

# **Reducing Risk and Disability Prevention Through Mine Risk Education & Victim Assistance in Afghanistan**

The Government of Afghanistan in Partnership with the  
United Nations Mine Action Center for Afghanistan

## **Abstract:**

Afghanistan has been affected by war over the past two decades. Analysis shows that one out of five households have at least one member with disability. A disproportionate number of males are affected and landmines/explosive remnants of war and war injury account for 17% of all declared causes of disability within the National Disability Survey in Afghanistan in 2005 (pg13).

Mine Action has five pillars. Two pillars discussed in this paper are 1) Mine Risk Education to prevent accidents and permanent disability and 2) Victim Assistance to build services for persons with disabilities.

Mine risk education has been effective, as there has been a 50% reduction in accidents over the past six years. This paper will cover actions and interventions by partners and the Ministry of Education to provide safety messages to the population.

Unfortunately, accidents do occur, making emergency and continuing medical care essential to save life and limb. The MoPH is integrating disability into basic health and essential hospital services and coordinating rehabilitation and Community Based Rehabilitation. In the past six months a Disability Unit has been established at the Ministry of Labor, Social Affairs, Martyrs and Disabled. A strategic plan has been developed to plan, coordinate and implement. A law is pending within Parliament.

## **Situation in Afghanistan**

During more than two decades of conflict countless mines and explosive remnants of war (ERW) have been planted or left behind throughout Afghanistan. The impact has been disastrous on the civilian population of Afghanistan. A National Disability Survey, conducted in 2005, identified a prevalence rate of 2.7%. Analysis shows that 1 out of 5 households have a least one member with disability. A disproportionate number of males are affected and landmines/ explosive remnants of war injury is a human-made cause of disability in Afghanistan. Most landmine survivors loose their livelihood at the time of accident and are permanently dependent upon their family.

The Landmine Impact Survey produced three major findings; 1) Landmines impact 7% of the communities in Afghanistan with 2,368 communities impacted; 2) It is estimated that 4.2 million people live in the landmine/ERW impacted communities or approximately 17% of all citizen and 3) 18% of the landmine/UXO victims are children between 5 and 14 years of age.

The de-mining program in Afghanistan consists of a partnership with a force of 7,500 de-miners who daily work in harsh and dangerous circumstance to identify and destroy landmines and explosive remnants of war. It is anticipated that by the end of 2008 fifty percent (50%) of Afghanistan will be mine/ERW free.

There are five pillars of mine action. The two that will be discussed today will be the mine risk education component and victim assistance. The mine risk education program is a prevention program and victim assistance has 8 primary areas of work and guiding principles that clearly states work is for all persons with disabilities.

## **Practical Work and Present Interventions**

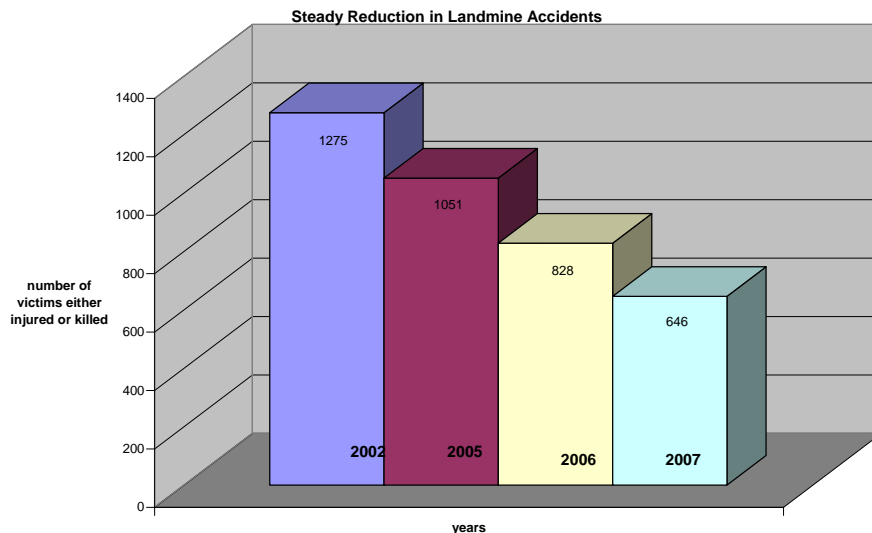
### **1 Mine Risk Education**

Mine risk education is to reduce injuries and casualties related to landmines and explosive remnants of war in Afghanistan through activities that promote safe behaviors with regards to mines/ERW amongst all sectors of Afghan society.

Mine risk education is about passing messages on to communities who are affected by landmines and ERW. At present there are 103 MRE teams who go to affected areas and pass information on to those returning from neighboring countries.

#### **1.1 What data is telling us:**

Data is providing information that MRE is working and that there is a reduction in accidents. In 2002 there were 1,274 accidents and in 2007 there were 646 accidents reported on 21 February 2008. Over these six years there has been a steady decrease in the numbers of accidents. During 2007, Afghanistan met the international goal to decrease accidents by 50%.



Further analysis suggests that the highest incidence rate is with boys 7-14 years. Intensive actions are being developed to address this particularly vulnerable group.

#### **1.2 Integration and Practical Work in Mine Risk Education**

##### **Ministry of Education**

Building direct actions within the Ministry of Education began in 2007. This relationship has developed well over the past months resulting in the following outcomes. Through these actions it is hoped that the number of accidents involving children will be reduced.

1.2.1 In November 2007, 122 Protection Officers were trained as trainers. During 2008 these Trainers will conduct Mine Risk Education (MRE) Training for two teachers from each school in Afghanistan. This is a minimum of 18,000 teachers. Each school will receive a training kit with a teacher's manual, posters and materials for the children for mine risk education sessions. Through this process, each child who attends school in Afghanistan should receive MRE before the end of 2008.

1.2.3 The Ministry of Education is producing a journal, Tarbayat, which will include information on mine risk education and inclusion of children with disability/ education for all (EFA) on a quarterly basis. The first issue is in production.

1.2.4 Mine risk education and building positive attitudes towards persons with disabilities has been integrated into the national curriculum at the Ministry of Education and included in textbooks for grades 7-12.

1.2.5 The Ministry of Education has led a partnership to produce a booklet for each school child to take home that has been a joint effort of MoE, ISAF and UNMACA on mine risk education and improvised explosive devices. This booklet is in final draft.

## **Other Implementing Partners**

### **Community Based and Encashment Centre Mine Risk Education Teams**

1.2.6 There are presently 103 Community Based MRE teams assisting in passing messages to high, medium and low impacted communities throughout Afghanistan. Persons are interested in MRE and in 2007 fourth quarter 274,785 persons attended MRE sessions; Women 29,774 Girls 82,611 Boys 129,168 and Men 33,232. MRE sessions were given by both implementing partners and civil society. Civil society has been able to reach a much larger number of women (56%) during fourth quarter. Over 15 million persons (15,449,174) have attended an MRE session since its inception.

1.2.7 There are presently 3 Encashment Centers where MRE teams provide mine risk education to persons who are returning back to Afghanistan. The MRE teams give safety information as part of the induction process to inform women, girl, boy and men on the dangers of landmines/ERW. 248,720 returnees received MRE during 2007.

1.2.8 There are presently two mobile cinemas, increasing this year to five, that go to affected communities and show films on mine risk education, safe behavior and advocate for the integration and building of positive attitudes for persons with disabilities.

1.2.9 Radio is a tool that is used to give messages to persons and to remind them as they habituate to the dangers in their community. During 2008 there will be mine risk education messages given by more radio stations and in several additional languages.

1.2.10 During 2007 materials were revised and MRE messages standardized.

## **2 Victim Assistance Broadening to Persons with Disabilities**

### **Victim Assistance in the Mine Ban Treaty**

Victim assistance is to ensure that landmine survivors and other persons with disabilities are fully integrated into Afghan society through social, health, education and economic opportunity. Victim assistance is defined in six specific actions which are: 1) Emergency and continuing medical care, 2) Physical rehabilitation, 3) Defining the scale of the challenge, 4) Psychosocial support and social reintegration, 5) Economic reintegration and 6) Laws and public policies. Afghanistan has added two additional areas which are 7) Inclusive education and 8) Community based rehabilitation.

It is clearly stated in international direction within victim assistance that;

- 1) "...the call to assist landmine victims should not lead to victim assistance efforts being undertaken in such a manner as to exclude any person injured or disabled in another manner"...
- 2) Victim assistance "does not require the development of new fields or disciplines but rather calls for ensuring that existing health care and social service systems, rehabilitation programs and legislative and policy frameworks are adequate to meet the needs of all citizens-including landmine victims.
- 3) "Assistance to landmine victims should be viewed as a part of a country's overall public health and social services systems and human rights frameworks" and
- 4) "...providing adequate assistance to landmine survivors must be seen in a broader context of development and underdevelopment..."

### **2.1 What data is telling us:**

A National Disability Survey in Afghanistan (NDSA) was conducted in 2005 through a random cluster survey. This representative sample consisted of 5,250 households represented around 39,000 persons. The confidence interval is 95%. This survey aimed to present a comprehensive view of the picture of persons with disabilities in the country and contribute to a better understanding of the social diversity of persons with disabilities in Afghanistan. Prevalence thresholds with regard to abilities in everyday functioning are 2.7% who experience severe difficulties in functioning and 4.8% who experience more inclusion of less severe difficulties in functioning. The main type of disability reported in the NDSA was physical disability (36.5%). War injury which has resulted in a disability is 17% of all declared cases, or 123,000 people who have been disabled by war and 50,000 are landmine/ERW survivors in 2005. One of the findings is that persons with mental difficulties/trauma/depression are painfully aware of their situation and often believe that they are a burden on the family and rejected by the community. Thirty eight percent (38.9%) of the men with disability and 70.1% of women with disability "felt suffocated". Fifty one percent of persons with disabilities reported having access to a health centre with war survivors having health care costs 5.5 times higher than for non-disabled persons. The NDSA showed that the gap is widening in education and the lowest level of access to school is for girls who became disabled before school-starting age living in rural areas (10.7%).

## **2.2 Integration and Practical Work in Victim Assistance and Persons with Disabilities**

### **Ministry of Labor, Social Affairs, Martyrs and Disabled**

2.2.1 In 4<sup>th</sup> Quarter 2007 the MoLSAMD established a Disability Support Unit who coordinates the Disability Stakeholders Coordination Group established in first quarter 2008. The Ministry is actively engaged in the development of indicators for persons with disabilities and the integration of these indicators into the Afghanistan National Development Strategy, which is the monitoring of the Afghanistan Compact.

2.2.2 The Ministry will be establishing four additional Disability Resource Training Centers in different parts of the country in 2008. These resource centers will assist in providing access to information, counseling services, meeting areas and will promote coordination and integration.

2.2.3 MoLSAMD has been spearheading the development of a law for persons with disabilities, presently under review in the Lower House. The MoLSAMD, DPOs, Stakeholders are lobbying for Afghanistan to become a signature on the Convention on the Rights of Persons with Disabilities.

### **Ministry of Public Health (MoPH)**

2.2.4 The MoPH is coordinating Community Based Rehabilitation (CBR) which is a well established strategy in Afghanistan with programs in 16 out of 34 provinces. Afghanistan will host the next South Asian CBR Network Conference in 2009

2.2.5 A Disability Unit was established in late 2007 at the Ministry of Public Health.

2.2.6 Within the rehabilitation sector there is physiotherapy in 19 provinces, and 14 orthopedic centers in 10 provinces. There is an upgrading process for physical therapy and orthopedic technicians through diploma courses established in 2007. The MoPH is integrating and training medical staff on health needs and access issues of persons with disabilities.

### **Other Partners: with a focus on Disabled Persons Organizations (DPOs).**

2.2.7 There are around 45 DPOs with 29 registered with Ministry of Justice. Building capacity within the DPOs is a top priority. It is essential for persons with disabilities voices to be heard. Disability awareness programs are ongoing at multiple levels to build positive attitudes and promote inclusion within the general population.

2.2.8 The use of negative words towards persons with disabilities is an area that has been identified as a need for intervention. There is a team led by persons with disabilities working to develop valuing terminology and define new concepts within the Convention on the Rights of Persons with Disabilities in English, Pashto and Dari.

### **Strategic Planning, Coordinating Services with Other Providers**

2.2.9 A strategic plan is in its second year of development which is looking at building consensus from all stakeholders of ways forward for persons with disabilities in Afghanistan. The revised strategic plan is a consultative process and has involved more than 220 persons

representing relevant Government Ministries, UN agencies, INGO/NGO service providers, DPOs and persons with disabilities. The timeline for completion in three languages is second quarter 2008.

Multiple other actions are taking place to protect the Afghan population and to assist persons with disabilities in accessing their rights. There are too many to mention within this limited space.