounds.”</p> <p>– Inclusive and Child-Friendly Education Policy, 2014, p.5</p>	<p>“Inclusive education is the result of a process of continuing and proactive commitment to eliminate barriers impeding the right to education, together with changes to culture, policy and practice of regular schools to accommodate and effectively include all students.”</p> <p>– General Comment No. 4 (2016) to Article 24, Convention on the Rights of Persons with Disabilities</p>
Special education needs/ persons with special needs	<p>The Constitution and the Education Law identified children in need of special attention and/ or resources, which included children with disabilities, children with different language backgrounds, gifted and talented students, girls and nomadic children.</p>	<p>“Broad group of persons for whom schools need to adapt their curriculum, teaching method and organization, in addition to providing additional human or material resources to stimulate efficient and effective learning.”</p> <p>– UNESCO Institute for Statistics, Data for the Sustainable Development Goals Glossary</p>

*As cited in UNESCAP, *Disability at a Glance 2012: Strengthening the evidence base in Asia and the Pacific*, United Nations Economic and Social Commission for Asia and the Pacific, Bangkok, 2012.

ESA and NESP highlighted the need to improve disability data.

Analysis of the situation of children with disabilities was limited as seen in ESA and NESP. Although some statistics were presented in both documents, they were outdated and lifted from the National Disability Survey in Afghanistan (NDSA) 2005. The lack of supportive learning environments was cited as one of the key challenges in providing education to children with disabilities.¹⁹ (See also section 3.3 Data on children with disabilities)

NESP was anchored on strengthening the capacity of the education system and engaging parents and communities in disability inclusion.

The analysis of capacity and training needs in ESA was general and did not mention capacity building on topics on inclusive education (e.g., learner-centred pedagogy, inclusive curriculum and assessment), except for a mention of training on teaching multilevel classrooms. Furthermore, NESP supported strengthening the capacity of teachers and school leaders in ensuring schools were inclusive, safe and conducive to learning through the development of a credentialing framework and professional development interventions.²⁰

Although specific capacity building plans on disability-inclusive education were not articulated, the overall reform agenda was anchored on strengthening the capacity of the system, particularly, teachers and school leaders to develop inclusive and child-friendly schools. (See also section 5.2 Education workforce and teacher training)

Parental educational attainment, support to and participation in the education of their child were seen as factors affecting student learning outcomes for all children in ESA. NESP addressed this by intending to “increase openness and accountability” among parents and communities (e.g., establishing codes of conduct/standards for behaviour and clear responsibilities, engaging

parents in school shuras [councils], monitoring and reporting violations of the education code of conduct).²¹

Financing and monitoring and evaluation mechanisms needed to target disability.

Specifically targeting children with disabilities in the design, implementation and monitoring of strategic and financial plans was necessary to guarantee accountability and ensure focused interventions were put in place. Expenditure specific to education for children with disabilities was not examined in ESA, which may be due to the unavailability of disaggregated financial data and/or cost being embedded in general education initiatives. Similarly, there was no specific line budget for supporting the education of children with disabilities. (See also section 3.4 Funding and financing)

The sector plan indicated a plan to mobilize additional resources to support special education centres and development of materials for children with special learning needs. ESA’s recommendations concerning improvements in data collection and monitoring did not include indicators pertaining to children with disabilities. No disability-specific indicators were included in the NESP monitoring framework either.

Moreover, plans to increase efficiency and responsiveness of the Education Management Information System (EMIS) did not mention improvements with regard to disability (e.g., use of Washington Group set of questions to define disability, disaggregate student data by types of disability). (See also section 6 Measuring and Monitoring Quality)

Children with disabilities should have been explicitly included in the COVID-19 education response plan.

The Alternative Education Plan 2020 developed in response to the COVID-19 pandemic did not articulate a clear strategy for ensuring continuity

¹⁹ *Education Sector Analysis*, p. 17.

²⁰ *Ibid.* p. 106

²¹ *Ibid.* p. 64

of learning for children with disabilities, who were most likely to be further marginalized during the pandemic. (See section 7.2 Humanitarian contexts for more information on COVID-19 response)

3.3 DATA ON CHILDREN WITH DISABILITIES

The reliability of available disability data was questionable, but efforts to strengthen data collection mechanisms showed promise.

Availability and reliability of information on children with disabilities remain a serious challenge in Afghanistan, rooted in systemic issues such as birth registration. Only 29.5 per cent of children aged under five years had been registered.²² Being counted is especially crucial for children with disabilities in guaranteeing they receive appropriate support services, including early identification and intervention, to prevent further marginalization.

There was no systematic screening or identification process in place for children with disabilities. Identification was often limited to children already in school with physical or visible impairments. Children with disabilities who were out of school were unidentified and the most difficult to locate and reach.

The challenge in collecting data on disability is made more apparent when examining the results on disability prevalence from more recent national surveys. The National Disability Survey in Afghanistan preceded the Washington Group on Disability Statistics (WG) Short Set of Questions on Disability and used a different methodology in measuring disability. On the other hand, both the Afghanistan Living Conditions Survey (ALCS) and Model Disability Survey in Afghanistan (MDSA) adopted modified versions of the WG questions. The differing methodologies used made it impossible to compare and contrast the results,

however, the wide variations in the results offered insights into the extent of the issue in data collection.

Table 3 outlines the main sources of data on children with disabilities in the country. The introduction of the WG questions in national surveys signalled a shift in the manner in which disability was perceived and measured, which could have informed more responsive planning and programming.

Disability prevalence generated by MDSA presented significantly higher figures than the World Health Organization and World Bank estimates of 5.1 per cent for moderate or severe disabilities in children up to 14 years.²³ ALCS suggested that 3.2 per cent (294,000 persons) of the total Afghan population had a disability, higher than estimates from NDSA (2.7 per cent) in 2005. MDSA, on the other hand, reported that 79 per cent of the adult population had disabilities in 2019²⁴ – a wide difference from 4.7 per cent found by NDSA in 2005. MDSA attributed the alarming proportion to the sustained conflicts and violence in the country, among other factors.

Variations in definitions of disability and methodology used in national surveys may account for the large differences in prevalence rates. It would be interesting to look at the factors for the differences in MDSA and ALCS, surveys that both adopted the WG questions. Nevertheless, the numbers implied a growing issue in data that needed increased and urgent attention from the government. For example, more recent laws and policies (i.e., NESP, I&CFE Policy) relied on outdated statistics, giving little weight to the issue of exclusion and marginalization of children with disabilities in education, which could translate to insufficient government budget allocation and programming.

²² *Afghanistan Living Conditions Survey 2016–17*.

²³ *World Report on Disability*.

²⁴ *Model Disability Survey of Afghanistan 2019*, The Asia Foundation, 2020.

Table 3. Main sources of child disability data

Method/data type	Data collection activity	Responsible agency	Frequency	Latest report available	Includes data on children with disabilities	Adopted CFM or WG Questions
Administrative data	Education Management Information System	Ministry of Education (MoE)	Annual ^a	No information available	Yes	No
	Birth registers	Ministry of Labor and Social Affairs	No information available	No information available	No information available	No information available
	Child functioning screening tool (planned pilot project) ^b	USAID, MoE	At the planning stage	Not applicable	Not applicable	Not applicable
Census	Population and Housing Census	Central Statistics Organization	Every 10 years	No information available	No information available	No information available
Survey	Multiple Indicator Cluster Survey (MICS) ^c	Central Statistics Organization and UNICEF	Not applicable	MICS 4 (2010–2011)	No	No
	Model Disability Survey in Afghanistan (MDSA)	The Asia Foundation	Not applicable	MDSA 2019	Yes	Yes
	National Disability Survey in Afghanistan (NDSA)	Handicap International (Humanity & Inclusion)	Not applicable	NDSA 2005	Yes	No
	Afghanistan Living Conditions Survey (ALCS) ^d	Central Statistics Organization	No information available	ALCS 2016–2017	Yes	Yes

CFM: WG/UNICEF Module on Child Functioning; MoE: Ministry of Education; UNICEF: United Nations Children’s Fund; USAID: United States Agency for International Development; WG: Washington Group on Disability Statistics.

a USAID, *Data Verification and Quality Assessment Education Management Information System Afghanistan II*, Final Report, 2017.

b USAID and MoE were planning to launch a pilot, according to the UNICEF ROSA mapping survey.

c MICS is the UNICEF international household survey initiative designed to support countries in collecting and analysing data for monitoring the situation of children and women.

d Formerly called the National Risk and Vulnerability Assessment. All six activities proposed by WG were investigated: seeing, hearing, walking or climbing stairs, self-care and remembering or concentrating.

Table 4. Disability prevalence among the Afghan population (%)

Year	Survey	Disability prevalence (%)
2005	National Disability Survey in Afghanistan	2.7
2016–2017	Afghanistan Living Conditions Survey	3.2
2019	Model Disability Survey in Afghanistan	79*

*Among adults.

Table 5. Disability prevalence among children (%)

Year	Survey	Disability prevalence among children aged 2–17 years (%)
2005	National Disability Survey in Afghanistan	6.6*
2016–2017	Afghanistan Living Conditions Survey	3.2*
2019	Model Disability Survey in Afghanistan	17.3

*Among children 0–14 years.

Multiple barriers hindered access to and participation of children and youth with disabilities in education and training.

ESA 2016 estimated that a staggering 95 per cent of children with disabilities had no access to school, while ALCS 2016–2017 noted 75.1 per cent of persons with disabilities never attended school. This was despite free public education and compulsory primary and lower secondary education.

The participation rate of youth with disabilities aged 15–24 in formal and non-formal technical and vocational training was 17.9 per cent, lower than their non-disabled peers at 28.7 per cent.²⁵ These data can be largely attributed to the lack of physical access to schools and learning materials and inaccessibility of the curriculum.

ALCS noted that for the population of children aged 6 years and over who never attended school, 36.6 per cent considered the absence or long distances to school as the main factor for non-attendance. The disproportionate distribution of schools and alternative educational centres²⁶ meant long distances of travel for children with disabilities to reach the nearest school.²⁷ This was compounded by difficult roads, lack of a safe and accessible transportation system²⁸ and persisting armed conflict²⁹ in the region.

Children with disabilities who were able to go to school faced a different set of barriers. The lack of physical access in infrastructure and sanitation facilities, accessibility tools/devices and health care support for children with disabilities in most schools were among critical factors that affected

²⁵ *Afghanistan Living Conditions Survey 2016–17*.

²⁶ UNICEF Afghanistan, *Annual Report 2013*, Kabul, 2013.

²⁷ Afghanistan Independent Human Rights Commission, *Report on the Situation of the rights of Persons with Disabilities in Afghanistan 1393*, 2016.

²⁸ *Ibid.*

²⁹ UNICEF Afghanistan, *Country Programme Document 2015–2019*, Kabul, 2014.

participation.³⁰ Moreover, a rigid curriculum³¹ hindered many children with disabilities from achieving positive learning outcomes, often resulting in non-completion and dropout. Despite these challenges, various initiatives tried to overcome these barriers through persistent efforts and strong partnerships of communities, education actors and civil society organizations (CSOs).³²

Upgrades to EMIS should include monitoring inclusive education.

Afghanistan's EMIS, established in 2007, served as the primary system that gathered, processed and disseminated education data on a regular basis.³³ Some disability data were collected through EMIS, but limited to the number of

Table 6. Disability data in the Education Management Information System (EMIS)

Criteria*	Included in EMIS
Contains data on students with disabilities	Yes
Approach to identifying disability	
Use of Washington Group set of questions to identify disability	No
Identified only by 'disability' or 'special needs'	Yes
Level of data collection	
Pre-primary	No
Primary	Yes
Secondary	Yes
Data collected	
Participation (enrolment, dropout, completion)	Yes
Learning outcomes	No
Type of disability/functional difficulty	No
Degree of disability/functional difficulty	No
Barriers to education at the school level	No
Children with disabilities who are not in school	No
Disaggregation available	
Sex	Yes
By definition of disability/functional difficulty	No
Geographical location	Yes
Type of institution (government/private)	Yes

Source: UNESCO Institute for Statistics, 'The Use of UIS Data and Education Management Information Systems to Monitor Inclusive Education', Information Paper No. 60, 2019, and data validated with UNICEF Afghanistan and Ministry of Education.

*Criteria adapted from UNESCO Institute for Statistics, 2019.

³⁰ UNICEF Afghanistan, Module 2: Inclusive Education, Child Friendly School Training Package, Kabul, n.d.

³¹ *Annual Report 2013*.

³² Module 2: Inclusive Education.

³³ The World Bank Group, *Afghanistan Education Management Information Systems, SABER Country Report 2017*, The World Bank Group, Washington, D.C., 2017.

children with disabilities enrolled in school, identified without regard to varying levels of functioning. Data on learning outcomes, needs and barriers of children with disabilities were not captured in the system (see Table 6).³⁴

Initiatives to upgrade EMIS should have considered integrating key indicators on access and participation of children with disabilities, educational needs as well as barriers to full participation in mainstream classrooms.

3.4 FUNDING AND FINANCING

Intentions must translate to investments.

Although the country saw increased domestic revenue in recent years, funding the education system remained largely dependent on official development assistance and external support.³⁵ Nonetheless, Afghanistan showed commitment to improving the sector. The government appropriated 4.1 per cent of its total gross domestic product (GDP) for the education sector, which accounted for 16 per cent of its total public expenditure.

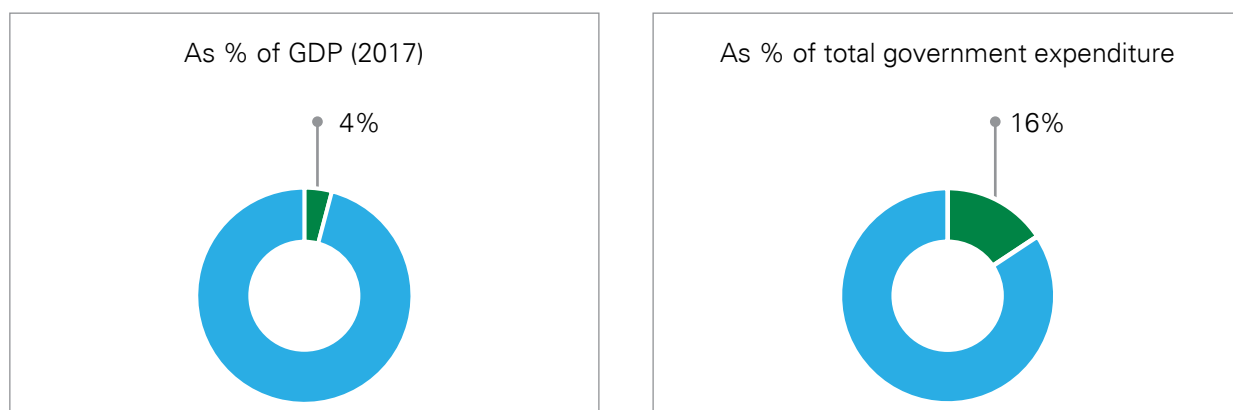
While there was not enough available information on the budget earmarked for disability-inclusive

education, funding allocation for general education was within the recommended percentages (4–5 per cent of GDP and/or 15–20 per cent of total government expenditure) of the Education 2030 Incheon Declaration and Framework for Action (see Figure 1).³⁶ How and for which particular interventions these fund allocations were spent would have to be reviewed.

There was insufficient evidence to say that intentions set out in laws and policies to afford equitable learning opportunities for all children were translated into financial investments. NESP 2017–2021 did not articulate disability-specific fund allocations aside from the following activities:

- Local school mapping and planning, including mobilization of resources to encourage learners with special needs to enrol in mainstream classes, where feasible.
- Establishment of special education centres and development of materials (e.g., textbooks in Braille), with support from non-governmental organizations (NGOs) and other additional funding.

Figure 1. Government expenditure on education (%)



Source: UNESCO Institute for Statistics, 'Sustainable Development Goal 4 Country Profile: Afghanistan', n.d.

³⁴ UNESCO Institute for Statistics, 'The Use of UIS Data and Education Management Information Systems to Monitor Inclusive Education', Information Paper No. 60, 2019.

³⁵ Ministry of Education, National Education Strategic Plan 2015–2020, Kabul, 2014.

³⁶ UNESCO, Education 2030 Incheon Declaration and Framework for Action for the implementation of Sustainable Development Goal 4, United Nations Educational, Scientific and Cultural Organization, 2015, http://uis.unesco.org/sites/default/files/documents/education-2030-incheon-framework-for-action-implementation-of-sdg4-2016-en_2.pdf.

The UNICEF ROSA mapping survey results suggest that government funding was limited to supporting special schools located in the central districts. Decentralized education funding was not evident and survey respondents reported funding for inclusive education was not reflected in local authority or school budgets.

Furthermore, the five-year education plan allocated the government's education budget in order of its three main priority areas: (1) Quality – 66.3 per cent, (2) Access – 23.7 per cent, and (3) Management – 10 per cent.³⁷ Although the commitment to raise quality was notable, a large percentage of children remained out of school.³⁸

3.5 LEADERSHIP AND MANAGEMENT

A formal coordination mechanism for inclusive education was established.

A system for cross-sectoral coordination on disability affairs was in place in the country. The National Disability Commission³⁹ and the State Ministry for Martyrs and Disabled Affairs (MMD)⁴⁰ were mandated to lead the coordination of programmes and policy development within the disability sector. The Afghanistan Inclusive Education Coordination Working Group, co-chaired by UNESCO and MoE, coordinated the work on improving inclusive education. However, the capacity of these mechanisms needed strengthening.

The I&CFE Policy mandated government units and relevant stakeholders to work together in implementing inclusive education in the country (see Figure 2). It outlined which units within organizations were involved and the main roles and responsibilities of the stakeholders. The policy further indicated the establishment of inclusive education units at the local level, which could strengthen vertical coordination for inclusive education.

Approaches supportive of inclusive leadership were built into the school improvement planning process in UNICEF child-friendly schools.

Leadership practices supportive of learner-centred approaches and creation of inclusive learning environments were embedded in the school improvement planning process for CFS, including:

- indicators for assessing and improving schools that included a focus on learner-centred pedagogy for all learners;
- opportunities for teachers to discuss teaching practices, share challenges, find solutions and learn from each other to improve teaching and learning, mentioned as a measure for school quality, encouraging school-based professional development and instructional leadership from the part of the school principal; and
- gathering data on children with disabilities and their attendance in schools.⁴¹

³⁷ National Education Strategic Plan 2015–2020.

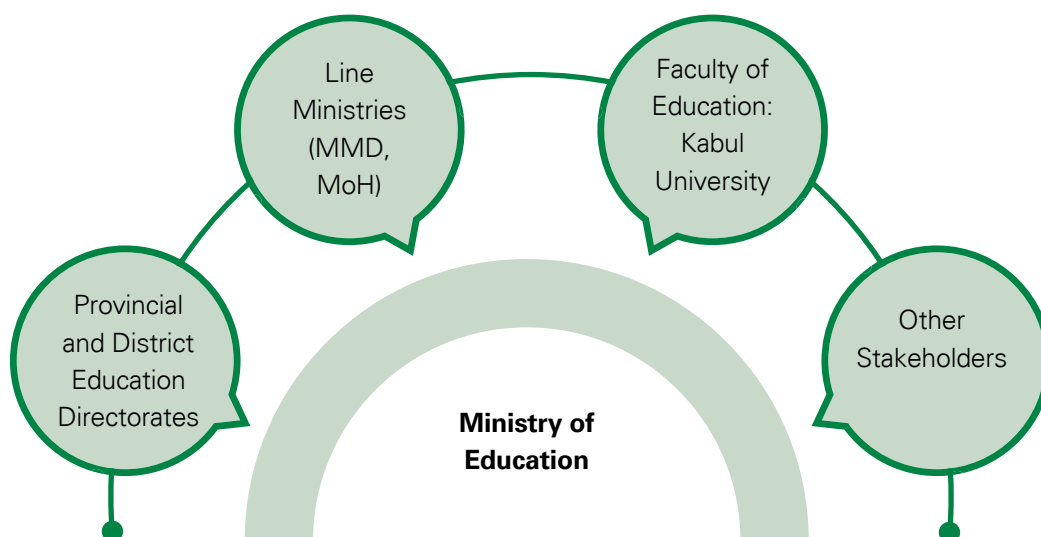
³⁸ *Improving Education Quality in South Asia: A review of UNICEF's efforts*, United Nations Children's Fund Regional Office for South Asia, Kathmandu, 2018.

³⁹ Ministry of Martyrs and Disabled, *The Comprehensive National Disability Policy in Afghanistan*, Kabul, 2003.

⁴⁰ Swedish International Development Cooperation Agency, 'Disability Rights in Afghanistan', in *Human Rights Based Approach at Sida, Compilation of Briefs on Persons with Disabilities*, Stockholm, 2014.

⁴¹ UNICEF Afghanistan, *Module 9: School Assessment & Development Plan, Child-Friendly School Training Package*, Kabul, n.d.

Figure 2. Coordination mechanism for implementation of the Inclusive and Child-Friendly Education Policy



MMD: State Ministry for Martyrs and Disabled Affairs; MoH: Ministry of Health

UNICEF supported the development of inclusive leadership in the education system.

Training on CFS included content supportive of inclusive leadership, such as use of assessment tools to identify the number of children with disabilities enrolled in the school; child-centred teaching approaches; participation of students

in decision-making; and leadership and management practices supporting teachers' continuous development and raising teacher quality. UNICEF provided resource persons to train staff of the Department of Inclusive Education in 34 different jurisdictions when the department was established in 2006.⁴²

⁴² Ministry of Labor, Social Affairs, Martyrs and Disabled, National Disability Action Plan 2008–2011, Kabul, 2008, www.un.org/development/desa/disabilities/wp-content/uploads/sites/15/2019/10/Afghanistan-National-Disability-Action-Plan-2008-2011.pdf.

In many parts of Afghanistan, communities took charge of facilitating access to education for vulnerable children in geographically hard-to-reach areas through strategic partnerships and active participation.

4

DEMAND

This domain focuses on initiatives supporting children with disabilities and their families to improve knowledge on their rights, demand for inclusive services, encourage changes in attitudes and behaviour, and increase participation in education. It includes involving the wider community, forging partnerships and putting in place systems and structures to facilitate meaningful engagement.

4.1 FAMILY AND COMMUNITY ENGAGEMENT AND PARTNERSHIPS

Policies provided mechanisms for family and community participation.

In Afghanistan, enabling policies encouraged persons with disabilities and their families to participate in developing policies and programmes that affected them. The inter-ministerial and multisectoral Task Force on Disability⁴³ was established in 2003 to lead the development of a comprehensive national disability strategy.

The Task Force included representatives from ministries of health, education, labour

and social affairs, women affairs, martyrs and persons with disabilities as well as local and international NGOs and Organizations of Persons with Disabilities (OPDs).⁴⁴ As a result of this collaboration, the Comprehensive National Disability Policy 2003 was developed. The policy noted that equity in education provision involved the active participation of persons with disabilities in community activities.⁴⁵

At the community level, the revised Community-Based Education Policy and Guidelines 2018 provided increased opportunity for families and communities to support the education of vulnerable children, especially girls and children with disabilities.⁴⁶

⁴³ Comprehensive National Disability Policy.

⁴⁴ Ibid.

⁴⁵ Ibid.

⁴⁶ Ministry of Education, Community Based Education Policy and Guidelines, Kabul, 2018.

Partnerships paved the way for greater participation in disability-inclusive education.

Family and community participation and partnership are among the core features of an inclusive education system. MoE's partnership with UNICEF Afghanistan initiated improved participation of children with disabilities, their families and the community. With UNICEF support, a set of School Improvement Plan (SIP) guidelines was developed by education staff, students, parents and community members. The SIP guidelines aimed to strengthen the partnership and coordination among MoE, UNICEF and other education actors in improving access to quality education.⁴⁷

The MoE and UNICEF Child-Friendly School Programme underscored the importance of community participation in the decision-making process in schools. It emphasized the advantages of strong partnerships between schools and the larger community that included parents, religious leaders, village elders or elected local government representatives and NGOs.⁴⁸

In many parts of Afghanistan, communities took charge of facilitating access to education for vulnerable children in geographically hard-to-reach areas through strategic partnerships and active participation. Community-Based Education (CBE)⁴⁹ was a programme initiated and managed by families, communities and NGO partners. CBE centres were established to provide educational opportunities to children with no access to government public schools. Children

with disabilities, girls and those with limited access to safe transportation benefited from this programme.⁵⁰

In the MoE-CBE relationship, communities or NGOs were responsible for the overall planning and management of the CBE programme, including raising awareness on education and hiring teachers. While funding, general operation guidelines and curriculum came from the government, active involvement of partner communities and CSOs allowed them greater direct impact on the learning process of their children.

Partnerships with various national and international NGOs filled gaps in access to education of children with disabilities. Particular focus was given to the specialized education of children with physical and developmental disabilities. For example, the Afghan National Deaf Association in Kabul ran a school for children with hearing impairments and an outreach programme for parents.⁵¹

The Swedish Committee for Afghanistan (SCA) supported community rehabilitation development centres (CRDCs) around the country with subcentres and home-based programmes that offered education and rehabilitation services for children with developmental/intellectual impairments.⁵² Many more local CSOs, often with support from international NGOs, had similar education programmes and disability-related services for children with disabilities.

⁴⁷ *Improving Education Quality*.

⁴⁸ UNICEF Afghanistan, Module 8: Community and Child Participation, Child-Friendly School Training Package, Kabul, n.d.

⁴⁹ Community-Based Education Policy and Guidelines.

⁵⁰ *Ibid.*

⁵¹ UNESCO Kabul and Afghanistan Ministry of Education, *Needs and Rights Assessment: Inclusive education in Afghanistan*, United Nations Educational, Scientific and Cultural Organization Kabul, Kabul, 2009.

⁵² *Ibid.*

4.2 AWARENESS, ATTITUDES AND PRACTICES

The concept of disability as a war issue limits the scope and reach of interventions.

Long periods of conflict in the country have shaped the perception of disability as an issue of war.⁵³ As a result, government funding and programming focused on rehabilitation and welfare services.⁵⁴ The emphasis on curing and caring⁵⁵ for war-related disabilities fostered a medical approach to disability and led the government to shift its focus away from other aspects of the disability-inclusion agenda, such as awareness-raising, participation, education, identification, early intervention and multisectoral coordination of services and information sharing.

Perspectives and practices on disability were slowly evolving and could have been reinforced by a disability-focused social and behavioural change communication strategy.

A number of studies were commissioned by national and international NGOs to investigate existing knowledge, attitudes, practices and experiences of persons with disabilities in Afghanistan. While these studies did not directly tackle inclusion in education and instead focused on discrimination and violence against persons with disabilities, the findings were consistent on prevailing negative attitudes towards disability.

In 2019, the Afghanistan Independent Human Rights Commission conducted a study on the difficulties faced by persons with disabilities,

wherein 1,716 persons with disabilities of different ages (8–90 years), sex (1,435 men and 280 women) and disability across the country participated.⁵⁶ Findings reflected negative attitudes towards persons with disabilities in various provinces across Afghanistan.

A Save the Children knowledge, attitudes and practices study on harmful practices against children with disabilities revealed a lack of awareness of the rights and protection of children with disabilities accorded by laws and conventions.⁵⁷ These findings are consistent with the survey results from the UNICEF ROSA mapping study. Respondents of the survey reported a prevalence of strong stigma and discrimination against children with disabilities and lack of disability-focused communication and social mobilization strategy from both state actors and CSOs.

However, there were small-scale awareness-raising initiatives conducted within various inclusive education projects. An example is the pilot inclusive education project in Kabul in 2007 that involved inclusive education training for 30 teachers and 60 parents in three schools.⁵⁸ An awareness campaign with staff and children in the pilot schools was conducted with an emphasis on building positive attitudes and acceptance of children with disabilities. Various national and international organizations also advocated the rights of persons with disabilities,⁵⁹ however, no strong advocacy programmes focused on disability-inclusive education in the country.

⁵³ Comprehensive National Disability Policy.

⁵⁴ Ibid.

⁵⁵ Ibid.

⁵⁶ Afghanistan Independent Human Rights Commission, *Human Rights Challenges of Persons with Disabilities*, 2019.

⁵⁷ Save the Children International, *Knowledge, Attitudes and Practices on Violence and Harmful Practices against Children in Afghanistan: A baseline study*, Save the Children Afghanistan Country Office, 2017.

⁵⁸ National Disability Action Plan 2008–2011.

⁵⁹ *Model Disability Survey of Afghanistan 2019*.

Government-led initiatives contributed to strengthening teachers' knowledge of inclusive education.

5

SERVICE DELIVERY

This domain deals with the availability of and access to various services for children with disabilities and initiatives to strengthen different aspects of the education system.

5.1 APPROACHES TO EDUCATING CHILDREN WITH DISABILITIES

Formal and alternative learning pathways were available to children with disabilities.

To improve equitable access to education for girls, children with disabilities, IDPs and children in rural areas, NESP pushed for flexible and accessible learning programmes. This meant providing multiple pathways to education for vulnerable groups of children.

A needs and rights assessment study in 2009 reported on the MoE pilot schools for inclusive education in Kabul. Teachers in these schools were supported by MoE through the provision of inclusive education and special needs education training.⁶⁰ However, these pilot programmes were not scaled up and were no longer in operation.

Education provisions available for children with disabilities included access to primary and lower secondary (basic) education, secondary education, CBE, Islamic education, technical and vocational education and training, and preschool centres (see Table 7). Alternative learning pathways included accelerated learning centres, literacy and adult learning programmes, mosque-based education and distance and home-based learning.⁶¹

When children with disabilities attended school, they were mostly in special schools.

Children with specific kinds of disabilities were commonly catered to by special schools. Most of these schools were located in urban areas with some smaller satellite learning centres in nearby provinces. They were founded and managed by communities and international and national aid organizations, and some received government support. Special education programmes were available in various provinces across the country,

⁶⁰ *Needs and Rights Assessment.*

⁶¹ National Education Strategic Plan 2017–2021.

Table 7. Approaches to educating children with disabilities

Approach	Example
Homeschooling	Swedish Committee for Afghanistan coaching classes
Special education	Rahyab school for children with disabilities, Kabul Blind School
Integration	In some schools, for children with mobility difficulties
Inclusive education (pilots)	7 pilot inclusive schools in Kabul
Alternative learning pathways	Community-Based Education community learning centres and Alternative Learning Programmes, community-based rehabilitation, literacy programmes such as sign language
Apprenticeships	In schools for children with visual, hearing and speech impairments

such as Badakhshan, Baghlan, Balkh, Ghazni, Herat, Jowzjan, Kabul, Kandahar, Kunduz, Laghman, Logar, Nangarhar, Parwan, Samangan, Takhar and Wardak.⁶²

The Rahyab School for Children with Disabilities started as a community initiative established by two staff teachers and six volunteers who have physical disabilities. Land and building equipment were donated by community members for the construction of the school building. Children with disabilities were taught sign language, basic literacy and numeracy skills. About 40 per cent of children with disabilities enrolled in the school were girls.

The Kabul Blind School was the only government special school exclusively for children with visual impairments in Afghanistan. Special schools for children with hearing impairments and developmental disabilities also existed around Kabul and Jalalabad.⁶³

Alternative learning pathways provided access to education for children with disabilities in hard-to-reach areas.

The Swedish Committee for Afghanistan built schools in remote rural villages and supported existing community-based classes to provide learning opportunities to children with disabilities.⁶⁴ SCA education initiatives included school construction; inclusive education training of teachers; home school/coaching classes; support for mainstreaming students; and technical support to transition CBE schools into formal schools. SCA worked with MoE in its integrated education programmes for children with disabilities in community schools and community-based rehabilitation (CBR). In this initiative, children with physical disabilities were enrolled in regular schools and provided rehabilitation services.⁶⁵

⁶² National Disability Action Plan 2008–2011.

⁶³ *Needs and Rights Assessment*.

⁶⁴ Swedish Committee for Afghanistan, *Annual Report 2018*, 2018.

⁶⁵ UNESCO, Profiles Enhancing Education Reviews (PEER): Afghanistan, 2020, <https://education-profiles.org/central-and-southern-asia/afghanistan/~inclusion>.

Some efforts to improve access to education alongside other disability-related services were led by national NGOs. The Afghan Landmine Survivors' Organization provided literacy and rehabilitation services, peer support and rights and social inclusion advocacy,⁶⁶ while the Afghan National Association for the Deaf provided sign language classes for children with hearing impairments and teachers.⁶⁷ Despite the efforts from the government and CSOs, participation of children with disabilities in education remained significantly limited with the majority⁶⁸ deprived of access to quality education.

5.2 EDUCATION WORKFORCE DEVELOPMENT AND TEACHER TRAINING

National policy provided guidance on in-service programmes related to disability.

The Comprehensive National Disability Policy 2003 provided action points emphasizing the development of in-service training programmes on disability in coordination with universities and teacher training colleges. The policy particularly gave the directive to include a 'Paralympics component' to the curriculum. It also mandated higher education institutions to research disability issues.⁶⁹

Government-led initiatives contributed to strengthening teachers' knowledge of inclusive education.

NESP 2017–2021 aimed to orientate all ministry staff on its objectives towards inclusion. MoE trained 30 teachers on inclusive education as part of an inclusive education pilot project in Kabul in 2007. In addition, MoE developed training packages that provided support to teachers for working with children with disabilities.⁷⁰

A review of the pre-service teacher education curriculum was conducted.

In 2014, a pilot programme was launched by the MoE Teacher Education Department and three teacher colleges that aimed to reform the curriculum and strengthen teacher capacity for learner-centred practices.⁷¹ The UNICEF ROSA mapping survey respondents confirmed that a review of the pre-service teacher education curriculum had been conducted in an effort to improve the capacity of teachers in teaching diverse learners, including children with disabilities.

The extent to which disability-inclusive education was integrated into the pre-service curriculum would need to be reviewed. A 2014 situational analysis mentioned that efforts to reform the academically heavy curriculum to a more child-centred one had been unsuccessful thus far.⁷² Teacher training curriculum reform needed to include disability-inclusive principles to better prepare teachers to support children with disabilities in regular classrooms.

Raising teacher quality is at the heart of inclusion.

Technical capacity for inclusive pedagogy within the country needed to be strengthened.⁷³ The 2014 situational analysis mentioned that prioritizing the need to quickly increase the number of teachers in Afghanistan hindered the development and implementation of quality teacher development programmes.⁷⁴ In-service training was viewed to be insufficient in "scope, frequency, and quality".⁷⁵

The teaching and learning module section of the CFS package⁷⁶ needed a more comprehensive discussion on disability-inclusive education, including specific strategies for the inclusion of

⁶⁶ 'Disability Rights in Afghanistan'.

⁶⁷ Ibid.

⁶⁸ *Education Sector Analysis*.

⁶⁹ Comprehensive National Disability Policy.

⁷⁰ UNICEF ROSA mapping survey, 2020.

⁷¹ UNICEF, *Children and Women in Afghanistan: A situation analysis 2014*, 2014.

⁷² Ibid.

⁷³ Ministry of Education, *Education Joint Sector Review 2018*, Kabul, 2018.

⁷⁴ *Children and Women in Afghanistan*.

⁷⁵ Ibid., p. 60.

⁷⁶ UNICEF Afghanistan. Module 5: Effective Teaching and Learning, Child-Friendly School Training Package, Kabul, n.d.

children with disabilities in mainstream classes, such as the Universal Design for Learning (UDL).

A 2018 education sector review found that there was no comprehensive, systematic and needs-based plan for teacher development, which needed to be developed.⁷⁷ Furthermore, the review stated that training programmes would need to be developed to build the capacity of principals and teachers to facilitate disability-inclusive education in schools.

The UNICEF ROSA mapping survey results suggest that the lack of knowledge on inclusive teaching approaches and lack of training and specialized support for teachers were the two main challenges to successfully including children with disabilities in education.

A highly centralized system hindered innovation at the school level.⁷⁸

The schedule for supervision of teachers varied depending on the province and district. Several factors contributed to the irregular schedule for instructional supervision, such as the ratio of supervisors and schools in the districts and lack of security, which hindered supervisors from making regular visits to schools in certain districts.⁷⁹

Special needs education training for teachers was offered in university.

A special needs education training for teachers was offered in the Special Education Department at Kabul Education University, the primary teacher training university in Afghanistan. This was the first university department to focus on special needs education teacher training in the country.⁸⁰

The SIP process based on CFS encouraged school-based professional development for teachers.

The school improvement planning method introduced by UNICEF through the CFS programme embedded school-based professional development as a method for improving teaching and learning. School leaders were encouraged to provide opportunities for teachers to share and discuss their teaching practices and challenges and find solutions to improve teaching and learning.⁸¹

The Competency Framework for Teachers in Afghanistan promoted inclusive principles.

The framework set out standards and competencies for pre-service and in-service teachers in Afghanistan. Developed in 2006, it was updated in 2020 to align with the continuous efforts of the government in raising education quality in the country.⁸²

Although there was no explicit reference to children with special educational needs and/or disabilities in the standards, the philosophy of inclusion was evident in its six main competency areas. For example, competent teachers can link learning needs and learners' realities to the content of the curriculum; use formative and summative assessment to evaluate learning outcomes;⁸³ practise child-friendly approaches; use a variety of teaching and learning methods; and use inquiry and active learning techniques.⁸⁴ Requisite teacher competencies also included respecting and placing value on the diversity of learners' backgrounds, skills, interests, abilities and learning style, and creating an inclusive learning environment.⁸⁵

⁷⁷ *Education Joint Sector Review 2018*.

⁷⁸ *Children and Women in Afghanistan*.

⁷⁹ *Education Joint Sector Review 2018*.

⁸⁰ *Technical Cooperation Project Completion Report: Strengthening special education in Afghanistan*, Center for Research on International Cooperation in Educational Development, 2008.

⁸¹ Module 9: School Assessment & Development Plan.

⁸² *The Competency Framework for Teachers in Afghanistan*, Global Affairs Canada, 2020.

⁸³ *Ibid.*, p. 4.

⁸⁴ *Ibid.*, pp. 5–6.

⁸⁵ *Ibid.*

Development partners and national NGOs contributed to strengthening disability-inclusive education through teacher development initiatives.

- CBR programmes contributed to teacher training by conducting awareness training on disability for teachers. Teachers who were interested in inclusive education were supported through supplementary training and incentives to become support teachers in their schools.⁸⁶
- The CFS module provided basic knowledge on rights-based education, child-centred pedagogy and inclusion of marginalized students, including those with disabilities, in schools.⁸⁷ UNICEF supported the improvement of teacher capacity for learner-centred pedagogy through pre-service and in-service training as part of their CFS programme⁸⁸:
 - o UNICEF supported MoE and the Provisional Education Directorates in establishing new CBE centres in 2015. The teachers in the new centres were trained in learner-centred pedagogy.⁸⁹
 - o UNICEF advocated the integration of CFS standards in the national teacher training curriculum.⁹⁰
 - o In 2016, UNICEF supported MoE on CFS through the provision of intensive teacher training to improve access to quality education in schools.⁹¹
- The United Kingdom Foreign, Commonwealth and Development Office (formerly the Department for International Development) provided in-service teacher education on inclusive teaching practices for community-based teachers.

- The Accessibility Organization for Afghan Disabled conducted training for pre-service teacher educators on disability inclusion. It took an active role in the development of university programmes on inclusive education.

5.3 SCHOOL ENVIRONMENT AND INFRASTRUCTURE

Policies articulated general provisions for creating accessible learning environments, but lacked strategic focus and implementation.

Policies and guidelines contained provisions for creating accessible and safe learning environments. The Comprehensive National Disability Policy 2003 emphasized the need for accessible school infrastructure and facilities. Article 36 of the Law on Protection of Child's Rights obligated relevant ministries and government organizations to establish and develop accessible infrastructure and facilities, including requisite equipment to ensure the access of children with disabilities to education, internship, health and rehabilitation services, as well as employment, entertainment and sports opportunities.

However, these provisions lacked strategic implementation as the shortage of safe and accessible schools continued to be a crucial infrastructural problem in the country. MoE constructed new school buildings, but they were found lacking basic facilities, such as water and gender-appropriate lavatories, protective boundary walls and ramps.⁹² Studies have found that the absence of these facilities negatively affects the participation of female teachers, girls and children with disabilities in education.

⁸⁶ National Disability Action Plan 2008–2011.

⁸⁷ Module 2: Inclusive Education.

⁸⁸ Country Programme Document 2015–2019.

⁸⁹ UNICEF Afghanistan, *Annual Report 2015*, Kabul, 2015.

⁹⁰ Ibid.

⁹¹ UNICEF Afghanistan, *Annual Report 2016*, Kabul, 2016.

⁹² *Situation Analysis 2014*.

Government partnerships with international and national development organizations and OPDs resulted in improved school accessibility and the introduction of universal design in public facilities.

Partnerships with international aid organizations, national CSOs and OPDs helped create targeted interventions to improve access of children with and without disabilities to safe learning environments.

The World Bank supported MoE in the Educational Quality Improvement Programme II implemented from 2008 to 2017 to increase access to schooling for Grades 1–12 and strengthen the capacity of communities to better manage teaching and learning activities, among other objectives. The project reported 1,177 school buildings refurbished, 8,541 additional classrooms built,⁹³ 258 schools reopened through strong social mobilization and community relations and 11,543 schools given quality enhancement grants.⁹⁴ Science laboratories, toilets and drinking fountains were also built under this project.

Moreover, UNICEF and the Government of Japan supported the 1,000 Classrooms Project in 2010.⁹⁵ Founded on the UNICEF CFS approach, the project was an initiative to address the limited available space and inaccessibility of schools in Kabul as well as the quality of teaching and learning. Part of the initiative included training over 3,000 teachers on child-centred and participative teaching techniques. Beneficiaries of the project were students who had access to safe, healthy and hygienic learning environments, especially girls who were expected to increase educational participation. The project is one

of UNICEF's initiatives to support countries in reducing inequities in education for girls and hard-to-reach children and minorities.

One of the key initiatives in improving the accessibility of school infrastructure in the country was delivered by the Accessibility Organization for Afghan Disabled. The NGO was the first national organization to apply universal design principles in building accessible schools for Afghan children with disabilities through the project 'Making schools accessible for children with physical disabilities in Afghanistan' from 2013 to 2016. As a result, approximately 100 schools were equipped with accessible ramps, handrails, washrooms and drinking water installations during that period.

The project also helped strengthen the awareness and capacity of policymakers, which resulted in the institution of regulation on new building codes for physical accessibility of public facilities.⁹⁶ The introduction of the new building code that included universal design principles was central to improving access of many children with disabilities to school.

However, monitoring implementation of the building codes and quality assessment on safety and accessibility of school facilities are equally important in ensuring that guidelines are followed. Efforts to improve the safety and accessibility of learning environments were affected by a complex set of factors that included continued conflict in some areas, poverty and social and cultural practices. Recognizing that these factors were related would help develop strategies to improve the safety and accessibility of learning environments for all children, especially those with disabilities.

⁹³ The World Bank, *Afghanistan – Second Education Quality Improvement Program Project (English)*, The World Bank Group, Washington, D.C., 2018.

⁹⁴ United States Agency for International Development, 'Education Quality Improvement Program (EQUIP II)', 2019, www.usaid.gov/news-information/fact-sheets/education-quality-improvement-program-equip-ii.

⁹⁵ 'UNICEF and Japan support '1,000 Classrooms Project' in Afghan capital', Reliefweb, 17 December 2010.

⁹⁶ 'Afghanistan: Making schools accessible for children with physical disabilities in Afghanistan', Zero Project, 2020.

5.4 CURRICULUM, PEDAGOGY AND ASSESSMENT

Learners were at the centre of the new curriculum and assessment frameworks.

NESP 2017–2021 sought to strengthen the national curriculum in pursuit of the SDG 4 agenda. In 2018, MoE supported by various partners undertook a curriculum reform acknowledging the gaps in quality, relevance and effectiveness of teaching and learning in the country. The resulting Curriculum Framework for Basic Education was founded on five guiding principles: (1) Quality teaching and learning; (2) Relevance to student’s lives; (3) Gender equity; (4) Inclusive education; and (5) Lifelong learning.⁹⁷

The curriculum framework, strongly linked with the Life Competency Framework,⁹⁸ encapsulated the government’s vision for the country’s youth and the shifts necessary within the education system to support this vision.

Principles of inclusion were apparent throughout the framework both in principle and in the recommended shifts in practices. The curriculum set the direction for the education system to become more learner centred and inclusive by adopting the following teaching and learning approaches:

- (1) Students learn through student-centred, active learning.
- (2) Students collaborate to explore problems and seek solutions.
- (3) Students develop life competencies through practical activities.
- (4) Students’ learning is guided by teachers who are facilitators of learning.

- (5) Students’ learning progression is guided through continuous classroom assessment.

Parallel to the curriculum reform, a new National Assessment Framework for Afghanistan was developed with a particular focus on strengthening formative classroom-based assessments.⁹⁹ These efforts in curriculum, pedagogy and assessment created momentum for a more inclusive education system in Afghanistan. Engaging the whole school community and supporting teachers and school leaders to implement these reforms would be crucial.

5.5 LEARNING MATERIALS

Responsive and accessible materials that support inclusive teaching and learning were limited.

Availability of quality and relevant learning materials is vital to the implementation of any curriculum. The lack of accessible learning materials directly impacts the participation and quality of learning of children with disabilities in school.¹⁰⁰

MoE made significant efforts in developing learning materials that supported the learning of children. To increase the availability of materials, 100 titles of new primary school textbooks were developed in Dari and Pashto and distributed in schools.¹⁰¹ These materials helped teachers and students to learn using their local language. Books in Braille and an audiovisual sign language dictionary¹⁰² were developed by the Family Welfare Foundation/Hearing Impaired Foundation of Afghanistan School for the Deaf¹⁰³ in Kabul in coordination with MoE.

⁹⁷ Ministry of Education, Draft Curriculum Framework for General Education, Kabul, 2018.

⁹⁸ Ministry of Education, Draft Afghanistan Life Competency Framework, Kabul, 2018.

⁹⁹ Ministry of Education, Draft National Assessment Framework for Afghanistan (NAFA), Kabul, 2018.

¹⁰⁰ Global Partnership for Education, ‘Disability and Inclusive Education: A Stocktake of Education Sector Plans and GPE-Funded Grants’, Working Paper no. 3, 2018.

¹⁰¹ *Needs and Rights Assessment*.

¹⁰² ‘Disability and Inclusive Education’.

¹⁰³ *Needs and Rights Assessment*.

Despite these interventions, all participants in the UNICEF ROSA mapping survey mentioned the lack of accessible and adaptable learning materials as one of the core challenges in the quality of teaching and learning in Afghanistan. The development of accessible and responsive learning materials can be embedded in teacher education curriculum and training and linked to teacher competency standards. This would enable teachers to develop capacity and skill to create flexible learning materials and utilize adaptive technologies and universal design approaches to teaching children with disabilities.

5.6 SUPPORT SERVICES FOR STUDENTS, PARENTS AND TEACHERS

Support services for children and persons with disabilities were mandated by policies.

The Comprehensive National Disability Policy 2003 called for access to early intervention services, including early detection, identification and intervention for young children with disabilities (aged 0–5 years) combined with support and training to caregivers and families of children with disabilities. It also advocated cross-sectoral collaboration to provide early intervention that included MoE, Ministry of Health, particularly primary care workers, and MMD.

The policy presented four key action points on support services for persons with disabilities for the Ministry of Public Health: (1) Collaborate with MMD and develop policy and strategy on early intervention priorities to include those with physical, visual, hearing and intellectual impairments; (2) Increase the quality and coverage of antenatal care services, including the development of health education sessions on women's health and pregnancy; (3) Hold early intervention workshops for health,

welfare and education personnel in the local communities; and (4) Consult the National Disability Commission, MMD and key persons on rehabilitation policy and provisions.¹⁰⁴

Part of MMD's responsibilities, alongside disability coordination, advocacy and information dissemination, was the development and delivery of a comprehensive package of services to persons with disabilities to enable their effective social and economic participation. Services required by persons with disabilities included assessment of learning ability and level of development, daily living skills, social skills, manual dexterity skills and social integration.¹⁰⁵

Community organizations, national and international NGOs and development partners took action to support learners with disabilities.

These organizations stepped up to deliver disability-related support services to children with disabilities and their families. For example, UNICEF worked with MoE to pilot community-based early childhood care and education for young children with disabilities in select communities;¹⁰⁶ and Pro Bambini di Kabul ran preschool, primary school and school-readiness programmes for children with developmental disabilities and helped transition them to regular government schools.¹⁰⁷

The CBR programmes¹⁰⁸ were community-driven initiatives supported by national and international NGOs, which offered a range of multidisciplinary services for children with physical and developmental disabilities and their families. The programmes addressed the needs in health, education, livelihood and awareness-raising.

Specifically, CBR programmes provided foundational training for children with developmental and physical disabilities

¹⁰⁴ Comprehensive National Disability Policy.

¹⁰⁵ Ibid.

¹⁰⁶ Country Programme Document 2015–2019.

¹⁰⁷ *Needs and Rights Assessment*.

¹⁰⁸ 'Community Based Rehabilitation in Afghanistan', 2009.

Table 8. Support services for children with disabilities, parents and teachers

Support service	Example
Disability/child functioning screening, multidisciplinary assessment services including children with disabilities who are out of school	Ministry of Education, supported by the United States Agency for International Development, piloted a child functioning screening tool
Early identification and intervention	Limited to identification and screening in special schools, such as schools for children with visual/hearing impairments
Early childhood development and early childhood care and education (ECCE)	In special schools or integrated settings
Transition services from ECCE to primary to secondary education	Through community-based rehabilitation (CBR)
Therapy interventions and family support	Through CBR and development partners/civil society organization projects
CBR programmes	Community rehabilitation development centres
Multidisciplinary support for teachers and parents	–
Collaboration mechanism and referral system between teachers and providers of specialized services	At the school level and CBR centres
Referral systems	By non-governmental organizations
Multidisciplinary monitoring and review	–
Financial support	Only for persons with war-related disabilities

Source: UNICEF ROSA mapping survey, 2020; UNESCAP, *Disability at a Glance 2012: Strengthening the evidence base in Asia and the Pacific*, United Nations Economic and Social Commission for Asia and the Pacific, Bangkok, 2012.

in their homes or CRDCs.¹⁰⁹ CBR trainers provided transition support to schools and conducted awareness training on disability for schoolteachers as well as training for key family members to respond to the basic needs of children with disabilities within the family.¹¹⁰

The CBR programmes involved a service delivery mechanism and referral network within

the community, district, provincial and central levels. Partners in the delivery of services were families, community members, religious leaders, health and rehabilitation centres, education institutes and CRDCs. The government, NGOs and OPDs supporting CBR were part of the CBR network¹¹¹ that ensured continuity and sustainability of programmes through policy coordination and advocacy.

¹⁰⁹ *Needs and Rights Assessment*.

¹¹⁰ National Disability Action Plan 2008–2011.

¹¹¹ 'Community Based Rehabilitation'.

The education sector plan indicated the beginnings of early childhood education programmes.

MoE and MMD were developing an early childhood education framework in response to the objectives of Education For All.¹¹² A preschool curriculum would be developed alongside teacher education programmes for early childhood development (ECD) and primary education.¹¹³ Education for pre-primary school-aged children would be largely community and family-led through home-based learning programmes and in CBE schools, especially in hard-to-reach areas.¹¹⁴

Community-based preschools and ECD centres were established and sustained through government partnerships and funding organizations.

Partnerships with funding organizations and other government agencies have provided significant support in establishing and sustaining over 213 government and community-based preschools and ECD centres in identified remote areas in Badakhshan, Bamyan and Baghlan provinces. The Aga Khan Foundation and the Aga Khan Education Services in partnership with the Government of Canada, Government of the United Kingdom and Dubai Cares supported the government in these initiatives to enable marginalized preschool children access to schools.

¹¹² National Education Strategic Plan 2015–2020.

¹¹³ National Education Strategic Plan 2017–2021.

¹¹⁴ Ibid.

Child-friendly school quality standards were integrated into government plans for institutionalizing quality education.

6

MEASURING AND MONITORING QUALITY

This domain includes measures to ensure the quality of education and support services for children with disabilities.

6.1 STANDARDS AND INDICATORS FOR INCLUSION

Child-friendly school standards for inclusive learning-friendly environments were integrated into NESP 2017–2021.

CFS quality standards were integrated into government plans for institutionalizing quality education. The standards included components supporting inclusive education, particularly “inclusiveness, effective teaching and learning; safe, healthy, gender-responsive learning environments; and community participation”.¹¹⁵

6.2 MONITORING AND QUALITY ASSURANCE

The use of assessment data at the school level was encouraged through the CFS improvement planning process.

The school improvement planning process introduced by UNICEF in CFS included a section on identifying school needs through the use of assessment data. There was a section on tracking children with disabilities in the community who were enrolled in school and those who were out of school.¹¹⁶ (See also Section 3.3 Data on children with disabilities)

¹¹⁵ UNICEF Afghanistan, *Annual Report 2016*.

¹¹⁶ Module 9: School Assessment & Development Plan.

The combination of the COVID-19 pandemic, decades of conflicts and natural disasters disproportionately impact the most vulnerable population groups, including children with disabilities.

7

CROSS-CUTTING ISSUES

7.1 GENDER

Significant progress was made in the education of girls in Afghanistan from almost no participation in 2001 to an estimated 39 per cent of attendance in 2015.¹¹⁷

Female teachers in general education comprised one third of the teacher workforce with 60 per cent of graduates from teacher education institutions being women.¹¹⁸ The increase in female teachers had a significant positive impact on bringing more girls into school.

Almost all aid programmes in the country worked on closing the gender gap in education. The government had likewise underscored its resolve to eliminate gender disparities in education and ensure full and equal participation of girls in its policies and plans.

Despite strides in girls' access to education however, many of them were still not in school. Attendance of girls in secondary school was

only 21 per cent, while the completion rate for girls in primary schools was 21 per cent and estimated to be much lower in rural areas.¹¹⁹ NDSA confirmed that only 15 per cent of girls with disabilities aged under 7 years attended school, compared to 24 per cent of girls without disabilities in the same age group.¹²⁰

Factors for non-participation were complex. A combination of economic, cultural, security and health reasons drove families to keep girls with or without disabilities at home.¹²¹ Respondents to the UNICEF ROSA mapping survey cited social norms and stigma as reasons for non-attendance in school of girls with disabilities.

The UNICEF situation analysis also found that deeply rooted customs and beliefs, reinforced by persistent conflict in many areas in the region, limited the mobility of girls and further hindered them from travelling to school.¹²² The report also noted the scarcity of safe and accessible transportation and lack of accessible school buildings and gender-appropriate facilities.¹²³

¹¹⁷ National Education Strategic Plan 2017–2021.

¹¹⁸ Ibid.

¹¹⁹ Ibid.

¹²⁰ National Disability Action Plan 2008–2011.

¹²¹ National Education Strategic Plan 2017–2021.

¹²² *Situation Analysis 2014*.

¹²³ Ibid.

Legislation and plans tried to address gaps in gender-equitable education.

The Afghan Constitution mandated compulsory basic education with an emphasis on girls' education.¹²⁴ The Comprehensive National Disability Policy 2003 stated that women and girls, including those with disabilities, must have equal access to social services, including education and vocational training, and participate in social and community activities. The policy framework also stated that women and girls with disabilities should be included at the grassroots level and issues of marginalization be addressed within the broader context of gender mainstreaming in development.

Furthermore, NESP also advocated improved access of girls to education. It pushed for flexible and accessible learning programmes, including providing multiple pathways to education such as CBE, accelerated learning centres and home-based learning.¹²⁵

MoE, together with the Ministry of Women's Affairs, supported girls' education through training and deployment of more female teachers to rural areas and provision of dormitory facilities.¹²⁶ Workshops on gender-responsive planning and budgeting were conducted through MoE with the goal to mainstream gender concerns in strategic planning. Another initiative was the analysis of the barriers to girls' education.¹²⁷

UNICEF promotes the right of girls to equitable quality education.

The UNICEF and MoE CFS programme aimed at holistic school improvement, including ensuring

the friendliness of schools for girls. In 2011, the CFS programme redefined its priority areas to make schools child friendly based on the sociocultural context of the country.

One of the five components articulated was gender responsiveness to promote the right of girls to education and support them to realize their full potential. The approach of the CFS programme to gender responsiveness focused on ensuring girls were welcome, protected and enjoyed learning in school.¹²⁸

7.2 HUMANITARIAN CONTEXTS

Humanitarian situations disproportionately affect children with disabilities and their education.

Prior to the disruption in the education system due to the COVID-19 pandemic, Afghanistan was already challenged with a myriad of humanitarian issues. The Whole of Afghanistan Assessment 2020 by the REACH Resource Centre reported a high percentage of out-of-school children (48 per cent of boys, 59 per cent of girls). Among IDPs, cross-border returnee and refugee children, 55 per cent of boys and 67 per cent of girls did not have access to learning opportunities.¹²⁹

The combination of the COVID-19 pandemic, decades of conflicts and natural disasters disproportionately impact the most vulnerable population groups, including children with disabilities. It was estimated that 80 per cent of girls with disabilities remained excluded from education.¹³⁰

¹²⁴ National Education Strategic Plan 2017–2021.

¹²⁵ Ibid.

¹²⁶ Ibid.

¹²⁷ UNICEF Afghanistan, *Annual Report 2018*, Kabul, 2019.

¹²⁸ UNICEF Afghanistan, Module 1: Introduction, Child-Friendly School Training Package, Kabul, n.d.

¹²⁹ REACH Initiative, 'Whole of Afghanistan Multi-Sector Needs Assessment', unpublished, July–September 2020, as cited in Office for the Coordination of Humanitarian Affairs, *Afghanistan Humanitarian Needs Overview 2021*, December 2020.

¹³⁰ According to UNICEF, United Nations Assistance Mission in Afghanistan, Afghanistan Monitoring and Reporting Mechanism Database, July 2019 – June 2020, as cited in Office for the Coordination of Humanitarian Affairs, *Afghanistan Humanitarian Needs Overview 2021*, December 2020.

At the height of the pandemic, MoE closed all learning facilities from March to May 2020, with the possibility of not reopening until the situation improved. Immediately after school closures were enforced, the ministry released its COVID-19 Emergency Response Plan to prevent further disruption in education delivery. Alternative learning mechanisms were identified to ensure learning continuity. These included self-learning, distance learning and small group learning, to be accompanied by appropriate learning packages.¹³¹ The plan, however, did not include any guidance on supporting learning for children with disabilities at the time of the pandemic.

Distance learning was initiated in May 2020 with the Afghan curriculum taught through the internet, radio and television broadcast.¹³² However, access to digital platforms was not widely available. Children with disabilities were more likely to belong to poor households and had less access to digital and assistive devices and internet connectivity.¹³³ The World Bank estimated that only 8 per cent of the Afghan population had access to the internet in 2015.¹³⁴

Schools in Afghanistan started reopening in October 2020, wherein smaller classes, staggered school days, breaks and classes in shifts, and use of blended learning were introduced.¹³⁵

¹³¹ UNICEF Afghanistan, *Access to Education for COVID-19 Emergency-affected Children in Afghanistan*, Kabul, 2020.

¹³² 'Afghanistan: Covid-19 brings uncertainty to learning', EdTech Hub, 22 July 2020.

¹³³ The World Bank *Pivoting to Inclusion, Leveraging Lessons from the Covid-19 Crisis for Learners with Disabilities*, The World Bank Group and Inclusive Education Initiative, Washington, D.C., 2020.

¹³⁴ The World Bank, 'Individuals using the Internet (% of population) – Afghanistan', <https://data.worldbank.org/indicator/IT.NET.USER.ZS?locations=AF>.

¹³⁵ UNESCO, UNICEF, The World Bank, World Food Programme and UNHCR, 'Supplement to Framework for reopening schools: Emerging lessons from country experiences in managing the process of reopening schools', 2020, www.unicef.org/media/83026/file/Emerging-lessons-from-countries-experiences-of-reopening-schools-2020.pdf.

Adopt a whole school approach, wherein inclusion principles are embedded in all aspects of school development.

8

KEY RECOMMENDATIONS

1. Align laws and policies with CRPD.

- a. A strong legislative framework had been built with the potential to enable the advancement of disability inclusion in education if followed through with detailed action plans. Although there were inconsistencies in policy statements on what inclusive education looked like in actual practice, the legal framework can support the development of pilot inclusive schools. In doing this, it is recommended to adopt a whole school approach, wherein inclusion principles are embedded in all aspects of school development, rather than treating inclusive education as an issue that concerns only disadvantaged groups of children.
- b. It is important to formulate a strong commitment to inclusive education. This should include a strategy to transition special education provisions into inclusive settings and consider new roles for special schools and special teachers within mainstream schools.

2. Improve disability data and monitoring of disability-inclusive education.

- a. The availability of accurate and disaggregated education data is essential for effective policy development,

programme planning, implementation, monitoring and evaluation. The lack of quality and reliable disability data is a serious issue, evident in the reliance on outdated statistics in major laws and policies. Planned improvements for EMIS should adopt the WG short set of questions or the WG/UNICEF Module on Child Functioning in identifying disability and generating disaggregated education data.

- b. Monitoring of the I&CFE Policy should be supported by a detailed strategy or implementation plan and monitoring and evaluation framework. The monitoring framework for NESP 2017–2021 did not contain indicators specifically targeting children with disabilities. It was unclear whether the coordination mechanism involving MoE, line ministries, University of Kabul and development partners was effective in facilitating collaborative planning, implementing and monitoring inclusive education.
- c. Encourage collaboration between relevant government ministries in improving birth registration systems. It is especially important for children with disabilities to fulfil their right to be counted and be

included in the birth registration system to ensure access to social protection and other benefits. The birth registration process should be linked with early identification and intervention services. These ECD services are crucial in building a strong foundation for the development of children with disabilities and preventing further marginalization.

3. Examine financing of disability-inclusive education and increase investments in inclusive education.

There were limited data on government budget and expenditure and very little effort to examine public spending on education for children with disabilities and special needs. There should be investments in making the system more inclusive, rather than focusing on expanding segregated forms of education.

4. Strengthen capacity of the system to support disability inclusion in education.

- a. Despite advances in legislation, there should be support for strengthening knowledge on disability-inclusive education.
- b. Enhance the implementation of legislation through multisectoral planning. Clarify the roles of different departments across and within ministries to support and promote inclusive education and integrate disability-inclusive education into their budgets and programmes.

5. Increase focus on teacher development and support for school leaders.

- a. Review available professional development programmes for school leaders against the competencies school leaders must be equipped with to be

able to support development of inclusive learning environments for all learners.

- b. Enhance training for school leaders in child-friendly schools by integrating modules on inclusive leadership.
- c. Disability-inclusive education was not adequately integrated across the pre-service teacher education curriculum. Strengthen the pre-service curriculum to add emphasis on learner-centred approaches, child development and inclusive pedagogy. Include examples of best practices in teacher professional development across the content and delivery of the curriculum.
- d. Support teachers and school leaders in shifting perspectives and developing values and skills in learner-centred pedagogy to implement the new curriculum and assessment systems.
 - i. There was a lack of mechanisms for teachers to receive regular high-quality feedback, work-based coaching and mentoring from school leaders. A whole system approach to in-service teacher development needs to be developed.
 - ii. There was limited support for local school leaders to manage inclusive schools, and encourage and support disability inclusive strategies, instructional leadership, mentoring and coaching. There was little focus on disability inclusion in teacher and school head training programmes geared towards inclusive education. Training for school leaders (e.g., through the CFS programme) need to emphasize inclusive leadership and their role in developing inclusive schools.

6. Increase participation of persons with disabilities.

CRPD stipulates the right of persons with disabilities and their families to be involved in decisions that affect their life. Review the effectiveness of school management committees and how they could be leveraged to strengthen participation of local leaders, communities, OPDs, children with disabilities and their families in all levels of policy development and implementation.

7. Improve support services, especially ECD, including coordination of multidisciplinary services.

- a. The ECD policy lacked focus on strategies to increase access to early childhood education of children with disabilities as well as plans for ensuring the transition to formal primary schooling. It is recommended to review the policy to articulate focus and strategies to increase the access to early childhood education of children with disabilities, as well as plans for ensuring the transition to formal primary schooling. Provisions for ECCE delivered in partnership with development agencies and through community learning centres can be improved to focus on children with disabilities, scaled up to widen the reach and strengthen links to formal primary education.
- b. Systematic integration of all initiatives and delivery of a continuum of services from screening, early identification, referral to transition across the developmental lifespan, including support services for families of children with disabilities, was not in place. Establish a cross-sectoral and multilevel monitoring mechanism to systematically and regularly monitor implementation of programmes contributing to disability-inclusive education.

8. Include children with disabilities in the COVID-19 response and recovery plan for education.

MoE must prioritize reaching the most marginalized groups of children to widen access to distance education, especially during the COVID-19 pandemic. Children with disabilities must be explicitly targeted in the COVID-19 response and recovery plan. Increasing awareness and capacities of teachers, parents and the community in supporting children with disabilities at home is crucial in preventing learning loss. It is recommended to take advantage of the CBE programmes and tap school management committees to reach children with disabilities, especially girls, in areas where access to devices was limited. MoE can adopt inclusive teaching and learning approaches, such as the application of UDL, in remote learning interventions and in-person classes as schools gradually reopen.

9. Develop inclusive schools.

Guidelines for schools to gradually transition from teaching children with disabilities in segregated settings to supporting them in inclusive-resourced learning environments were lacking. Promising results from the pilot inclusive education schools in Kabul can be revisited, evaluated and shared for replication in other schools. A small number of schools could be supported to develop inclusive practices. They could be clustered in one area and a collaboration mechanism set up to facilitate work-based learning through sharing lessons learned and strategies.

10. Support raising awareness and understanding of disability and inclusive education.

Disability seen as a war issue warrants a medical approach to interventions, which includes rehabilitation and welfare services. With this approach, disability services tend to

be limited and restrictive, excluding children with hidden or non-visible disabilities. Under a medical model of disability, environmental and social barriers remain unresolved. It is recommended to create a coordinated advocacy and communication strategy informed by comprehensive disability-focused data on existing knowledge and practices and prevailing attitudes towards disability and inclusion.

11. Strengthen multisectoral coordination.

- a. The effectiveness of the cross-sectoral coordination mechanism articulated in the I&CFE Policy was not yet apparent. Although the National Disability Commission had been set up, a 2014 review on disability rights in Afghanistan stated that there was no active multi-stakeholder body that provided oversight to the implementation of disability policies.¹³⁶
- b. There was a wide range of initiatives to support the inclusion of children with disabilities in education. However, there is a lack of a systematic coordinating mechanism to harmonize education initiatives and allow a seamless flow of information on children with disabilities between communities, all levels of government and various organizations that provide education services. It is recommended to establish a multisectoral coordination mechanism to harmonize initiatives of the government, CSOs and OPDs to increase impact and sustainability.

12. Improve the capacity of OPDs and CSOs.

OPDs and CSOs involved in inclusive education often operate from a medical model of disability. This can lead to inclusive education initiatives that continue to encourage segregation and exclusion. OPDs and CSOs, particularly those at the regional and district level, need capacity building support to fulfil their role in championing the rights of children with disabilities to quality education.

13. Explore knowledge, attitudes and practices towards children with disabilities in Afghan society.

There is a need for a comprehensive study on existing knowledge and practices and prevailing attitudes towards disability and inclusion. The data could lead to a disability-focused communication plan and coordinated advocacy and communications strategy to address prevailing discrimination and stigma and encourage positive behavioural change.

14. Map available support services.

It is necessary to further map and coordinate all relevant services and initiatives to develop a continuum of services from screening, early identification, referral to transition across the developmental lifespan, including support services for families of children with disabilities. This will reduce overlap between initiatives and provide clear information for parents and other stakeholders about support services. Such mapping can furthermore highlight gaps that need to be addressed.

¹³⁶ 'Disability Rights in Afghanistan'.

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Disability-Inclusive Education Practices in Afghanistan



for every child

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