



**The Rahyab Initiative**

**Human Rights Situation of Persons with Disabilities in  
Afghanistan (2021–2025): Health, Education, Employment, and  
Access to Justice**

**The Rahyab Initiative**

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## **Report summary**

This report, prepared under the Rahyab Initiative, examines the human rights situation of persons with disabilities in Afghanistan between 2021 and 2025. The report is based on 100 in-depth and semi-structured interviews, consisting of 50 interviews with women and girls and 50 interviews with men and boys with disabilities. These interviews were conducted across multiple provinces in Afghanistan, alongside a review of national documents (adopted between 2001 and 2021) and relevant international documents. The analysis focuses on four interconnected areas: education, employment, health, and access to justice, while also addressing gender differences and types of disability across these domains.

Although Afghanistan ratified the Convention on the Rights of Persons with Disabilities (CRPD) and adopted several protective laws during the republic era, implementation remained inconsistent. Following the 2021, the lack of monitoring and accountability mechanisms has further marginalized individuals with disabilities and undermined their fundamental rights.

The research findings reveal that the human rights situation of individuals with disabilities in Afghanistan has deteriorated significantly since the Taliban took over. The collapse of support institutions, the decline in international aid, and the lack of adequate policies have severely limited their access to essential services, including health, education, employment, and justice. In the health sector, the decline in rehabilitation and specialized care services is evident; In education, widespread restrictions, especially for girls with disabilities, have prevented them from continuing their education; in employment, poverty, discrimination, and economic instability have eliminated opportunities; and in justice, the lack of independent institutions and systematic discrimination have prevented the realization of their rights. The report analyzes each of these challenges separately and critically.

Within the healthcare sector, access to rehabilitation and intensive care services has been markedly diminished. Numerous health facilities are either shut down or functioning at reduced capacity. Specific services caring to individuals with disabilities, such as physiotherapy or assistive devices for those with visual and hearing impairments, are seldom accessible. In rural regions, persons with disabilities are essentially deprived of specialized health services.

In the realm of education, the findings indicate that the widespread restrictions implemented by the Taliban following 2021, particularly the decision to prohibit girls beyond the sixth grade, have effectively marginalized women and girls with disabilities. This demographic now endures compounded discrimination, as societal biases related to both disability and gender prevent their

access to educational institutions. Boys with disabilities also confront significant obstacles, including inaccessible facilities, a deficiency of adapted learning materials, and enduring social stigmatization. The deterioration of educational access for individuals with disabilities predominantly results from the Taliban administration's lack of political resolve, the absence of protective legal frameworks, limited professional capacity, and the lack of effective monitoring mechanisms.

In the realm of higher education, opportunities have significantly diminished. Many young individuals with disabilities, who previously had access to university education, are now effectively denied access to education due to governmental restrictions and insufficient support. Interviews indicate that families are also increasingly reluctant to enroll their children with disabilities in educational institutions, citing various concerns and societal pressures.

Employment opportunities have significantly diminished. The legal quota for hiring persons with disabilities, formerly established at three percent, is no longer actively enforced. The majority of men with disabilities are restricted to informal, low-wage employment such as street vending or manual labor. In contrast, women with disabilities are nearly completely excluded from formal employment sectors. Factors including poverty, social discrimination, and the lack of policy implementation further reinforce this marginalization.

Access to justice constitutes a vital aspect highlighted in the report's findings. People with disabilities face significant barriers in lodging complaints or initiating legal proceedings. Court infrastructures are deficient in accessible facilities, corruption remains prevalent, and previously enacted protective legislation is either insufficiently enforced or has been effectively repealed. Women with disabilities are entirely excluded from the judicial process, chiefly due to the requirement for a mahram to access judicial institutions.

The findings underscore the significant influence of gender, disability type, geographic location, and socio-economic status in determining levels of deprivation. Women and girls with disabilities, particularly those with intellectual or psychosocial disabilities, experience multiple and intersecting forms of exclusion. A considerable number face poverty, domestic violence, and social isolation, often with minimal or no institutional protection or assistance.

Overall, the report concludes that structural, social, and political barriers, exacerbated following the Taliban's takeover, have heightened the vulnerability of this group. It is imperative to enhance protection mechanisms, broaden access to health, education, and employment opportunities, and

address various forms of discrimination as urgent measures to improve the human rights conditions of persons with disabilities in Afghanistan.

As a result, the findings of this report emphasize that individuals with disabilities in Afghanistan are subjected to multifaceted deprivation. This deprivation encompasses structural discrimination, restrictive Taliban policies, pervasive poverty, social stigma, and fragile state institutions. As a result, their fundamental rights are neither fully protected nor adequately upheld, often being systematically violated.

## **1. Introduction**

Afghanistan has undergone significant political, social, and economic transformations in recent years, with extensive implications for the human rights status of its citizens. Concurrently, persons with disabilities constitute one of the most vulnerable demographic groups within society, owing to a complex interplay of structural, cultural, and economic factors. Analyzing their circumstances is indispensable not only for identifying barriers and challenges to the enjoyment of fundamental rights but also as a crucial indicator for the comprehensive evaluation of the country's human rights conditions.

### **1.1. Report's purpose**

This report aims to review and analyze the human rights situation of persons with disabilities in Afghanistan between 2021 and 2025. The primary focus of the report is on four key areas: health, education, employment, and access to justice. The purpose of this report is to identify progress, highlight challenges, and provide recommendations for improving policies and support programs for persons with disabilities.

### **1.2. Significance of the Report**

This research holds significant importance as it encompasses the lived experiences of individuals with disabilities in Afghanistan. This demographic group is frequently marginalized in areas such as policymaking, educational planning, healthcare, and the labor market. A comprehensive understanding of structural constraints and barriers including gender discrimination, lack of accessibility, and economic inequality, serves as the foundation for the development of targeted policies and programs. The findings of this research are critically valuable to international organizations, human rights institutions, and humanitarian initiatives, even in the absence of a legitimate and elected government and under Taliban rule, as they illustrate how institutions and policies even without a stable legal framework can result in compounded deprivation and underscore the imperative for targeted interventions.

Furthermore, the current study is crucial for enhancing public and professional awareness regarding human rights and disability. The findings can assist international institutions, civil society organizations, and human rights advocates in identifying deficiencies in education, healthcare, and employment, thereby informing the development of adaptive programs and policies. In light of the absence of a legitimate government, this research focuses on analyzing the institutional and social structures that continue to operate even amidst crises. This approach aims to facilitate the formulation of sustainable, justice-oriented, and operational strategies to realize the

social participation and empowerment of individuals with disabilities, even within a restrictive environment under Taliban rule.

### **1.3. Background**

Afghanistan is one of the countries where conditions of prolonged war, chronic poverty, and social inequalities have led to an increase in the number of people with disabilities. In addition, cultural and social constraints and lack of resources have caused people with disabilities to face multiple discrimination. This group faces widespread deprivation not only due to disability but also due to gender, economic, and social factors.<sup>1</sup>. Therefore, examining the human rights situation of this group is particularly important to understand the obstacles better and find practical solutions.

### **1.4. Overview of relevant legal frameworks**

The rights of persons with disabilities in Afghanistan have essential support at the national and international levels. In the international arena, Afghanistan acceded to the United Nations Convention on the Rights of Persons with Disabilities (CRPD) during the republic era. It is committed to the principles of equality, full participation, and non-discrimination. Additionally, national documents and laws, such as the Law on the Rights and Privileges of Persons with Disabilities, as well as supportive policies in the field of social welfare and access to public services, have been approved.

However, following the change in the political system in August 2021 and the Taliban's rule, the status of these legal and judicial frameworks faced significant ambiguity and challenges. The Taliban have not yet taken a clear and formal position on adherence to international obligations, including the CRPD. In practice, many republic-era laws and policies have been either suspended or subject to extensive restrictions on their implementation.<sup>2</sup> Furthermore, the lack of transparent legal mechanisms and efficient institutions to pursue the claims of persons with disabilities has made this group's access to their rights even more vulnerable.<sup>3</sup>.

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<sup>1</sup> Naeemy MI and Yoneda H, "Advancing Inclusive Education: A Comparative Analysis of Special Schools and Inclusive Practices in Afghanistan" (2025) 14 Educational Process International Journal.

<sup>2</sup> Anderson A, "The Human Right to Health and Medicine: What Does This Look Like for Taliban-Controlled Afghanistan?" (2024) 6 Immigration and Human Rights Law Review 2.

<sup>3</sup> Lamberti-Castronuovo A and others, "Exploring Barriers to Access to Care Following the 2021 Socio-Political Changes in Afghanistan: A Qualitative Study" (2024) 18 Conflict and Health.



Therefore, although legal frameworks exist in national and international documents, following the Taliban second takeover, the practical implementation to better understand is facing serious doubts and requires a more detailed and independent review.

### **1.5. Research methodology**

This research employed a mixed-methods approach, integrating qualitative and quantitative methodologies to investigate the human rights conditions of individuals with disabilities in Afghanistan over the past four years. The primary aim was to assess the lived experiences of individuals with disabilities across various domains, including health, education, employment, and access to justice. The use of a mixed-methods strategy facilitated the collection of both statistical data and detailed personal narratives, thereby providing a more holistic understanding of the current circumstances.

#### **1.5.1. Data Collection Method**

Research data was collected from two primary sources:

1. Library-based research: including a review of reports from international institutions, human rights organizations, academic articles, and government documents before and after 2021. This data helped to understand the legal and institutional context of the situation of people with disabilities.
2. Conducted comprehensive and semi-structured interviews with 100 individuals with disabilities across eight zones in Afghanistan. The interviews concentrated on their lived experiences, as detailed in Table 4. The participants represented a diverse range of age groups. An interview guide, both comprehensive and semi-structured, was developed to address four primary research domains: health, education, employment, and justice. The questions employed were open-ended to facilitate free expression of experiences; in addition, closed-ended questions were utilized to gather quantitative data such as educational attainment, age, gender, disability type, and perceived significant challenges. To ensure content validity, the questionnaires underwent review by multiple experts in human rights and disability prior to administration.

Combining two data sources, a purposive sample design, and a multi-layered analytical approach has provided the research findings with sufficient coherence and validity. This approach demonstrates that understanding the situation of disability in Afghanistan requires looking beyond dry statistics and considering lived experiences and social contexts.

**Table 1: Interviewees' Geographical Location<sup>4</sup>**

<b>Zones</b>	<b>Number</b>	<b>Percentage</b>
<b>Center zone</b> (Kabul, Bamiyan, Daikundi, Ghazni, and Maidan Wardak)	18	18%
<b>North</b> (Balkh, Jozjan, Sari Pul, Samangan, Faryab, and Kunduz)	15	15%
<b>Northeast</b> (Badakhshan, Baghlan, Takhar, and Panjshir)	12	12%
<b>South</b> (Kandahar, Helmand, Zabul, and Urozgan)	14	14%
<b>Southeast</b> (Paktiya, Paktika, Khost, Logar, and Nangarhar)	13	13%
<b>East</b> (Laghman, Konnar, Nuristan, Parowan, and Kapisa )	16	16%
<b>West</b> (Harat, Farah, Ghor, and Budgies)	12	12%
<b>Total</b>	100	100 %

The research endeavored to ensure that the interviewees represented various provinces of Afghanistan. As illustrated in Table 1, the participants originated from different regions across the country. Regarding gender, the participants were equally distributed, comprising fifty women and fifty men.

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<sup>4</sup> Afghanistan is not officially divided into "zones" in laws and government documents. The official division of the country is based on 34 provinces, and the term "zone" is mostly used in development planning, international institutions, and regional analysis. Therefore, in this report, the division of zones is considered solely for analytical purposes and ease of data interpretation, not as an official government division.

**Table 2: Interviewees' type of disability**

Type of Disability	Number	Percentage
Physical/motor	40	40%
Visual	18	18%
Hearing	12	12%
Mental/Intellectual	8	8%
Speech	7	7%
Multiple	15	15%
Total	100	100%

In this study, 100 individuals with disabilities were interviewed and classified according to the nature of their disabilities. This categorization encompassed persons with motor, visual, hearing, intellectual, and combined disabilities. The purpose of this approach was to enhance the precision of the research methodology and to ensure that all principal groups of individuals with disabilities in Afghanistan were duly considered, thereby preventing the results from being restricted to a single type of disability. Table 2 explicitly illustrates this classification along with the proportion of each group among the interviewees.

**Table 3: Participation Education**

Level of Education	Number	Percentage
Illiterate	22	22%
Primary school	28	28%
Secondary/ high school	30	30%
Higher education	20	20%
Total	100	100%

Table 3 illustrates the division of participants into various groups according to their educational level. The research ensured that the participants accurately represented diverse educational groups.

**Table 4: Age of participants**

Age	Number	Percentage
15-24	18	18%
25-34	32	32%
35-44	26	26%
45-54	16	16%
55 and above	8	8%
Total	100	100%

Furthermore, as illustrated in Table 4, the interviewees spanned a range of ages from 15 to over 55. The interviews commenced at age 15 to capture the perspectives of students with disabilities who are either currently enrolled or have been out of educational institutions for the past 4 years. This selection was intended to facilitate a comprehensive understanding of the challenges encountered by the younger demographic and the influence of discriminatory structures on their educational and professional opportunities.

### **1.5.2. Data Analysis**

A combination of qualitative and quantitative methods was employed to analyze the interviews. In the section concerning open-ended questions, responses were coded according to four primary domains: health, education, employment, and access to justice. Recurring themes were identified to delineate patterns of discrimination, constraints, and opportunities thematically. Conversely, the closed-ended questions yielded quantitative data that were analyzed through frequency counts and percentage comparisons, thereby facilitating the measurement of differences among various groups of interviewees. This integrated approach allowed for the reflection of in-depth personal experiences, as well as the derivation of objective indicators for comparison across the four principal domains.

The findings were analyzed utilizing a critical social approach to demonstrate how institutional, political, and cultural structures contribute to the perpetuation of discrimination against individuals with disabilities.

### **1.5.3. Ethical Considerations**

Given the sensitivity of the subject, ethical considerations were observed at all stages of the research. Informed consent was obtained from all participants prior to the commencement of the interview. Interviews with boys and girls under the age of 18 were conducted only after obtaining permission from their parents or guardians. The confidentiality of the information was guaranteed, and identifying names or addresses was avoided. Especially in interviews with women with disabilities, safe conditions and a trustworthy environment for discussion were provided so that no psychological or social harm was caused to them. The interviews were conducted in two ways: some in person and some online. This combined method allowed for geographical limitations and the specific circumstances of the interviewees not to restrict data collection.

### **1.5.4. Research Limitations**

Despite its efforts to be comprehensive, this research faced several key limitations. First, the geographical and social conditions in Afghanistan made access to some areas and vulnerable

groups difficult. Second, conducting interviews with some types of disabilities posed serious challenges; For example, interviewing people with intellectual disabilities required simpler methods and more time, and in some cases, families responded on their behalf, which could affect the accuracy of the data. Also, interviewing people with “invisible” disabilities (such as mental health problems or internal injuries) was difficult because many were cautious or hesitant to share their personal experiences. Another limitation was the group of people with disabilities who were former military or security personnel and were careful in fully expressing their views due to their sensitive background and the current situation in the country. Additionally, technical difficulties in online interviews, such as poor internet connections and a lack of suitable communication tools, impacted the quality of some data. Despite these challenges, interviews were conducted with individuals across the spectrum of disabilities, and efforts were made to ensure that the research findings had the most significant scientific validity through diversity in samples and accuracy in analysis.

## **2. Context and General Situation**

### **2.1. Approximate statistics and changes in the number of persons with disabilities over the past four years**

International and national estimates show that Afghanistan has one of the highest rates of disability in the region. According to a report by the World Health Organization (WHO) and the United Nations Development Program (UNDP), before 2021, about 14 percent of the country's population was living with some form of disability<sup>5</sup>. Reports from humanitarian organizations after 2021 indicate that the number of people with physical and mental disabilities resulting from war, food poverty, and lack of health services has increased significantly.<sup>6</sup> In particular, the increase in forced migration, widespread malnutrition, and limited access to health care have led to accurate but worrying statistics on the growth of disabilities. Although the lack of a regular census and data collection system has made it difficult to access accurate figures, field evidence suggests that disability rates have increased and become more widespread between 2021 and 2025<sup>7</sup>.

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<sup>5</sup> Lamberti-Castronuovo A and others, “Rights of Women and Girls with Disabilities in Afghanistan ” (Women’s International League for Peace and Freedom (WILPF) 2025) <[https://www.wilpf.org/wp-content/uploads/2025/06/WILPF-Submission-to-the-CEDAW-Committee\\_Afghanistan\\_19-May-2025.pdf](https://www.wilpf.org/wp-content/uploads/2025/06/WILPF-Submission-to-the-CEDAW-Committee_Afghanistan_19-May-2025.pdf)> accessed August 19, 2025

<sup>6</sup> *People with Disabilities Are the Hardest Hit*. August 2022. <https://www.hi-us.org/en/taliban-takeover-1-year-on-the-situation-is-worse-than-ever-and-people-with-disabilities-are-the-hardest-hit>

<sup>7</sup> Swedish International Development Cooperation Agency (Sida). *Afghanistan Humanitarian Context Analysis 2025*. [https://cdn.sida.se/app/uploads/2020/09/15094414/Afghanistan-HCA-2025\\_kort-version.pdf](https://cdn.sida.se/app/uploads/2020/09/15094414/Afghanistan-HCA-2025_kort-version.pdf)

Around 14% of Afghanistan's population has disabilities, according to a survey by the Afghanistan Independent Human Rights Commission (AIHRC), which equates to about 4.4 million people. The incidence of severe disability in adults is estimated at 13.9% (equivalent to 2.5 million people)<sup>8</sup>. The rate of "functional impairment" in adults (15 years and older) was about 16.2%, including 11.2% with mild impairment and 5% with severe impairment.<sup>9</sup>

Notably, data from more recent years, after 2021, is scarce and limited, making it challenging to accurately track annual changes. However, given rising poverty, limited health services, and ongoing conflict, this rate is likely to have fluctuated.

## **2.2 Main causes of disability**

The leading causes of disability in Afghanistan are diverse but can be broadly explained into three categories:

Disabilities caused by war and armed conflict include landmines, explosive remnants of war, and armed attacks, which have been the primary causes of physical disabilities over the past two decades. Health and hygiene factors such as weak health systems, lack of preventive services and specialized care, high-risk births, preventable diseases like polio and measles, and malnutrition among children have contributed to the rise in disabilities. Social and environmental factors, including consanguineous marriages, pervasive poverty, and a lack of public awareness regarding prenatal and childhood health care, have resulted in an increase in cases of congenital and mental disabilities.

After August 15, 2021, in Afghanistan, the leading causes of the increase in disabilities have been more related to the direct and indirect consequences of the regime change and the resulting crises. Cluster explosions, explosive remnants of war, and insecurity remain essential factors in the creation of physical disabilities. In addition, the collapse of the health system, reduced international aid, and limited access to rehabilitation services have led to an increase in preventable disabilities, especially among children. Widespread malnutrition, extreme poverty, and forced migration have also played a significant role in exacerbating physical and mental disabilities. In addition,

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<sup>8</sup> United Nations, UNDAF Evaluation Report (United Nations, 1 July 2021) <https://afghanistan.un.org/en/160678-undaf-evaluation-report?utm> accessed 03 July 2025.

<sup>9</sup> Disability Data Initiative. "Afghanistan." Accessed July 2025, <https://www.disabilitydatainitiative.org/country-briefs/af/?utm>

psychological pressures resulting from social crises and gender restrictions have contributed to the increase in mental disorders and intellectual disabilities.<sup>10</sup>

### **2.3 General socio-economic conditions and their impact on persons with disabilities**

Low rates of social protection coverage: According to the UNDAF report, people with disabilities whose disabilities are not war-related are often excluded from receiving financial support; in contrast, Taliban members with disabilities enjoy a higher share<sup>11</sup>.

Fragile economic situation: According to the UNDP Special Report 2025, Afghanistan's economic growth is only 2.7% and 75% of the population is in a fragile livelihood situation. Declining international aid and rising unemployment have severely affected vulnerable groups, such as people with disabilities.<sup>12</sup>

Poverty and structural deprivation: According to DDI data, adults with functional impairments are more likely to be in multiple dimensions of poverty, their multidimensional poverty rate is between 88% and 91% (varying by severity of impairment). These groups also face significant inequalities in education, employment, housing, and access to water and electricity.<sup>13</sup>

Overall, the current situation shows that people with disabilities not only suffer from structural and social discrimination, but recent crisis has also made their situation even more critical. They face multiple layers of vulnerability in interaction with poverty, educational deprivation, lack of health support, and the absence of adequate support policies.

## **3. Thematic Analysis**

### **3.1. Access to Health Services for Persons with Disabilities in Afghanistan**

Following the Taliban takeover in August 2021, Afghanistan's health system and support networks were profoundly disrupted; severe reductions in foreign aid, socio-gender restrictions, and economic hardship have significantly reduced access for people with disabilities, many of whom require ongoing rehabilitation services, prosthetics/orthotics, physiotherapy, and specialized care.

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<sup>10</sup> Alessandro Lamberti-Castronuovo et al., "Exploring Barriers to Access to Care Following the 2021 Socio-Political Changes in Afghanistan: A Qualitative Study," *Conflict and Health* 18, no. 1 (2024): 36, <https://doi.org/10.1186/s13031-024-00595-4>

<sup>11</sup> Belquis Ahmadi, "The Challenges Facing Afghans with Disabilities," *United States Institute of Peace*, February 29, 2024, <https://www.usip.org/publications/2024/02/challenges-facing-afghans-disabilities>

<sup>12</sup> United Nations Development Program (UNDP), "Afghanistan's Fragile Economic Recovery No Match for Subsistence Shortfall, New Report Finds," May 7, 2025, <https://www.undp.org/afghanistan/press-releases/afghanistans-fragile-economic-recovery-no-match-subsistence-shortfall-new-report-finds>

<sup>13</sup> Disability Data Initiative. "Afghanistan." Accessed September 2025, <https://www.disabilitydatainitiative.org/country-briefs/af/>

Reports from international and non-governmental organizations show that while rehabilitation programs (especially long-term programs such as ICRC rehabilitation centers) have attempted to fill the service gap to some extent, these measures have never been able to fully replace a comprehensive health network and equal access, especially for women and rural residents<sup>14</sup>. The findings of the Rahyab Initiative research also confirm this problem.

### **3.1.1. Access to Healthcare and Rehabilitation Services**

The World Health Organization (WHO) and humanitarian partners have reported that the Afghan health system has faced a lack of financial resources and the closure or reduction of services in many facilities in the years after 2021; Meanwhile, more than tens of millions of health services were provided between 2022 and 2023, but this coverage is fragile due to reduced foreign aid and operational constraints.<sup>15</sup> In addition, the ICRC remains one of the largest providers of rehabilitation services in Afghanistan. Reports indicate that ICRC rehabilitation centers have provided prosthetics, orthotics, physiotherapy, and assistive devices to tens of thousands of people in recent years (ICRC operational and numerical reports from 2023–2025 document these efforts). However, the ICRC's capacity is limited to specific centers and cannot cover all needs alone.<sup>16</sup>

Research and academic reports also indicate that Community Based Rehabilitation (CBR) programs can be effective; however, they require resources and coordination with national programs to scale up. Field studies have shown that a lack of financial support and a skilled workforce have limited long-term expansion.<sup>17</sup> After foreign aid stopped or was significantly reduced, many government and non-government programs that provided basic services or rehabilitation either reduced the level of services or stopped altogether. This has had a profoundly negative impact, particularly in remote areas and among low-income families.<sup>18</sup>

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<sup>14</sup> Human Rights Watch, “*A Disaster for the Foreseeable Future*”: *Afghanistan's Healthcare Crisis* (12 February 2024) <https://www.hrw.org/report/2024/02/12/disaster-foreseeable-future/afghanistans-healthcare-crisis> accessed 01 August 2025.

<sup>15</sup> (World Health Organization, *Afghanistan's health system suffers critical underfunding, calls for donor support* (News release, 18 August 2023) <https://www.who.int/news/item/18-08-2023-afghanistan-s-health-system-suffers-critical-underfunding--calls-for-donor-support>, accessed 02/08/2025.

<sup>16</sup> International Committee of the Red Cross, *Afghanistan: Operational Facts and Figures, January-June 2024* (ICRC News Release, 29 August 2024) <https://www.icrc.org/en/article/facts-and-figures-january-june-2024>

<sup>17</sup> Jean-Francois Trani, Kyle A. Pitzer, Juanita Vasquez Escallon & Parul Bakhshi, ‘Access to Services from Persons with Disabilities in Afghanistan: Is Community-Based Rehabilitation Making a Difference?’ (2022) *International Journal of Environmental Research and Public Health* 19(10) 6341 <https://doi.org/10.3390/ijerph19106341> accessed

<sup>18</sup> Human Rights Watch, *Afghanistan: Aid Cutbacks, Taliban Abuses Imperil Health* (News release, 12 February 2024) <https://www.hrw.org/news/2024/02/12/afghanistan-aid-cutbacks-taliban-abuses-imperil-health> accessed



New policies and restrictions on women's roles in education and work (including bans targeting some women's education or employment) have exacerbated the shortage of female health workers; this has created significant barriers, especially for women and girls with disabilities who prefer or need to see female staff.<sup>19</sup> Furthermore, growing poverty and rising medical and treatment costs have led people with disabilities who require ongoing care to avoid visiting clinics or rehabilitation centers. Reports point to the increased economic vulnerability of families with disability members.<sup>20</sup>

### Table 5. Access to Health Services

Indicator	50 Women	Percentage	50 Men	Percentage
Access to services before 2021	38	76%	37	74%
Access to services after 2021	18	36%	22	44%

Based on the analysis of the conducted interviews, an estimated percentage of access to health services before and after 2021 has been determined. Table 5 presents the data regarding access to health services.

Women with disabilities had less access to health services than men during the republic era, but it has become even less so in the current context. Women's limited access to health services, especially in the current context, indicates that they face multiple barriers. The gender gap in access to services is not due to differences in physical ability, but rather a product of patriarchal structures and health institutions that are inaccessible to people with disabilities. This situation reveals how particular bodies, when they are female and with disabilities, are doubly marginalized.

The lack of or deterioration in infrastructure (roads, local rehabilitation centers) and the concentration of rehabilitation centers in a few large cities have made access very difficult for residents of rural areas and people with disabilities who have limited mobility. Analysis of the interviews shows that the majority of interviewees also confirmed these issues. Also, a lack of adequate information about rights and available services, combined with insufficient stigmatization of disability, prevents many people from seeking services. Medical information is also not provided in accessible formats.

<sup>19</sup> Ruchi Kumar and Zahra Joya, ‘Taliban move to ban women training as nurses and midwives “an outrageous act of ignorance”’ *The Guardian* (6 December 2024) [https://www.theguardian.com/global-development/2024/dec/06/taliban-afghanistan-ban-women-training-nurses-midwives-outrageous-act-ignorance-human-rights-healthcare?](https://www.theguardian.com/global-development/2024/dec/06/taliban-afghanistan-ban-women-training-nurses-midwives-outrageous-act-ignorance-human-rights-healthcare?hlpg=hp)

<sup>20</sup> Human Rights Watch, “A Disaster for the Foreseeable Future”: Afghanistan’s Healthcare Crisis (Report, 12 February 2024) “A Disaster for the Foreseeable Future”: Afghanistan’s Healthcare Crisis | HRW accessed

Reducing rehabilitation and health services means violating the right to equal access to health for people with disabilities, especially when governments and international actors fail to fulfill their responsibility to ensure access to essential care properly. International human rights groups have warned that the situation of access to health is particularly dire for vulnerable groups (including people with disabilities and women). The results of the Rahyab Initiative research also confirm this deplorable situation.

Based on the interviews conducted, it is clear that the type of disability played a decisive role in the level of access to health services during the Taliban era. People with mobility disabilities reported that the lack of physical facilities, such as ramps and appropriate vehicles, effectively deprived them of access to health facilities. In contrast, people with hearing or visual disabilities face severe communication difficulties; one Person with a hearing disability interviewee noted that “healthcare personnel do not understand sign language, and I have to ask a family member for help to explain my health problem,<sup>21</sup>” which is a clear violation of the patient’s right to confidentiality. Also, people with intellectual disabilities or invisible disabilities (such as mental disorders) often face neglect and labeling, and in many cases, families even refuse to let them visit health centers. This evidence shows that structural discrimination and lack of specialized capacities limit equal access to health services, and the right to health of people with disabilities in Afghanistan is directly affected by the type of disability.

### **3.1.2. Costs and Quality of Services**

Afghanistan's healthcare system has faced severe crises since the Taliban took over in 2021. Severe reductions in international aid, socio-gender constraints, and economic hardship have made access to healthcare services for people with disabilities challenging. Interviews show that the quality of health services has declined in many areas, and the costs of treatment have become unaffordable for many families. Also, Analysis of interviews reveals that access to health and rehabilitation services faces multi-layered constraints, and the quality of services provided is inadequate in many cases. Interview participants pointed to a lack of equipment and skilled personnel, a lack of appropriate infrastructure, and failure to meet accessibility standards, which have made it difficult for various disability groups to access health services. Their experiences also indicate that the direct and indirect costs of treatment, transportation, and the need for companionship from others have

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<sup>21</sup> Interviewee No. 49.

imposed additional economic and social constraints on individuals, limiting their access to basic services, even in urban settings.<sup>22</sup>

Analysis of the interviews shows that access to the right to health and health services for women with disabilities in different regions of Afghanistan faces multi-layered and structural challenges. This interviewee, who has a physical disability and lives in one of the southern provinces of Afghanistan, indicates that the quality of health services for women with disabilities faces serious limitations, and indirect costs also impede their access. She says, "Even if we go to the hospital, there are no facilities, especially for women with disabilities. No one can speak up or dare to make requests or complaints."<sup>23</sup> This statement reflects the lack of proper infrastructure, equipment shortages, and limitations in providing specialized services to women with disabilities. In addition, economic constraints and the need for companionship, especially by men, make it difficult to access even basic services: "All women with disabilities think only about what to eat."<sup>24</sup> The interviewee's experience shows that the quality of services and the ability of families to pay direct and indirect costs have severely limited access to healthcare for women and girls with disabilities, and economic pressure and lack of facilities increase their vulnerability.

Healthcare costs in Afghanistan have increased, especially for people with disabilities. Many families are unable to afford healthcare due to extreme poverty, leading to a lack of access to essential services. In addition, the quality of health services in Afghanistan has declined, especially in rural and remote areas. A shortage of medicines, medical equipment, and specialized human resources has made the services provided to people with disabilities inadequate and inappropriate.<sup>25</sup>

Similarly, another interviewee residing in one of Afghanistan's northern provinces and afflicted with a physical disability reported that the quality of healthcare services available to women with disabilities is markedly inadequate, compounded by practical and economic limitations. She articulated her experience as follows: "Honestly, the problems have escalated to such an extent that I occasionally must visit government health centers. There is a general lack of attention towards women, particularly those with disabilities. Additionally, families are often reluctant to bring their children and members with disabilities to the hospital." This statement highlights the neglect by

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<sup>22</sup> Interviewees No. 1-100.

<sup>23</sup> Interviewee No. 22.

<sup>24</sup> Interviewee No. 35.

<sup>25</sup> ACAPS, *Afghanistan: Spotlight on Social Impact (March–June 2023)*

<https://www.acaps.org/en/countries/archives/detail/afghanistan-spotlight-on-social-impact-march-june-2023>

healthcare staff, the deficiency of proper facilities, and the presence of gender-based discrimination in the provision of services.

Furthermore, another interviewee points to the limitations in access to specialized services such as physiotherapy and psychotherapy: "Some institutions are still working on physiotherapy, but it is very difficult for us girls and women. They say it has to be a woman to provide the services."<sup>26</sup> This experience suggests that the quality of services and the ability of families to provide practical access, coupled with economic constraints, have severely limited the use of health services for women with disabilities and marginalized them.

**Table 6: Affordability/ Costs of Treatment**

Ability to pay for treatment	Number	Percentage
They could have partially covered the costs of treatment before 2021.	60	60%
Now they can pay for the treatment.	28	28%
Reports of severe financial pressure due to treatment	44	44%

In conclusion, the analysis of the interviews shows that these restrictions have had tangible and widespread consequences on the lives of people with disabilities. Many participants reported that the lack of access to appropriate services has exacerbated their illnesses or physical problems and reduced their quality of life. A lack of facilities and skilled personnel has led some people to resort to limited home remedies or incomplete treatments instead of receiving standard services. In addition, economic pressures and the need for companions have also limited opportunities for social participation and employment, pushing people to the margins of society. The findings show that without strengthening infrastructure, increasing access, and improving the quality of services, the right to health of people with disabilities will not be effectively realized.

### **3.1.3. Geographic and infrastructural barriers**

A review of 100 interviews with people with disabilities shows that geographical barriers and poor urban and rural infrastructure severely limit their access to health and rehabilitation services. Long distances to health centers, inadequate transportation, and a lack of basic infrastructure, including ramps, usable roads, and accessible toilets, were highlighted as common problems in the interviews. These challenges are reported to be even more severe in rural and remote areas and are effectively a serious obstacle to the right to health of people with disabilities.

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<sup>26</sup> Interviewee No. 87.

One interviewee on the state of access to health services for people with disabilities in Afghanistan highlights the deep divide between urban and rural areas, as well as economic inequalities. “In Kabul, they can usually go to the nearest place... but if we go to remote villages, these services are not there at all,<sup>27</sup>” he says, highlighting the critical role of geographical and infrastructural barriers. Furthermore, even in Kabul, there are no free and specialized services available for people with disabilities, and as he himself emphasizes: “We have to pay our own money, which in many cases we don't have enough money, and even our families can't help. There is no free health service.<sup>28</sup>” Another emphasized, “Even when I get to the center, the facilities for our examinations are not there, and the staff is not adequately trained; it's as if our health is not a priority for them.<sup>29</sup>” These experiences highlight the serious geographical and infrastructural barriers that deny women with disabilities equal access to health care.

Interviews with women with disabilities show that access to health services is one of their biggest challenges. One interviewee said with frustration: “I have to walk several kilometers to get to the nearest health center, the path is full of stairs and inaccessible, and there is no suitable means of transportation for us.<sup>30</sup>” The constraints include not only physical distance and lack of adequate transportation, but also the quality of services and lack of standard facilities. Analysis of these quotes reveals that eliminating structural discrimination, investing in appropriate infrastructure, and ensuring equitable access to health services are necessary conditions for guaranteeing the fundamental rights of this group.

The findings of the interviews show that geographical and infrastructural barriers not only make access to health services difficult but also limit the quality of life and social participation of people with disabilities. The lack of appropriate routes and facilities has caused many people to refrain from visiting health centers or to resort to them only in emergency situations. This situation has led to increased isolation, greater dependence on family, and the persistence of social inequalities. The data collected shows that without improving infrastructure and adapting it to the needs of people with disabilities, the practical realization of the right to equal access to health services will not be possible.

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<sup>27</sup> Interviewee No. 23.

<sup>28</sup> Interviewee No. 23.

<sup>29</sup> Interviewee No. 15.

<sup>30</sup> Interviewee No. 32.

**Table 7: Barriers to access to health services**

Barrier	Number	Percentage
Geographical distance and lack of proper transportation	47	47%
High costs	65	65%
Lack of specialized services for people with disabilities	58	58%
Discrimination or inappropriate treatment by health workers	36	36%
Taliban Obstacles and Restrictions	40	40%

Table 7 shows that after 2021, in addition to economic and structural barriers, Taliban restrictions also act as a serious barrier to access to health services for people with disabilities, especially women. These include the requirement of a mahram to visit health centers, reduced activity of international institutions, and restrictions on inter-provincial travel.

Inclusion, over the past four years (2021–2025), access to health and rehabilitation services for people with disabilities in Afghanistan has been severely weakened due to a combination of reduced international assistance, gender-related restrictions, widespread poverty, and physical and informational barriers. Although institutions such as the ICRC and several NGOs have continued vital rehabilitation programs, achieving comprehensive and equitable coverage for all persons with disabilities requires more sustainable solutions that combine financial resources, disability-inclusive policymaking, and local capacity building.

### **3.2.Education of People with Disabilities after 2021**

Education is a fundamental human right that can play a significant role in empowering individuals and reducing inequalities. However, people with disabilities in Afghanistan have faced significant barriers to accessing primary, secondary, and higher education over the past four years. Based on interviews with 100 people with disabilities, several challenges were identified, including physical barriers such as the lack of ramps and Braille resources, social obstacles such as discrimination and stigmatization, and gender restrictions. In particular, after the Taliban took control of Afghanistan, no girls were allowed to continue their education beyond the sixth grade. This section attempts to provide a clear picture of the educational status of people with disabilities, using interview data, and to show why access to education is still limited for many of these people.

#### **3.2.1. Access to primary, secondary, and higher education**

The majority of interviews with those who have access to schools indicate that primary education for children with disabilities in Afghanistan still faces serious challenges at the primary level. Many schools lack ramps, appropriate classrooms, and accessible physical facilities, and teachers are not

adequately trained to teach students with special needs. This situation has led to a large number of children with disabilities either never entering school or dropping out after a while. One of them stated in an interview: “Every day my father had to carry me on his shoulder to climb the stairs to school; when he couldn’t continue, I also dropped out.”<sup>31</sup> Such examples demonstrate that physical barriers and a lack of educational support at the primary level have denied the right to education to many children with disabilities.

Even those children who manage to attend primary schools do not receive the quality of education they need due to a lack of appropriate teaching materials and specialist teachers. There are no Braille textbooks or audio versions available for visually impaired students, and no sign language services are provided for hearing-impaired students. One interviewee stated: “All the books are regular print, and I always have to rely on my friends to read the lessons.”<sup>32</sup> This example clearly shows that the lack of inclusive educational resources, even in the presence of students with disabilities in the classroom, is a significant obstacle to their learning and academic progress.

The situation of secondary education for people with disabilities has faced more serious obstacles, especially since the Taliban took over. The policy of prohibiting girls from studying beyond the sixth grade has deprived all girls, with and without disabilities, of continuing their education. This discriminatory policy has further marginalized girls with disabilities. A girl with visual impairment said in an interview, “When the Taliban closed schools, we were excluded twice; once because of our visual impairment and once because we were girls.”<sup>33</sup> This example shows how the combination of gender discrimination and disability has made access to secondary education impossible.

Even boys with disabilities who are allowed to continue their education in secondary school face severe shortages. Secondary schools often lack classrooms and learning resources that meet their needs, and there are no support programs in place to prevent students from dropping out. A teenager with hearing impairment said, “No teacher in the class knew how to teach in sign language; I fell further behind every day until I dropped out of school.”<sup>34</sup> This narrative shows that the lack of quality education and support services in secondary school is a significant obstacle to the full participation of people with disabilities in the educational process.

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<sup>31</sup> Interviewee No.1.

<sup>32</sup> Interviewee No.10

<sup>33</sup> Interviewee No.94.

<sup>34</sup> Interviewee No.71

Access to universities for people with disabilities is much more limited than in the past. Most universities lack the infrastructure to accommodate students with disabilities and lack educational facilities such as Braille books, audio files, or assistive technology. Even students who do enter university are at risk of dropping out due to a lack of support. A student with a disability said, “There were no Braille books or audio files at the university; I had to ask my classmates to read the lessons to me.”<sup>35</sup> This example illustrates that exclusion in higher education is mainly due to the institutional failure of universities, both public and private, to provide inclusive learning environments.

The lack of trained professors and specialized services makes it more difficult for people with disabilities to study at universities. Due to the lack of sign language interpreters or the lack of cooperation from professors, students with hearing disabilities are unable to follow courses, and many are forced to change majors or drop out. One student stated: “The professors were unwilling to speak more quietly or clearly, and there were no sign language interpreters in class; I ended up having to drop out of college.”<sup>36</sup> This narrative shows that structural limitations in higher education prevent the realization of the right to equal education for people with disabilities and severely threaten their professional and social futures.

Interview data show that the type of disability has a direct impact on the quality and accessibility of education at the primary, secondary, and tertiary levels. Children with visual disabilities are particularly vulnerable to the lack of Braille and audio-visual materials. As a result, they are left behind in their learning from the very beginning. One interviewee with a visual disability stated: “There are no Braille books; I have to wait every day for others to read to me.”<sup>37</sup> At the secondary level, students with hearing disability experienced the most difficulty, as schools lacked sign language teachers or interpreters; a teenager with hearing impairment said, “Nobody knew sign language, I just looked and didn’t understand anything.”<sup>38</sup> At universities, people with mobility disabilities face more physical challenges than others, such as the lack of ramps, elevators, and appropriate classrooms. One student with mobility disabilities stated: “Every day my friends had to take me to the third floor; it was humiliating for me, and I wanted to leave the university many times.”<sup>39</sup> This evidence shows that each type of disability comes with its own specific barriers and that to achieve inclusive education, policies and support programs must be designed according to

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<sup>35</sup> Interviewee No.83

<sup>36</sup> Interviewee No.86

<sup>37</sup> Interviewee No.2

<sup>38</sup> Interviewee No.51

<sup>39</sup> Interviewee No.23



the kind of disability. People with mental disabilities face severe disadvantages at all three levels of education. Many are excluded from education from the very beginning due to social stigma and a lack of psycho-educational services. One interviewee who had a mental disorder stated: “I went to school, but my classmates called me crazy; after a few months, I didn’t want to study anymore.”<sup>40</sup> Similar narratives show that discrimination, lack of psychological support, and lack of inclusive educational policies are the most important obstacles to this group's right to education.

### **3.2.2. Physical Barriers**

Physical barriers are one of the main factors limiting access to education for people with disabilities in Afghanistan. From primary to higher education, the lack of appropriate infrastructure, including ramps, elevators, accessible classrooms, and specialized educational equipment, has prevented many students with disabilities from participating independently and effectively in the educational process. One elementary school student said, “Every day the class path was full of stairs, and some days I would rather stay at home.”<sup>41</sup> This quote shows that physical barriers in Afghanistan not only limit access to education but also affect motivation and persistence in school and university.

At the primary level, physical barriers often include a lack of access to adequate sanitation facilities, unsuitable classrooms, and routes to school. Many children with disabilities have to walk dangerous paths and long stairs every day, which, in addition to physical fatigue, creates fear of injury. The interviews reveal that the lack of basic infrastructure restricts children’s access to formal education and contributes to early school leaving.

At the secondary level, the challenges are more complex and include a lack of wide aisles for wheelchairs, multi-story classrooms without elevators, and inadequate teaching equipment. These limitations prevent students with disabilities from participating in classroom activities independently, requiring them to rely on constant support and assistance. One student with visual impairment said, “In math class, there were no tactile charts or 3D models; I had to learn everything with the help of my friends.”<sup>42</sup> This example demonstrates that physical barriers in secondary schools, in addition to limiting access, also obstruct active learning.

In universities, physical barriers are primarily limited to poor building design, a lack of assistive devices, and inadequate access to libraries and laboratories. Many students with disabilities face old buildings and high-rise classrooms with no elevators or assistive devices. A student with a

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<sup>40</sup> Interviewee No.31

<sup>41</sup> Interviewee No. 11

<sup>42</sup> Interviewee No.100

hearing impairment said in an interview: “To take chemistry class, I always had to have my friends help me get into the lab; without them, I couldn’t do anything.<sup>43</sup>” This narrative shows that at the university level, physical barriers effectively threaten the right to higher education for people with disabilities by limiting access to specialized educational facilities.

Overall, the interviews show that the lack of adequate physical infrastructure at all levels of education, from primary to university, is a serious obstacle to the right to education for people with disabilities. The lack of ramps, elevators, accessible classrooms, and assistive devices has led many people to drop out of school or not actively participate in classes. As one university student with a hearing and physical disability put it: “I couldn’t enter the lab without the help of my friends; this condition has limited me.<sup>44</sup>” This evidence suggests that improving physical infrastructure is an urgent necessity for realizing inclusive education in the current context of Afghanistan.

### **3.2.3. Social Barriers**

Social barriers are one of the main challenges for people with disabilities to access education and employment in Afghanistan. Stigma, discrimination, and negative attitudes in the family, community, and educational environment have led to people with disabilities being continuously deprived of equal opportunities. According to interviews, many people feel that their abilities and talents are ignored. “When I go to school, others make fun of me and say you can’t learn anything; this makes me dread going to class every day.<sup>45</sup>” This narrative shows that social barriers can severely reduce motivation to attend and learn.

In educational settings, students with disabilities face both overt and covert discrimination. Teachers and classmates sometimes reduce their educational opportunities by expecting less or behaving inappropriately. A person with a visual disability stated in an interview, “Teachers think I can’t understand the lessons, so they don’t give me essential exercises, and I fall behind the others.<sup>46</sup>” This experience shows that even attending class is not possible for many people with disabilities without facing social discrimination.

Social barriers are not limited to school; family and community attitudes also play a decisive role. Some families prevent their children from receiving an education due to fear of societal judgment or feelings of incompetence. An interviewee said, “When my parents saw that the neighbors were

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<sup>43</sup> Interviewee No.63

<sup>44</sup> Interviewee No.13

<sup>45</sup> Interviewee No.29

<sup>46</sup> Interviewee No.40

saying What is the benefit of your daughter studying? They also became discouraged and didn't let me go to school.<sup>47</sup>" These narratives show that social pressure and negative judgments not only prevent access to education but also cause people with disabilities to drop out of school and become isolated.

Girls with disabilities in Afghanistan experience the most tremendous pressures from a combination of gender discrimination and disability stigma. Cultural and policy constraints prevent them from continuing their education beyond primary school, severely limiting their employment opportunities. A girl with a hearing disability stated in an interview: "When they found out I was a girl and with a hearing disability, they told me it was better to stay at home; the school principal didn't even accept me to enroll in school.<sup>48</sup>" This example shows how social discrimination, especially in combination with gender restrictions, severely limits educational opportunities and social participation.

Interviews show that social barriers are one of the most powerful factors in the exclusion of people with disabilities in Afghanistan. Stigma, discrimination, family and cultural judgments, combined with gender restrictions, prevent many people from having equal access to education and employment. As one teenager with a motor disability put it, "Sometimes I think it would be better if I stayed home than always to face contemptuous looks.<sup>49</sup>" This evidence shows that changing social attitudes and educating the community are critically necessary to achieve equal education and opportunities.

**Table 8. Obstacles and challenges of education**

Obstacles/Challenges	Women/girls	Men/boys
Political/Gender Constraints	60%	10%
Physical Barriers	70%	25%
Lack of Specialist Teachers	90%	95%
Families' Economic Problems	80%	65%
School and Peer Neglect or Violence	45%	25%

Table 8 shows that educational barriers for people with disabilities in Afghanistan are multi-layered and gender-specific: women and girls experience the greatest deprivation, particularly due to political and gender constraints, physical barriers, and school violence, while men mainly face a

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<sup>47</sup> Interviewee No.55

<sup>48</sup> Interviewee No.97

<sup>49</sup> Interviewee No.61

shortage of specialist teachers and institutional challenges. The combination of family poverty, an inadequate school environment, and a lack of specialized support does not translate students' physical presence into real participation, and the educational path for girls with disabilities is limited, especially after the primary level. These data suggest that reforming the education system requires simultaneous interventions in policies, the physical environment, teacher training, and school culture to provide real and equal access for all people with disabilities.

**Table 9. Specific barriers for students with severe or multiple disabilities**

Challenge Type	Number out of 100	Description
Inability to use regular classrooms (wheelchair/wheelchair)	11	Classrooms and stairs are not accessible
Needing help from a teacher or assistant to learn	10	Lack of skilled personnel
Deprivation of standardized tests without adaptation	15	Tests are not adapted to special needs
Isolation and humiliation by classmates	12	Reduced motivation and dropout

Table 9 shows that students with severe or multiple disabilities face significant structural and environmental barriers to education. Many are unable to use regular classrooms because buildings and classrooms are not designed to be accessible, requiring the assistance of a teacher or assistant to learn, which limits the quality of education due to a shortage of skilled personnel. Furthermore, standardized tests that lack adaptation for special needs deprive many students of a fair assessment, and the experience of isolation, humiliation, or rejection by classmates reduce their motivation and self-confidence. These circumstances demonstrate that mere access to the classroom does not mean actual participation in education, and reforming the education system requires simultaneous changes in infrastructure, human resources, and school culture to provide equal opportunities for all students with disabilities.

### **3.2.4 Real-life narratives from interviews**

Interviews reveal that their personal experiences more precisely depict the reality and hardship of deprivation than statistical data or graphical representations. A young individual with a mobility impairment stated, "To attend school, I faced a daily journey along a path laden with stones and steps. On occasions, I fell and soiled my clothes; I could no longer endure it, and on certain days, I refrained from attending school altogether." This account demonstrates that environmental obstacles within Afghanistan, even on brief daily routes, hinder students with disabilities from engaging actively.

The majority of interviews with girls with disabilities show that they are the ones who suffer the most from discriminatory policies and attitudes. A girl with visual disability said: “I want to continue my studies after the sixth grade, but I know I'm not allowed to because of the Taliban's prohibition. How difficult it is to be a girl and have a disability in Afghanistan.” This example tangibly demonstrates the combination of gender and disability constraints in the current situation under the Taliban rule in Afghanistan, deepening the deprivation of education.

Social and psychological challenges are also part of the daily pain of people with disabilities. A girl with a hearing disability said, “My voice may not be heard, but my heart aches for the closure of education. The Taliban and ignorant customs cannot extinguish my dreams of learning.<sup>50</sup>” This narrative shows that discrimination, social stigma, and demeaning behaviors reduce motivation to attend school and actively participate.

Many schools are still not accessible to students with disabilities, and some do not even accept them. “When I went to school, they said you don’t belong here,<sup>51</sup>” says one girl with a hearing impairment. “The roads to school are closed to me, and the Taliban don’t let us study,<sup>52</sup>” adds another girl who is in a wheelchair. These conditions deprive many children of the will and interest to learn, denying them their fundamental right to education and leaving them to live in despair and heartache. In contrast, the dream of education remains alive in their hearts.

In the current context of Afghanistan, girls with disabilities experience the most significant deprivation in access to education. The Taliban’s restriction of not allowing girls to continue their education beyond the sixth grade, combined with the physical and social barriers of disability, completely limits educational opportunities. Under Taliban policies, girls with disabilities are denied access to secondary and higher education, even if they have the ability and motivation. A girl with visual impairment said, “All classes and programs above the sixth grade have been closed, I can’t study, and there is nowhere to turn for support.<sup>53</sup>” This tangible narrative shows how gender restrictions and legal conditions have completely eliminated educational and social opportunities for girls with disabilities.

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<sup>50</sup> Interviewee No. 18

<sup>51</sup> Interviewee No.3

<sup>52</sup> Interviewee No.43

<sup>53</sup> Interviewee No.74

### **3.3. Employment**

In the current situation in Afghanistan, people with disabilities face extensive barriers to accessing employment opportunities. The lack of supportive policies and empowerment programs, combined with negative employer attitudes and social restrictions, has prevented many people with disabilities from entering the labor market, even with sufficient skills and education. The country's economic conditions, the mismatch between the workplace and the needs of people with disabilities, and geographical constraints have made access to jobs increasingly difficult. Overall, this situation deprives people with disabilities of economic independence, reduces their self-confidence, and severely limits their active participation in society. This section has analyzed and examined the employment situation of people with disabilities in Afghanistan, based on interviews conducted with them.

#### **3.3.1. Employment and unemployment rates among persons with disabilities**

According to interviews conducted with 100 individuals with disabilities in Afghanistan, approximately 15 percent of this population are engaged in employment. Roughly 20 percent of these individuals report being actively seeking employment but are left behind by various barriers. The remaining approximately 75 percent are either employed in seasonal occupations, such as street vending and domestic services, or are entirely unemployed and reliant on family support.

For example, a 32-year-old man with a mobility disability said, “I haven’t found any job for over five years. I applied everywhere, I took exams, but no one hired me. I feel like society doesn’t look at us.”<sup>54</sup> These words reflect the enormous challenges faced by people with disabilities in a society where job opportunities are limited. On the other hand, a visually impaired woman stated: “I have a law degree. In the pre-Taliban era, not only did I not find a job, but I was not even invited for an interview. Some people told me that a visually impaired person is not suitable for such a job. With the coming of the Taliban, all my dreams ended. In the previous era, there was at least a small hope of finding a job. Now there is no hope at all.”<sup>55</sup>

Compared to men, women with disabilities face more barriers. In interviews, many women with disabilities said that their families discouraged them from trying to find a job. For example, a woman with a mobility impairment said, “I graduated from university and worked during the Islamic Republic of Afghanistan, but I lost my job when the Taliban came. As you know, the

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<sup>54</sup> Interviewee No. 53

<sup>55</sup> Interviewee No. 44

Taliban does not allow women to work in any government office. I also applied to some private institutions, but I could not find a job.<sup>56</sup>”

Another notable point is the distinction between urban and rural areas. In rural regions, individuals with disabilities are more inclined to engage in informal, manual labor such as firewood collection or farming, and are less likely to have access to stable or secure employment opportunities. A man with a physical disability residing in a remote area stated, “In the village where I live, there is no formal employment. The only thing I can do is help in the fields or collect firewood. I face many difficulties in life.” This narrative highlights the significant structural gap in the Afghan labor market, which disproportionately affects persons with disabilities more profoundly than others, due to the absence of formal job opportunities in villages. Engaging solely in informal work, such as assisting with agricultural activities or collecting firewood, underscores the lack of access to technical and vocational training, as well as the deficiency of supportive infrastructure necessary to foster economic independence.

### **3.3.2. Job Opportunities and Barriers to Entering the Labor Market**

In the current situation in Afghanistan, employment opportunities for the majority of people, especially people with disabilities, are minimal and often end up in informal, low-income jobs. Many people with disabilities are employed in agricultural sectors or simple, daily wage jobs that do not provide job security, and that, with great difficulty, if at all. A young man with a physical disability said, “It is tough to find work; most of the time, I can only sell small items in the market. I have studied up to the 12th grade, but no office is willing to hire me.<sup>57</sup>” This narrative shows that even for simple jobs, there are discriminatory barriers and social disapproval.

In the current situation in Afghanistan, Taliban policies have effectively closed all doors to formal employment for women, and this situation means double deprivation for women with disabilities. Not only are they deprived of secondary and higher education, but they also have no chance of formal employment due to the ban on women's employment. A woman with visual impairment said, “When even women without disabilities are not allowed to work, how can I, who is visually impaired, have any hope of getting a job? The Taliban won't let us work.<sup>58</sup>” This shows that gender and disability together create complete isolation. Men with disabilities also face serious difficulties; lack of physical facilities, disregard for special needs, and discrimination by employers have led many of them to be excluded from the labor market. A man with a mobility disability explained,

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<sup>56</sup> Interviewee No. 65

<sup>57</sup> Interviewee No. 77

<sup>58</sup> Interviewee No. 33

“Most offices are in multi-story buildings, there are no ramps or elevators; as soon as they see my chair, they say you are not capable of working.<sup>59</sup>” A man with a hearing disability also said, “I applied for a job, but because there was no sign language interpreter, they didn’t allow me to interview at all.<sup>60</sup>” These interviews show that women are seriously excluded from entering the labor market, both due to absolute prohibitions and structural barriers and discrimination.

Barriers to entry into the labor market deprive people with disabilities of economic independence and increase their dependence on family, which has profound psychological and social consequences. Limited employment opportunities not only cause economic poverty but also reduce the social participation of this group. “I have the ability to work, but I am not given the opportunity anywhere; it makes me feel like I don’t belong in this society,<sup>61</sup>” said a man with a hearing impairment. This narrative illustrates how Afghanistan’s dysfunctional labor market not only hinders employment for people with disabilities but also exacerbates their sense of deprivation and isolation. The lack of the rule of law has also compounded these problems.

### **3.3.3. Role of government, private sector, and international organizations**

In today's Afghanistan, the role of various institutions in supporting people with disabilities has been severely reduced. The Taliban government not only has no effective policy in this area but has also imposed extensive restrictions on women's education and employment. In such an environment, the private sector and international organizations have also been unable to fill the gap in support policies.

In the current situation in Afghanistan, the Taliban de facto regime has not only failed to develop any supportive policies for employment and education for people with disabilities. Still, it has also exacerbated the situation by imposing severe restrictions on women. Many interviewees noted that before the fall of the previous government, there was at least some hope for job quotas or support programs, but that this possibility has now completely disappeared. A woman with a disability said, “The Taliban don’t pay attention to us at all. They have neither provided education nor employment opportunities for women.<sup>62</sup>” This statement reflects the systematic exclusion of people with disabilities, especially women, from government policymaking.

The private sector in Afghanistan has a very limited role in attracting people with disabilities due to the economic crisis, reduced investment, and discriminatory attitudes. Interviews show that many

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<sup>59</sup> Interviewee No. 90

<sup>60</sup> Interviewee No. 81

<sup>61</sup> Interviewee No.22

<sup>62</sup> Interviewee No. 50



employers are unwilling to hire people with disabilities because they consider them “unproductive” or have not adapted their work environment to their needs. A man with a mobility disability stated, “I went to a few companies, and they said we don't have the capacity to build you a chair or a ramp, you can't do it. You can't be useful to us.”<sup>63</sup> This description shows that the lack of incentive policies and a culture of social responsibility in the private sector has made it almost impossible for people with disabilities to enter the labor market.

In Afghanistan after 2021, discrimination against people with disabilities has also taken on a political flavor. Interviews show that the Taliban make a clear distinction between “people with disabilities who are members or supporters of the Taliban” and “non-Taliban.” One interviewee said, “When they found out I was injured in the former army, they even removed my name from the aid list”<sup>64</sup> This difference in behavior is not only a sign of political discrimination but also a sign of the collapse of the principles of social justice in the current structure of Afghanistan.

In the meantime, the role of international organizations remains comparatively limited, although their activities have also been curtailed due to pressure from the Taliban. These organizations formerly supported educational and employment initiatives for individuals with disabilities; however, many of these programs have now been suspended or are being carried out in a substantially limited capacity. A woman with disabilities, who previously participated in a project funded by an international non-governmental organization, stated, “When the Taliban came, our office was closed, and we were all unemployed; there was nowhere else to take us.”

This example illustrates that an over-reliance on international aid, without the presence of domestic structural support, does not guarantee sustainable employment opportunities for individuals with disabilities.

Analysis of the interviews shows that in the absence of government support and lack of commitment from the private sector, opportunities for people with disabilities have been completely marginalized. International organizations also do not pay much attention to the situation of people with disabilities in Afghanistan. Therefore, without structural reform and policy revision, the employment and social participation prospects of people with disabilities will remain bleak and limited.

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<sup>63</sup> Interviewee No. 3

<sup>64</sup> Interviewee No.69

**Table 10 Employment status (before 2021 vs now)**

Indicator	Women (50)	Percentage	Men (50)	Percentage
Employed before 2021	12	24%	33	66%
Employed now	4	8%	16	32%

Table 10 shows a significant difference in the employment levels of women and men with disabilities after 2021, reflecting the reproduction of inequality in the labor market. Women have been virtually excluded from economic participation, while men are still partially present in the labor market, albeit at a lower level. This suggests that the main problem is not a lack of “work capacity” but rather structural discrimination, lack of institutional support, and denial of employment rights that have deprived groups access to equal opportunities.

These percentages are estimates based on responses from 100 interviewees (50 women and 50 men) and represent a general trend, not official statistical data.

**Table 11: Main factors driving employment decline after 2021 for people with disabilities**

Key factors or barriers	Women (%)	Men (%)
Taliban restrictions on women's work	95	30
Stoppage of international and support projects	65	50
Political discrimination in employment (prioritizing the Taliban and their affiliates)	100	90
Economic stagnation and general poverty	65	60
Lack of physical access and work facilities	35	45
Negative attitude of employers towards the abilities of people with disabilities	60	40

Table 11 shows that the employment of people with disabilities in Afghanistan has been severely affected by political, economic, and social developments since 2021. The difference between women and men in this data reflects deep structural discrimination that has been shaped simultaneously based on gender, disability, and political affiliation. Taliban restrictions on women’s employment (95%) are the most significant factor in their exclusion from the labor market, effectively reducing their economic participation to a symbolic level. In contrast, men with disabilities also face considerable barriers, particularly as a result of political discrimination in employment, which 90% of male interviewees experienced.

Finally, the shutdown of international institutions and the economic downturn have deprived both groups of employment opportunities that support them. At the same time, physical barriers and negative attitudes from employers continue to threaten employment stability. “The Taliban say a woman’s place is in the home, even if I can work,” said one female interviewee. This statement is

a good example of the forced exclusion of women with disabilities from the country's economic life. Overall, the data show that existing policies have not only undermined economic empowerment but have also exacerbated dependency and structural poverty among people with disabilities, especially women.

#### **3.3.4. Structural and gender-based discrimination**

Employment of people with disabilities in Afghanistan faces profound structural and gender-based challenges. Interviews show that these people are not only deprived of employment opportunities, but also social and cultural inequalities prevent them from realizing their rights. This report attempts to shed light on the dimensions of this discrimination, drawing on real-life experiences.

One interviewee said, "When I applied to a company, the human resources manager wouldn't even look at my resume and said that our job was designed for healthy <sup>65</sup>(persons without disabilities) people.<sup>66</sup>" This statement shows that structural discrimination in the hiring process is widespread, and there is no legal framework to prevent administrative discrimination. People with disabilities are systematically denied equal access to employment opportunities, even when they have the necessary technical and educational qualifications.

Gender discrimination has a significant impact on the access of women with disabilities to the labor market in Afghanistan. A woman with a mobility disability said in an interview: "When I went for an in-person interview, the employer told me that we cannot hire someone who has physical disabilities, and that the fact that you are a woman prevents you from doing heavier work."<sup>67</sup> This statement shows that both disability and gender create additional limitations. In addition to mobility disabilities, women who are people with hearing disability or who are visually impaired also face specific prejudices; as one woman with visual disability put it, "Most managers think I can't do administrative or communication tasks, even though I have the necessary skills."<sup>68</sup> The type of disability plays a significant role in employers' decisions, and its combination with female gender systematically reduces employment opportunities. In addition, women with disabilities often face cultural constraints that make their professional activity unacceptable, especially in rural areas, where families tend to be housewives and their economic activity is limited.

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<sup>65</sup> Many common people refer to a person without a disability in their daily conversation as: well/healthy/normal or abled body

<sup>66</sup> Interviewee No. 88

<sup>67</sup> Interviewee No. 2

<sup>68</sup> Interviewee No. 10

Traditional and cultural structures in Afghanistan are also a significant barrier to employment for people with disabilities. A person with disability stated, “Families and society believe that we cannot do practical work, so even if there is a job opportunity, they do not encourage us to try.”<sup>69</sup> These cultural beliefs cause people with disabilities to be ignored in the workplace and society, and opportunities for empowerment remain limited.

Therefore, structural and gender discrimination in Afghanistan creates serious barriers to employment for people with disabilities. Real-world experiences demonstrate that reforming laws without addressing social and cultural attitudes is insufficient. Targeted support for this group, along with efforts to change attitudes, is essential to providing equal employment opportunities for all.

### **3.4. Access to Justice for Persons with Disabilities (2021–2025)**

Access to justice is a fundamental right that must be available to all without discrimination. However, in the past four years, people with disabilities have faced more deprivation and injustice than ever before<sup>70</sup>. Weak institutions, the collapse of the legal system after the fall of the republic, and the restrictive policies of the Taliban have marginalized this group.<sup>71</sup> The majority of interviews indicate that people with disabilities have lost trust in the justice system. As one woman with disabilities said, “I never went to the justice system because I didn’t know what it was like, and my family wouldn’t let me<sup>72</sup>” This statement clearly shows that justice for people with disabilities in Afghanistan remains more of a dream than a real opportunity. Based on the interview findings, this section provides an analytical examination of issues including the accessibility of justice services, barriers to access, legal awareness, case processing procedures, gender challenges, and changes over the past four years.

#### **3.4.1. Availability of Legal and Judicial Services**

Access to justice and judicial services for people with disabilities in Afghanistan has always faced serious challenges. At the structural level, no government or judicial institution has a specific program to facilitate the presence of people with disabilities in courts and legal offices. One person with disability who has a law bachelor's degree explained: "There are no special privileges for people with disabilities in justice institutions; the same services that are available to others are

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<sup>69</sup> Interviewee No. 59

<sup>70</sup> United Nations, *Access to Justice – Thematic Areas: Rule of Law Institutions* (UN Rule of Law) <https://www.un.org/ruleoflaw/thematic-areas/access-to-justice-and-rule-of-law-institutions/access-to-justice/>, accessed 15 July 2025.

<sup>71</sup> Amal Sethi, ‘The Rule of Law in Afghanistan: Prospects Under the Taliban Rule’ in Marek Safjan (ed), *The Revival of the Rule of Law Issue* (Larcier-Intersentia 2024) ch 4, 57-78 .

<sup>72</sup> Interviewee No. 4

available to us as well. That is, no special facilities are provided.<sup>73</sup>" This deficiency shows that justice in the country has never been designed to suit the needs of people with disabilities.

With the rise of the Taliban, even the bare minimum of legal facilities and structures was effectively dismantled. Legal institutions that had previously provided limited programs for people with disabilities under the auspices of international organizations were closed or had their activities restricted. As a result, access to justice and judicial services for people with disabilities has fallen from inadequate to almost impossible in recent years. Another interviewee said, "Even when women and men with disabilities face oppression and discrimination, there is no institution to complain to and pursue justice, and going to court has become almost impossible."<sup>74</sup> This interview, and dozens of others like it, clearly illustrate the critical state of access to justice and judicial institutions for people with disabilities. Since there are no formal mechanisms for complaining and pursuing their rights, they are unable to defend themselves even when their rights are violated. This problem is not limited to a specific case. Still, it is a persistent and widespread situation that demonstrates the weakness or breakdown of legal, and support structures and represents severe inequality and a human rights crisis for people with disabilities.

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<sup>73</sup> Interviewee No. 73

<sup>74</sup> Interviewee No. 73

**Table 12: Availability of Legal and Judicial Services**

Indicator	Women (%)	Men (%)	Description
Access to Judicial Institutions	10	35	Justice systems are active, but the Taliban presence has eroded public trust. Women have almost no direct access.
The existence of support institutions for people with disabilities	8	12	Most legal institutions have either closed or are limited to large cities.
Free legal advice services	5	10	After international organizations withdraw, such services are rare.
Presence of persons with disabilities in the justice system	0	1	There is no effective representation of people with disabilities in the current justice system.

Table 12 shows that access to legal and judicial services is very limited for people with disabilities, especially women, who have almost no direct access to courts or support institutions. The lack of representation of people with disabilities in the judicial structure and the reduction in the activity of international organizations have made their legal rights extremely vulnerable, and physical presence in judicial institutions is not synonymous with actual equal participation.

### 3.4.2. Barriers to Access

Barriers to access to justice for people with disabilities are multi-layered. On a physical level, the lack of ramps, elevators, or sign language interpreters makes it nearly impossible for people with disabilities to enter justice buildings. Many interviewees noted that they require assistance even to enter government buildings. Some female interviewees said they were not even allowed to enter the court premises. These restrictions mean that people with disabilities are deprived of the opportunity to defend their rights from the very beginning.

But social and family barriers are also more pronounced. A woman with a physical disability said, “My father never lets me go to an office to complain. He says you are a girl and you should stay at home.”<sup>75</sup> Such family restrictions not only block women with disabilities from seeking justice, but also keep them in a cycle of silence and dependency.

On the other hand, corruption and employee discrimination are also serious obstacles. A man with a disability described his experience as follows: “I have applied several times to obtain a marriage certificate; they either refused or did not respond at all. Sometimes they said, ‘What are you doing

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<sup>75</sup> Interviewee No. 25

with a marriage certificate, you lame man? If something as simple as this is difficult, then what will justice be like in bigger cases?<sup>76</sup>” The majority of interviews indicate that access barriers are not only physical, but also deeply structural and cultural.

**Table 13 Barriers to Access to People with Disabilities**

Major challenge	Women (%)	Men (%)	Description
Fear of the Taliban or the judicial system	75	45	The Taliban's judicial system is based on fear and violence; women are afraid to go to court.
Lack of physical facilities in judicial offices	60	55	Offices are not accessible to people with disabilities.
Lack of interpreters or services for people with hearing and visual disabilities	80	70	People with sensory disabilities are virtually excluded from the judicial process.
Financial and transportation costs	65	50	Traveling to the provincial capital of Kabul to pursue a case is costly and complex.

According to Table 13, the main barriers include fear of the Taliban and the judicial structure, lack of physical facilities, and lack of adaptive services for people with sensory disabilities. Women are more affected by these constraints than men, indicating that gender discrimination combines with structural and security barriers to systematically limit equitable access to justice.

### 3.4.3. Knowledge and Awareness

One of the most serious problems in the field of justice is the low level of legal awareness among people with disabilities. The majority of them do not even know how to file a complaint or which institution is responsible for handling their cases. A woman with a hearing impairment said bluntly: “I have no idea what a court is? And how to go to court or file a complaint.”<sup>77</sup> This lack of awareness is rooted in a lack of legal education and public information.

During the Islamic Republic of Afghanistan, limited awareness programs were conducted by civil society organizations or the media; however, these programs were never widespread and were mostly confined to large cities. After the Taliban took over, these limited opportunities disappeared as well. Now, neither the media nor independent civil society organizations are allowed to operate freely in this field.

This situation has led people with disabilities to feel alienated from justice. As one interviewee noted, “In Afghanistan, there is no culture of belief in the abilities of people with disabilities.

<sup>76</sup> Interviewee No. 77

<sup>77</sup> Interviewee No. 63

People often don't realize that we have rights.<sup>78</sup>” This statement reflects the link between a lack of legal awareness and discriminatory attitudes in society.

**Table 14: Knowledge and Awareness**

Indicator	Women (%)	Men (%)	Description
Knowledge of the rights of people with disabilities	15	30	Awareness is low, particularly after educational restrictions are implemented.
Knowledge of the judicial process and complaints	10	25	They often don't know where or how to lodge a complaint.
Receiving training or awareness from institutions	8	12	Awareness institutions have almost completely closed down in the last four years.
Belief that justice is accessible	5	20	There is widespread distrust of justice under the Taliban regime.

Table 14 shows that the level of legal awareness and judicial processes among people with disabilities is low, especially for women. The lack of education and awareness, combined with distrust in the justice system, means that many people are deprived of the right to complain and pursue legal action. This situation makes formal justice practically inaccessible to them.

#### **3.4.4. Case Handling and Responsiveness**

Even in cases where people with disabilities manage to file complaints, their cases are often delayed, ignored, or discriminated against. One girl mentioned in her interview that a neighbor constantly harassed her, and that her father was forced to sell his house and leave the area. She never considered filing a complaint: “I knew no one would listen to me. Especially in Taliban courts, no one listens to women. The men are always right.<sup>79</sup>” This quote clearly illustrates the state of gender inequality and women's denial of justice in Afghanistan under the Taliban regime. The judicial system under this regime has a discriminatory structure that deprives women of equal access to justice and severely limits their ability to defend their rights. This situation reflects the lack of independent institutions and legal protection for women. In addition to judicial restrictions, it depicts social and political conditions in which women are practically deprived of decision-

<sup>78</sup> Interviewee No. 48

<sup>79</sup> Interviewee No. 38



making power and the possibility of pursuing their rights, which is a clear example of human rights and women's rights violations.

Corruption and unaccountability of judicial institutions have exacerbated this problem. One interviewee, referring to his own experiences, stated: “There is no law; they apply whatever the judges think and understand from Islamic sources. Even in similar cases, the same judge makes different decisions.<sup>80</sup>” When the execution of a sentence is based on the judge's interpretation and there are exceptions in various cases, people with disabilities practically feel that entering the justice system is useless.

This institutional indifference not only discourages people with disabilities from pursuing their complaints but also deepens their feelings of helplessness and social isolation. As a result, justice has become a symbol of inefficiency and discrimination, rather than a tool for support and protection.

**Table 15: Case Handling and Responsiveness**

Indicator	Women (%)	Men (%)	Description
Cases for which complaints have been filed	10	25	Many complaints, especially from women, are not registered at all.
Cases that have reached a legal conclusion	2	10	The success rate of cases is very low.
Respectful and humane treatment in the process	5	15	The majority complain about the officers' humiliation and indifference.
Speed of handling cases	Very Low	Low	Many cases go unsolved for months or years.

Table 15 shows that the judicial system's handling of cases and accountability is woefully inadequate. Even in cases that are registered, the desired legal outcomes are not achieved, and officers are often treated with disrespect and contempt. This indicates that inequality in access to justice is not only due to barriers to entry, but also to the quality of interaction and the accountability of institutions.

### **3.4.5. Gender-Specific Challenges**

Women with disabilities in Afghanistan under the Taliban face additional challenges in accessing justice. Not only do they face gender-based discrimination, but their disability also acts as a factor in increasing social and legal pressures. Interviews show that, in the Taliban-controlled justice system, women and girls, especially those with disabilities, are effectively excluded from the

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<sup>80</sup> Interviewee No. 73

judicial process and their access to justice is systematically restricted. This situation represents a clear violation of human rights and structural discrimination against women with disabilities in Afghanistan.

Taliban policies have made things even more difficult for women with disabilities. Now, women, with or without disabilities, cannot even enter many justice institutions without a mahram. This restriction effectively means the complete exclusion of women with disabilities from the judicial process. One of the women interviewed emphasized: “It is better not to go to any Taliban-related office at all, because you are not allowed to enter without a mahram.”<sup>81</sup>

This situation shows that justice for women with disabilities in Afghanistan today is not only inaccessible but is also systematically denied. This group remains completely defenseless against domestic violence, social discrimination, and abuse. Lack of access to legal and support services, coupled with social and cultural restrictions, has led to women with disabilities in Afghanistan being marginalized and deprived of their fundamental rights.

**Table 16: Gender-Specific Challenges**

Type of Challenge	Women (%)	Men (%)	Description
Taliban restrictions on presence in courts	85	5	Women are practically denied access to court without a mahram or husband's permission.
Fear of social stigma and domestic violence	80	15	In some cases, women face threats or ostracism from their families if they complain.
Lack of female lawyers or advocates	90	0	Female lawyers are not allowed to appear in almost any Taliban court.
Refusal to accept complaints from people with disabilities	65	20	Taliban agents often dismiss women's complaints as worthless.

Table 16 highlights that women with disabilities face multiple gender challenges: cultural and religious restrictions, lack of female lawyers, fear of domestic violence, and officials' failure to accept their complaints make access to justice virtually impossible. This situation shows that justice is not only ineffective, but gender and disability are combined in the current system, systematically depriving women of their rights.

### **3.4.6. Trends Over Four Years**

A review of the past four years shows a complete setback in the justice sector. During the republic era, although discrimination and corruption were widespread, access to judicial institutions

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<sup>81</sup> Interviewee No. 15

remained limited. “There was a three percent quota for the individuals with disabilities in the law,” the interviewee explains, “but it was never correctly implemented.”<sup>82</sup> This structural inefficiency existed at the time, but after the Taliban, the situation became much worse.

During the Taliban regime, discrimination against people with disabilities was evident in the distribution of benefits and support services. This discrimination was particularly severe for people who had worked as government employees during the previous regime. Some of these people faced ridicule and insults and were told that their disabilities were due to their cooperation with the former government. This type of treatment not only represents blatant discrimination but also increases feelings of exclusion and injustice among these people. In such circumstances, access to basic services such as financial assistance, medical care, and education for people with disabilities is significantly reduced, and this group of people in society faces additional challenges.<sup>83</sup>

Since 2021, stricter restrictions on women, the elimination of civil society organizations, and the curtailment of the activities of international institutions have effectively made justice for people with disabilities an unrealistic concept.<sup>84</sup> Many interviewees emphasized that they no longer even consider turning to justice institutions. International institutions are also not paying attention to these cases. This trend shows that in Afghanistan, justice for people with disabilities has not only not progressed, but has actually regressed in the last four years. Today, justice for this group has become an unattainable dream, rather than a guaranteed right.

Analysis of the majority of interviews shows that people with disabilities in Afghanistan are facing an unprecedented level of legal deprivation from 2021 to 2025. Physical and social barriers, lack of legal awareness, structural corruption, gender discrimination, and the Taliban’s harsh policies have made their access to justice nearly impossible. In such circumstances, people with disabilities are not only victims of war and poverty, but also direct victims of the denial of their legal rights. As one woman with disabilities put it: “Others always make decisions for us; we are never allowed to make decisions about our own lives.”<sup>85</sup> This situation is clearly a flagrant violation of human

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<sup>82</sup> Interviewee No. 96

<sup>83</sup> Interviewees No. 1-100

<sup>84</sup> Sebghatullah Qazi Zada and Mohd Ziaolhaq Qazi Zada, ‘The Taliban and Women’s Human Rights in Afghanistan: The Way Forward’ (2024) 28(10) *International Journal of Human Rights* 1687–1722, <https://doi.org/10.1080/13642987.2024.2369584>

<sup>85</sup> Interviewee No. 32

rights obligations and highlights the need for immediate support from the international community and a review of domestic policies.

#### **4. Cross-Cutting Analysis**

A cross-sectional analysis of the report's findings shows that the situation of people with disabilities in Afghanistan is not only a direct result of limitations in education, employment, health, and justice, but is also deeply intertwined with broader structures of poverty, discrimination, insecurity, and exclusionary policies. These factors, interacting with one another, have created a cycle of multi-layered deprivation that takes different forms and intensities depending on an individual's gender, location, ethnicity, and economic status.

##### **4.1. Links between Poverty, Conflict, Discrimination, and Rights Violations**

The Taliban's rise to power in 2021 deepened the cycle of poverty, discrimination, and human rights violations against people with disabilities in Afghanistan. Economic restrictions, the cessation of international aid, and political isolation exacerbated structural poverty and left people with disabilities, who were already marginalized, completely helpless. At the same time, gender discrimination and the exclusion of women from education and employment represent a clear violation of their fundamental rights. Poverty and discrimination are now not only a consequence of past wars, but also part of the Taliban's ongoing policies against people with disabilities.

Poverty and economic deprivation in Afghanistan are both a direct cause and consequence of disability and the violation of the rights of persons with disabilities. Many interviewees noted that the lack of a stable income severely limited their access to education, health, and justice. A man was forced to work informally in offices to continue his education, but this only covered his expenses temporarily. Such narratives show that the cycle of poverty and disability is intertwined and that without structural intervention, the cycle will continue to reproduce.

##### **4.2. Urban–rural disparities**

With the rise of the Taliban, the gap between urban and rural areas in access to services for people with disabilities widened. In the cities, although many educational and support facilities have disappeared, international organizations and a few civil society organizations continue to operate with limited activity. In contrast, in rural areas, people with disabilities have almost no access to education, health, or justice due to strict Taliban control and a lack of resources. These policies have effectively turned geographical inequality into a systemic and persistent form of deprivation. At the same time, ongoing war and conflict are one of the main reasons for the increase in disabilities in Afghanistan. Many people have acquired disability due to landmine explosions,

suicide attacks, or armed violence. A woman recounted how physical disability as a child by a landmine explosion, and her life has since taken a different path. These examples show that in Afghanistan, disability is not an individual condition, but a direct result of structural violence and long-term conflict.

Social and structural discrimination has also systematically exacerbated the violations of the rights of people with disabilities. Lack of access to justice institutions, the exclusion of girls from education, and employers' disdain for the abilities of people with disabilities are all examples of fundamental rights violations. Therefore, poverty, war, discrimination, and human rights violations do not act separately, but rather in conjunction with each other, making the situation of people with disabilities one of the most complex human rights crises in Afghanistan.

Findings indicate that location (urban or rural) is a significant factor in determining the quality of life for people with disabilities. In urban areas such as Kabul or Herat, although education and health services are limited, access to special schools, civil society organizations, and international projects remains limited. Conversely, in rural areas, people with disabilities have almost no access to these facilities and live in virtually complete isolation.

In interviews, many rural residents reported having to walk for hours or travel to other towns to receive even basic health services. The lack of proper transportation and the long distances to service centers made access extremely difficult. "When there were no cars or the roads were unsafe, we couldn't go to school at all," said one interviewee in Logar province. This fact shows that the differences between cities and villages extend beyond facilities to include security, transportation, and even social acceptance.

#### **4.3. Intersection of Disability with Gender, Ethnicity, and Economic Status**

The Taliban's policies have hit hardest those whose disabilities intersect with gender, ethnicity, or economic poverty. Women with disabilities are virtually denied any education or employment; marginalized ethnic groups and low-income families are also unable to defend their rights. Thus, the Taliban rule led to the structural and systematic entrenchment of multi-layered discrimination (disability + gender + ethnicity + poverty) and the violation of the human rights of these groups more than ever before.

These geographical differences also have direct implications for education and employment. In cities, although opportunities are limited, people with disabilities are more likely to find informal work or participate in NGO programs. In contrast, in rural areas, people with disabilities are either forced to do hard physical work (such as collecting firewood or working in the fields) or remain unemployed altogether. Thus, the urban-rural gap is not only a difference in the level of services,

but also a key factor in determining the fate of people with disabilities. The story of a 35-year-old woman who was forced to drop out of school and then enter into an unwanted marriage is a clear reflection of this double deprivation.

Ethnicity and social class also play a role. People from marginalized ethnic groups or low-income families are more likely to experience discrimination and deprivation. Many interviewees noted that even among people with disabilities themselves, there is economic and ethnic discrimination; those with stronger social networks or better financial resources have more educational and employment opportunities. The majority of interviewees confirmed this.

These intersections ultimately reproduce a complex cycle of inequality. A person who is both a woman, a person with a disability, and a person from a poor, ethnic or class group experiences the highest levels of deprivation. Such people have almost no access to justice or social participation. Consequently, to analyze the situation of people with disabilities in Afghanistan, it is necessary to take a cross-sectional view to show how gender, ethnicity, and poverty, along with disability, multiply deprivation.

## **5. Conclusion and Recommendations**

### **5.1. Conclusion**

The findings of the report reveal that between 2021 and 2025, people with disabilities in Afghanistan faced the worst conditions in decades. Political upheaval, Taliban restrictions, and the collapse of the social services system have effectively deprived this group of their fundamental rights. The deprivations have been applied not individually or ad hoc, but structurally and systematically.

The current situation shows that people with disabilities in Afghanistan under Taliban rule face a complete denial of their fundamental rights. This situation, in addition to its individual consequences, has far-reaching social implications, as the exclusion of a large segment of the population deepens poverty, increases dependency, and constrains social development.

In the health sector, limited access to rehabilitation and intensive care services has exacerbated the situation. Many interviewees stated that they are forced to spend vast amounts of money or travel long distances to receive basic health services. People with mental and intellectual disabilities are almost entirely excluded from the health system, and there are no rehabilitation programs for them.

In the education sector, girls with disabilities were doubly victimized, as both gender and disability were barriers to their education. The ban on girls' education beyond the sixth grade destroyed many families' hopes for their children's future. Boys with disabilities, while officially allowed to study, are effectively marginalized due to the lack of physical facilities, Braille books, or sign language interpreters.

In the area of employment, job opportunities for people with disabilities have almost disappeared. The lack of supportive policies, discrimination by employers, and dire economic conditions have left most of these people in absolute unemployment or in low-paid, informal jobs. Women with disabilities, in particular, have no job prospects, mainly due to the Taliban's ban on formal employment for women.

In the area of justice, structural discrimination is at its peak. Courts and justice institutions lack physical accessibility and enforcement services. Widespread corruption and the Taliban's restrictions on women have made justice for people with disabilities – especially women – virtually an unattainable dream. As one of the women interviewed said, “I never went to the legal authorities because I didn't know what it was like and my family wouldn't allow it.”

In the social and cultural dimension, people with disabilities continue to be victims of stigma and discrimination. Interviewees' narratives reveal that society, rather than accepting and supporting them, often views them with pity or contempt. Such an attitude prevents people with disabilities from making independent decisions, even within the family. This, coupled with inefficient government structures, has led to complete social isolation.

Given this situation, it is clear that people with disabilities in Afghanistan face multi-layered and systematic deprivation. Without urgent support from the international community, pressure on the Taliban to remove gender restrictions, and efforts to rebuild support services, the future for this group will become even bleaker. Supporting education, employment, and justice for people with disabilities is not only a human necessity but also a fundamental condition for the social and economic reconstruction of Afghanistan.

Although the current situation seems bleak and complex, many interviewees still wanted change and improvement. They emphasized that targeted support from the international community, combined with the creation of educational and employment opportunities, could create a different future for people with disabilities. In other words, investing in the empowerment of this group is

not only a human rights obligation but also a tool for social reconstruction and poverty reduction in Afghanistan.

## **5.2.Recommendations**

To the International Community and the United Nations

- 1) Establish monitoring and reporting mechanisms to hold the Taliban accountable for human rights violations against persons with disabilities.
- 2) Link humanitarian aid to measurable inclusion benchmarks, ensuring services reach people with disabilities directly.
- 3) Support independent local organizations and OPDs to document abuses and advocate safely.
- 4) Prioritize inclusive education, health, and livelihood programs implemented through trusted local and international partners.

To Afghanistan Political Stakeholders and Future Policymakers

- 1) Embed disability inclusion in any political framework or future governance plan.
- 2) Reinstate and enforce employment quotas and anti-discrimination laws.
- 3) Ensure transitional justice mechanisms address violations against persons with disabilities.
- 4) Invest in accessible infrastructure and inclusive education as part of national reconstruction.

To Afghanistan Civil Society, Media, and Communities

- 1) Lead public awareness campaigns to challenge stigma and promote equal participation.
- 2) Strengthen coalitions between groups related to people with disability, youth, and women, for joint advocacy.
- 3) Use media and digital platforms to highlight stories of resilience and demand accountability.
- 4) Engage community leaders to promote inclusion as a social and moral responsibility.